California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
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www.psychology.ca.gov

NOTICE OF BOARD MEETING

August 18, 2023
9:00 a.m. – 6:00 p.m. or until Completion of Business

https://dca-meetings.webex.com/wbxmjs/joinservice/sites/dca-meetings/meeting/download/6b3d4d5f79994d0bbdf94ad721fcbe3d?siteurl=dca-meetings&MTID=m55b51c56d5509e398bd79eb463b22f93

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The Board of Psychology will hold a Board Meeting via WebEx as noted above, and via telephone conference at the following locations:

Primary Location (members/staff):

Department of Consumer Affairs
1625 N. Market Blvd., El Dorado Room
Sacramento, CA 95834
(916) 574-7720

Teleconference Locations / Additional Locations at Which the Public May Observe or Address the Board:

Elihu M Harris Building
1515 Clay Street, Fl. 2, Room 15
Oakland, CA 94612
(510) 622-2564

TriCentre Building
333 S. Anita Drive, Room D
Orange, CA 92868
(916) 263-9725

8920 Wilshire Blvd., Ste. 334
Beverly Hills, CA 90211
(310) 275-4194

12803 Pimpernel Way
San Diego, CA 92129
(619) 993-4186

2888 Eureka Way, Ste. 200
Redding, CA 96001
(530) 225-8710

Due to potential technical difficulties, please consider submitting written comments by August 11, 2023, to bopmail@dca.ca.gov for consideration.

Individuals seeking to receive Continuing Professional Development (CPD) credit for attending the Board meeting via Webex will be required to provide their name and email to log into the meeting via Webex. Individuals who attend the Board meeting by phone will be required to email BOPCE@dca.ca.gov following the meeting, and provide their name, license number, and the phone number that was used to call into the meeting. The Board will use such information for purposes of logging and certifying attendance for CPD credit. Failure to provide this information may result in the Board being unable to verify attendance for CPD credit.

Members of the public who are not seeking to receive CPD credit for attending the Board meeting may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: XXXXX@mailinator.com

Board Members
Lea Tate, PsyD, President
Shacunda Rodgers, PhD, Vice President
Sheryll Casuga, PsyD, CMPC
Marisela Cervantes, EdD, MPA
Seyron Foo
Mary Harb Sheets, PhD
Julie Nystrom
Stephen Phillips, JD, PsyD
Ana Rescate

Board Staff
Antonette Sorrick, Executive Officer
Jon Burke, Assistant Executive Officer
Stephanie Cheung, Licensing Manager
Cynthia Whitney, Central Services Manager
Sandra Monterrubio, Enforcement Program Manager
Liezel McCockran, CPD/Renewals Coordinator
Troy Polk, Legislative and Regulatory Analyst
Curtis Gardner, Central Services Analyst
Lavinia Snyder, Examination Coordinator
Mai Xiong, Licensing/BreEZe Coordinator
Sarah Proteau, Central Services Office Technician
Anthony Pane, Board Counsel
Karen Halbo, Regulatory Counsel

Friday, August 18, 2023

AGENDA

Action may be taken on any item on the agenda.

Unless noticed for a specific time, items may be heard at any time during the period of the Board meeting.

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.

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

2. President's Welcome
   a) Swearing in Reappointed Board Members (A. Sorrick/L. Tate)
   b) Mindfulness Exercise (S. Rodgers)

3. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].

4. Discussion and Possible Approval of the Board Meeting Minutes: May 19, 2023 (C. Whitney)

5. President's Report (L. Tate)
   a) Meeting Calendar
   b) Overview of 2024-28 Strategic Plan Process (SOLID)

6. Executive Officer's Report (A. Sorrick)
   a) Personnel Update
   b) Barriers to Telehealth Survey Results

7. DCA Update

8. Health Care Access and Information (HCAI) Presentation – Loan Repayment Program Update, Update Related to Education Capacity Expansion Programs, and Updates on Social Work Initiatives and Funding Sources Not Available to Psychologists (C. Rizell)

9. Presentation Regarding Mental Health Service Support for Students in Graduate Programs in Psychology (G. Newman, Dean, The Wright Institute)

10. Budget Report (J. Burke)

11. Organizational Improvement Office – Internal Process Improvement Review of Licensing, Central Services, and Enforcement Units – Status and Improvements Identified (J. Burke)

12. Enforcement Report (S. Monterrubio)

13. Legislative and Regulatory Affairs Committee Report and Consideration of Committee Recommendations (Cervantes – Chairperson, Casuga, Phillips)
    a) Board-Sponsored Legislation
       1) SB 816 (Roth) Professions and Vocations - Fee Schedule
       2) SB 887 (Senate Committee on Business, Professions and Economic Development) Suicide Risk Assessment and Intervention Coursework and Aging and Long-Term Care Coursework: Business and Professions Code sections 2915.4 and 2915.5

    b) Review of Bills for Active Position Recommendations
       1) AB 282 (Aguiar-Curry) Psychologists: licensure
       2) AB 665 (Carrillo) Minors: consent to mental health services
       3) AB 883 (Mathis) Business Licenses: U.S. Department of Defense SkillBridge program
       4) SB 331 (Rubio) Child custody: child abuse and safety
       5) AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-interest policy
       6) SB 372 (Menjivar) Department of Consumer Affairs: licensee and registrant records: name and gender changes

7) SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing
8) SB 815 (Roth) Healing Arts

c) Watch Bills
1) AB 248 (Mathis) Individuals with intellectual or developmental disabilities: The Dignity for All Act
2) AB 1163 (Rivas) State forms: gender identity
3) AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on anther state's law
4) SB 58 (Weiner) Controlled substances: decriminalization of certain hallucinogenic substances
5) SB 373 (Menjivar) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: licensee's and registrants' addresses
6) SB 802 (Roth) Licensing boards: disqualification from licensure: criminal conviction.
7) SB 805 (Portantino) Health care coverage: pervasive developmental disorders or autism

d) 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 Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4.

14. Regulatory Update, Review, and Consideration of Additional Changes (M. Cervantes)
a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration
b) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure
d) 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
e) 16 CCR sections 1397.35 – 1397.40 – Corporations
f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2

15. Licensure Committee Report and Consideration of Committee Recommendations (Harb Sheets – Chairperson, Nystrom, Tate)
a) Licensing Report (S. Cheung)
b) Continuing Education/Professional Development and Renewals Report (L. McCockran)
c) Examination Report (L. Snyder)

d) Discussion and Possible Action on Establishing Target Licensing Application Processing Timeframes (S. Cheung)
e) Discussion and Possible Action on the Certificate of Professional Qualification (CPQ) Outreach Survey Questions by the Association of State and Provincial Psychology Boards (ASPPB)

16. 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

17. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126, subdivision (c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulations, Petitions for Reinstatement or Modification of Penalty, Petitions for Reconsideration, and Remands.

ADJOURNMENT

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.

In the event that a quorum of the Board is unavailable, the president may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code section 11125(c)].

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: Antonette Sorrick
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The Board of Psychology protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 27, 2023
TO	Board of Psychology
FROM	Sarah Proteau Central Services Technician
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: May 19, 2023

Background:

Attached are the draft minutes of the May 19, 2023, Board Meeting.

Action Requested:

Review and approve the minutes of the May 19, 2023, Board Meeting.

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May 19, 2023 Board Meeting Minutes

Board Members
Lea Tate, PsyD, President
Shacunda Rodgers, PhD, Vice President
Sheryll Casuga, PsyD, CMPC
Seyron Foo
Mary Harb Sheets, PhD
Julie Nystrom

Board Members Absent
Marisela Cervantes, EdD, MPA
Stephen Phillips, JD, PsyD
Ana Rescate

Board Staff
Antonette Sorrick, Executive Officer
Jon Burke, Assistant Executive Officer
Stephanie Cheung, Licensing Manager
Cynthia Whitney, Central Services Manager
Sandra Monterrubio, Enforcement Program Manager
Liezel McCockran, CPD/Renewals Coordinator
Troy Polk, Legislative and Regulatory Analyst
Mai Xiong, Licensing/BreEZe Coordinator
Sarah Proteau, Central Services Office Technician
Brittany Ng, Board Counsel
Karen Halbo, Regulatory Counsel

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

President Tate called the meeting to order at 9 a.m., roll was called, and a quorum established.

Agenda Item 2: President's Welcome

a) Mindfulness Exercise (S. Rodgers)

Dr. Tate welcomed all participants and introduced Dr. Rodgers, who led a mindfulness exercise.

Ms. McCockran provided information related to Continuing Professional Development (CPD) credit and how attendees receive credit for attendance.

There was no Board or public comment offered.

Agenda Item 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)].

Dr. Tate introduced this item.

There was no public comment offered.

Agenda Item 4: Discussion and Possible Approval of the Board Meeting Minutes: February 2-3, 2023

Dr. Tate presented this item.

It was M/(Harb Sheets)/S(Rodgers)/C to approve the minutes from the February 2-3, 2023, Board Meeting.

There was no Board or public comment offered.

Votes: 6 Ayes (Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Agenda Item 5: Discussion and Possible Approval of the Board Meeting Minutes: April 7, 2023

Dr. Casuga was not available to vote and Ms. Nystrom was abstaining. It was determined the Board would revisit Agenda Item 5 later in the agenda.

Agenda Item 6: President's Report

a) Meeting Calendar

Dr. Tate provided this report and the meeting calendar.

There was no Board or public comment offered.

Agenda Item 7: Executive Officer's Report

a) Personnel Update
b) Barriers to Telehealth Survey Update
c) 2022 Department of Consumer Affairs (DCA) Annual Report

Ms. Sorrick provided updates for items 6(a), (b), and (c), which were included in the meeting materials beginning on page 21.

There was no Board or public comment offered.

Agenda Item 8: DCA Update

Dr. Tate introduced this item.

Ms. Judie Bucciarelli, DCA, provided this update. The update included a report on issues with the printing vendors as well as an update on SOLID trainers and their certification on Diversity, Equity, and Inclusion.

Ms. Nystrom asked what drove the selection of University of Massachusetts for SOLID training certification programs.

Ms. Bucciarelli stated that she did not have this information and suggested Ms. Nystrom coordinate with Ms. Sorrick and reach out to Melissa Gear.

Mr. Foo asked for clarification as to what publications have been affected by the issue with the printing vendor.

Ms. Bucciarelli stated that the publications affected were license renewals and the physical certificates that were mailed to the licensees.

Ms. Cheung stated that this did not affect the licensee's ability to practice from the perspective of the Board.

There was no further Board and no public comment offered.

Agenda Item 9: Vault Presentation – Presentation from the Substance Testing Vendor (Shane Moes, VP Vault Health, James Ferguson, Medical Review Officer, Jordan Oelschlager, Vice President)

Dr. Tate introduced this item and Mr. Oelschlager provided this presentation. The PowerPoint slides were included in the meeting materials beginning on page 27.

Discussion ensued on the different types of sampling, missed tests, and how the tests detect different substances.

Ms. Nystrom asked about possible collection site "deserts" and if there were areas that had less access and resources to locations for testing.

Discussion ensued on the problem of site deserts and how the issue can be addressed if it comes up.

There was no further Board or public comment offered.

Agenda Item 10: Health Care Access and Information (HCAI) Presentation – Workforce Shortage (M. Crouch)

Ms. Caryn Rizell presented this item and noted that the PowerPoint slides were included in the meeting materials, beginning on page 48.

Discussion ensued regarding local grants and awards, pipeline programs to support the work to increase healthcare access to all, and the publicly accessible training counsels related to workforce education.

Gaps in programs were also discussed regarding program expansion for psychologists and Ms. Rizell stated that updates could be provided when changes happen within the areas of behavioral health.

Public Comment

Melodie Shaefer, California Psychological Association (CPA), asked if there were any licensed psychologists serving on the HCAI board or counsel.

Ms. Rizell stated that there was not and provided her contact information for communication about how to get involved with HCAI.

Shanesha Sorenson asked if HCAI worked with corrections and county jails to support those mental health workforces.

Ms. Rizell stated that some of the programs had the capacity to serve in correctional programs, some do not, and it would depend on the statutory requirement. She stated there was a tool on the HCAI website where more information could be found.

Dr. Elizabeth Winkelman, CPA, stated appreciation of comments, and stated the need for psychologists to have access to educational stipends to facilitate entry into the workforce.

Jennifer Alley, CPA, noted that most of the funding was directed to social workers and asked about funding for psychologists.

Ms. Rizell stated that there had been delayed funding due to the budget and that HCAI is expecting funding to be restored in the 24/25 budget.

Ms. Sorrick expressed appreciation for the presentation and asked that there be an updated presentation with program updates at the August Board meeting which was agreed to by Ms. Rizell.

There was no further Board or public comment offered.

Agenda Item 5 was taken up at this point as Dr. Casuga was available to vote.

Agenda Item 5: Discussion and Possible Approval of the Board Meeting Minutes: April 7, 2023

Dr. Tate presented this item.

It was M/(Harb Sheets)/S(Casuga)/C to approve the minutes from the April 7, 2023, Board meeting.

Ms. Nystrom abstained from voting as she had not been present at the April 7, 2023, Board meeting.

There was no Board or public comment offered.

Votes: 5 Ayes (Casuga, Foo, Harb Sheets, Rodgers, Tate), 0 Noes

Agenda Item 11: Review and Consider Amendments to Board Administrative Procedures Manual

Dr. Tate introduced and Ms. Sorrick presented this item which was included in the combined packet materials beginning on page 86.

It was M/(Foo)/S(Nystrom)/C to remove and approve the draft of the Board Administrative Procedures Manual as amended with the Executive Officer's Recommendations.

There was no Board or public comment offered.

Votes: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Agenda Item 12: Budget Report

Mr. Burke provided this update which was included in the meeting materials beginning on page 91.

Mr. Foo asked if the Board staff had received guidance from DCA budgets about any cuts or impact to the Board's budget for next year.

Ms. Sorrick stated there was no notice of future cuts or loans.

Ms. Munoz stated there was no notice of cuts/adjustments at this time but stated there would be regular communication with the Board regarding the budget.

Discussion ensued regarding historical and existing reversion totals and the fluidity of the numbers listed. It was discussed that different internal issues like staff vacancies would affect the reversion amount.

There was no further Board and no public comment offered.

Agenda Item 13: Organizational Improvement Office – Internal Process Improvement Review of Licensing, Central Services, and Enforcement Units – Status and Improvements Identified

Mr. Burke presented this item and gave a brief overview of efficiencies and improvements in the Licensing Unit and how these affect the cost savings.

Ms. Nystrom and Dr. Harb Sheets thanked Mr. Burke for the update provided and complimented staff on process improvements which resulted in time and cost savings for the Board.

There was no further Board and no public comment offered.

Agenda Item 14: Licensing Report and Update on Short-Term and Long-Term Plan to Address Licensing Timeframes

Ms. Xiong presented the licensing report which was included in the materials beginning on page 125 in the combined packet.

Ms. Cheung provided a PowerPoint presentation regarding the plan to address time frames, which were included in the meeting materials.

Dr. Rodgers expressed appreciation for the update and presentation and commended the Licensing Unit on the efforts made to improve processing times in a very difficult budgetary time. She asked about the workload report and some clarifying information on how to read the provided graphs.

Ms. Cheung provided this clarification.

Dr. Harb Sheets echoed Dr. Rodgers' commendation on the improved processing times and asked for clarification on what happens in the time after an application is received and where they go from there.

Ms. Cheung provided this clarification

There was no further Board and no public comment offered.

Agenda Item 15: Continuing Professional Development and Renewals Report

Ms. McCockran provided this report, which was included in the meeting materials, beginning on page 140 of the combined packet.

Dr. Rodgers expressed appreciation for the report and the FAQ page that was provided and stated that the amount of information that was provided was very thorough and thanked Ms. McCockran for all the efforts to create it.

Dr. Harb Sheets asked a question to clarify how CPD hours are to be reported and claimed, which was given by Ms. McCockran.

Public Comment

Discussion ensued about the FAQ provided by the Board and what questions were received that had not been included.

Ms. McCockran stated that many nuanced questions were received and that if there were questions not addressed by the FAQ, an email could be sent to the Board, and she would respond with clarification.

Discussion ensued regarding practice outcome measures of CPD. It was discussed that there was not a plan in the existing model for criteria of outcome measures and was left up to the individual licensee to research the best protocols or outcome assessments to verify that the measures are sensitive to cultural and diversity issues.

Dr. Casuga commented that the FAQ page had a link to a CPD reporting form which was provided as a courtesy to allow ease of tracking hours.

There was no further Board of public comment offered.

Agenda Item 16: Enforcement Report

Ms. Monterrubio provided this report which was included in the meeting materials beginning on page 146 of the combined packet.

She stated that the Board is looking to recruit experts.

Dr. Rodgers asked what the interview process would be for applications for expert reviewers. She also asked what the workload was like and if the experts received CPD credit at all.

Ms. Monterrubio provided an overview of what the process is like and how applicants are determined to be experts. She stated that the workload would vary based on the number of complaints received and confirmed that there are some circumstances that an expert would receive CPD credit including a one-day training.

Dr. Rodgers noted two sections where there was an error in number totals which were confirmed to be errors by Ms. Monterrubio.

Dr. Harb Sheets clarified that expert reviewers could receive CPD credit up to 12 hours total.

Dr. Rodgers suggested a post in the next journal to recruit experts to apply.

Dr. Casuga echoed this suggestion and emphasized the need for psychologists to apply for positions as experts.

Public comment

Dr. Sonja Van Laar commented on the requirement that applicants must be practicing 80 hours per month.

Ms. Monterrubio stated this number had come from the Attorney General's Office due to the need to have experts that were familiar with current practices. She stated that it could be brought up for discussion in one of the upcoming Enforcement Committee meetings.

There was no further Board or public comment

Agenda Item 17: Review and Possible Action on Supervision Agreement Plan for Supervised Professional Experience in Non-Mental Health Services Pursuant to Section 1387.3 of Title 16 of the California Code of Regulations

Ms. Cheung provided this update which was included in the meeting materials beginning on page 149 of the combined packet.

Discussion ensued on the historical context and purpose which drove this possible plan.

It was M/Harb Sheets/S(Foo)/C to approve the Supervision Agreement Plan for Supervised Professional Experience in Non-Mental Health Services Pursuant to Section 1387.3 of Title 16 of the California Code of Regulations.

There was no further Board or public comment offered.

Vote: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Agenda Item 18: Examination for Professional Practice in Psychology (EPPP) Ad Hoc Committee Report and Consideration of Possible Action on Committee Recommendations (Casuga – Chairperson, Foo, Harb Sheets)

a) Overview of the History of the EPPP – Part 2 (Skills) Exam

Dr. Casuga presented this item and provided the Committee recommendation which was included in the hand carry materials.

It was determined that items 18 (a) and 18 (b) and (c) would receive comment concurrently after they were presented.

b) Discussion and Possible Approval of the EPPP – Part 2 (Skills) Exam Effective January 1, 2026

It was M/(Foo)/S(Tate)/C to adopt the two-part EPPP exam for licensure for the State of California effective January 1, 2026, have staff conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting, and to direct the executive officer to continue to work with ASPPB and communicate any barriers to licensure concerns from the Board.

Discussion ensued regarding concerns about time it would take to develop a California practice exam; namely, cost and the possibility that applicants would have a period, potentially one year, they were not able to be licensed due to a potential lack of exam.

Dr. Hao Song, ASPPB, provided comment that many psychologists from California had participated in writing questions for the EPPP Part 2 (Skills) exam. She stated that there had been involvement to determine which skills to measure.

Ms. Sorrick provided comment from the EPPP Task Force from page 171 which stated concern about the lack of portability for California licensees if the Board did not implement the EPPP Part 2 (Skills) exam, were it to become mandatory. Additionally, that the EPPP Task Force recommended that the Board not discontinue participation in the EPPP altogether.

There was no further Board and no public comment offered.

Vote: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Ms. Sorrick asked Mr. Foo to assist staff with the creation of parameters for the data points within the analysis that was to be done.

Mr. Foo stated that the parameters would include

- Feasibility of creating a California exam, what would it take?
- Timeline
- Cost
- Portability

There was no further Board or public comment offered.

c) Discussion and Possible Action Regarding Proposed Statutory and Regulatory Changes Required to Implement EPPP – Part 2 (Skills) Exam Effective January 1, 2026

It was M/(Harb Sheets)/S(Nystrom)/C to approve the proposed changes to Business and Professions Code (BPC) 2943 and direct staff to seek an author for the proposed changes.

There was no further Board or public comment offered.

Votes: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

1) BPC Sections 2940-2943
   a) BPC Section 2940 -License Application
   b) BPC Section 2941 -Examination Requirement
   c) BPC Section 2942 -Examination Development
   d) BPC Section 2943 -Examination Subjects

Ms. Snyder presented this item which was included in the meeting materials beginning on page 263 of the combined packet with proposed changes highlighted.

It was M/(Harb Sheets)/S(Nystrom)/C to approve the proposed changes to BPC 2940-2943 and direct staff to seek an author for the proposed changes.

There was no further Board or public comment offered.

Vote: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

2) Title 16, California Code of Regulations (16 CCR) sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1
   a) 16 CCR section 1381 -Applications
   b) 16 CCR section 1387 -Supervised Professional Experience
   c) 16 CCR section 1387.10 -Supervision Requirements for Trainees who have Accrued Hours
   d) 16 CCR section 1388 -Examinations
   e) 16 CCR section 1388.6 -Satisfaction of Licensure Requirements
   f) 16 CCR section 1389 -Reconsideration of Examinations
   g) 16 CCR section 1389.1 -Inspection of Examinations

It was M/(Harb Sheets)/S(Tate)/C to approve the proposed regulatory text regarding Title 16, CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1, direct staff to submit the text to the director of the Department of Consumer Affairs and the Business Consumer Services and Housing Agency for review, 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. 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, including any non-substantive changes to the package and adopt the proposed regulations.

Ms. Snyder went through each page and the Board reviewed the highlighted items.

Public comment

Discussion ensued on AB 282, which was co-sponsored by CPA. Historical context was discussed on why the bill was introduced and what it was intended to address; namely, an attempt to reduce license application wait times.

Ms. Cheung provided information on improved wait times based on the existing process in place.

Mr. Foo asked Ms. Cheung if there have been applicants who have been unclear about the application process and if the amended language would address those issues.

Ms. Cheung provided clarification that there were situations where applications may be filled out incorrectly even with clear instruction which can sometimes lead to a delay in processing. She stated this is dealt with on a case-by-case basis, but it was difficult to know if the amended language would provide more clarity.

There was no further Board or public comment offered.

Votes: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Agenda Item 19: Legislative and Regulatory Affairs Updates (Cervantes – Chairperson, Casuga, Phillips)

a) Board-Sponsored Legislation

1) SB 816 (Roth): Professions and Vocations - Fee Schedule: Business and Professions Code section 2987

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

2) SB 887 (Senate Committee on Business, Professions and Economic Development) - Suicide Risk Assessment and Intervention Coursework and Aging and Long-Term Care Coursework: Business and Professions Code sections 2915.4 and 2915.5

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

b) Bills with Active Positions by the Board

1) AB 282 (Aguiar-Curry) Psychologists: licensure

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

2) AB 883 (Mathis) Business Licenses: U.S. Department of Defense SkillBridge program

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

3) AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-interest policy

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

4) SB 372 (Menjivar) Department of Consumer Affairs: licensee and registrant records: name and gender changes

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board comment offered.

Public comment

Jennifer Alley, CPA, stated CPA was a co-sponsor of the bill.

There was no further public comment offered.

c) Bills the Board is Watching

1) SB 373 (Menjivar) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: licensees' and registrants' addresses

Mr. Polk presented this item, which has been referred to the Senate floor. Mr. Polk provided the Board staff recommendation that Board Members review the bill analysis and amended bill language and consider a position.

There was no Board comment.

Public comment

Jennifer Alley, CPA, stated that CPA is a co-sponsor of this bill and provided reasons for presenting this bill.

Dr. Tate stated that as there was no further Board comment, the Board would continue to watch this bill.

d) Bills for Active Position by the Board

1) SB 815 (Roth): Healing Arts

Mr. Polk presented this item and the staff recommendation to support SB 815 if amended to included delayed implementation until January 1, 2025, for provisions related to research psychoanalysts.

Dr. Harb Sheets asked about cost estimates if this were to be implemented and stated her concern about costs and additional workload for Licensing analysts after the major efforts had been made to bring down the processing times.

Mr. Polk stated that costs were in process of being analyzed and more information would be provided, when available.

Public comment

Dr. Elizabeth Winkelman, CPA, asked how many research psychoanalysts were under the Medical Board.

Jennifer Alley, CPA, asked about staffing requirements for other Boards and how increased workflow would be managed.

Ms. Sorrick referred to page 427 in the combined packet which showed information provided from the Medical Board which stated there were 86 currently and 8 new applications in 21/22, with 11 new issued and 63 renewed.

It was M/(Foo)S/(Casuga)/ to support SB 815 if amended to included delayed implementation until January 1, 2025, for provisions related to research psychoanalysts.

Ms. Nystrom recused herself from the vote due to her position with the State Senate.

Votes: 5 Ayes (Casuga, Foo, Harb Sheets, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

e) 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 Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4.

Dr. Tate introduced this item.

There was no Board or public comment offered.

Agenda Item 20: Regulatory Update, Review, and Consideration of Additional Actions (M. Cervantes)

Dr. Tate introduced this item.

a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration

Mr. Gardner presented this item and the Board staff recommendation that the Board review the new language for additional edits or approval and adoption and authorize the Executive Officer to take all steps necessary to initiate the rulemaking process and set the matter for a hearing if requested. 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, including making any technical or non-substantive changes to the package, and adopt the proposed regulations as noticed.

Ms. Sorrick provided historical context of this item.

It was M/(Foo)S/(Casuga)/C that the Board review the new language for additional edits or approval and adoption and authorize the Executive Officer to take all steps necessary to initiate the rulemaking process and set the matter for a hearing if requested. 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, including making any technical or non-substantive changes to the package, and adopt the proposed regulations as noticed.

There was no Board or public comment offered.

Votes: 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

The language to be reviewed was, as follows:

DEPARTMENT OF CONSUMER AFFAIRS

Title 16. BOARD OF PSYCHOLOGY

PROPOSED REGULATORY LANGUAGE

Inactive Status of Psychological Associate Registration

Legend:	Added text is indicated with an underline.
	Deleted text is indicated by ~~strikeout~~

Adopt Section 1391.13 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.13. Inactive Status of Psychological Associate Registration.

(a) A psychological associate holding a valid registration may request that the Board place their registration on inactive status. A request for inactive status shall result in all primary supervisors, as defined in section 1387.1, associated with the registration being disassociated.

(b) A psychological associate registration shall be placed on inactive status if the psychological associate does not have a primary supervisor.

(c) A psychological associate registration on inactive status shall retain the same annual renewal date, and to remain valid, shall be renewed annually pursuant to section 1391.12.

(d) A psychological associate shall not provide psychological services while their psychological associate registration is on inactive status.

(e) Time periods during which a psychological associate registration is on inactive status shall not apply toward the limitation of registration period set forth in section 1391.1(b). Accrual of supervised professional experience shall occur within the time limitations set forth in section 1387(a).

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code. Reference: Sections 2913 and 2914, Business and Professions Code.

Adopt Section 1391.14 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.14. Reactivating A Psychological Associate Registration.

A psychological associate registration that has been placed on inactive status pursuant to section 1391.13 will be returned to active status upon approval by the Board of a notification to add a primary supervisor pursuant to section 1391.11 (a).

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

b) 16 section CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

This item was held to the August Board meeting.

c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

d) 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

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

e) 16 CCR sections 1397.35 – 1397.40 – Corporations

Mr. Polk provided this update, which was informational only, with no action required.

There was no Board or public comment offered.

Agenda Item 21: 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 introduced this item.

Dr. Rodgers asked that the Board receive an update from HCAI specifically related to psychologists.

Dr. Casuga asked for the mindfulness exercise to be included on the next agenda, which was agreed to by Dr. Rodgers

Public comment

Dr. Horn, ASPPB, asked to bring information to the Board regarding a telepsychology plan that Dr. Newman would be discussing about therapy for trainees on a future agenda, which was agreed to by Ms. Sorrick.

There was no further Board or public comment offered.

Ms. McCockran provided information on CPD and stated that attendees would receive six CPD hours for attendance.

Agenda Item 22: The Board Will Meet in Closed Session Pursuant to Government Code Section 11126, subdivision (c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulations, Petitions for Reinstatement or Modification of Penalty, Petitions for Reconsideration, and Remands.

The Board went to closed session.

ADJOURNMENT

The meeting adjourned at 5:39 p.m.

2023 Board Meeting/Event Calendar

Board Meeting

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 2-3, 2023	IN PERSON Sacramento	Agenda Materials Hand Carry		Webcast - Feb 2 Webcast - Feb 3 Part 1 Webcast - Feb 3 Part 2
Board Meeting	April 7, 2023	Webex	Agenda Materials		Webcast - Apr 7 Part 1 Webcast - Apr 7 Part 2
Board Meeting	May 19, 2023	Webex	Agenda		
Board Meeting	August 18, 2023	Webex			
Board Meeting	November 2-3, 2023	IN PERSON Los Angeles			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 13, 2023	Webex	Agenda Materials		Webcast
Licensure Committee Meeting	July 21, 2023	Webex			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	June 16, 2023	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 22, 2023	Webex			

EPPP Ad hoc Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
EPPP Ad hoc Committee Meeting	April 28, 2023	Webex	Agenda Materials Hand Carry		Webcast

California Board of PSYCHOLOGY

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www.psychology.ca.gov

MEMORANDUM

DATE	August 2, 2023
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	**Executive Officer's Report: Agenda Item 6(a-b)**

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

1) Personnel Update
2) Barriers to Telehealth Survey Results

Personnel Update
Authorized Positions: 28.30
Temp Help: 3.0
Vacancies: 1.0

New Hires	
Classification	**Program**
Savanna Koop (Probation Monitor - AGPA)	Enforcement Unit

Promotions

Vacancies
1. Enforcement Analyst (AGPA) Vacancy. The final filing date for this position was 8/7/23.

Barrier to Telehealth Survey Results
The Board conducted a "Barriers to telehealth" survey for consumer of and providers for telehealth on June 26, 2023. The survey closed on July 24, 2023. On July 11, the Board of Psychology reached out to the University of California regarding utilizing the University of California to draft a white paper to make recommendations to address the barriers

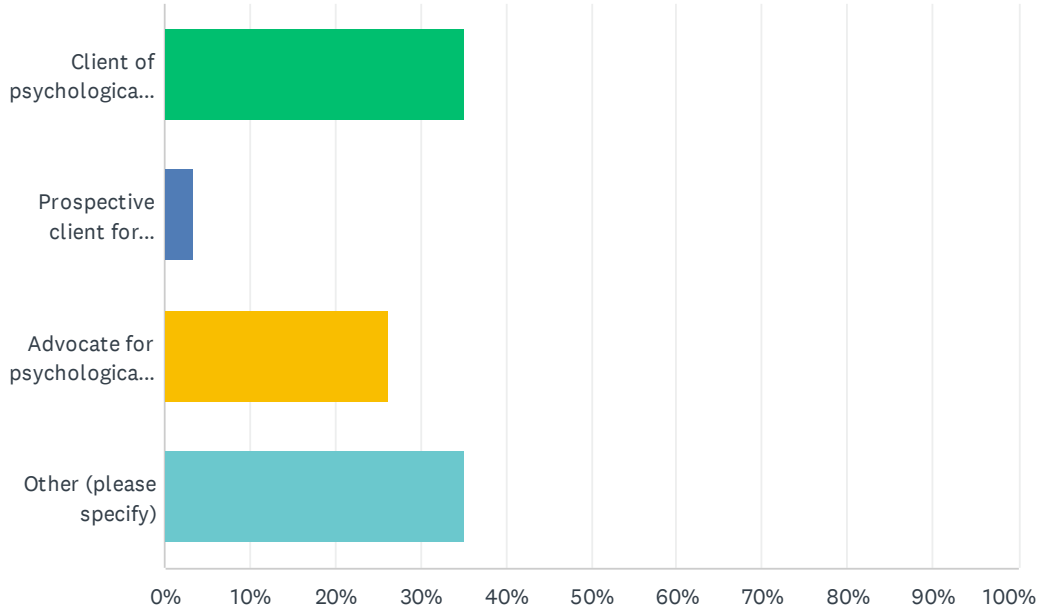
identified in the survey. More information regarding the follow up will be provided at the November 2-3, 2023 Board Meeting.

Attachment
Barriers to Telehealth Survey Results

Action Requested:
This item is for informational purposes only.

Q1 I am a

Answered: 228 Skipped: 2



ANSWER CHOICES	RESPONSES	
Client of psychological services	35.09%	80
Prospective client for psychological services	3.51%	8
Advocate for psychological services	26.32%	60
Other (please specify)	35.09%	80

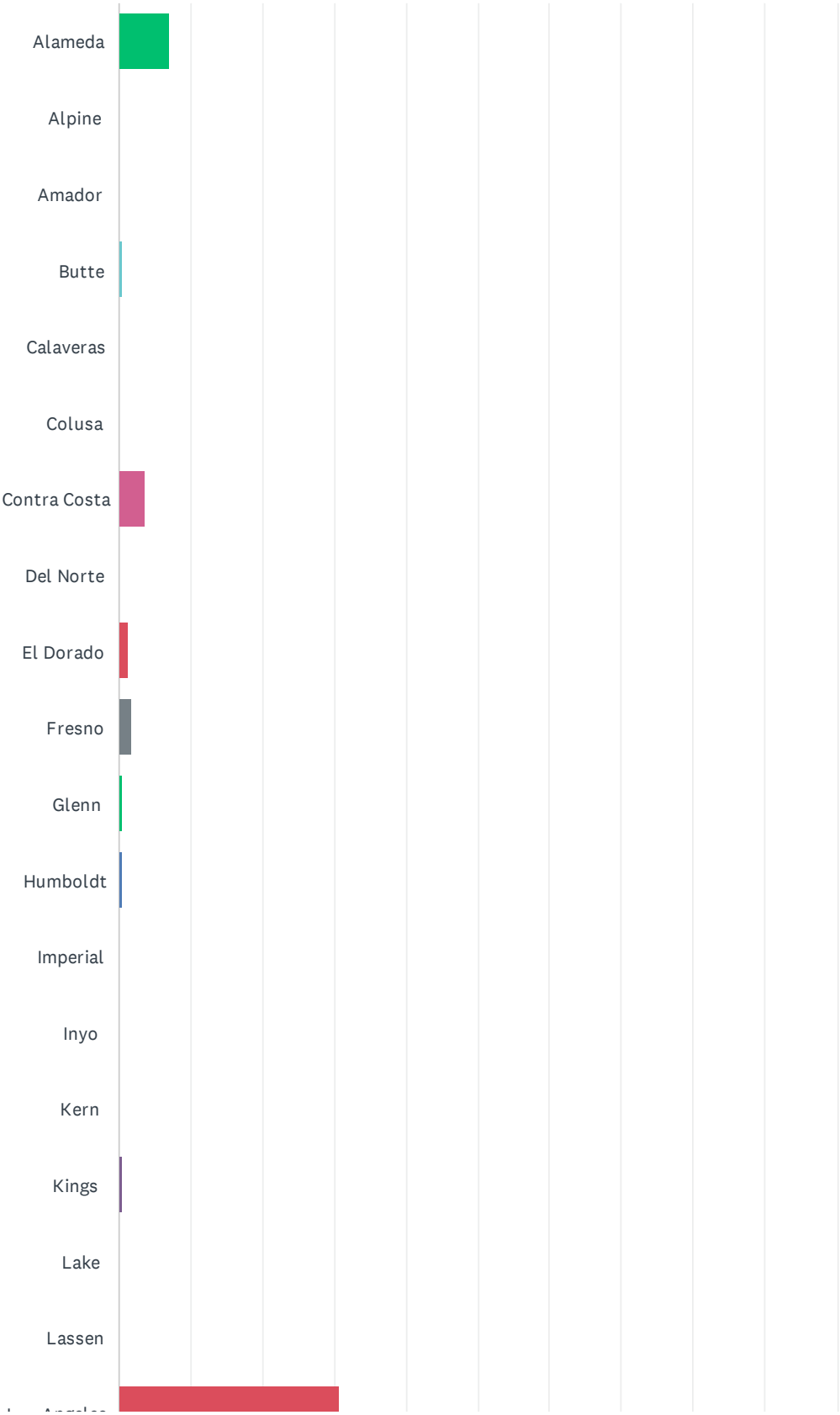
#	OTHER (PLEASE SPECIFY)	DATE
1	Clinical Psychologist	7/10/2023 7:28 PM
2	Clinical Therapist	7/7/2023 10:24 AM
3	Mental health provider	7/5/2023 3:56 PM
4	neuropsychologist	7/4/2023 5:08 PM
5	clinical psychologist (provider)	7/3/2023 7:27 PM
6	Provider and client	7/2/2023 8:22 AM
7	Provider of psychological services	6/30/2023 7:48 PM
8	Clinical psychologist	6/30/2023 5:10 PM
9	Provider of psychological services	6/30/2023 11:39 AM
10	Psychologist	6/28/2023 10:34 PM
11	Psychologist	6/28/2023 3:39 PM

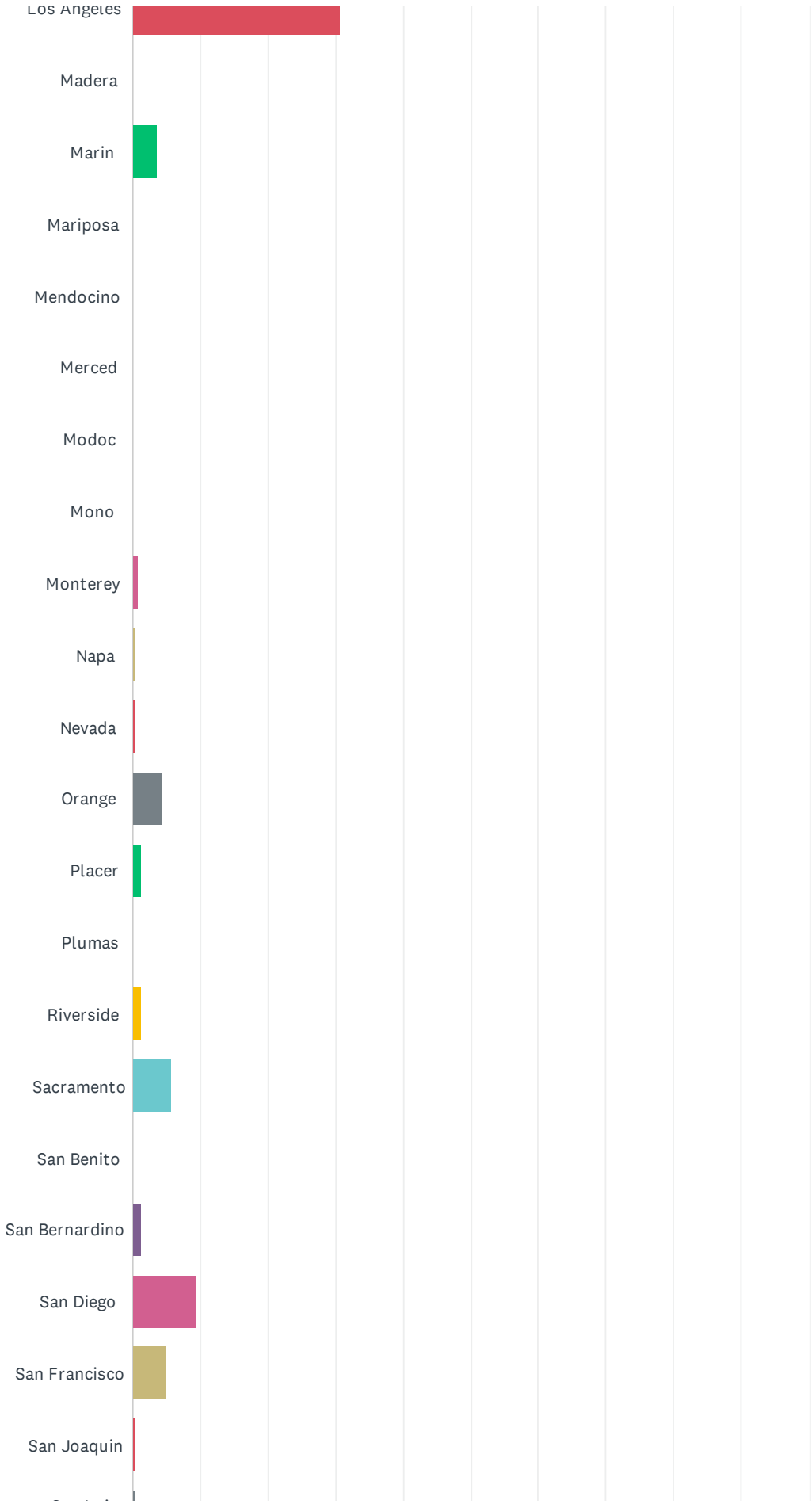
12	Psychologist	6/28/2023 10:43 AM
13	Psychologist	6/28/2023 12:40 AM
14	Provider of psychological services	6/27/2023 8:48 PM
15	Clinical Psychologist	6/27/2023 5:56 PM
16	Psychologist	6/27/2023 5:48 PM
17	psychotherapist	6/27/2023 4:58 PM
18	licensed psychologist	6/27/2023 9:58 AM
19	Psychologist	6/27/2023 8:38 AM
20	therapist	6/27/2023 8:27 AM
21	Psychologist	6/27/2023 8:17 AM
22	Psychologist	6/27/2023 7:05 AM
23	Psychological	6/26/2023 8:49 PM
24	Psychologist	6/26/2023 7:07 PM
25	provider	6/26/2023 6:29 PM
26	Psychologist	6/26/2023 6:29 PM
27	Licensed Clinical Psychologist who uses telehealth	6/26/2023 5:56 PM
28	licensed psychologist	6/26/2023 5:40 PM
29	Provider of psych services	6/26/2023 5:29 PM
30	Psychologist providing telehealth services	6/26/2023 4:28 PM
31	Psychologist	6/26/2023 4:26 PM
32	licensed psychology	6/26/2023 4:25 PM
33	telehealth provider	6/26/2023 4:24 PM
34	Registered Psyc Associate	6/26/2023 4:06 PM
35	Clinical Psychologist	6/26/2023 3:52 PM
36	Psychologist	6/26/2023 3:47 PM
37	psychologist	6/26/2023 3:13 PM
38	enjoy the richness if the new medium	6/26/2023 3:09 PM
39	Psychologist offering telehealth	6/26/2023 3:06 PM
40	Licensed psychologist in private practice	6/26/2023 2:46 PM
41	Psychologist	6/26/2023 2:36 PM
42	Licensed Psychologist and Provider of Psych Services	6/26/2023 2:35 PM
43	Clinician	6/26/2023 2:22 PM
44	Retired California psychologist whose practice was negatively impacted by the COVID shut down	6/26/2023 2:14 PM
45	Retired psychologist	6/26/2023 2:04 PM
46	Psychologist	6/26/2023 1:59 PM
47	Psychologist	6/26/2023 1:57 PM
48	provider of psychological services	6/26/2023 1:35 PM
49	Psychologist	6/26/2023 1:33 PM

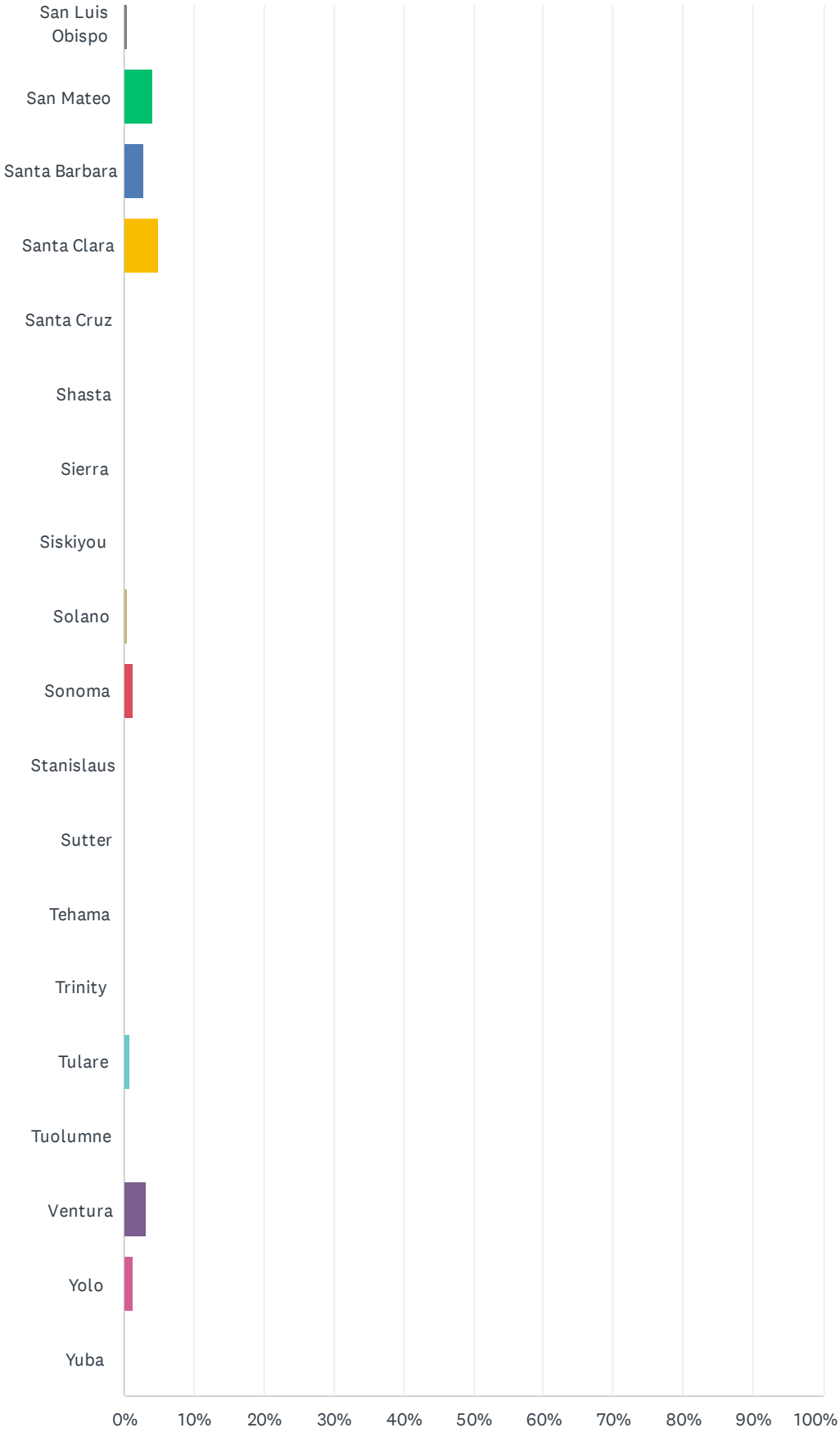
50	Both provider and client of psychological services	6/26/2023 1:28 PM
51	Psychologist	6/26/2023 1:26 PM
52	Provider	6/26/2023 1:16 PM
53	clinican	6/26/2023 1:15 PM
54	Psychologist	6/26/2023 1:09 PM
55	Therapist	6/26/2023 1:09 PM
56	Clinician	6/26/2023 1:09 PM
57	Both a client and a provider	6/26/2023 1:07 PM
58	Psychologist	6/26/2023 1:03 PM
59	Neuropsychologist	6/26/2023 1:02 PM
60	Provider	6/26/2023 1:00 PM
61	LMFT	6/26/2023 1:00 PM
62	provider	6/26/2023 12:54 PM
63	Provider of psychological services	6/26/2023 12:51 PM
64	psychologist	6/26/2023 12:50 PM
65	psychologist	6/26/2023 12:50 PM
66	Provider of telehealth psychological services.	6/26/2023 12:50 PM
67	Licensed clinical psychologist	6/26/2023 12:50 PM
68	Psychologist	6/26/2023 12:49 PM
69	Provider	6/26/2023 12:49 PM
70	clinican	6/26/2023 12:49 PM
71	psychologist	6/26/2023 12:48 PM
72	psychologist	6/26/2023 12:44 PM
73	Psychologist	6/26/2023 12:44 PM
74	Psychologist	6/26/2023 12:44 PM
75	psychologist	6/26/2023 12:44 PM
76	provider	6/26/2023 12:43 PM
77	Therapist	6/26/2023 12:43 PM
78	provider	6/26/2023 12:43 PM
79	Psychologist	6/26/2023 12:43 PM
80	Psychologist	6/26/2023 12:42 PM

Q2 In which California County do you reside?

Answered: 224 Skipped: 6




Los Angeles
Madera
Marin
Mariposa
Mendocino
Merced
Modoc
Mono
Monterey
Napa
Nevada
Orange
Placer
Plumas
Riverside
Sacramento
San Benito
San Bernardino
San Diego
San Francisco
San Joaquin

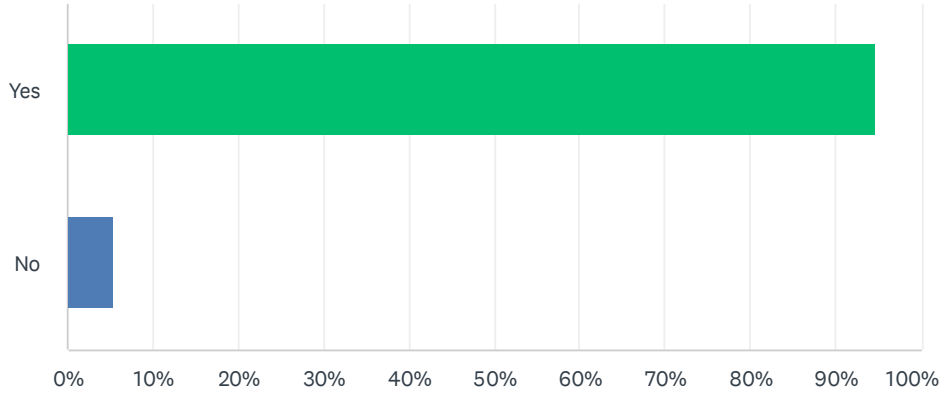

San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

ANSWER CHOICES	RESPONSES	
Alameda	7.14%	16
Alpine	0.00%	0
Amador	0.00%	0
Butte	0.45%	1
Calaveras	0.00%	0
Colusa	0.00%	0
Contra Costa	3.57%	8
Del Norte	0.00%	0
El Dorado	1.34%	3
Fresno	1.79%	4
Glenn	0.45%	1
Humboldt	0.45%	1
Imperial	0.00%	0
Inyo	0.00%	0
Kern	0.00%	0
Kings	0.45%	1
Lake	0.00%	0
Lassen	0.00%	0
Los Angeles	30.80%	69
Madera	0.00%	0
Marin	3.57%	8
Mariposa	0.00%	0
Mendocino	0.00%	0
Merced	0.00%	0
Modoc	0.00%	0
Mono	0.00%	0
Monterey	0.89%	2
Napa	0.45%	1
Nevada	0.45%	1
Orange	4.46%	10
Placer	1.34%	3
Plumas	0.00%	0

Riverside	1.34%	3
Sacramento	5.80%	13
San Benito	0.00%	0
San Bernardino	1.34%	3
San Diego	9.38%	21
San Francisco	4.91%	11
San Joaquin	0.45%	1
San Luis Obispo	0.45%	1
San Mateo	4.02%	9
Santa Barbara	2.68%	6
Santa Clara	4.91%	11
Santa Cruz	0.00%	0
Shasta	0.00%	0
Sierra	0.00%	0
Siskiyou	0.00%	0
Solano	0.45%	1
Sonoma	1.34%	3
Stanislaus	0.00%	0
Sutter	0.00%	0
Tehama	0.00%	0
Trinity	0.00%	0
Tulare	0.89%	2
Tuolumne	0.00%	0
Ventura	3.13%	7
Yolo	1.34%	3
Yuba	0.00%	0
TOTAL		224

Q3 Are you comfortable receiving psychological services via telehealth?

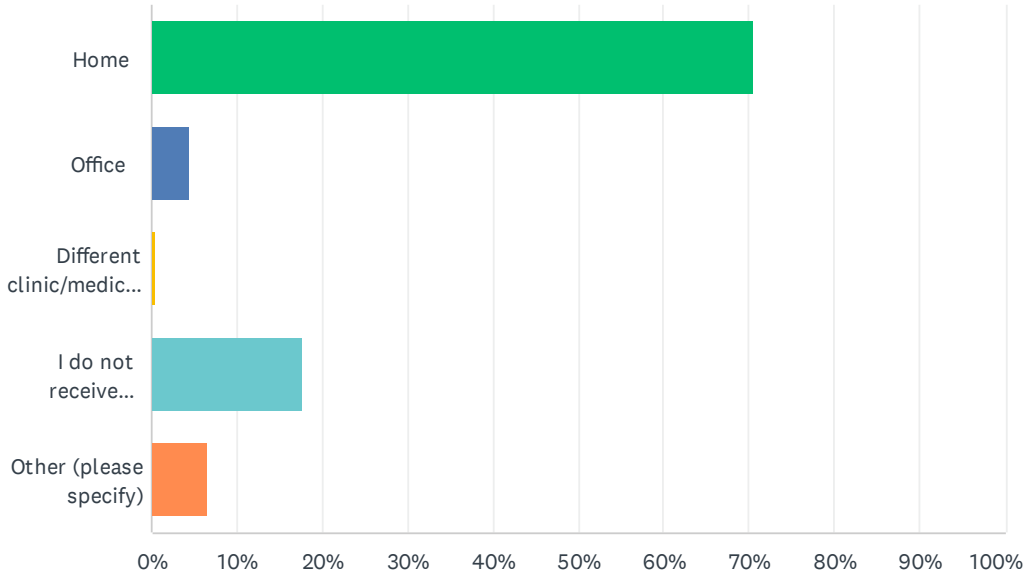
Answered: 222 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	94.59%	210
No	5.41%	12
TOTAL		222

Q4 If you receive telehealth, where are you when you receive your services?

Answered: 225 Skipped: 5



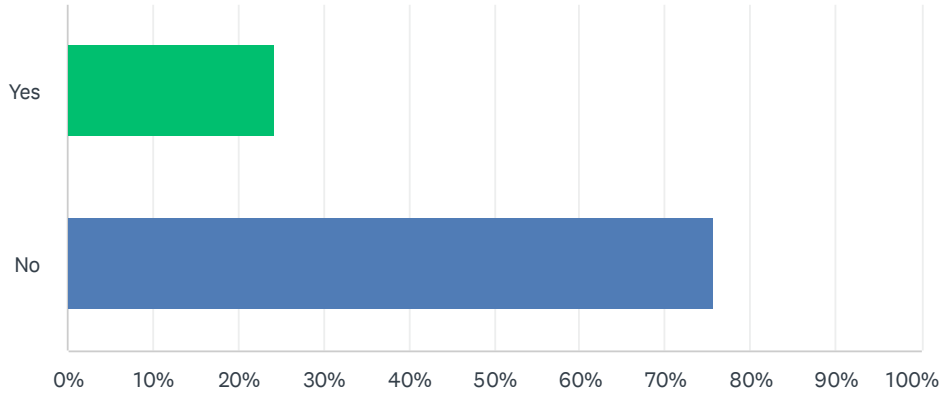
ANSWER CHOICES	RESPONSES	
Home	70.67%	159
Office	4.44%	10
Different clinic/medical location	0.44%	1
I do not receive telehealth services	17.78%	40
Other (please specify)	6.67%	15

#	OTHER (PLEASE SPECIFY)	DATE
1	Place with privacy - home or office	7/23/2023 9:27 PM
2	Home, car during work lunch or right after work or before shift	7/7/2023 10:24 AM
3	I provide telehealth services	6/30/2023 5:10 PM
4	I'm a provider. My clients are in their own homes.	6/27/2023 8:48 PM
5	I provide telehealth services and often find clients in their home or at work in a private location.	6/27/2023 5:56 PM
6	NA	6/26/2023 7:07 PM
7	I provide telehealth services	6/26/2023 5:56 PM
8	Car	6/26/2023 5:23 PM
9	I am a provider	6/26/2023 3:52 PM
10	Home/Office	6/26/2023 3:09 PM

11	My therapist does in-person office visits mixed with occasional telehealth	6/26/2023 2:20 PM
12	Retired now, but have delivered telehealth services in direct service and by supervising clinicians who are providing them	6/26/2023 2:12 PM
13	My car	6/26/2023 1:24 PM
14	As a clinician, I can do telehealth from home or office. I prefer the office.	6/26/2023 1:02 PM
15	Both home or office	6/26/2023 1:00 PM

Q5 Have you experienced any barriers or problems in accessing telehealth?

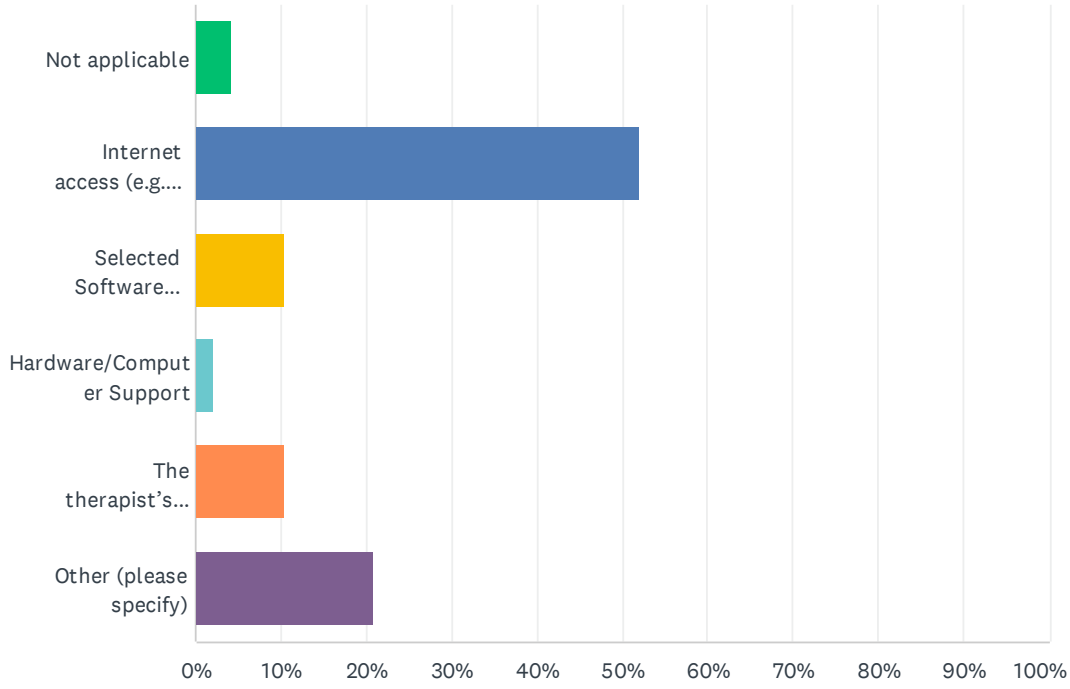
Answered: 210 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	24.29%	51
No	75.71%	159
TOTAL		210

Q6 What are the technical barriers to telehealth that you have experienced?

Answered: 48 Skipped: 182



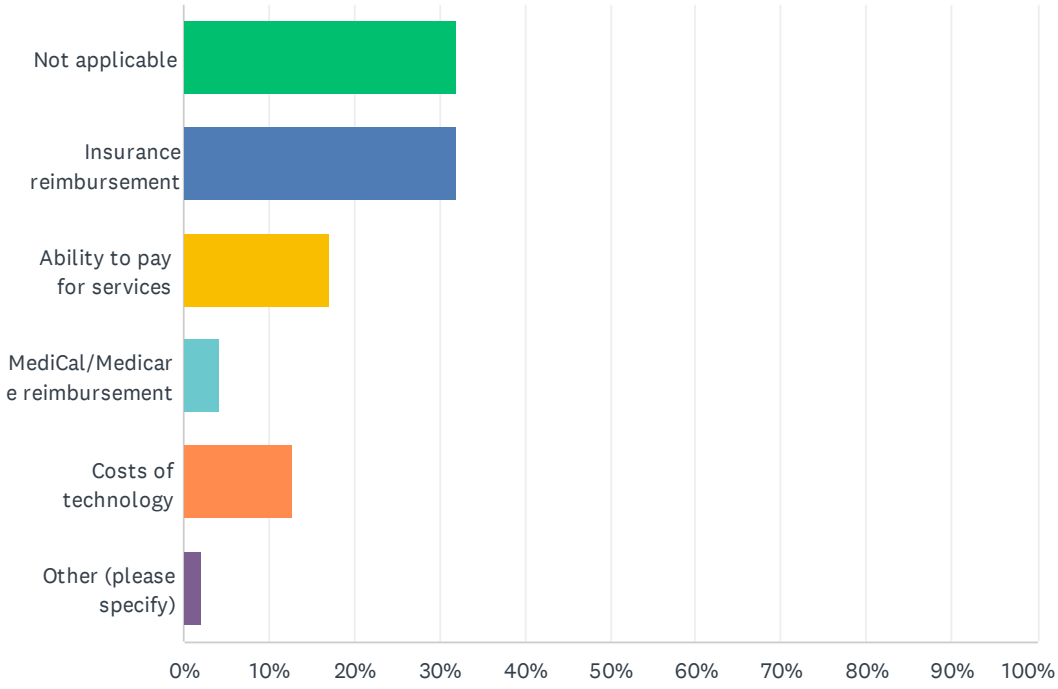
ANSWER CHOICES	RESPONSES	
Not applicable	4.17%	2
Internet access (e.g., Wi-fi speed)	52.08%	25
Selected Software Application	10.42%	5
Hardware/Computer Support	2.08%	1
The therapist's ability to provide service by electronic means	10.42%	5
Other (please specify)	20.83%	10

#	OTHER (PLEASE SPECIFY)	DATE
1	available, qualified providers	7/3/2023 7:28 PM
2	Zoom updates, company technology updates or changes.	6/30/2023 7:50 PM
3	Poor reception & therapist doesn't always listen as well or can't hear exactly what is said & doesn't ask for clarification as often as in-person.	6/28/2023 10:05 AM
4	Lack of insurance reimbursement	6/27/2023 5:49 PM
5	Most of the people I know who need telehealth have difficulty leaving the home and no technology or knowledge of technology. Computers and video visits are not possible. With the pandemic ending most providers are discontinuing telephone appointments for these patients.	6/27/2023 8:59 AM

6	availability and appropriateness of providers	6/27/2023 8:45 AM
7	It is not always clear whether my insurance will cover or continue to cover video or phone sessions. Both providers and patients are not always able to get clear information	6/26/2023 4:26 PM
8	All of the above, plus problems with services when a non-English language speaker needs help	6/26/2023 2:14 PM
9	Access to in depth information about providers and if I am eligible for care/services	6/26/2023 2:06 PM
10	Sporadic unreliability of connection. Frozen frames or loss of audio.	6/26/2023 1:30 PM

Q7 What are the financial barriers to telehealth that you have experienced?

Answered: 47 Skipped: 183

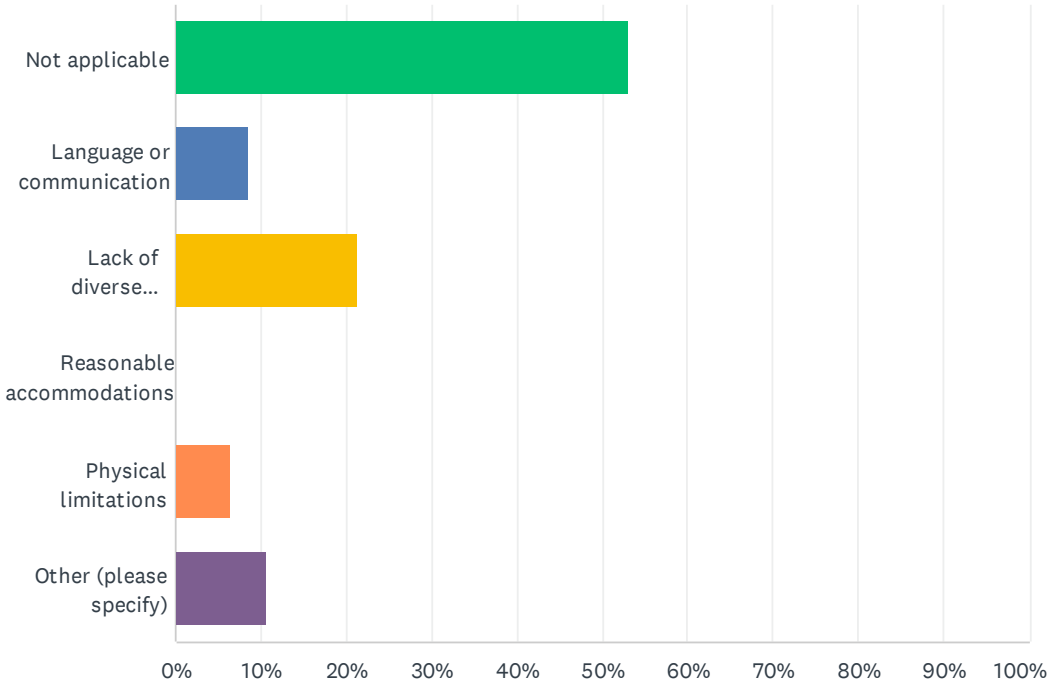


ANSWER CHOICES	RESPONSES	
Not applicable	31.91%	15
Insurance reimbursement	31.91%	15
Ability to pay for services	17.02%	8
MediCal/Medicare reimbursement	4.26%	2
Costs of technology	12.77%	6
Other (please specify)	2.13%	1
TOTAL		47

#	OTHER (PLEASE SPECIFY)	DATE
1	Computer glitches	6/26/2023 12:46 PM

Q8 What are the physical or cultural barriers to telehealth that you have experienced?

Answered: 47 Skipped: 183



ANSWER CHOICES	RESPONSES	
Not applicable	53.19%	25
Language or communication	8.51%	4
Lack of diverse providers	21.28%	10
Reasonable accommodations	0.00%	0
Physical limitations	6.38%	3
Other (please specify)	10.64%	5
TOTAL		47

#	OTHER (PLEASE SPECIFY)	DATE
1	competence of therapist to provide services in a telehealth environment	6/27/2023 8:45 AM
2	Technical problems	6/26/2023 8:09 PM
3	Transmitting forms with confidential information to and from providers is often difficult and/or done in a way that is not secure	6/26/2023 4:26 PM
4	Access	6/26/2023 2:23 PM
5	Accents can be more difficult to understand via internet.	6/26/2023 2:13 PM

Q9 Are there additional concerns related to telehealth which you wish to share?

Answered: 104 Skipped: 126

#	RESPONSES	DATE
1	No i absolutely love it!	7/17/2023 1:57 PM
2	Hippa and confidentiality are concerns	7/10/2023 7:29 PM
3	There is a digital divide in who may be able to receive telehealth services. Often those who are lower SES or with greater mental health needs struggle to have the resources for telehealth to be effective (good stable internet connection, device with larger screen, quiet, private area for session).	7/6/2023 5:05 PM
4	Ensuring access to telehealth is maintained and reimbursed as if it were an in person session. Ensuring clinicians have training in use of telehealth and when to refer to in person.	7/6/2023 11:24 AM
5	No concerns. I believe telehealth has made the psychological services more accessible.	7/5/2023 10:56 PM
6	I worry about people losing access to therapy altogether if they can't do it via telehealth.	7/5/2023 3:16 PM
7	Telehealth has supported my ability to access mental health care consistently	7/5/2023 10:51 AM
8	I don't have any concerns about telehealth. I think it is a useful tool that eliminates barriers to service and makes services available to people that would not otherwise be able to access them.	7/5/2023 10:31 AM
9	No	7/5/2023 6:24 AM
10	No	7/2/2023 10:34 AM
11	Lack of interjurisdictional recognition of licensed providers to facilitate patient care. I.e. PsyPact reciprocity	6/30/2023 7:52 PM
12	I am a PhD student in an APA accredited program and think mandatory practicum placements that utilize Tele health would greatly benefit our education. Most of what I have learned about providing telehealth therapy has been from sessions I've received telehealth myself. I also very much like having the option of in person or telehealth sessions with my psychologist.	6/29/2023 11:04 PM
13	No	6/28/2023 10:34 PM
14	Organizations that want us to use telehealth should provide tablets or simple smart phones in their plan for appointments	6/28/2023 9:04 PM
15	No	6/28/2023 3:39 PM
16	Most SoCal & in-network therapists for Blue Cross are no longer offering in-person therapy. Honestly, it feels like most therapists are "phoning-in" service rather than deeply engaging. I think tele-health it's a great option for many, but it shouldn't be the only option.	6/28/2023 10:10 AM
17	-need stable wifi -there are few temporary disconnection due to connectivity issue which cause mild disturbance	6/28/2023 8:28 AM
18	No. It works really well for me.	6/28/2023 12:40 AM
19	WiFi instability is a concern.	6/27/2023 8:51 PM
20	concern that my therapist will stop offering telehealth	6/27/2023 7:43 PM
21	I would like to see telehealth become a standard of care that is widely recognized for its benefits and access opportunities and is reimbursed and supported accordingly.	6/27/2023 5:57 PM
22	No	6/27/2023 4:59 PM
23	Continued access. Continued coverage for it.	6/27/2023 4:09 PM

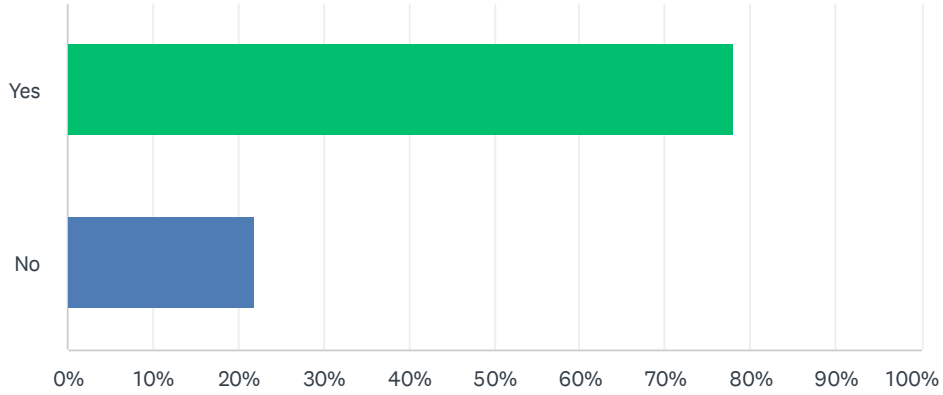
24	No	6/27/2023 11:32 AM
25	Telehealth improved my ability to receive services. I likely would be unable to consistently receive therapy without it.	6/27/2023 11:23 AM
26	no	6/27/2023 9:58 AM
27	There is a need for in-person psychotherapy, video and internet based care, and for telephone psychotherapy. Some patients need to come in for care, some patients can not come in and have the skills and resources to conduct telehealth via computers and smartphones, but some patients are only accessible over a telephone.	6/27/2023 9:01 AM
28	competence of therapist in providing services via telehealth	6/27/2023 8:45 AM
29	no	6/27/2023 7:53 AM
30	No	6/27/2023 1:36 AM
31	Wish there's more in-person services that are of high quality and affordable	6/26/2023 11:38 PM
32	None	6/26/2023 11:12 PM
33	I would like the option to use something like Zoom which I have access to. It’s easiest for me.	6/26/2023 10:51 PM
34	Concerned about Telehealth Group Psychotherapy	6/26/2023 10:22 PM
35	No	6/26/2023 10:16 PM
36	No	6/26/2023 9:47 PM
37	No	6/26/2023 9:39 PM
38	concern that Medicare and insurance companies will stop covering for telehealth services	6/26/2023 9:07 PM
39	N/a	6/26/2023 8:50 PM
40	It's very convenient and I love it.	6/26/2023 8:33 PM
41	No	6/26/2023 8:29 PM
42	Sometimes an erratic internet connection can seriously interfere	6/26/2023 5:57 PM
43	No	6/26/2023 5:29 PM
44	I have worked with several therapists through telehealth and it is not as engaging for both me or the therapist using telehealth.	6/26/2023 5:25 PM
45	None. It works well.	6/26/2023 4:58 PM
46	There needs to be more training of providers around 1) telehealth documentation 2) the legality of telehealth across state lines and 3) assessing when a client might not be appropriate for telehealth	6/26/2023 4:27 PM
47	It is beneficial to the patients with disabilities and other situations.	6/26/2023 4:08 PM
48	I like telehealth services. I would not have participated in treatment in the past without it. As I look to restarting my treatment, telehealth availability is crucial.	6/26/2023 4:03 PM
49	no	6/26/2023 3:58 PM
50	No	6/26/2023 3:39 PM
51	no	6/26/2023 3:14 PM
52	Telehealth has allowed individuals who live in underserved regions (e.g., High Desert, Twenty-nine Palms) receive otherwise inaccessible care.	6/26/2023 3:07 PM
53	It is so much easier to receive treatment now. Before, I would have to frequently cancel sessions because of issues with commuting and traffic.	6/26/2023 2:39 PM
54	Improve in-home internet reliability. Often lags, slow downs, interruptions, which can be frustrating and disruptive. Put pressure on Comcast, etc. to get their act together and improve services. Not just for entertainment, but for work and healthcare!	6/26/2023 2:38 PM

55	none	6/26/2023 2:32 PM
56	In my experience, some telehealth professionals can't see your body language and sometimes don't know the true condition clients are in when ending a session. Quite a few people will say they are fine but may be showing body language that suggest otherwise.	6/26/2023 2:23 PM
57	Potentially privacy	6/26/2023 2:22 PM
58	no	6/26/2023 2:21 PM
59	As a provider I am also a "consumer' of the service in a certain sense (and maybe I was sent the wrong survey)--but I think it is critical that we find ways to make telehealth accessible, especially for those in remote areas, without funds or access to transportation, and in languages beyone English	6/26/2023 2:16 PM
60	Yes, how engaging can a therapy session be if it is not face to face?	6/26/2023 2:07 PM
61	None.	6/26/2023 2:04 PM
62	Doesn’t provide as much value	6/26/2023 2:03 PM
63	I am a clinical psychologist, and also see one myself as a patient. I enjoy having the flexibility with my own patients, as well as being a patient. While in person is preferred, telehealth is certainly a viable option, particularly for those in crisis.	6/26/2023 1:59 PM
64	I think it provides equitable care, particularly for those with small children, work, language needs. I provide care in a language very many people do not speak and for population (physicians) that doesn’t have much time. I think tele-health is necessary!	6/26/2023 1:52 PM
65	I began providing telehealth at the VA 15 years ago. Once clients understand that privacy is required, other electronic devices must be turned off and they must remain connected for the full agreed time, I have found telehealth as effective as in person treatment.	6/26/2023 1:49 PM
66	Some barriers to access telehealth services would be inconsistent internet, shared phone or computer, lack of private space	6/26/2023 1:48 PM
67	NO	6/26/2023 1:41 PM
68	No, in my experience as a clinical psychologist and someone who utilizes telehealth, it has created opportunities to treat those who otherwise may not be able to access services, and for myself is very convenient with a busy work schedule, otherwise I would miss on telehealth for my own self-care and needs.	6/26/2023 1:40 PM
69	Some clients have privacy issues where their computer is located so they must use their smart phone or audio only.	6/26/2023 1:31 PM
70	Primarily educational: making sure consumers understand how to be prepared for a psychotherapy session (locate a private/confidential space where they are physically comfortable)	6/26/2023 1:28 PM
71	No	6/26/2023 1:27 PM
72	It is impersonal and not as effective as in person therapy and not worth the money	6/26/2023 1:24 PM
73	CA needs to join PSYPACT	6/26/2023 1:19 PM
74	No. It is a valuable option and should receive full support and reimbursement.	6/26/2023 1:19 PM
75	Poor connection Internet speed Hard to hear and understand each other	6/26/2023 1:18 PM
76	Only concern is to force clinicians back to their office when so many more people have received help because most everyone has a phone but not a car or any transportation or the extra time and money it takes to get to an office. Within California not just close distance is important also.	6/26/2023 1:15 PM
77	No concerns. I very much appreciate the ability to access my provider over Zoom.	6/26/2023 1:11 PM
78	No	6/26/2023 1:09 PM
79	The downside is technology issues like internet going out but the increased access is worth it.	6/26/2023 1:05 PM
80	No	6/26/2023 1:05 PM

81	no	6/26/2023 1:04 PM
82	Some of my patients are not easily mobile. They need telehealth when they cannot find transportation or are not physically feeling well enough to drive. I see many patients who are not within the city limits of my town.	6/26/2023 1:04 PM
83	Harder to read body language and couples can more easily get up and leave the setting	6/26/2023 1:01 PM
84	No	6/26/2023 1:00 PM
85	California not joining PsyPact is a big barrier to Telehealth access, because if move to another state and want to retain access to my CA therapist I can't, or if I want to do couples therapist with a long distance partner in another state I can't.	6/26/2023 12:51 PM
86	I am now able to continue to provide services to clients that move out of the area or who are unable to find available providers in their area of the state.	6/26/2023 12:51 PM
87	I provide telehealth services. It has been incredibly helpful in getting rid of transportation barriers, but not everyone has access to reliable internet for video sessions and some people still struggle to have a phone.	6/26/2023 12:51 PM
88	I found some providers who had availability but they were located in other states. It's unfortunate that CA doesn't allow inter-state practice.	6/26/2023 12:51 PM
89	Occasionally there is not good internet service for my clients —screen will freeze or there will be a time delay.	6/26/2023 12:50 PM
90	No, I think it is an awesome addition to the field. Clients make appointments that often otherwise would have been canceled.	6/26/2023 12:50 PM
91	Low insurance reimbursement for out of network providers	6/26/2023 12:49 PM
92	No	6/26/2023 12:48 PM
93	Telehealth is a good option. Makes services more accessible.	6/26/2023 12:47 PM
94	No	6/26/2023 12:46 PM
95	Concerns about wheter the therapist is paying attention (no idea what distractions may be happening at their end).	6/26/2023 12:46 PM
96	Confidentiality and unsure if clinician is in a private space when in session	6/26/2023 12:46 PM
97	I also provide Telehealth therapy services as well as receive them. Biggest barrier I've bumped into with my clients is privacy	6/26/2023 12:45 PM
98	No	6/26/2023 12:45 PM
99	i'm worried insurance won't continue to cover telehealth and it is very important that it continue to be covered	6/26/2023 12:45 PM
100	With telehealth, I can get a qualified provider farther away from my home and I am not limited to just those providers around me. This allows me to get the best quality care at the cost that is best for me.	6/26/2023 12:45 PM
101	Most patients like TH because of it's convenience, makes it easier to attend appts as they don't have to make their way to the clinic.	6/26/2023 12:44 PM
102	No	6/26/2023 12:44 PM
103	Sometimes technology can cause some disruptions to my sessions. Also, the limitations of my therapist's license inhibits me from continuing with my therapy when I am traveling out of state.	6/26/2023 12:44 PM
104	NA	6/26/2023 12:42 PM

Q10 Would you be willing to provide demographic information?

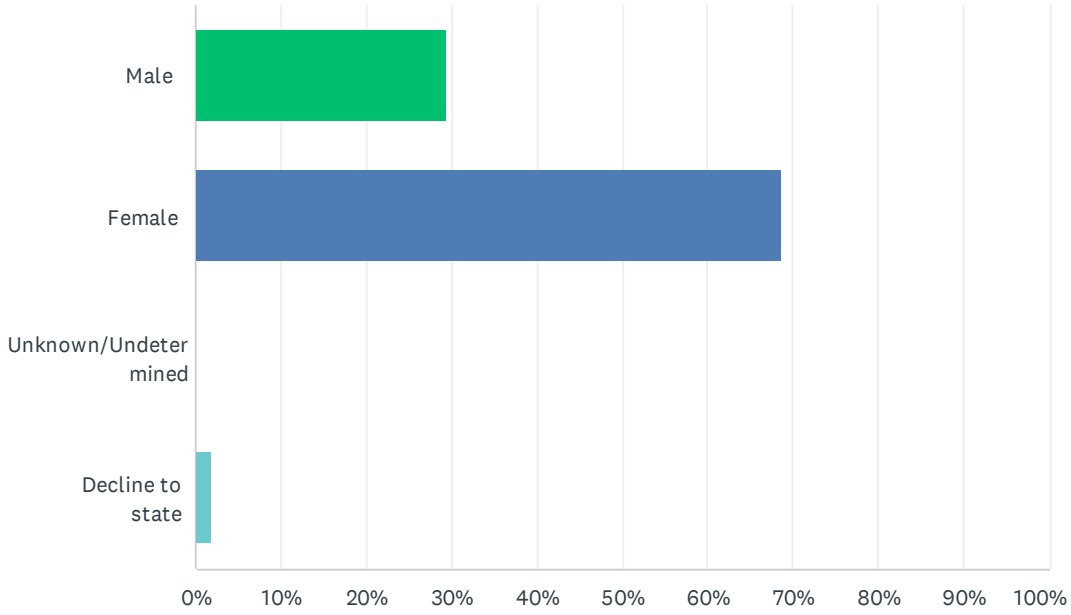
Answered: 196 Skipped: 34



ANSWER CHOICES	RESPONSES	
Yes	78.06%	153
No	21.94%	43
TOTAL		196

Q11 What sex were you assigned at birth, on your original birth certificate? (select only one)

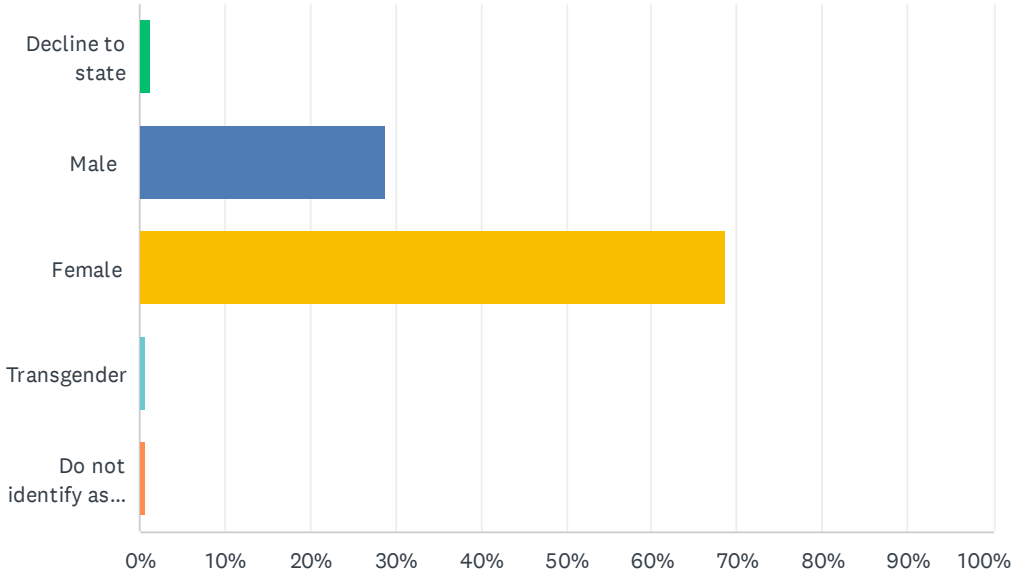
Answered: 153 Skipped: 77



ANSWER CHOICES	RESPONSES	
Male	29.41%	45
Female	68.63%	105
Unknown/Undetermined	0.00%	0
Decline to state	1.96%	3
TOTAL		153

Q12 How do you describe yourself?

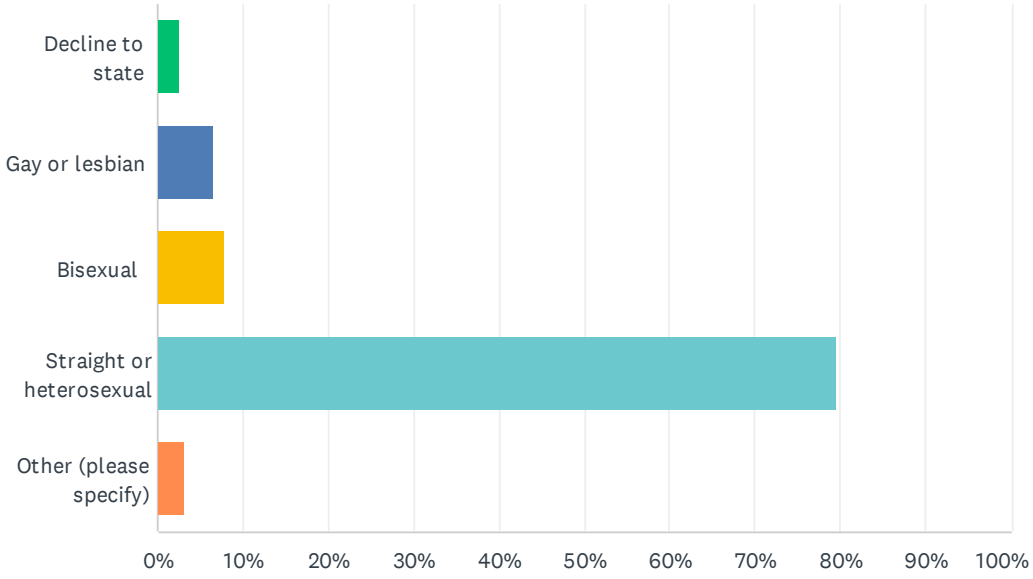
Answered: 153 Skipped: 77



ANSWER CHOICES	RESPONSES	
Decline to state	1.31%	2
Male	28.76%	44
Female	68.63%	105
Transgender	0.65%	1
Do not identify as male, female, or transgender	0.65%	1
TOTAL		153

Q13 Do you consider yourself to be:

Answered: 152 Skipped: 78

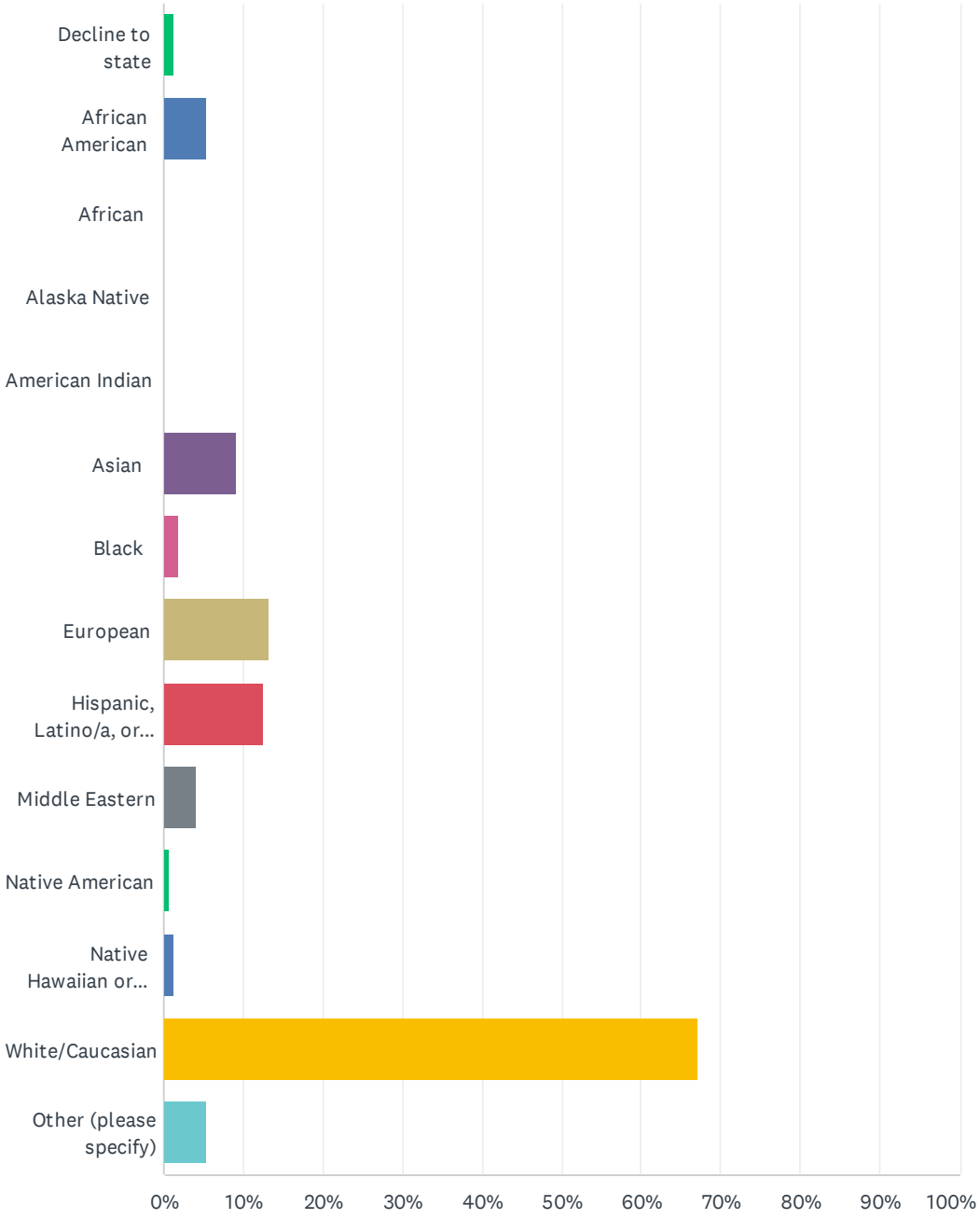


ANSWER CHOICES	RESPONSES	
Decline to state	2.63%	4
Gay or lesbian	6.58%	10
Bisexual	7.89%	12
Straight or heterosexual	79.61%	121
Other (please specify)	3.29%	5

#	OTHER (PLEASE SPECIFY)	DATE
1	Queer	7/10/2023 4:46 PM
2	Asexual	6/27/2023 11:24 AM
3	Other	6/26/2023 9:48 PM
4	Queer	6/26/2023 3:59 PM
5	Asexual	6/26/2023 12:45 PM

Q14 With which race(s) do you identify? (Select all that apply)

Answered: 152 Skipped: 78

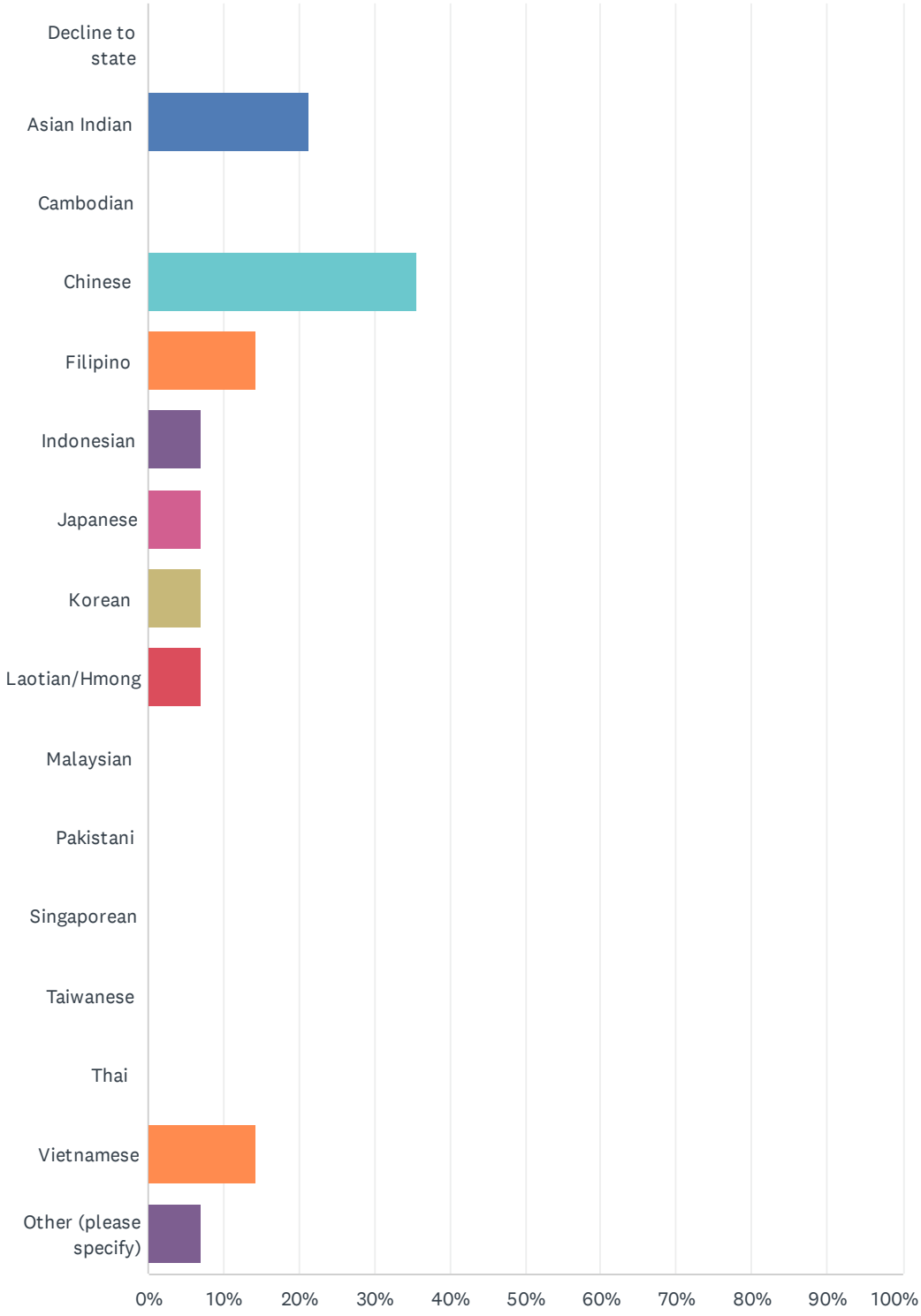


Decline to state	1.32%	2
African American	5.26%	8
African	0.00%	0
Alaska Native	0.00%	0
American Indian	0.00%	0
Asian	9.21%	14
Black	1.97%	3
European	13.16%	20
Hispanic, Latino/a, or of Spanish origin	12.50%	19
Middle Eastern	3.95%	6
Native American	0.66%	1
Native Hawaiian or other Pacific Islander	1.32%	2
White/Caucasian	67.11%	102
Other (please specify)	5.26%	8
Total Respondents: 152		

#	OTHER (PLEASE SPECIFY)	DATE
1	Armenian	7/5/2023 10:57 PM
2	Ashkenazi	6/27/2023 11:33 AM
3	Jewish	6/27/2023 10:55 AM
4	appalachian white	6/27/2023 7:53 AM
5	Two and more	6/26/2023 9:48 PM
6	Jewish	6/26/2023 2:33 PM
7	African	6/26/2023 2:24 PM
8	Ashkenazi Jewish	6/26/2023 12:51 PM

Q15 Asian Details (select all that apply)

Answered: 14 Skipped: 216

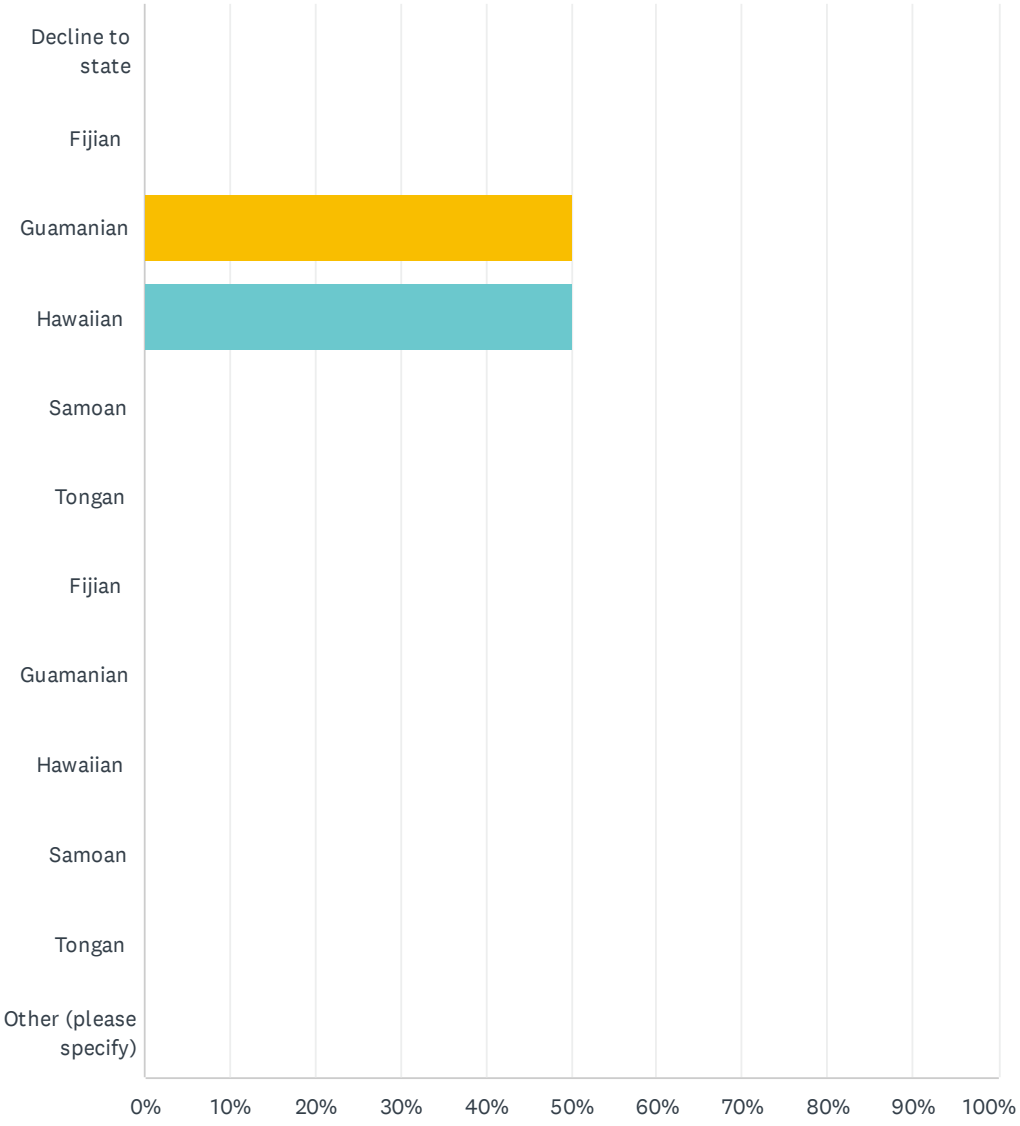


Decline to state	0.00%	0
Asian Indian	21.43%	3
Cambodian	0.00%	0
Chinese	35.71%	5
Filipino	14.29%	2
Indonesian	7.14%	1
Japanese	7.14%	1
Korean	7.14%	1
Laotian/Hmong	7.14%	1
Malaysian	0.00%	0
Pakistani	0.00%	0
Singaporean	0.00%	0
Taiwanese	0.00%	0
Thai	0.00%	0
Vietnamese	14.29%	2
Other (please specify)	7.14%	1
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
1	Burmese	6/26/2023 2:33 PM

Q16 Native Hawaiian or other Pacific Islander (Select all that apply)

Answered: 2 Skipped: 228

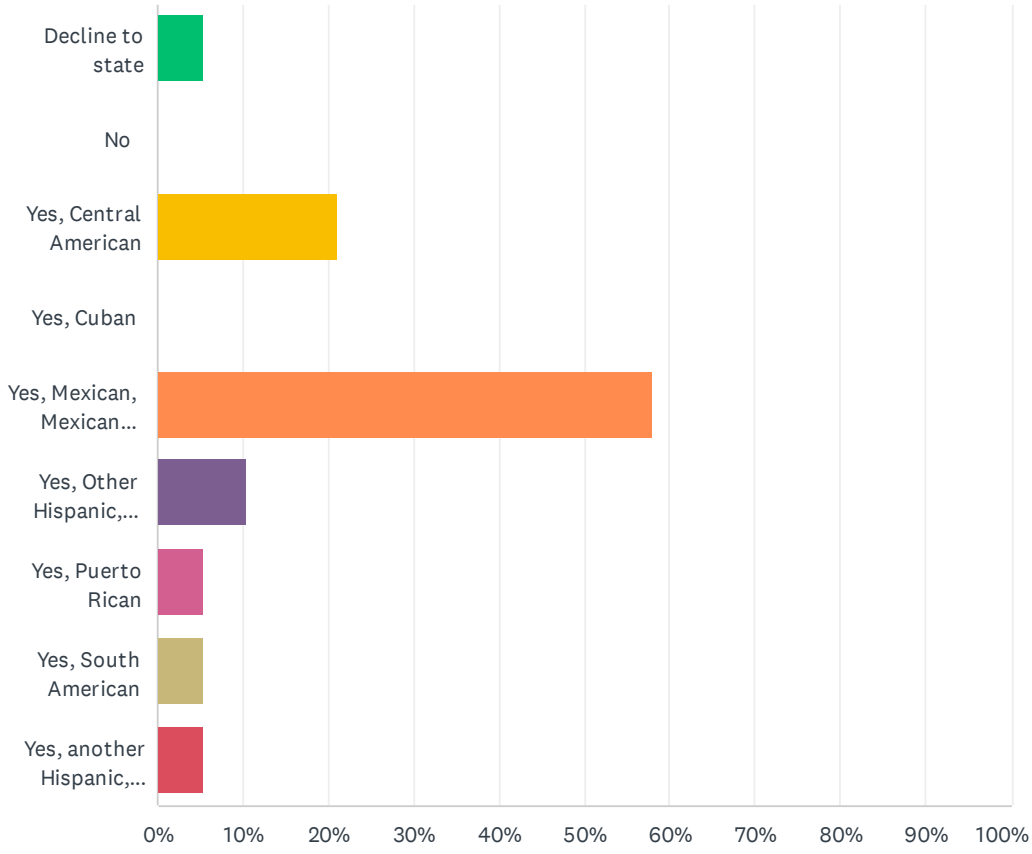


Decline to state	0.00%	0
Fijian	0.00%	0
Guamanian	50.00%	1
Hawaiian	50.00%	1
Samoan	0.00%	0
Tongan	0.00%	0
Fijian	0.00%	0
Guamanian	0.00%	0
Hawaiian	0.00%	0
Samoan	0.00%	0
Tongan	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 2		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q17 Are you Hispanic, Latino/a, or of Spanish origin? One or more categories may be selected.

Answered: 19 Skipped: 211



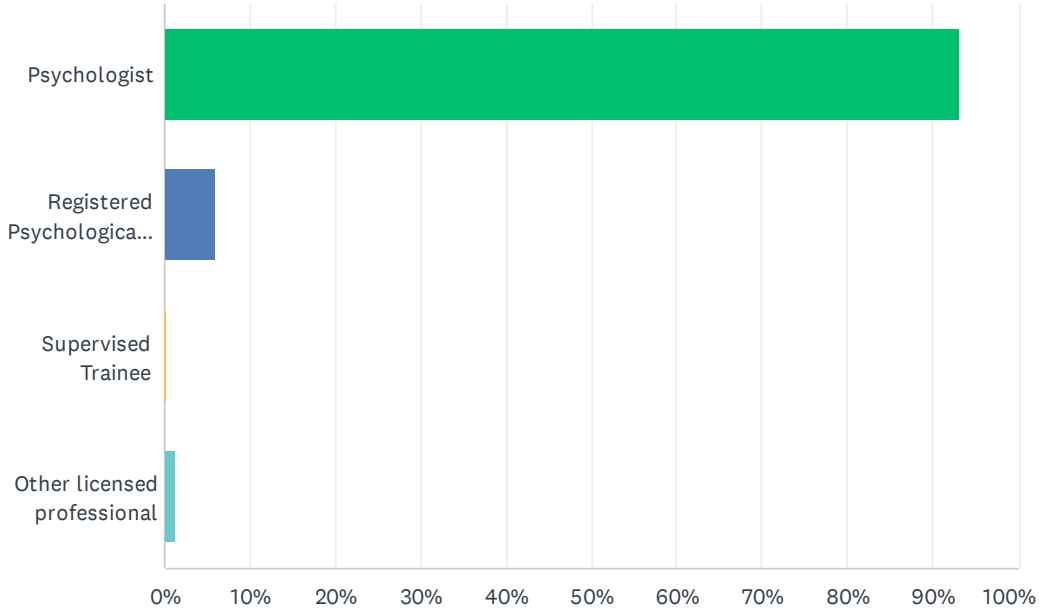
Decline to state	5.26%	1
No	0.00%	0
Yes, Central American	21.05%	4
Yes, Cuban	0.00%	0
Yes, Mexican, Mexican American, Chicano/a	57.89%	11
Yes, Other Hispanic, Latino/a or Spanish origin	10.53%	2
Yes, Puerto Rican	5.26%	1
Yes, South American	5.26%	1
Yes, another Hispanic, Latino/a, or of Spanish origin (specify)	5.26%	1
Total Respondents: 19		

#	YES, ANOTHER HISPANIC, LATINO/A, OR OF SPANISH ORIGIN (SPECIFY)	DATE

1	Spanish	6/26/2023 4:57 PM

Q1 I am a

Answered: 4,430 Skipped: 16



ANSWER CHOICES	RESPONSES	
Psychologist	93.23%	4,130
Registered Psychological Associate	5.98%	265
Supervised Trainee	0.18%	8
Other licensed professional	1.33%	59
Total Respondents: 4,430		

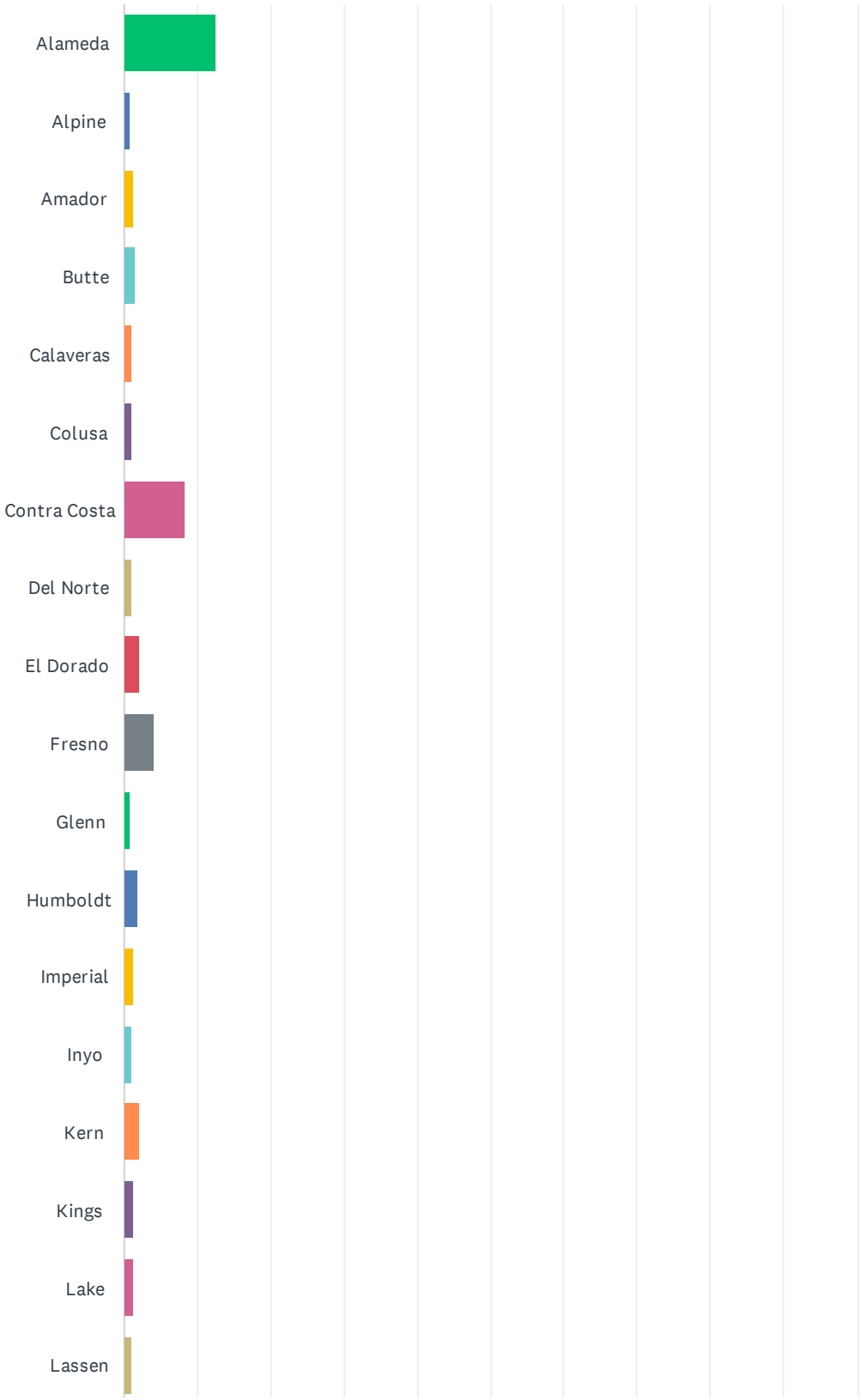
#	OTHER LICENSED PROFESSIONAL	DATE
1	MFT	7/18/2023 5:46 PM
2	psychiatrist member of orange county psychological association	7/17/2023 2:37 PM
3	MFT	7/17/2023 2:08 PM
4	Licensed Marriage Family Therapist	7/17/2023 1:19 PM
5	Lcsw	7/17/2023 12:42 PM
6	Registered Dietitian	7/17/2023 12:02 PM
7	Lcsw lpcc	7/17/2023 10:38 AM
8	Retired psychologist	7/17/2023 10:33 AM
9	Inactive	7/10/2023 9:32 PM
10	I now live in Texas and my CA license is expired.	7/10/2023 7:18 PM
11	PsyD Student post internship but not in post doc yet. I'm also an LMFT.	7/10/2023 5:55 PM

12	PhD LMFT	7/10/2023 5:48 PM
13	psychologist	7/10/2023 12:25 PM
14	Registered Nurse	7/10/2023 10:46 AM
15	MFT	7/8/2023 1:03 PM
16	LMFT	7/4/2023 1:42 PM
17	AMFT	6/30/2023 11:17 AM
18	Licensed marriage family therapist	6/30/2023 5:45 AM
19	Associate Marriage and Family Therapist; Associate Professional Clinical Counselor	6/28/2023 12:27 PM
20	MFT31544	6/27/2023 3:59 PM
21	LCSW	6/27/2023 12:44 PM
22	LMFT	6/27/2023 12:04 PM
23	Licensed Clinical Social Worker	6/27/2023 8:37 AM
24	LMFT	6/27/2023 12:48 AM
25	Lcsw	6/26/2023 11:24 PM
26	LMFT	6/26/2023 11:14 PM
27	LMFT	6/26/2023 9:48 PM
28	LMFT	6/26/2023 9:23 PM
29	LMFT	6/26/2023 9:10 PM
30	lMFT	6/26/2023 8:03 PM
31	LMFT	6/26/2023 7:57 PM
32	LMFT	6/26/2023 7:11 PM
33	LMFT	6/26/2023 6:55 PM
34	while my license is active I am not currently working or providing services.	6/26/2023 6:48 PM
35	I am dually licensed by the BOP and the CA Commission on Teacher Credentialing (for School Psychology)	6/26/2023 5:54 PM
36	Retired former psychologist	6/26/2023 5:33 PM
37	BCBA-D	6/26/2023 5:16 PM
38	Licensed Clinical Social Worker	6/26/2023 4:11 PM
39	MFT	6/26/2023 3:47 PM
40	LMFT, LPCC	6/26/2023 3:22 PM
41	LMFT	6/26/2023 2:52 PM
42	LMFT	6/26/2023 2:47 PM
43	LMFT	6/26/2023 2:27 PM
44	LPCC	6/26/2023 2:25 PM
45	Psychiatrist	6/26/2023 2:12 PM
46	LMFT	6/26/2023 2:08 PM
47	Retired psychologist	6/26/2023 2:07 PM
48	AMFT APCC	6/26/2023 2:04 PM
49	MFT	6/26/2023 1:45 PM

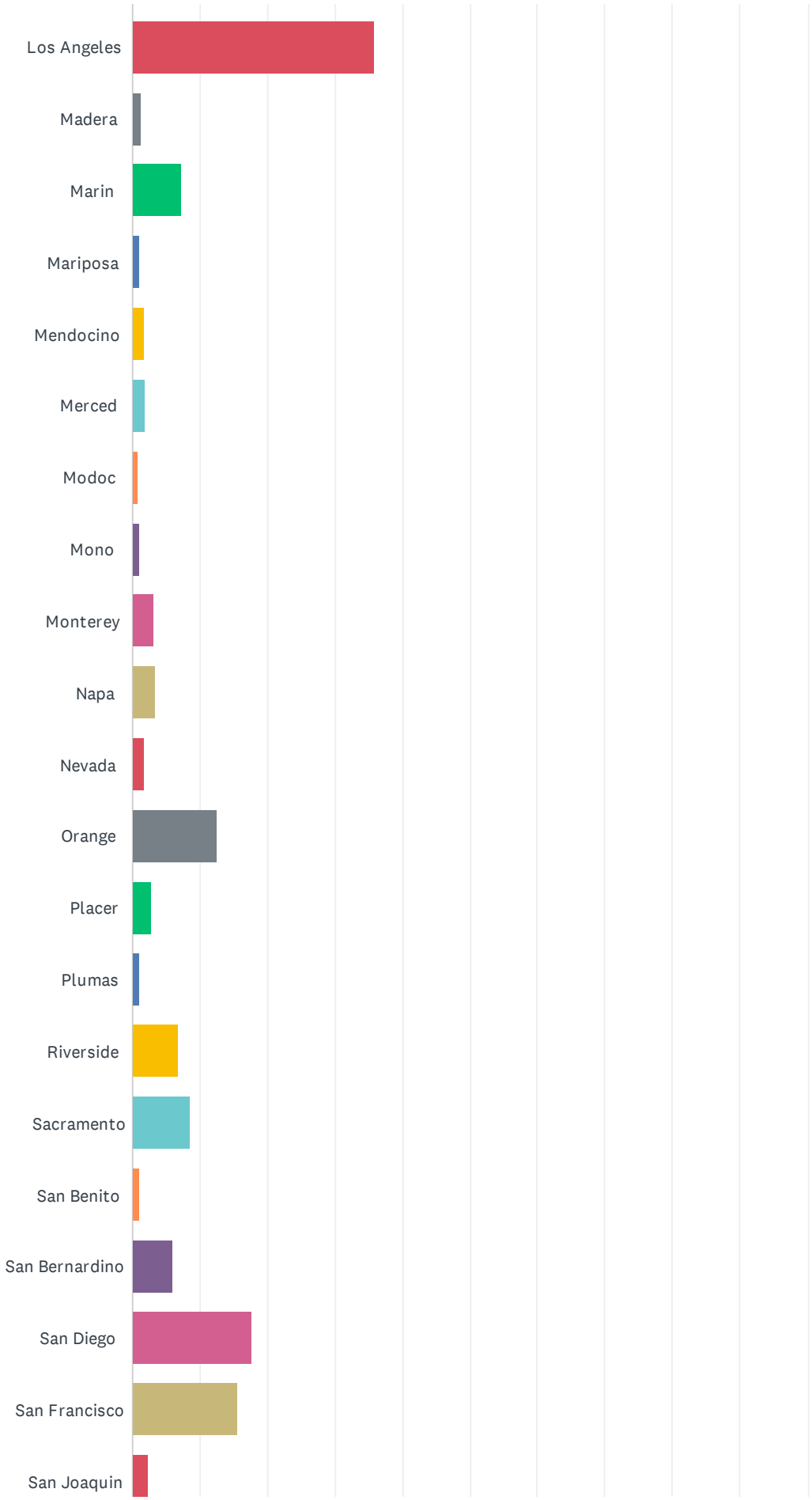
50	LEP	6/26/2023 1:43 PM
51	LMFT	6/26/2023 1:33 PM
52	Marriage & Family Therapist	6/26/2023 1:29 PM
53	LMFT	6/26/2023 1:22 PM
54	LPCC	6/26/2023 1:13 PM
55	LCSW	6/26/2023 1:08 PM
56	Mft	6/26/2023 1:05 PM
57	Licensed Marriage & Family Therapist	6/26/2023 12:59 PM
58	LMFT	6/26/2023 12:57 PM
59	MFT and LEP	6/26/2023 12:44 PM

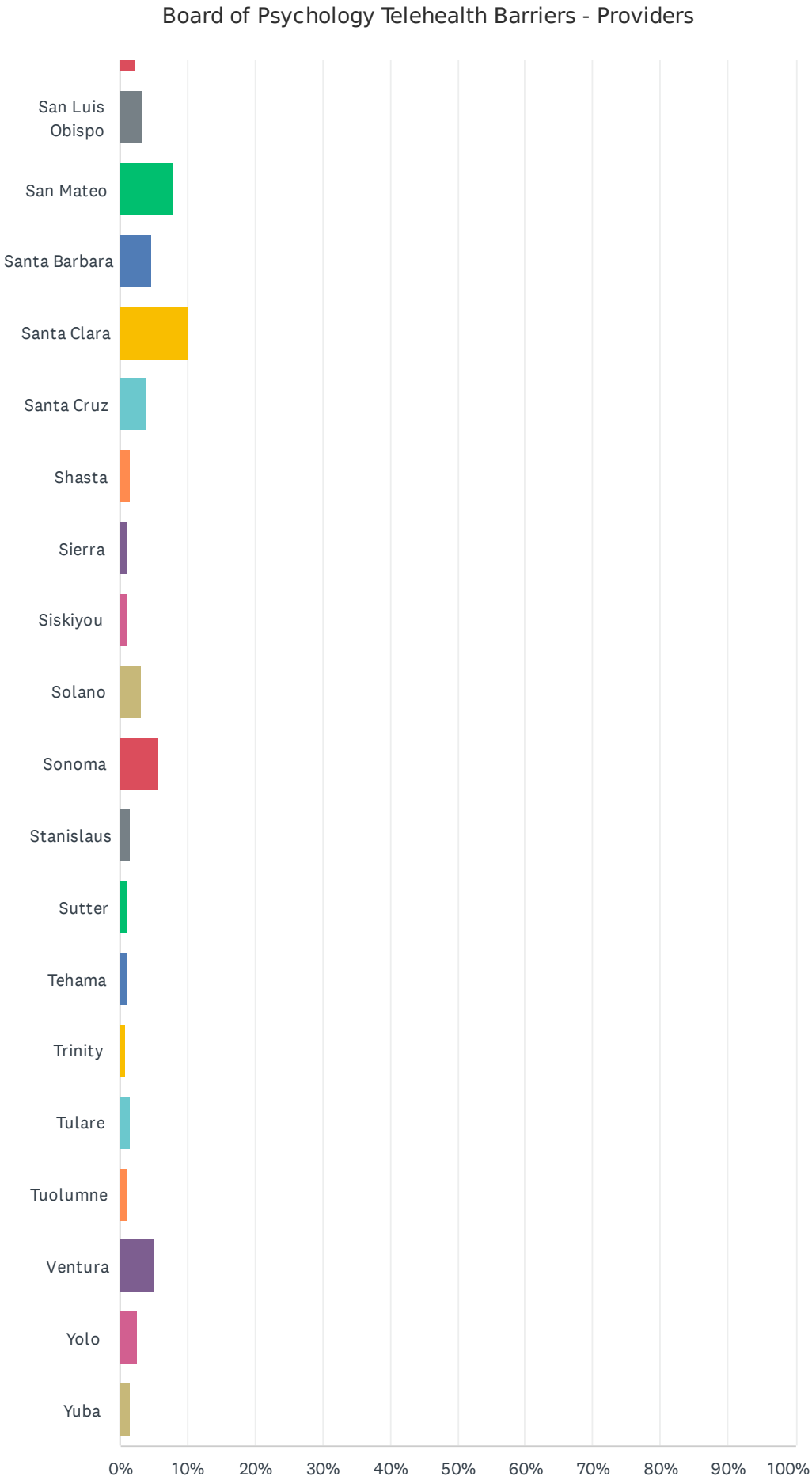
Q2 In which California county do you provide psychological services (check all that apply)?

Answered: 4,329 Skipped: 117



Board of Psychology Telehealth Barriers - Providers



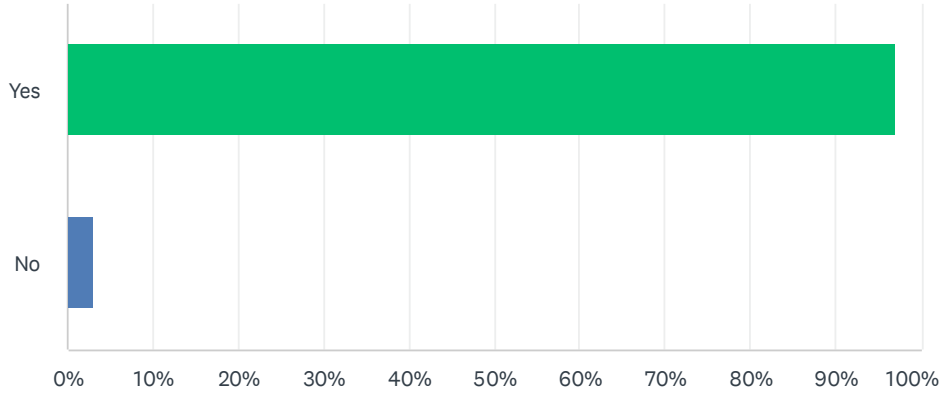

Board of Psychology Telehealth Barriers - Providers
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Shasta
Sierra
Siskiyou
Solano
Sonoma
Stanislaus
Sutter
Tehama
Trinity
Tulare
Tuolumne
Ventura
Yolo
Yuba
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

ANSWER CHOICES	RESPONSES	
Alameda	12.61%	546
Alpine	0.85%	37
Amador	1.22%	53
Butte	1.55%	67
Calaveras	1.02%	44
Colusa	1.02%	44
Contra Costa	8.34%	361
Del Norte	0.99%	43
El Dorado	2.15%	93
Fresno	4.07%	176
Glenn	0.90%	39
Humboldt	1.89%	82
Imperial	1.29%	56
Inyo	0.97%	42
Kern	2.22%	96
Kings	1.18%	51
Lake	1.29%	56
Lassen	1.02%	44
Los Angeles	35.87%	1,553
Madera	1.32%	57
Marin	7.32%	317
Mariposa	1.13%	49
Mendocino	1.73%	75
Merced	1.92%	83
Modoc	0.90%	39
Mono	1.04%	45
Monterey	3.30%	143
Napa	3.40%	147
Nevada	1.76%	76
Orange	12.50%	541
Placer	2.84%	123
Plumas	1.06%	46

Riverside	6.77%	293
Sacramento	8.62%	373
San Benito	0.97%	42
San Bernardino	5.87%	254
San Diego	17.74%	768
San Francisco	15.62%	676
San Joaquin	2.26%	98
San Luis Obispo	3.44%	149
San Mateo	7.85%	340
Santa Barbara	4.71%	204
Santa Clara	10.07%	436
Santa Cruz	3.77%	163
Shasta	1.52%	66
Sierra	0.99%	43
Siskiyou	1.04%	45
Solano	3.14%	136
Sonoma	5.68%	246
Stanislaus	1.55%	67
Sutter	1.11%	48
Tehama	1.02%	44
Trinity	0.90%	39
Tulare	1.48%	64
Tuolumne	1.06%	46
Ventura	5.22%	226
Yolo	2.47%	107
Yuba	1.46%	63
Total Respondents: 4,329		

Q3 Do you now or have you ever provided telehealth services?

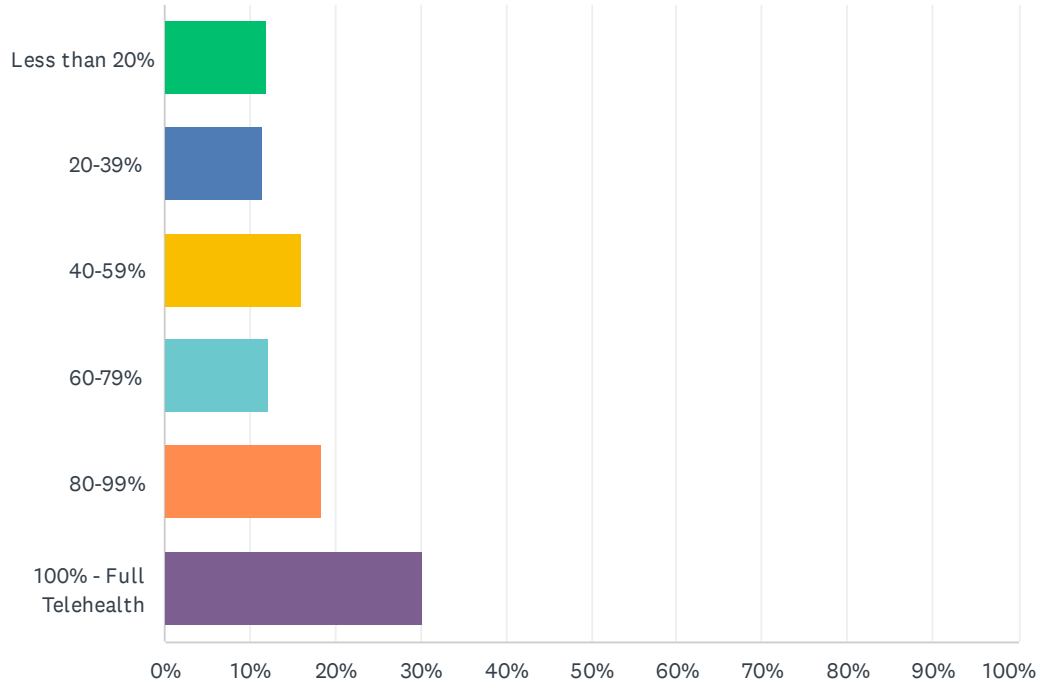
Answered: 4,432 Skipped: 14



ANSWER CHOICES	RESPONSES	
Yes	97.00%	4,299
No	3.00%	133
TOTAL		4,432

Q4 If Yes to Question 3 – what percentage of your work is conducted via telehealth?

Answered: 4,268 Skipped: 178



ANSWER CHOICES	RESPONSES	
Less than 20%	11.86%	506
20-39%	11.41%	487
40-59%	15.91%	679
60-79%	12.21%	521
80-99%	18.30%	781
100% - Full Telehealth	30.32%	1,294
TOTAL		4,268

Q5 What are the technical barriers to telehealth that you have observed in your practice?

Answered: 3,606 Skipped: 840

ANSWER CHOICES	RESPONSES	
Broadband Access (e.g., internet speed, please specify)	59.87%	2,159
Selected Telehealth Platform (please list any software which has been a barrier)	33.22%	1,198
Hardware/Computer Support (computer specifications, access to cameras or audio equipment, etc.)	31.00%	1,118
Other (please specify or type "none")	53.00%	1,911

#	BROADBAND ACCESS (E.G., INTERNET SPEED, PLEASE SPECIFY)	DATE
1	Internet service slowing down or failing during appointments	7/24/2023 8:08 AM
2	Occasional lagging internet connection	7/24/2023 8:08 AM
3	None	7/24/2023 7:58 AM
4	internet speed	7/23/2023 9:25 PM
5	uncertain of the issue; client internet connections and equipment ... phones, pads, laptops	7/23/2023 5:45 PM
6	internet drops	7/23/2023 5:18 PM
7	Internet speed,	7/23/2023 12:50 PM
8	Sometimes there is a connectivity issue. Happened rarely though	7/23/2023 8:39 AM
9	Speed--I had to pay to upgrade	7/22/2023 10:25 PM
10	Choppy connections from clients occasionally	7/22/2023 7:23 PM
11	occasional lag or disruption in internet, but able to switch to hotspot	7/22/2023 4:55 PM
12	Occasional glitches-provider related	7/22/2023 2:01 PM
13	Poor connection at times	7/22/2023 11:30 AM
14	Internet connection (lagging/freezing) from patients, not having proper access	7/22/2023 11:14 AM
15	Strong internet access for individuals in outlying areas.	7/22/2023 9:54 AM
16	Internet speed is not fast enough, which causes freezing of video and audio	7/22/2023 7:54 AM
17	Clients internet speed	7/22/2023 7:33 AM
18	Occasional loss of audio	7/22/2023 6:53 AM
19	internet connection can be unstable/unpredictable	7/21/2023 3:53 PM
20	Internet Speed, Privacy	7/21/2023 3:25 PM
21	Spotty internet or limited access	7/21/2023 3:10 PM
22	Internet speed would often lag, causing issues in the session.	7/21/2023 1:48 PM
23	Connection speed sometimes	7/21/2023 12:05 PM
24	Losing internet connection during a session	7/21/2023 8:01 AM
25	Intermittent internet access that disrupts a session	7/21/2023 7:14 AM
26	Internet issues (poor cell reception), Internet outages/slow Internet speed	7/21/2023 7:00 AM

27	Client internet speed, frontier	7/21/2023 6:54 AM
28	Variable	7/20/2023 10:40 PM
29	internet connection	7/20/2023 5:37 PM
30	The connection works better on a laptop/computer or even a ipad vs. a phone. Internet connection is less reliable for those in apartments or their work given the internet strength. Sometimes they need to go to their car for a private space and the internet connection is less reliable.	7/20/2023 4:03 PM
31	on occasion, from patient's end	7/20/2023 3:27 PM
32	Lagging or glitches	7/20/2023 3:24 PM
33	minor technical disruptions - internet out temporarily	7/20/2023 3:18 PM
34	patient's slow internet speed	7/20/2023 12:55 PM
35	Sometimes clients do not have fast enough internet for high quality and consistent video conferencing.	7/20/2023 12:25 PM
36	internet speed	7/20/2023 12:07 PM
37	None	7/20/2023 11:29 AM
38	Internet speed	7/20/2023 10:02 AM
39	Internet speed	7/20/2023 9:21 AM
40	Fastest speed available from xfinity	7/20/2023 9:09 AM
41	Internet	7/20/2023 7:36 AM
42	Internet speed	7/20/2023 6:14 AM
43	ATT	7/19/2023 11:28 PM
44	None	7/19/2023 9:35 PM
45	occasional temporary problems	7/19/2023 5:58 PM
46	A couple clients have spotty Wi-Fi but otherwise not an issue with most	7/19/2023 5:19 PM
47	yes, Im in a rural area	7/19/2023 4:26 PM
48	None	7/19/2023 3:36 PM
49	None	7/19/2023 3:23 PM
50	families often use smart phones, which are not as good as a real camera.	7/19/2023 3:07 PM
51	none	7/19/2023 2:13 PM
52	Speed for both self and client makes video calls difficult	7/19/2023 11:44 AM
53	no access to WiFi in a private setting, inadequate access through smartphone	7/19/2023 9:28 AM
54	Clients may have low bandwith causing slow, delayed, or lagging video.	7/19/2023 9:19 AM
55	This is most often the case, but only happens probably 15-20%of the time	7/19/2023 2:49 AM
56	Occasional problems with access mostly a frozen screen	7/19/2023 12:12 AM
57	don't know details, only that 2 people would like to have done tele, but did't have good access	7/19/2023 12:03 AM
58	None	7/18/2023 10:40 PM
59	Internet connection	7/18/2023 10:37 PM
60	N/a	7/18/2023 10:25 PM
61	None	7/18/2023 9:59 PM
62	Issues with internet speed and connection	7/18/2023 9:07 PM

63	Inconsistent internet speed	7/18/2023 8:29 PM
64	occasional slower internet speed	7/18/2023 6:26 PM
65	Internet speed on my and the client's computer	7/18/2023 5:27 PM
66	This has been an issue in some cases	7/18/2023 4:29 PM
67	None	7/18/2023 3:58 PM
68	Slow or freezing at times	7/18/2023 3:41 PM
69	Weather sometimes affects ability to connect	7/18/2023 3:34 PM
70	telephone is the most reliable form of support.	7/18/2023 1:56 PM
71	Internet Speed	7/18/2023 1:34 PM
72	internet speed or outages	7/18/2023 1:27 PM
73	Freeze, sound problems, delays starting sessions	7/18/2023 1:17 PM
74	internet problems	7/18/2023 1:16 PM
75	Internet speed, elderly patient challenges with technology	7/18/2023 1:12 PM
76	Glitching often depending on the clients connection	7/18/2023 1:05 PM
77	gettig both parties online simultaneously/computer program idiosyncracies	7/18/2023 12:43 PM
78	none	7/18/2023 12:40 PM
79	Internet speed, wifi connectivity issues	7/18/2023 12:27 PM
80	Power outages in northern Cali	7/18/2023 12:03 PM
81	Some clients have unstable internet at times.	7/18/2023 11:46 AM
82	Rare Internet outages	7/18/2023 11:46 AM
83	Ironically since moving out of SF, my wifi hasbeen better, but it is costly ($130-150 per month) but it is more consistent now	7/18/2023 11:06 AM
84	clients internet connection	7/18/2023 10:49 AM
85	Rarely, but sometimes inconsistent broadband in this rural area.	7/18/2023 10:49 AM
86	internet speed and location of patient	7/18/2023 10:47 AM
87	Internet speed creates connection difficulties.	7/18/2023 10:22 AM
88	previously speed but Spectrum has upgraded and not a problem now	7/18/2023 10:21 AM
89	internet speed	7/18/2023 10:07 AM
90	Secure, reliable Connectivity on both my and patients ends can be difficult	7/18/2023 10:06 AM
91	none	7/18/2023 9:51 AM
92	internet speed and stability of connection	7/18/2023 9:37 AM
93	loosing connection	7/18/2023 9:26 AM
94	yes	7/18/2023 8:51 AM
95	From time to time there are barriers related to connectivity, delayed audio, pixelation, or poor wifi connection which leads to a dropped call.	7/18/2023 8:41 AM
96	internet speed	7/18/2023 8:27 AM
97	N/A	7/18/2023 7:57 AM
98	1000 gb	7/18/2023 7:49 AM
99	some issued but resolved with changing internet providers	7/18/2023 7:48 AM

100	inconsistent service (lagging, disconnection, etc.)	7/18/2023 7:45 AM
101	for some clients	7/18/2023 7:35 AM
102	quality of internet	7/18/2023 7:30 AM
103	Internet connectivity	7/18/2023 7:28 AM
104	Internet speed and strength	7/18/2023 7:07 AM
105	none	7/18/2023 7:02 AM
106	Video freezing.	7/18/2023 6:48 AM
107	Occasional connectivity related disruptions	7/18/2023 5:41 AM
108	WiFi connectivity can be interrupted occasionally, which interrupts the session briefly, usually WiFi will reconnect quickly on its own, although sometimes need to wait a bit	7/18/2023 2:59 AM
109	rare but rolling blackouts in LA, during summer, causing internet to shut down	7/18/2023 1:28 AM
110	Speed can be spotty	7/18/2023 12:11 AM
111	internet not reliable, run out of data on phone	7/17/2023 11:45 PM
112	internet speed and poor wifi connections	7/17/2023 11:40 PM
113	Internet	7/17/2023 11:15 PM
114	Access to internet speed for patients	7/17/2023 11:11 PM
115	sometimes internet speed is poor or power outages occur	7/17/2023 11:04 PM
116	Solid, reliable internet connection with no interruptions.	7/17/2023 10:39 PM
117	internet speed that varies which disrupts communication	7/17/2023 10:24 PM
118	Internet inconsistency	7/17/2023 9:50 PM
119	Broadband and Internet access	7/17/2023 9:47 PM
120	Internet cuts out momentarily during session calls	7/17/2023 9:41 PM
121	poor connection	7/17/2023 9:30 PM
122	Anytime the internet goes down or is spotty, calls get lost; this is critically important in the middle of a therapy session, particularly if there's any clinical risk	7/17/2023 9:23 PM
123	Some elders have difficulty with accessing the internet.	7/17/2023 9:10 PM
124	This is true for patients with poor internet access	7/17/2023 8:56 PM
125	Internet access for clients	7/17/2023 8:50 PM
126	AT&T internet speed varies during the day in my building. Sometimes power outage.	7/17/2023 8:49 PM
127	Have had a couple issues with client internet being slow or limiting.	7/17/2023 8:30 PM
128	Lower income, lower education patients	7/17/2023 8:21 PM
129	If the internet goes down, that’s it for care until it’s fixed. You also need a very strong connection	7/17/2023 8:17 PM
130	Inconsistent internet service, especially during peak hours	7/17/2023 8:09 PM
131	often clients do not have a reliable internet	7/17/2023 8:05 PM
132	Connection difficulty	7/17/2023 8:01 PM
133	Internet connection	7/17/2023 7:54 PM
134	Patients having poor connectivity	7/17/2023 7:53 PM
135	internet speed	7/17/2023 7:44 PM
136	Lack of connectivity. Will resolve by switching to telephone, if necessary	7/17/2023 7:42 PM

137	None	7/17/2023 7:41 PM
138	Internet connection	7/17/2023 7:31 PM
139	Generally, no problems. Occasionally, a client will need to log out and log back in.	7/17/2023 7:30 PM
140	uneven broadband service; moments in the session where communication is temporarily lost	7/17/2023 7:30 PM
141	Internet overload in households with multiple people working from client’s home; inconsistent internet	7/17/2023 7:28 PM
142	Pay for high speed internet so no issue	7/17/2023 7:25 PM
143	Unstable connection, speed	7/17/2023 7:07 PM
144	Internet problems	7/17/2023 6:53 PM
145	Internet going down	7/17/2023 6:45 PM
146	sometimes the sessions just stop and I have to redial my clients	7/17/2023 6:38 PM
147	Power outages impact my work online	7/17/2023 6:32 PM
148	No problems really	7/17/2023 6:32 PM
149	Patient access to appropriate internet speed	7/17/2023 6:32 PM
150	connection speed	7/17/2023 6:09 PM
151	none	7/17/2023 6:05 PM
152	access varies	7/17/2023 5:47 PM
153	NO	7/17/2023 5:41 PM
154	Internet connection	7/17/2023 5:36 PM
155	Sometimes clients don't have good connections	7/17/2023 5:31 PM
156	Internet speed	7/17/2023 5:28 PM
157	Stability of internet	7/17/2023 5:27 PM
158	when either my home or office loses internet connectivity	7/17/2023 5:26 PM
159	Some client have slow or no access.	7/17/2023 5:25 PM
160	n/a	7/17/2023 5:12 PM
161	Patient wifi/cell service can be inconsistent	7/17/2023 5:00 PM
162	slow or dysfunctional internet	7/17/2023 4:58 PM
163	internet speed	7/17/2023 4:54 PM
164	internet connection	7/17/2023 4:38 PM
165	telehealth provider in the country with slow internet	7/17/2023 4:37 PM
166	Slow speed, occasional outage	7/17/2023 4:32 PM
167	Sometimes, the clients internet broadband/speed is not good	7/17/2023 4:23 PM
168	No problem. Telephone only at this time	7/17/2023 4:12 PM
169	stable access and speed more a factor and more on the client side.	7/17/2023 4:07 PM
170	Slow internet speeds and freezing	7/17/2023 4:03 PM
171	Internet in accessibility un reliability for clients	7/17/2023 4:01 PM
172	poor Internet coverage by clients	7/17/2023 4:00 PM
173	some clients have slow internet speeds	7/17/2023 3:58 PM

174	Sometimes but rarely now	7/17/2023 3:51 PM
175	Some clients need to do their sessions out of the house and then a reliable internet connection can be spotty	7/17/2023 3:43 PM
176	Glitches	7/17/2023 3:40 PM
177	sometimes it cuts out	7/17/2023 3:38 PM
178	occasional delays in wifi connection	7/17/2023 3:33 PM
179	Internet unreliable despite high quality internet	7/17/2023 3:29 PM
180	unstable internet connection	7/17/2023 3:26 PM
181	its slow	7/17/2023 3:06 PM
182	Transmission drops	7/17/2023 3:05 PM
183	none	7/17/2023 2:58 PM
184	Internet freezing	7/17/2023 2:57 PM
185	Patient's access isn't always good/	7/17/2023 2:54 PM
186	internet speed	7/17/2023 2:48 PM
187	Sometimes patients' internet connection may be poor or inconsistent.	7/17/2023 2:48 PM
188	Wi-Fi interruptions, SimplePractice video issues	7/17/2023 2:46 PM
189	occasionally	7/17/2023 2:39 PM
190	Internet access sometimes for some people	7/17/2023 2:37 PM
191	Just general connectivity issues	7/17/2023 2:33 PM
192	some people privacy issues on client side	7/17/2023 2:33 PM
193	Some patients have poor internet speed	7/17/2023 2:28 PM
194	Internet availability/speed	7/17/2023 2:27 PM
195	Internet speed	7/17/2023 2:26 PM
196	Power outages	7/17/2023 2:24 PM
197	Sometimes access is slow for clients	7/17/2023 2:21 PM
198	Some	7/17/2023 2:20 PM
199	None	7/17/2023 2:15 PM
200	some internet issues: freezing	7/17/2023 2:14 PM
201	Internet speed and wifi speed has been a marginal problem, sometimes on my end, sometimes on the client's end, but generally, the vast majority of the time, the connection is good.	7/17/2023 2:12 PM
202	Internet stability	7/17/2023 2:10 PM
203	none	7/17/2023 2:01 PM
204	Internet consistency	7/17/2023 1:57 PM
205	unreliable internet	7/17/2023 1:57 PM
206	Inconsistent internet connections	7/17/2023 1:55 PM
207	Speed	7/17/2023 1:55 PM
208	Some patients have internet access that is unstable, thus leading to a shift toward phone sessions.	7/17/2023 1:53 PM
209	none	7/17/2023 1:49 PM
210	occasionally speed issues	7/17/2023 1:49 PM

211	Slow Internet speed, intermittent connection.	7/17/2023 1:46 PM
212	Poor connection on some occassoins revert to telephone.	7/17/2023 1:43 PM
213	Wifi Access broadband speed	7/17/2023 1:43 PM
214	Many providers on the same network at once slows the internet speed- this is specific to my work site	7/17/2023 1:41 PM
215	variability in sound and audio functioning	7/17/2023 1:38 PM
216	none	7/17/2023 1:29 PM
217	Speed - At times during peak hours connection is a problem and qualify of the video	7/17/2023 1:29 PM
218	less than 15% of the time, have problem with internet	7/17/2023 1:27 PM
219	Occasional tech and internet issues	7/17/2023 1:24 PM
220	Internet speed,	7/17/2023 1:24 PM
221	Internet speed (of client)	7/17/2023 1:22 PM
222	Internet speed	7/17/2023 1:21 PM
223	yes	7/17/2023 1:20 PM
224	sometimes internet is spotty on either party's end.	7/17/2023 1:20 PM
225	somtimes	7/17/2023 1:19 PM
226	Internet speed,	7/17/2023 1:12 PM
227	Internet connection at times, but rare	7/17/2023 1:11 PM
228	Pt/PhD connectivity	7/17/2023 1:11 PM
229	Internet speed	7/17/2023 1:09 PM
230	Occasional problems with slow internet or poor connections, freezing/abrupt ends of calls	7/17/2023 1:09 PM
231	Internet reliability	7/17/2023 1:08 PM
232	Internet speed on the clients side	7/17/2023 1:07 PM
233	internet speed	7/17/2023 1:06 PM
234	Internet Speed/Connection	7/17/2023 1:06 PM
235	none	7/17/2023 1:03 PM
236	slow internet, disrupted connection during sessions	7/17/2023 1:00 PM
237	Rare wifi outages	7/17/2023 12:57 PM
238	Obviously there are times when wife is spotty. That makes it very difficult.	7/17/2023 12:57 PM
239	Occasionally my internet has gone down and I have to call a client	7/17/2023 12:56 PM
240	dropped calls are common, some clients have low bandwidth that makes having both picture and audio challenging	7/17/2023 12:55 PM
241	Internet speed	7/17/2023 12:52 PM
242	I use Doxy.me - occassionally it is unstable (usually because the client's web network is unstable. On a very few occassions I had to complete sessions by phone.	7/17/2023 12:50 PM
243	Second most problematic	7/17/2023 12:47 PM
244	Internet speed, webcam connection	7/17/2023 12:47 PM
245	Connection quality, consistency	7/17/2023 12:47 PM
246	Internet has frequent interruptions	7/17/2023 12:46 PM

247	no problems for me or the clients	7/17/2023 12:45 PM
248	internet speed and on occasion, internet access	7/17/2023 12:44 PM
249	connection inconsistent based on the area of the practice	7/17/2023 12:44 PM
250	Some of my rural patients have difficulty with video call, and so our calls are audio only.	7/17/2023 12:41 PM
251	internet connection	7/17/2023 12:40 PM
252	Internet speed	7/17/2023 12:38 PM
253	I have not seen this as an issue for therapy, supervision or consultation. At least, not a significant issue.	7/17/2023 12:33 PM
254	Internet speed, wifi signal and interference from other wifi signals on either end	7/17/2023 12:33 PM
255	Glitchy at times	7/17/2023 12:32 PM
256	Have to really make sure internet is solid - be directly connected to modem with ethernet cable.	7/17/2023 12:32 PM
257	rural areas have limited access	7/17/2023 12:31 PM
258	SLOW SPEED	7/17/2023 12:31 PM
259	When done on phone, dropped calls	7/17/2023 12:30 PM
260	Occasionally internet speed breaks down	7/17/2023 12:29 PM
261	None	7/17/2023 12:26 PM
262	Spotty service for some patients	7/17/2023 12:25 PM
263	occasional connection disruptions can cause lags or pixelated image.	7/17/2023 12:23 PM
264	Slow internet speed	7/17/2023 12:22 PM
265	some connection challenges (frozen screen, delay in picture or voice)	7/17/2023 12:21 PM
266	Sometimes difficult to maintain sufficient internet speed	7/17/2023 12:20 PM
267	occasional interruptions due to low bandwidth	7/17/2023 12:18 PM
268	Clients have poor internet connection, sometimes the company HIPAA compliant web platform is down, some computers don't allow access to web platform so clients have to join from phone and it glitches if someone calls or texts them during session, older clients struggle with technology	7/17/2023 12:17 PM
269	Internet speed + access to privacy	7/17/2023 12:16 PM
270	Occasionally/can usually connect a different way	7/17/2023 12:16 PM
271	Those who are houseless or can't afford it have trouble with this. Also some rural individuals have poor to low connection.	7/17/2023 12:16 PM
272	Internet interruptions	7/17/2023 12:12 PM
273	Internet speed on both ends	7/17/2023 12:11 PM
274	poor wifi access	7/17/2023 12:07 PM
275	Patient internet connection	7/17/2023 12:06 PM
276	I have to pay for more expensive service and a Mesh network to ensure adequate signal in the area of my home where I have privacy to perform services.	7/17/2023 12:06 PM
277	Internet speed, or connectivity, usually on the clients side can impact video portion	7/17/2023 12:05 PM
278	Early on, internet speed	7/17/2023 12:04 PM
279	Internet speed	7/17/2023 12:04 PM
280	Not having access to internet has impacted, but I was able to trouble shoot.	7/17/2023 12:03 PM

281	spotty internet	7/17/2023 12:02 PM
282	internet speed, cellular service	7/17/2023 12:01 PM
283	Sometimes but rare	7/17/2023 12:00 PM
284	Yes	7/17/2023 12:00 PM
285	Internet speed of my clients	7/17/2023 11:59 AM
286	Sometimes the connections are poor.	7/17/2023 11:59 AM
287	Internet speed (usually the client's internet; I have upgraded to higher tier internet to try to minimize barriers)	7/17/2023 11:57 AM
288	patients trying to use their phones	7/17/2023 11:57 AM
289	Depending on what the Client is using it can be challenging to stay connected. If there is a internet outage on my end I have to reschedule clients or offer phone or in person sessions.	7/17/2023 11:57 AM
290	Varying internet speeds, despite good bandwidth packages	7/17/2023 11:53 AM
291	Unreliable	7/17/2023 11:53 AM
292	Internet speed and cell reception issues	7/17/2023 11:50 AM
293	Clients having low connection	7/17/2023 11:46 AM
294	Internet connection	7/17/2023 11:45 AM
295	Broken connection, freezing screen, etc.	7/17/2023 11:45 AM
296	occasional internet speed issues with myself or my patient	7/17/2023 11:45 AM
297	Internet speed or quality of connection from both parties (I.e. lagging, freezing, call dropping)	7/17/2023 11:44 AM
298	some calls freezing. Usually work with client to fix them. not a problem.	7/17/2023 11:44 AM
299	Poor internet speed	7/17/2023 11:41 AM
300	internet speed	7/17/2023 11:41 AM
301	Internet stability	7/17/2023 11:41 AM
302	Internet speed (usually client/patient)	7/17/2023 11:37 AM
303	Patient connectivity/internet speed, patient access to devices	7/17/2023 11:35 AM
304	Internet speed can create lags in audio/visual, which can disrupt sessions.	7/17/2023 11:34 AM
305	High speed	7/17/2023 11:34 AM
306	Internet speed at times	7/17/2023 11:33 AM
307	Internet speed and video is glitchy	7/17/2023 11:32 AM
308	Some Clieents have poor internet.	7/17/2023 11:32 AM
309	sometimes spotty	7/17/2023 11:30 AM
310	internet connection needs to be strong	7/17/2023 11:30 AM
311	Occasionally Internet speed is an issue for video conferencing. Informed consent specifies that if Internet speed becomes an issue any given day that the session can continue via phone call.	7/17/2023 11:29 AM
312	internet speed	7/17/2023 11:28 AM
313	Internet	7/17/2023 11:27 AM
314	Internet signal drops	7/17/2023 11:26 AM
315	reliable connection sometimes	7/17/2023 11:26 AM
316	Sometimes internet spotty	7/17/2023 11:25 AM

317	Internet speed	7/17/2023 11:24 AM
318	Some disruptions in service	7/17/2023 11:22 AM
319	rarely	7/17/2023 11:22 AM
320	poor coverage (delays, interruptions, etc)	7/17/2023 11:21 AM
321	connectivity issues occasionally	7/17/2023 11:20 AM
322	Power outages in my area, so getting a storage battery to mitigate.	7/17/2023 11:20 AM
323	Internet speed, lagging, frozen, dropped calls	7/17/2023 11:19 AM
324	some problem with speed in this area	7/17/2023 11:19 AM
325	hard wired devices	7/17/2023 11:19 AM
326	N/A	7/17/2023 11:18 AM
327	yes, sometimes the connection is not very good	7/17/2023 11:17 AM
328	Internet speed, stable Wi-Fi connectivity	7/17/2023 11:17 AM
329	occasionally	7/17/2023 11:17 AM
330	None	7/17/2023 11:17 AM
331	in the office the WiFi can be spotty. at home it's fine	7/17/2023 11:16 AM
332	Sometimes 5% of time there can be lags	7/17/2023 11:15 AM
333	Broadband access	7/17/2023 11:13 AM
334	WiFi stability	7/17/2023 11:12 AM
335	Internet Outages	7/17/2023 11:12 AM
336	up/down time, usually on the client end; also their technological know-how	7/17/2023 11:12 AM
337	clients have spotty internet	7/17/2023 11:11 AM
338	sometimes; I only can get DSL in my office	7/17/2023 11:10 AM
339	Internet speed	7/17/2023 11:09 AM
340	att	7/17/2023 11:09 AM
341	Internet speed	7/17/2023 11:08 AM
342	My virtual practice is in North Caro. and is 3 years old	7/17/2023 11:07 AM
343	internet speed and video quality can be poor	7/17/2023 11:06 AM
344	Sometimes the internet in the area can be unstable, but generally this is a infrequent issue.	7/17/2023 11:06 AM
345	Internet reliability, especially for clients	7/17/2023 11:05 AM
346	frozen screens at times, necessitating restarting	7/17/2023 11:04 AM
347	none	7/17/2023 11:03 AM
348	Currently not because I do a hybrid eval in office but when I was doing telehealth to patients home at beginning of pandemic this was a problem for patients.	7/17/2023 11:03 AM
349	Internet strength	7/17/2023 11:01 AM
350	Internet speed particularly for low-income areas	7/17/2023 11:01 AM
351	Internet speed	7/17/2023 11:00 AM
352	Unstable Internet	7/17/2023 11:00 AM
353	Internet outages out of our control	7/17/2023 10:59 AM
354	My patients’ internet speed, sometimes	7/17/2023 10:57 AM

355	Internet speed at times	7/17/2023 10:57 AM
356	infrequent disruption in services	7/17/2023 10:57 AM
357	Sometimes my internet or the patient's internet can be too slow or disruptive to the call in some way, whether it's freezing or dropping the call	7/17/2023 10:56 AM
358	Internet rarely though	7/17/2023 10:55 AM
359	none	7/17/2023 10:55 AM
360	internet stability	7/17/2023 10:55 AM
361	Freezing and internet speed disruptions	7/17/2023 10:55 AM
362	Wi-Fi access is limited (jail setting)	7/17/2023 10:55 AM
363	connection stability through AT&T	7/17/2023 10:55 AM
364	Internet access in our rural area	7/17/2023 10:54 AM
365	None	7/17/2023 10:54 AM
366	None	7/17/2023 10:53 AM
367	occasional blips in the internet	7/17/2023 10:53 AM
368	slow internet speed or poor signal when throttled	7/17/2023 10:53 AM
369	Stable internet connection for all participants	7/17/2023 10:51 AM
370	Some spotty access with some clients	7/17/2023 10:51 AM
371	Not many difficult reception at times	7/17/2023 10:51 AM
372	Patients with poor access	7/17/2023 10:50 AM
373	Internet speed and reliability	7/17/2023 10:50 AM
374	Connectivity issues are largely the biggest barriers for Telehealth	7/17/2023 10:50 AM
375	Services in rural placer county are poor	7/17/2023 10:49 AM
376	None	7/17/2023 10:49 AM
377	No	7/17/2023 10:48 AM
378	Poor cellphone reception (for clients using mobile devices)	7/17/2023 10:48 AM
379	Internet speed/quality	7/17/2023 10:48 AM
380	Choppy service. Occasional resets.	7/17/2023 10:47 AM
381	internet consistency in rural locations	7/17/2023 10:47 AM
382	spotty connections	7/17/2023 10:46 AM
383	Internet speed; internet interruptions	7/17/2023 10:45 AM
384	internet speed because of the company, I have to broadband I can purchase	7/17/2023 10:45 AM
385	None	7/17/2023 10:44 AM
386	internet speed	7/17/2023 10:44 AM
387	better now	7/17/2023 10:44 AM
388	Clients sometimes have low bandwidth	7/17/2023 10:43 AM
389	Client acccess (not mine)	7/17/2023 10:43 AM
390	disrupted internet	7/17/2023 10:42 AM
391	none	7/17/2023 10:42 AM
392	Sometimes internet glitches	7/17/2023 10:42 AM

393	Do not have internet at both offices	7/17/2023 10:42 AM
394	Rarely an issue	7/17/2023 10:42 AM
395	interrupted connections	7/17/2023 10:42 AM
396	occasional internet outage	7/17/2023 10:41 AM
397	ATT as only option	7/17/2023 10:41 AM
398	Access and speed for people living in rural areas	7/17/2023 10:40 AM
399	Sometimes WIFI can be spotty, but overall it has not been an issue that has caused significant barriers.	7/17/2023 10:40 AM
400	Internet speed and reliability of platform	7/17/2023 10:40 AM
401	Sometimes the screen will freeze or audio will be choppy	7/17/2023 10:40 AM
402	Internet speed has been too slow, the connection dropped	7/17/2023 10:40 AM
403	Sometimes client's internet connection is not always stable	7/17/2023 10:40 AM
404	Some clients don’t have reliable access	7/17/2023 10:40 AM
405	Rarely	7/17/2023 10:39 AM
406	It is extremely frustrating when the screen "freezes" during therapy	7/17/2023 10:39 AM
407	none	7/17/2023 10:39 AM
408	Clients' lack of stable data/internet	7/17/2023 10:38 AM
409	internet speed	7/17/2023 10:38 AM
410	Internet speed at office is an issue, especially when multiple providers are doing telehealth at same time. Some client's internet speeds are too slow as well. This makes the video blurry/less detailed and sometimes freeze, and the audio can be delayed or cut out.	7/17/2023 10:38 AM
411	No	7/17/2023 10:38 AM
412	internet speed	7/17/2023 10:37 AM
413	Speed, quality	7/17/2023 10:37 AM
414	Sometimes slow access or dropped connection	7/17/2023 10:37 AM
415	internet speed	7/17/2023 10:37 AM
416	Slow internet service	7/17/2023 10:37 AM
417	Internet reliability	7/17/2023 10:37 AM
418	internet connectivity;	7/17/2023 10:37 AM
419	Speed, connection	7/17/2023 10:36 AM
420	not an issue	7/17/2023 10:36 AM
421	Sometimes my internet or the patient internet goes down	7/17/2023 10:36 AM
422	No big problems just sometimes clients have spotty wifi.	7/17/2023 10:36 AM
423	not applicable	7/17/2023 10:36 AM
424	Occasionally an issue if power goes out or services go down	7/17/2023 10:35 AM
425	Very infrequently clients have issues	7/17/2023 10:35 AM
426	None	7/17/2023 10:35 AM
427	Access to High speed internet, or no smart phone	7/17/2023 10:35 AM
428	Internet speed	7/17/2023 10:34 AM

429	Internet speed & connectivity	7/17/2023 10:34 AM
430	cellular coverage problems create lack of hotspot backup for internet issues	7/17/2023 10:34 AM
431	Unstable internet connection	7/17/2023 10:34 AM
432	When we lose electricity from weather	7/17/2023 10:33 AM
433	client internet issues	7/17/2023 10:33 AM
434	Speed which tends to equal money	7/17/2023 10:33 AM
435	None.	7/17/2023 10:33 AM
436	N/A	7/17/2023 10:32 AM
437	Patient access to internet at their location	7/17/2023 10:32 AM
438	Internet speed	7/17/2023 10:32 AM
439	Less than 5% of the time	7/17/2023 10:32 AM
440	n/a	7/17/2023 10:32 AM
441	Yes, sometimes	7/17/2023 10:32 AM
442	Low income families have issues with low speed internet.	7/17/2023 10:32 AM
443	internet speed, internet access	7/17/2023 10:31 AM
444	internet connectivity	7/17/2023 10:31 AM
445	Occasional spotty connection	7/17/2023 10:31 AM
446	Internet speed - freezing/breaking up	7/17/2023 10:31 AM
447	Internet speed, power outages	7/17/2023 10:31 AM
448	Sometimes my internet connection or my client’s internet connection will be spotty which makes it hard to communicate	7/17/2023 10:30 AM
449	internet speed	7/17/2023 10:30 AM
450	yes	7/17/2023 10:30 AM
451	Rare issues with calls dropping	7/17/2023 10:30 AM
452	client or mine internet issues	7/17/2023 10:30 AM
453	speed	7/17/2023 10:29 AM
454	None	7/17/2023 10:29 AM
455	None	7/17/2023 10:29 AM
456	low bandwidth	7/17/2023 10:29 AM
457	Intermittent internet challenges. Not consistent	7/17/2023 10:29 AM
458	N/A	7/17/2023 10:29 AM
459	Internet speed, technical issues with SimplePractice	7/17/2023 10:29 AM
460	Somewhat - speed/reliability of Comcast	7/17/2023 10:28 AM
461	None observed	7/17/2023 9:45 AM
462	Patient may not have good internet or phone service especially those in rural areas or are low income with basic service.	7/17/2023 7:33 AM
463	This is particularly problematic if either me as a provider and my client have poor connectivity.	7/17/2023 7:09 AM
464	Spectrum is often slow , especially in the afternoon after school is out. (3:30 - 6:00 pm)	7/16/2023 11:58 AM
465	Yes - patients without access	7/16/2023 7:39 AM

466	This has been a problem off and on, particularly at one of our four locations	7/15/2023 10:30 PM
467	Mostly on the part of some clients- unreliable wifi if they use their phones.	7/15/2023 6:57 PM
468	For families, may have challenges with internet speed	7/15/2023 10:30 AM
469	None	7/15/2023 8:58 AM
470	None	7/14/2023 10:00 PM
471	n/a	7/14/2023 7:20 PM
472	Usually on the client end when the client, for ex, distant from cell tower	7/14/2023 2:29 PM
473	Poor internet speed	7/14/2023 1:21 PM
474	Internet speed and stability	7/14/2023 12:51 PM
475	internet speed, access	7/14/2023 12:35 PM
476	Poor connections which impact the communication	7/14/2023 12:33 PM
477	Occasional connectivity issues	7/14/2023 10:54 AM
478	Minor lags on video	7/14/2023 8:50 AM
479	Internet speed	7/14/2023 8:10 AM
480	internet speed	7/14/2023 7:34 AM
481	Spotty wifi, internet outages, dropped calls/video	7/13/2023 9:37 PM
482	No	7/13/2023 7:18 PM
483	Speed including at my own agency	7/13/2023 6:55 PM
484	NONE	7/13/2023 1:33 PM
485	Rare loss of connection	7/13/2023 12:08 PM
486	Speed, connection issues	7/13/2023 11:55 AM
487	internet bandwidth needs to be successful	7/13/2023 8:58 AM
488	Occasional internet connection problems	7/13/2023 7:31 AM
489	internet speed or interruption on both my side and the client's side	7/13/2023 7:15 AM
490	internet connectivity during bad weather	7/12/2023 10:44 PM
491	Not an issue	7/12/2023 3:25 PM
492	internet speed - varies based upon weather and traffic despite high speed and good router	7/12/2023 2:47 PM
493	Internet connection at times being inadequate, computer literacy and some clients have difficulty understanding or addressing issues associated with telehealth, external factors (kids, dogs)	7/12/2023 2:17 PM
494	Some patient’s have poor access to the internet	7/12/2023 1:43 PM
495	Connection instability, for me and client	7/12/2023 1:28 PM
496	None	7/12/2023 12:44 PM
497	internet speed	7/12/2023 12:19 PM
498	Variable upload speeds mean inconsistent quality of my video that clients dee	7/12/2023 11:40 AM
499	Occasionally	7/12/2023 11:33 AM
500	Sessions occasionally took place entirely using cell service. In more remote areas, this impaired audio and video quality significantly.	7/12/2023 11:00 AM
501	n/a	7/12/2023 10:49 AM
502	Intermittent internet downage	7/12/2023 10:43 AM

503	Occasional internet disruption but upgraded ours and no problems now	7/12/2023 10:43 AM
504	Wifi speeds for clients can be an issue	7/12/2023 10:27 AM
505	poor internet connection	7/12/2023 10:07 AM
506	When router fails or internet connectivity is spotty	7/12/2023 9:34 AM
507	None	7/12/2023 9:30 AM
508	Iffy connection sometimes (weak signal)	7/12/2023 9:12 AM
509	Understanding the technical aspects to setting it up.	7/12/2023 8:54 AM
510	poor cell coverage, difficulty connecting	7/12/2023 8:14 AM
511	I live in a place that only has dial up internet	7/12/2023 6:17 AM
512	Internet speed is sometimes spotty	7/11/2023 11:37 PM
513	Video quality, long time logging into platforms, sending reminders	7/11/2023 11:19 PM
514	Speed, power outages	7/11/2023 11:09 PM
515	Glitching, freezing	7/11/2023 10:21 PM
516	internet connectivity issues	7/11/2023 8:48 PM
517	Clients' connection speeds	7/11/2023 7:27 PM
518	Internet speed. Sometimes the video can blur for a bit.	7/11/2023 6:41 PM
519	Phone service interruptions	7/11/2023 5:54 PM
520	Internet Speed	7/11/2023 5:30 PM
521	Limited access to technology: Many individuals, particularly those in rural or underserved areas, may lack access to reliable internet connections or devices such as smartphones, tablets, or computers. This lack of technology infrastructure can impede their ability to participate in telehealth consultations.	7/11/2023 5:17 PM
522	Zoom constantly drops--very frustrating; not sure if it's a broadband issue or not	7/11/2023 5:13 PM
523	AT TIMES POOR INTERNET CONNECTION	7/11/2023 3:51 PM
524	Internet speed	7/11/2023 3:48 PM
525	Internet interruptions	7/11/2023 3:46 PM
526	video issues	7/11/2023 3:38 PM
527	Cox Cable. Fast	7/11/2023 3:04 PM
528	Internet speed, glitches/poor set up of platform (e.g. confusing for consumers)	7/11/2023 2:57 PM
529	Dropping of calls. Bandwith not being able to accommodate Telehealth platforms such as Doxy. And or browsers such as Safari not having the correct plugins for telehealth platforms such as Doxy.	7/11/2023 2:39 PM
530	Wifi connectivity when away from office	7/11/2023 2:34 PM
531	sometimes poor reception	7/11/2023 2:24 PM
532	Occasionally bad connections w/ clients in remote locations w/out consistent/fast internet connection	7/11/2023 2:06 PM
533	sometimes, though not often	7/11/2023 1:57 PM
534	Occasionally Internet speed freezes the screen	7/11/2023 1:24 PM
535	Freezing from slow speed	7/11/2023 1:16 PM
536	Internet connections of consumers drop out too much on Zoom.	7/11/2023 1:02 PM

537	internet speed	7/11/2023 12:56 PM
538	Signal going in and out, fuzzy focus, freezing screen, distorted sound	7/11/2023 12:44 PM
539	NA	7/11/2023 12:19 PM
540	Broadband width	7/11/2023 12:16 PM
541	broadband width at our office suite	7/11/2023 11:45 AM
542	None	7/11/2023 11:44 AM
543	Issue for patients	7/11/2023 11:39 AM
544	None	7/11/2023 11:32 AM
545	Consumers sometimes have difficulty with their internet connection. I rarely do.	7/11/2023 11:28 AM
546	Just occasionally, the pictures freeze up on Zoom. Not a big deal.	7/11/2023 11:14 AM
547	internet speed/spotty connection	7/11/2023 11:04 AM
548	Internet speed in rural home office	7/11/2023 10:46 AM
549	Poor connection, dropped calls	7/11/2023 10:40 AM
550	Some patients don't have high speed internet	7/11/2023 10:35 AM
551	Some clients have limited internet speed that can impact connectivity	7/11/2023 10:33 AM
552	working with young children and keeping them engaged	7/11/2023 10:32 AM
553	Variable internet speeds	7/11/2023 10:29 AM
554	Not usually a problem	7/11/2023 9:31 AM
555	occasional internet issues-connection	7/11/2023 9:26 AM
556	Poor wifi coverage in one home that was corrected.	7/11/2023 9:26 AM
557	Speed can impede	7/11/2023 9:09 AM
558	Uncontrolled outages	7/11/2023 9:05 AM
559	access during lockdown when everyone was online, sometimes still freezes at times	7/11/2023 9:03 AM
560	Internet speed	7/11/2023 8:59 AM
561	internet strength	7/11/2023 8:56 AM
562	internet speed and consistency	7/11/2023 8:53 AM
563	sometimes	7/11/2023 8:52 AM
564	Video freezing	7/11/2023 8:51 AM
565	some people have poor wifi and zoom cuts in and out	7/11/2023 8:48 AM
566	Lots of glitches	7/11/2023 8:46 AM
567	not an issue	7/11/2023 8:44 AM
568	I work for the DHCS which has very slow servers and a very clumsy IT department. When I do work independently, I have no problem with Bandwidth.	7/11/2023 8:42 AM
569	Low income/rural population not having access to good quality or reliable Internet.	7/11/2023 8:40 AM
570	internet speed and clarity	7/11/2023 8:29 AM
571	This has been only a minor and occasional issue.	7/11/2023 8:13 AM
572	Provider had to upgrade broadband but clients sometime cannot	7/11/2023 7:59 AM
573	Internet connectivity (at times glitchy)	7/11/2023 7:48 AM
574	on client's end	7/11/2023 7:45 AM

575	When the Internet is not stable, living on the coast. When my older adult patients have difficulty getting onto Zoom.	7/11/2023 7:26 AM
576	Internet freezes temporarily	7/11/2023 7:19 AM
577	Internet speed and quality	7/11/2023 7:19 AM
578	Speed	7/11/2023 7:17 AM
579	working in corrections, wifi signals are not always the best	7/11/2023 7:15 AM
580	tmobile	7/11/2023 7:02 AM
581	Occasional internet speed issues	7/11/2023 6:43 AM
582	Spotty reception	7/11/2023 5:53 AM
583	No	7/11/2023 5:48 AM
584	Bandwidth for clear audio and video. When tourists flood the community the bandwidth is terrible.	7/11/2023 5:27 AM
585	None really. Expensive	7/11/2023 5:01 AM
586	None	7/11/2023 4:11 AM
587	AT&T	7/11/2023 4:07 AM
588	Storms, internet outages	7/11/2023 3:39 AM
589	Some clients at times have issues with internet speed	7/11/2023 2:00 AM
590	NA	7/10/2023 11:48 PM
591	Occasional brief internet outages over the last few years	7/10/2023 11:43 PM
592	no	7/10/2023 11:42 PM
593	Internet speed, volume and camera issues, calls dropped.	7/10/2023 11:35 PM
594	Requiring multiple available services to ensure no interruptions or quality degredations	7/10/2023 11:32 PM
595	Slow internet speed on client side	7/10/2023 11:18 PM
596	None or limited access	7/10/2023 11:09 PM
597	Yes, sometimes video isn't great requiring a switch to phone, but most times works fine	7/10/2023 10:58 PM
598	Internet strength - sometimes clients have a weak signal, which interferes with communication	7/10/2023 10:47 PM
599	Finding a protected platform that consistently works	7/10/2023 10:13 PM
600	occasional choppiness, frozen face or voice	7/10/2023 10:09 PM
601	None	7/10/2023 9:55 PM
602	Speed	7/10/2023 9:37 PM
603	Slow internet for video	7/10/2023 9:37 PM
604	Internet speed, client internet, dropped calls	7/10/2023 9:35 PM
605	had to upgrade to Fiber	7/10/2023 9:34 PM
606	connectivity for the consumer and sometimes due to weather	7/10/2023 9:24 PM
607	Many consumer of psychological services in Monterey county live in areas that haven’t been developed technologically, making it challenging. For them to access adequate internet connect. Alternatively, it’s also challenging for them to physically come to the office due to work schedules and distance. Improvement in internet service would make services much more accessible	7/10/2023 9:23 PM
608	Internet and power outages	7/10/2023 9:10 PM
609	"unstable internet connection"	7/10/2023 9:08 PM

610	Internet speed	7/10/2023 9:02 PM
611	Inconsistent internet speeds	7/10/2023 8:51 PM
612	Internet going out/poor internet connection (usually on the clients end)	7/10/2023 8:46 PM
613	N/A	7/10/2023 8:42 PM
614	None	7/10/2023 8:37 PM
615	Sometimes connection issues, however this happens rarely	7/10/2023 8:36 PM
616	Sometimes internet speed	7/10/2023 8:23 PM
617	breaks in connectivity (phone hangups, Zoom or FaceTime breaks); lack of access periodically (not enough cellphone towers in my area)	7/10/2023 8:22 PM
618	internet speed	7/10/2023 8:09 PM
619	Cox cable	7/10/2023 8:07 PM
620	Internet access and speed for therapist and client	7/10/2023 7:55 PM
621	None	7/10/2023 7:46 PM
622	slow internet that makes calls freeze	7/10/2023 7:44 PM
623	None	7/10/2023 7:38 PM
624	None; have Comcast	7/10/2023 7:31 PM
625	N/A	7/10/2023 7:29 PM
626	Internet connectivity on the veteran's side	7/10/2023 7:26 PM
627	Patients having poor wifi or service is the top problem. For the most part it is fine, but infrequently there are wifi problems at the clinic. Providers need to pay for home wifi for work from home days.	7/10/2023 7:21 PM
628	Sometimes	7/10/2023 7:20 PM
629	internet speed	7/10/2023 7:18 PM
630	good internet connectivity	7/10/2023 7:17 PM
631	Poor internet speed in my location	7/10/2023 7:10 PM
632	None	7/10/2023 7:06 PM
633	N/A	7/10/2023 6:55 PM
634	Access	7/10/2023 6:44 PM
635	Rural mountain areas with poor broadband or satellite access	7/10/2023 6:40 PM
636	Sometimes	7/10/2023 6:36 PM
637	None	7/10/2023 6:26 PM
638	Upgraded my internet speed and connect via cable to ensure good video connection	7/10/2023 6:26 PM
639	Quality of patients' internet linkage not always reliable	7/10/2023 6:25 PM
640	Internet speed available in low income housing	7/10/2023 6:09 PM
641	Internet speed	7/10/2023 6:06 PM
642	None	7/10/2023 6:02 PM
643	Inability to join virtual call due to lack of Internet. Clients sometimes run out of available data on their phone so they don’t have the capacity to facilitate a video call without Wi-Fi.	7/10/2023 5:56 PM
644	Sometimes internet is weak	7/10/2023 5:55 PM
645	I had to get better wifi to support	7/10/2023 5:54 PM

646	Internet connection sometimes glitchy	7/10/2023 5:51 PM
647	Client in Butte County on a ranch, no broadband	7/10/2023 5:51 PM
648	Sometimes the screen freezes	7/10/2023 5:39 PM
649	Sometimes video becomes choppy	7/10/2023 5:38 PM
650	Internet speed	7/10/2023 5:37 PM
651	Internet speed and signal strength	7/10/2023 5:37 PM
652	inconsistent connections, possibly from patient side	7/10/2023 5:34 PM
653	internet connection problem once in a while, rarely though	7/10/2023 5:27 PM
654	at times, internet speed or outages; can be with the provider or the client	7/10/2023 5:22 PM
655	slow or laggy internet speeds for clients	7/10/2023 5:21 PM
656	Poor internet connection	7/10/2023 5:17 PM
657	ocassional access issues when internet is down	7/10/2023 5:04 PM
658	Rare Outages during local fires, windstorms, power cutoffs	7/10/2023 4:59 PM
659	none	7/10/2023 4:54 PM
660	Poor internet connection on client's end	7/10/2023 4:46 PM
661	Need to keep hardware updated	7/10/2023 4:41 PM
662	Internet speed, usually easily fixable by re logging in	7/10/2023 4:33 PM
663	low income families might not have wifi	7/10/2023 4:30 PM
664	Rural area with inconsistent coverage	7/10/2023 4:29 PM
665	N/A	7/10/2023 4:29 PM
666	The internet can be inconsistent which impacts the quality of the appointment.	7/10/2023 4:25 PM
667	sometimes slow and disrupted internet speed at my office/ATT	7/10/2023 4:25 PM
668	If the internet goes down, I create a hotspot using my phone.	7/10/2023 4:19 PM
669	Internet speed	7/10/2023 4:09 PM
670	Comcast	7/10/2023 4:07 PM
671	Occasionally	7/10/2023 4:06 PM
672	Access to Internet, speed, reliability, and confidentiality	7/10/2023 3:58 PM
673	internet speed issue (rarely)	7/10/2023 3:57 PM
674	Occasionally there might be a connectivity issue	7/10/2023 3:57 PM
675	Electricity cut.	7/10/2023 3:53 PM
676	Internet speed, bandwidth, outages	7/10/2023 3:38 PM
677	Internet speed sometimes	7/10/2023 3:25 PM
678	Internet speed, availability	7/10/2023 3:24 PM
679	Some clients have unstable internet.	7/10/2023 3:15 PM
680	internet connection issues	7/10/2023 3:14 PM
681	Slow speeds and limited provider options	7/10/2023 3:11 PM
682	Sometimes the connection is poor and leads to time spent problem solving how to be able to effectively communicate	7/10/2023 3:10 PM

683	Client internet or cellular availability.	7/10/2023 2:59 PM
684	500mbps	7/10/2023 2:53 PM
685	Internet interruption	7/10/2023 2:51 PM
686	Broadband access for some clients	7/10/2023 2:49 PM
687	temporary outages	7/10/2023 2:49 PM
688	None	7/10/2023 2:38 PM
689	Dropped connection, slow connection	7/10/2023 2:38 PM
690	Internet speed will sometimes drop, causing video to freeze	7/10/2023 2:29 PM
691	Occasionally the screen freezes	7/10/2023 2:28 PM
692	if patient is in a remote area and connection is poor	7/10/2023 2:27 PM
693	Patient’s quality of webcam, internet access	7/10/2023 2:22 PM
694	None	7/10/2023 2:22 PM
695	Internet	7/10/2023 2:20 PM
696	At times	7/10/2023 2:14 PM
697	Internet speed, clients having computers	7/10/2023 2:11 PM
698	occasional internet speed	7/10/2023 2:05 PM
699	Broad band cutting out at times	7/10/2023 2:01 PM
700	Yes, occasionally slow or delays, on rare occasions no signal	7/10/2023 2:01 PM
701	Wifi went down at work for a period of time	7/10/2023 1:58 PM
702	Internet speed	7/10/2023 1:49 PM
703	no	7/10/2023 1:42 PM
704	Occasional weak signal/bandwidth for either therapist, client or both simultaneously.	7/10/2023 1:35 PM
705	access, yes; don't know speed	7/10/2023 1:33 PM
706	at times they have a poor internet connection which causes freezing or dropped connections	7/10/2023 1:28 PM
707	Yes, I serve rural area in mountains, with limited cell phone service/internet access. Also, many can't afford internet in home.	7/10/2023 1:27 PM
708	for myself and patient	7/10/2023 1:26 PM
709	Connection issues	7/10/2023 1:26 PM
710	Bandwidth	7/10/2023 1:25 PM
711	internet speed	7/10/2023 1:24 PM
712	For patient of a lower socioeconomic status, Internet is often slow (wi-fi and data).	7/10/2023 1:24 PM
713	Client's access to reliable internet speed	7/10/2023 1:20 PM
714	Internet speed and access on the part of the client	7/10/2023 1:20 PM
715	Software platforms that are accessible and easy to use	7/10/2023 1:16 PM
716	internet speed for myself or the client.	7/10/2023 1:14 PM
717	Internet disruptions	7/10/2023 1:12 PM
718	Internet speed, sometimes the call will drop	7/10/2023 1:11 PM
719	Internet speed and poor connection stability is the biggest barrier for me. I am in a shared office space with a single broadband connection used by multiple therapists, and often that makes calls poorer quality during busy times. The cost of running a dedicated line for just	7/10/2023 1:09 PM

	myself is prohibitive. I end up using my mobile phone hotspot as a backup which has limits on the amount I can use per month. Also clients have variable quality connections and frequent outages.	
720	None	7/10/2023 1:07 PM
721	poor quality internet - cuts out, skips, etc.	7/10/2023 1:04 PM
722	Yes, poor reception sometimes	7/10/2023 1:01 PM
723	Internet speed	7/10/2023 1:00 PM
724	Sometimes when the speed from carrier is interrupted.	7/10/2023 12:58 PM
725	Internet sometimes goes in and out. Or clients Internet also has problems.	7/10/2023 12:51 PM
726	Speed for clients	7/10/2023 12:49 PM
727	internet speed of clients	7/10/2023 12:48 PM
728	internet connection- lots of freezing	7/10/2023 12:48 PM
729	Sometimes internet speed	7/10/2023 12:48 PM
730	some internet issues-rare	7/10/2023 12:45 PM
731	If there's an Internet outage because of a storm I will be without Internet.	7/10/2023 12:43 PM
732	Internet speed; unforeseen internet outages	7/10/2023 12:40 PM
733	Broadband Access (e.g., internet speed) with low income or elderly consumers	7/10/2023 12:40 PM
734	The internet freezes	7/10/2023 12:38 PM
735	Broadband access	7/10/2023 12:37 PM
736	Internet instability	7/10/2023 12:35 PM
737	None	7/10/2023 12:34 PM
738	Can sometimes be an issue, more so on the patients' side	7/10/2023 12:33 PM
739	None	7/10/2023 12:32 PM
740	Internet speed-lagging video	7/10/2023 12:31 PM
741	Internet speed; quality of connection	7/10/2023 12:31 PM
742	Clients who do not have sufficient speeds.	7/10/2023 12:29 PM
743	We currently use the zoom link but there have been times when the connectivity just stopped without a warning.	7/10/2023 12:28 PM
744	Little or no access for clients	7/10/2023 12:28 PM
745	Slow internet	7/10/2023 12:27 PM
746	Slow or limited broadband access	7/10/2023 12:26 PM
747	Once in a while the internet will freeze .05% to 1% of the time	7/10/2023 12:26 PM
748	1 problem, poor connection, per 6 months. I shifted to FaceTime which worked fine.	7/10/2023 12:26 PM
749	Internet issues	7/10/2023 12:23 PM
750	connection loss	7/10/2023 12:18 PM
751	Patients’ internet connectivity strength has not always been reliable or consistent.	7/10/2023 12:18 PM
752	I had to upgrade my WiFi service for my platform (Doxy) to reliably work.	7/10/2023 12:17 PM
753	N/A	7/10/2023 12:15 PM
754	internet speed	7/10/2023 12:15 PM
755	None expect one time when the internet went out.	7/10/2023 12:14 PM

756	None	7/10/2023 12:12 PM
757	no problem	7/10/2023 12:11 PM
758	None	7/10/2023 12:09 PM
759	Internet speed of client	7/10/2023 12:09 PM
760	Some patients have poor/slow internet speed	7/10/2023 12:09 PM
761	problem when client using phone	7/10/2023 12:07 PM
762	At times inconsistent speed accessibility	7/10/2023 12:03 PM
763	None	7/10/2023 12:00 PM
764	sometimes on the client end	7/10/2023 12:00 PM
765	Slow speeds, or too many people sharing it (client based).	7/10/2023 12:00 PM
766	inconsistent internet speed, access to internet	7/10/2023 11:58 AM
767	none	7/10/2023 11:58 AM
768	Internet speed too slow for clients from certain areas of town	7/10/2023 11:57 AM
769	Internet speed, reception,	7/10/2023 11:54 AM
770	None - besides education needed to parents. And lack of rights to practice out of state.	7/10/2023 11:51 AM
771	hard to get consistent service at the hospital	7/10/2023 11:46 AM
772	internet speed affecting quality of video call/ability to communicate	7/10/2023 11:45 AM
773	unstable wifi connection for myself or my client	7/10/2023 11:44 AM
774	internet speeds, internet outages	7/10/2023 11:43 AM
775	Sometimes internet speed	7/10/2023 11:42 AM
776	Bandwidth and speed of internet— freezing screens or audio; technical challenges such as audio or video not working	7/10/2023 11:41 AM
777	Connectivity issues (lag)	7/10/2023 11:39 AM
778	When my patient has slow internet	7/10/2023 11:37 AM
779	internet speed	7/10/2023 11:34 AM
780	Glitches and lag	7/10/2023 11:31 AM
781	Internet issues	7/10/2023 11:31 AM
782	fluctuation in internet speed	7/10/2023 11:30 AM
783	slow speed	7/10/2023 11:29 AM
784	Internet outages or issues. Usually temporary.	7/10/2023 11:28 AM
785	Have had to upgrade to fastest to make certain both my wife and I can have sessions without losing the session temporarily. Had to install better routers and modem.	7/10/2023 11:28 AM
786	fairly OK	7/10/2023 11:27 AM
787	Client poor or inconsistent WiFi connection	7/10/2023 11:27 AM
788	At times, client's wifi will not work properly	7/10/2023 11:26 AM
789	quality/stability of internet service on both ends	7/10/2023 11:23 AM
790	None	7/10/2023 11:22 AM
791	consistent wifi streaming to see facial expression or audio- mine or the client's	7/10/2023 11:22 AM
792	Internet freezing up	7/10/2023 11:21 AM

793	Sometimes spotty internet or lags for clients	7/10/2023 11:20 AM
794	Internet connection	7/10/2023 11:18 AM
795	Stable internet that does not drop out.	7/10/2023 11:18 AM
796	none	7/10/2023 11:18 AM
797	consistent connectivity in remote areas	7/10/2023 11:17 AM
798	No broadband issues	7/10/2023 11:17 AM
799	Varying internet speed at the client's end.	7/10/2023 11:17 AM
800	internet speed, inconsistent connection, unstable connection	7/10/2023 11:16 AM
801	Frontier	7/10/2023 11:14 AM
802	Screen freezing	7/10/2023 11:13 AM
803	No problem	7/10/2023 11:13 AM
804	Internet speed	7/10/2023 11:12 AM
805	Internet connection	7/10/2023 11:12 AM
806	Consistency of broadband signal on my end or on client’s.	7/10/2023 11:12 AM
807	Some clients have limited access to internet platforms	7/10/2023 11:09 AM
808	Connectivity issues due to bandwidth problems	7/10/2023 11:08 AM
809	only spectrum as a provider	7/10/2023 11:08 AM
810	sometimes the internet has gone out and I have had to do a phone appt but this is rare.Also it has been on occasion glitchy but that is also rare	7/10/2023 11:08 AM
811	Internet speed connection	7/10/2023 11:07 AM
812	Internet speed quality	7/10/2023 11:06 AM
813	Internet reception, but it is usually solved fast	7/10/2023 11:06 AM
814	occasionally families need to use cell data rather than wifi/broadband	7/10/2023 11:06 AM
815	No access issues	7/10/2023 11:06 AM
816	Internet speed	7/10/2023 11:06 AM
817	Occasionally my internet goes out, and that's a problem	7/10/2023 11:06 AM
818	I can’t specify, but sometimes my clients do not have sufficient Internet speed	7/10/2023 11:04 AM
819	Wifi issues	7/10/2023 11:03 AM
820	Sometimes connection speed lags on either side.	7/10/2023 11:02 AM
821	Internet speed	7/10/2023 11:02 AM
822	Internet speed for patients	7/10/2023 11:02 AM
823	no	7/10/2023 11:02 AM
824	None	7/10/2023 11:01 AM
825	Yes	7/10/2023 10:59 AM
826	Patient's internet speed poor that freezes or disconnects from session	7/10/2023 10:58 AM
827	Internet can be slow sometimes but mostly ok	7/10/2023 10:57 AM
828	Very little due to internet speed.	7/10/2023 10:57 AM
829	Dropped calls	7/10/2023 10:55 AM
830	sometimes there are glitches, which could be on the consumers side. So, little control over	7/10/2023 10:54 AM

	that.	
831	Speed	7/10/2023 10:53 AM
832	Clients cannot afford access.	7/10/2023 10:53 AM
833	Internet connection	7/10/2023 10:52 AM
834	all my clients have good internet access	7/10/2023 10:52 AM
835	None	7/10/2023 10:52 AM
836	internet connectivity on client side	7/10/2023 10:51 AM
837	none	7/10/2023 10:50 AM
838	Internet speed	7/10/2023 10:49 AM
839	internet speed	7/10/2023 10:49 AM
840	I do phone sessions only	7/10/2023 10:48 AM
841	Occasionally, my internet provider has disrupted service.	7/10/2023 10:47 AM
842	Yes, poor connections leads to poor communication.	7/10/2023 10:47 AM
843	Remote access	7/10/2023 10:46 AM
844	Sometimes speed can slow down the responsiveness or quality of the platform	7/10/2023 10:45 AM
845	Occasionally, my wi fi or client’s wi fi would suddenly stop working or not work well.	7/10/2023 10:45 AM
846	Internet connection at times	7/10/2023 10:44 AM
847	Sudden disruptions of sessoins due to slow internet speed	7/10/2023 10:44 AM
848	Family access to good internet	7/10/2023 10:41 AM
849	Slow iny	7/10/2023 10:40 AM
850	Client's internet connection.	7/10/2023 10:39 AM
851	internet access or speed	7/10/2023 10:39 AM
852	Some clients have poor reception at times	7/10/2023 10:39 AM
853	internet speed - sometimes gets choppy or frozen if clients don't have great access	7/10/2023 10:39 AM
854	Client’s internet speed	7/10/2023 10:39 AM
855	internet speed	7/10/2023 10:38 AM
856	Internet speed at times	7/10/2023 10:38 AM
857	None	7/10/2023 10:38 AM
858	None	7/10/2023 10:37 AM
859	Internet connection failure, unstable internet connection	7/10/2023 10:37 AM
860	0	7/10/2023 10:36 AM
861	Infrequently connection to the internet is lost. Provisions are already in place and discussed with Ct or supervisee about how to proceed when this happens	7/10/2023 10:36 AM
862	internet speed,	7/10/2023 10:35 AM
863	Internet issues at times.	7/10/2023 10:35 AM
864	N/a	7/10/2023 10:35 AM
865	Internet speed	7/10/2023 10:34 AM
866	broadband access	7/10/2023 10:33 AM
867	Glitching from low internet speed	7/10/2023 10:33 AM

868	Glitchy service at times	7/10/2023 10:33 AM
869	Poor connections	7/10/2023 10:33 AM
870	in rural areas	7/10/2023 10:31 AM
871	Pt. moving phone or location affecting internet connection	7/10/2023 10:31 AM
872	None	7/10/2023 10:30 AM
873	sometimes, but rare the visual quality is poor	7/10/2023 10:30 AM
874	Internet speed	7/10/2023 10:29 AM
875	Sometimes internet goes out or platforms don't work.	7/10/2023 10:29 AM
876	Internet speed	7/10/2023 10:28 AM
877	I use Theranest (integrated with my EHR)which requires a lot of bandwidth. Client do not always realize how much bandwidth HIPAA compliant platforms use and then the connection has problems. I then switch to another non-integrated platform like Sessions or Doxy. Clients are becoming more Zoom saavy but Zoom seems a bit too complex for some clients (especially adults 50+).	7/10/2023 10:28 AM
878	Calls sometimes drop or are laggy due to internet	7/10/2023 10:27 AM
879	Occasional platform glitches	7/10/2023 10:26 AM
880	pt may not always have seamless internet	7/10/2023 10:25 AM
881	Clients do not have access	7/10/2023 10:25 AM
882	slow interenet	7/10/2023 10:25 AM
883	Connection instability	7/10/2023 10:25 AM
884	Connection is not always good which causes disruption.	7/10/2023 10:24 AM
885	Those who do not have high-speed internet sometimes have difficulty getting or maintaining a stable and smooth connection	7/10/2023 10:23 AM
886	some patients don't have good internet bandwidth	7/10/2023 10:23 AM
887	Patients don’t always have great internet connection	7/10/2023 10:22 AM
888	Unreliable connections, particularly when patients use a smart phone	7/10/2023 10:22 AM
889	Poor connection at times	7/10/2023 10:22 AM
890	Client's with unreliable broadband access.	7/10/2023 10:21 AM
891	Sometimes bandwidth issues occur in either side of the connection	7/10/2023 10:21 AM
892	Internet speed	7/10/2023 10:20 AM
893	Sometimes poor connection, but that is usually on the client's side	7/10/2023 10:20 AM
894	Wifi instability, audio static, dropped sessions, cell phone service , clients technology challenges	7/10/2023 10:20 AM
895	ISP reliability & internet speed at my end. Phone service reliability at client's end.	7/10/2023 10:20 AM
896	none	7/10/2023 10:18 AM
897	Y	7/10/2023 10:17 AM
898	Wifi needs to be close too the router	7/10/2023 10:16 AM
899	When processing speed is low, there are lags in the communication.	7/10/2023 10:16 AM
900	Internet, electricity/power issues	7/10/2023 10:15 AM
901	Need at least over 100mgb	7/10/2023 10:15 AM
902	Access to reliable WiFi or phone data	7/10/2023 10:15 AM

903	n/a	7/10/2023 10:15 AM
904	None	7/10/2023 10:12 AM
905	Soled, connectivity	7/10/2023 10:12 AM
906	occasional outages	7/10/2023 10:12 AM
907	Connectivity issuez	7/10/2023 10:12 AM
908	Verizon, Comcast calls can drop	7/10/2023 10:12 AM
909	connection issues	7/10/2023 10:12 AM
910	High Speed Internet with Spectrum	7/10/2023 10:11 AM
911	video calls dropping, lagging	7/10/2023 10:10 AM
912	Connection issues at times	7/10/2023 10:09 AM
913	Internet speed and stability	7/10/2023 10:09 AM
914	sometimes get disconnected	7/10/2023 10:09 AM
915	Internet speed tricky sometimes	7/10/2023 10:08 AM
916	n/a	7/10/2023 10:08 AM
917	There are times when a client's internet speed results in interruption of the session.	7/10/2023 10:08 AM
918	Internet speed is variable	7/10/2023 10:08 AM
919	X	7/10/2023 10:07 AM
920	Occasional Wi-Fi issues	7/10/2023 10:07 AM
921	Clients are primarily homeless, majority can’t do video sessions due to lack of internet.	7/10/2023 10:07 AM
922	Speed	7/10/2023 10:06 AM
923	Poor connection with certain correctional facilities for videoconference	7/10/2023 10:06 AM
924	internet speed	7/10/2023 10:06 AM
925	internet speed and connection	7/10/2023 10:06 AM
926	wifi speed	7/10/2023 10:05 AM
927	Internet speed	7/10/2023 10:05 AM
928	Broadband access- internet speed in a confidential place	7/10/2023 10:04 AM
929	Internet speed at patient's location	7/10/2023 10:04 AM
930	Clients internet access	7/10/2023 10:04 AM
931	Internet connectivity consistency	7/10/2023 10:03 AM
932	Quality and consistent broadband is essential	7/10/2023 10:03 AM
933	Intermittent bandwidth slowdowns	7/10/2023 10:03 AM
934	Client internet outages from xfinity	7/10/2023 10:02 AM
935	Internet quality issues	7/10/2023 10:02 AM
936	It's rare but sometimes internet is getting disconnected during the session for less than a minute on either my side or the client's side. It usually gets resolved right away.	7/10/2023 10:01 AM
937	Some clients	7/10/2023 10:00 AM
938	Internet speed	7/10/2023 10:00 AM
939	Internet stability, reliability	7/10/2023 10:00 AM

940	none	7/10/2023 9:59 AM
941	None	7/10/2023 9:59 AM
942	Internet speed	7/10/2023 9:59 AM
943	Low internet speed sometimes interrupts real-time video feed	7/10/2023 9:59 AM
944	Internet speed	7/10/2023 9:59 AM
945	Internet speed or internet not working	7/10/2023 9:59 AM
946	inconsistent internet service	7/10/2023 9:58 AM
947	internet speed	7/10/2023 9:58 AM
948	Sometimes	7/10/2023 9:58 AM
949	Occasional audio feedback and blurry video	7/10/2023 9:58 AM
950	High internet speed	7/10/2023 9:57 AM
951	Internet access terminating on either end	7/10/2023 9:57 AM
952	Intermittent interruption rare	7/10/2023 9:57 AM
953	none	7/10/2023 9:57 AM
954	Sometimes people don't have access to internet speeds that will make it work smoothly. It is chopping and difficult then.	7/10/2023 9:57 AM
955	No	7/10/2023 9:56 AM
956	Internet speed for consumers	7/10/2023 9:56 AM
957	If there is a power outage or I need work from a different location, internet speed can be an issue.	7/10/2023 9:56 AM
958	Internet connection, patient comfort/ability with technology	7/10/2023 9:56 AM
959	internet speed, breaks up or slows down the video	7/10/2023 9:56 AM
960	internet issues can it uneven at times, but not on an ongoing basis.	7/10/2023 9:56 AM
961	Once in awhile the patients location may cause a lack of speed	7/10/2023 9:56 AM
962	Slow speed internet	7/10/2023 9:55 AM
963	none	7/10/2023 9:55 AM
964	no barrier here	7/10/2023 9:55 AM
965	stability of internet banwidth, which can vary during day	7/10/2023 9:55 AM
966	Patients' lack of access	7/10/2023 9:55 AM
967	Some locations in California have better internet connection, so at times the signal gets disrupted, causing problems.	7/10/2023 9:55 AM
968	internet speed and consistency	7/10/2023 9:54 AM
969	some difficulty with access for my clients and a reliable network	7/10/2023 9:54 AM
970	Platform ease	7/10/2023 9:54 AM
971	On the rare occasion there might be a delay but for the most part there is none	7/10/2023 9:54 AM
972	This was an issue early on. My techie husband made it work for me.	7/10/2023 9:54 AM
973	None	7/10/2023 9:54 AM
974	N/A	7/10/2023 9:53 AM
975	none	7/10/2023 9:53 AM
976	Coverage limited in certain areas of the county and surrounding areas	7/10/2023 9:53 AM

977	none	7/10/2023 9:53 AM
978	Client side has been an issue	7/10/2023 9:53 AM
979	Weak internet causing people to prefer phone over video appointments in rural areas of Sonoma County, though they prefer video.	7/10/2023 9:52 AM
980	Occasional difficulty	7/10/2023 9:52 AM
981	None	7/10/2023 9:52 AM
982	Speed of internet, frequent drops in internet	7/10/2023 9:52 AM
983	Internet speed	7/10/2023 9:52 AM
984	Internet speed or consistency when traveling (myself and clients)	7/10/2023 9:52 AM
985	On a rare occasion, mostly if session from car, an internet connection.	7/10/2023 9:52 AM
986	None	7/10/2023 9:51 AM
987	Spotty connection from time to time	7/10/2023 9:51 AM
988	no barriers	7/10/2023 9:51 AM
989	not reliable	7/10/2023 9:51 AM
990	Anything less than 100 mbps disrupts the connection, and that depends on how many devices are using the 100 mbps at a given time.	7/10/2023 9:51 AM
991	sometimes slow	7/10/2023 9:51 AM
992	Spotty internet at client's location	7/10/2023 9:51 AM
993	Occasionally	7/10/2023 9:51 AM
994	Internet speed, disconnecting with company VPN	7/10/2023 9:50 AM
995	This is an occasional problem/disruption but not a significant barrier now	7/10/2023 9:50 AM
996	None	7/10/2023 9:50 AM
997	Na	7/10/2023 9:50 AM
998	Slow connection despite highest possible speed plan	7/10/2023 9:50 AM
999	Internet speed for some clients	7/10/2023 9:50 AM
1000	sometimes internet connectivity, speed	7/10/2023 9:50 AM
1001	n/a	7/10/2023 9:50 AM
1002	Internet connection	7/10/2023 9:49 AM
1003	Internet speed	7/10/2023 9:49 AM
1004	None	7/10/2023 8:51 AM
1005	occasionally	7/10/2023 8:34 AM
1006	Internet connection	7/10/2023 6:14 AM
1007	Telehealth is as good as my own personal wifi speed, which, depending on the work setting I'm in, is not supplemented/improved upon by the organization I work for.	7/9/2023 9:13 PM
1008	OCCASIONAL	7/9/2023 2:45 PM
1009	sometimes internet is running slow and cuts out or freezes	7/9/2023 8:26 AM
1010	medium speed	7/8/2023 11:14 PM
1011	Usually only with weather extremes	7/8/2023 3:05 PM
1012	Patient’s inconsistent broadband. Dropped videos and calls.	7/7/2023 6:02 PM

1013	internet speed or outage	7/7/2023 9:45 AM
1014	Sometimes internet doesn’t work very well due to weather conditions.	7/6/2023 8:08 PM
1015	Rural patients occasionally have internet speed options but are able to remedy.	7/6/2023 4:18 PM
1016	Internet speed, especially as I’m in a home where someone else is working remotely via video conference	7/6/2023 1:39 PM
1017	internet speed	7/6/2023 12:58 PM
1018	internet speed	7/6/2023 11:51 AM
1019	Speed of the patient's internet can be problematic	7/6/2023 11:38 AM
1020	I have been fortunate to not have many difficulties, but sometimes my clients experience connectivity difficulties on their end, especially college students living in off-campus housing where the internet gets taxed (due to having many occupants in one house).	7/6/2023 11:19 AM
1021	Occasional, but very limited and easy to work around	7/6/2023 10:55 AM
1022	Access	7/6/2023 9:58 AM
1023	often the contact is broken.	7/6/2023 8:14 AM
1024	If there's a storm, the internet is less stable/reliable.	7/5/2023 9:27 PM
1025	Internet speed/broadband access. Telephone works better for some	7/5/2023 8:23 PM
1026	Internet speed, lost connectivity	7/5/2023 4:45 PM
1027	screens would freeze, clients or therapists losing connection, leading to frustration	7/5/2023 2:46 PM
1028	Yes- occasional interruptions to home wifi service (Spectrum)	7/5/2023 2:25 PM
1029	reliable internet for low income	7/5/2023 1:40 PM
1030	Clients using undependable wifi at times	7/5/2023 1:39 PM
1031	Connectivity at various times of the day	7/4/2023 6:11 PM
1032	Consistent Internet Speed	7/4/2023 2:26 PM
1033	none	7/4/2023 1:50 PM
1034	Signal is not consistent.	7/4/2023 11:47 AM
1035	sometimes	7/4/2023 11:35 AM
1036	Access	7/4/2023 7:49 AM
1037	Internet consistency	7/4/2023 7:21 AM
1038	Sometimes people don't have great internet speeds, maybe about 5% of the time	7/3/2023 10:44 PM
1039	Bad internet can be an issue	7/3/2023 9:01 PM
1040	Clients with minimal broadband access	7/3/2023 6:36 PM
1041	Seldom but sometimes glitch	7/3/2023 5:15 PM
1042	Broadband access	7/3/2023 1:14 PM
1043	Wifi not working at times	7/3/2023 1:00 PM
1044	internet problems	7/3/2023 11:59 AM
1045	none	7/3/2023 11:31 AM
1046	occasional outages, had to increase speed	7/3/2023 9:15 AM
1047	Have had good wifi access	7/3/2023 7:59 AM
1048	none	7/3/2023 7:49 AM
1049	Patient internet and smart phone access	7/2/2023 7:13 PM

1050	Clients' weak internet connections	7/2/2023 4:58 PM
1051	there are occasional interruptions d/t broadband connection of clients	7/2/2023 2:56 PM
1052	none	7/2/2023 1:28 PM
1053	Internet connection dropping or lagging so conversation is interrupted, sometimes many times. Especially critical during winter storms.	7/2/2023 1:09 PM
1054	unstable internet	7/2/2023 11:57 AM
1055	Sometimes the carrier goes in and out of service.	7/2/2023 10:49 AM
1056	internet outages	7/2/2023 10:21 AM
1057	Sometimes internet suddenly drops during a session, or there is a sound delay	7/2/2023 9:28 AM
1058	None really	7/1/2023 8:10 PM
1059	Sometimes glitches, usually great	7/1/2023 7:01 PM
1060	Sometimes patients have bad internet connection	7/1/2023 6:19 PM
1061	Poor network connection	7/1/2023 6:00 PM
1062	Pts internet is poor	7/1/2023 5:52 PM
1063	Comcast goes down frequently.	7/1/2023 5:52 PM
1064	connection, at times, drops. Requires a reconnect	7/1/2023 5:44 PM
1065	Internet speed	7/1/2023 3:17 PM
1066	Lack of internet accesibility by clients	7/1/2023 11:21 AM
1067	Some families have poor connection and it causes asking them to repeat	7/1/2023 9:20 AM
1068	my clients have internet, but it can stop working and they often have difficulty troubleshooting problems	7/1/2023 8:16 AM
1069	I have occassional had webconferences cut out, and I just wait and contact the patient as best as I can until the problem resolves itself. It is not a common problem.	6/30/2023 10:37 PM
1070	internet speed, access for clients	6/30/2023 5:16 PM
1071	Slow, spotty internet connections for patients.	6/30/2023 2:22 PM
1072	Some clients have had poor Wifi or cell reception	6/30/2023 1:05 PM
1073	internet speed, not having strong broadband	6/30/2023 12:16 PM
1074	sometimes an issue	6/30/2023 11:21 AM
1075	Overall internet quality	6/30/2023 10:11 AM
1076	At times, but overall pretty good.	6/30/2023 9:45 AM
1077	n/a	6/30/2023 9:17 AM
1078	difficulties with the portal	6/30/2023 7:42 AM
1079	Sometimes patients have bad reception, depending where they are	6/29/2023 8:29 PM
1080	Internet speed may lag	6/29/2023 7:07 PM
1081	internet speed	6/29/2023 5:01 PM
1082	AT&T	6/29/2023 4:56 PM
1083	no barriers	6/29/2023 4:09 PM
1084	Sometimes the connection is glitchy	6/29/2023 3:20 PM
1085	when my internet provider has issue, it significantly impact the quality of communication	6/29/2023 3:20 PM

1086	no experience here	6/29/2023 3:07 PM
1087	Internet speed was a problem especially when multiple providers were working online simultaneously.	6/29/2023 2:31 PM
1088	sometimes the clients do not have access to a device that has adequate internet speed.	6/29/2023 2:05 PM
1089	Sometimes internet connection	6/29/2023 1:44 PM
1090	Tech issues, pixelated picture	6/29/2023 1:18 PM
1091	Internet speed is sometimes problematic for clients	6/29/2023 12:21 PM
1092	Internet reliability through out Northern CA	6/29/2023 12:13 PM
1093	Fluctuating bandwidth	6/29/2023 11:33 AM
1094	Was only an issue once because the client was using satellite internet. Otherwise, internet speed has not been an issue.	6/29/2023 11:18 AM
1095	lower income and older populations have trouble with using internet and platforms for telehealth	6/29/2023 11:07 AM
1096	Unstable connection on both ends, freezing, lagging	6/29/2023 11:00 AM
1097	Dependent on location for not me and patient	6/29/2023 10:22 AM
1098	Many of my clients don’t have stable internet due to rural area and economic barriers.	6/29/2023 10:09 AM
1099	NA	6/29/2023 9:52 AM
1100	Internet and reception	6/29/2023 9:21 AM
1101	Inconsistent internet speed	6/29/2023 9:06 AM
1102	Internet speed, slow / inconsistent connections, abrupt disconnections, privacy	6/29/2023 8:43 AM
1103	Can be a problem if someone tries to use their phone for connecting to the internet or their WiFi service is weak.	6/29/2023 1:40 AM
1104	Sometime the connection is poor.	6/29/2023 1:21 AM
1105	internet speed	6/28/2023 10:45 PM
1106	If there is an Internet outage I have to cancel all my clients	6/28/2023 9:09 PM
1107	Internet connection, Internet speed	6/28/2023 8:59 PM
1108	None	6/28/2023 8:22 PM
1109	Sometimes there are connectivity problems	6/28/2023 6:53 PM
1110	None, but broadband was an issue in 2020 when I started offereing it. It is not an issue now.	6/28/2023 6:23 PM
1111	Internet upload speed.	6/28/2023 5:22 PM
1112	internet speed, consistent/reliable connectivity	6/28/2023 5:16 PM
1113	some clients cannot afford 4G or 5G so connection drops,	6/28/2023 4:51 PM
1114	patient internet speed/access	6/28/2023 4:45 PM
1115	That is sufficient	6/28/2023 4:31 PM
1116	Some clients don't have a strong connection.	6/28/2023 4:30 PM
1117	I don’t know	6/28/2023 4:13 PM
1118	internet speed/ connection on patients' end; electricity outages	6/28/2023 4:05 PM
1119	My pts have access. Sometimes fluctuations are problematic but we have back up plans with a last resort being FaceTime or solely audio telephone	6/28/2023 3:56 PM
1120	internet instability at times	6/28/2023 3:49 PM
1121	clients' glitchy connections	6/28/2023 3:27 PM

1122	wifi connectivity	6/28/2023 2:39 PM
1123	N/A	6/28/2023 1:57 PM
1124	At clinics broadband speed on occasion is a problem	6/28/2023 1:15 PM
1125	Occasional internet outages	6/28/2023 12:36 PM
1126	internet upload speed access in remote areas (client side)	6/28/2023 12:30 PM
1127	internet speed and strength	6/28/2023 12:14 PM
1128	Broadband through UC Davis	6/28/2023 12:08 PM
1129	Connectivity can be an issue. This may have more to do with the particular platform over which I am conducting telehealth services.	6/28/2023 11:53 AM
1130	occasional connection problems	6/28/2023 11:42 AM
1131	inconsistent internet access on both ends, effecting quality and consistency over time	6/28/2023 11:13 AM
1132	Wifi being glitchy, video warbled on and off due to connection	6/28/2023 10:55 AM
1133	Internet Speed, Losing connectivity	6/28/2023 10:45 AM
1134	wifi/internet issues	6/28/2023 10:43 AM
1135	Clients using weak wifi connections	6/28/2023 10:40 AM
1136	Occasional connection difficulties, however on the rare occasion this occurs, switch to a phone call is a suitable option.	6/28/2023 10:35 AM
1137	Internet access, speed	6/28/2023 10:34 AM
1138	Yes	6/28/2023 10:16 AM
1139	internet issues on both sides, leading to dropped calls or freezing	6/28/2023 10:04 AM
1140	I live very remote. We are the last to get reliable services of any type.	6/28/2023 9:45 AM
1141	N/A	6/28/2023 9:44 AM
1142	Poor internet connections for patients, use of technology among older patients	6/28/2023 9:36 AM
1143	Sometimes broadband access	6/28/2023 9:28 AM
1144	Many clients have limited/variable upload speeds.	6/28/2023 9:12 AM
1145	patient's internet sometimes slow	6/28/2023 8:58 AM
1146	Internet speed and connectivity	6/28/2023 8:53 AM
1147	Speed	6/28/2023 8:23 AM
1148	Internet speed, reliability, availability	6/28/2023 8:16 AM
1149	Yes, fluctuating Internet has issue	6/28/2023 7:49 AM
1150	Internet speed, getting kicked out of virtual room	6/28/2023 6:34 AM
1151	none	6/28/2023 6:15 AM
1152	Yes	6/28/2023 2:19 AM
1153	Institutional demands for face-to-face appointments	6/27/2023 11:48 PM
1154	Having to upgrade all office computers with webcams and other equipment, and pay for the highest quality internet speed, protection, and stability.	6/27/2023 11:47 PM
1155	Intermittently unreliable internet service	6/27/2023 10:57 PM
1156	Sometimes my clients do not have great connection.	6/27/2023 10:56 PM
1157	Internet access as cellular service is poor in my home office; and WiFi with Spectrum can be spotty with dropped calls for no reason	6/27/2023 10:35 PM

1158	Unreliable up to 15% of operating time.	6/27/2023 10:27 PM
1159	I have access to Broadband via my local internet provider.	6/27/2023 10:04 PM
1160	Access to internet for underserved individual	6/27/2023 9:35 PM
1161	Internet connection—frozen screens.	6/27/2023 9:33 PM
1162	internet speed (mine and client). I have upgraded but clients are not always able to.	6/27/2023 9:17 PM
1163	Sometimes clients' connection is sketchy and irregular, interrupting sessions. Occasionally my connection is down but I can switch to my phone line.	6/27/2023 8:55 PM
1164	occasional internet outages or lack of cell service in some areas	6/27/2023 8:47 PM
1165	occasioanl internet speed or access problems	6/27/2023 8:42 PM
1166	Internet speed in remote locations	6/27/2023 8:19 PM
1167	If my WIFI goes down, then there's an issue, but many clients will be alright talking on the phone.	6/27/2023 8:15 PM
1168	Internet speed in rural areas	6/27/2023 8:14 PM
1169	Internet connection issues	6/27/2023 7:55 PM
1170	Speed	6/27/2023 7:52 PM
1171	internet freezing, slowing down	6/27/2023 7:39 PM
1172	Clients sometimes don’t have reliable internet	6/27/2023 7:34 PM
1173	Connection lost when clients get a call when using a cell phone	6/27/2023 7:00 PM
1174	A few times per month internet speed is insufficient	6/27/2023 6:09 PM
1175	inconsistent internet service	6/27/2023 6:06 PM
1176	Client internet availability and speed	6/27/2023 6:04 PM
1177	Some clients live in more rural areas so their internet drops in session and sometimes a phone call has to be used instead (which I can’t bill for)	6/27/2023 6:03 PM
1178	sometimes wifi drops signal	6/27/2023 5:48 PM
1179	None except some older patients need assistance with setting up Zoom	6/27/2023 5:41 PM
1180	When patients have poor internet service.	6/27/2023 5:34 PM
1181	Sometimes the connection is poor	6/27/2023 5:19 PM
1182	inconsistent internet, need to connect to VPN	6/27/2023 5:17 PM
1183	Occasional poor connection related to service (not client or therapist related)	6/27/2023 5:06 PM
1184	Internet connectivity issues.	6/27/2023 4:54 PM
1185	rural areas with marginal internet	6/27/2023 4:51 PM
1186	Internet reliability	6/27/2023 4:49 PM
1187	Patient lack of sufficiently strong internet signal	6/27/2023 4:39 PM
1188	Internet speed at times, Wi-Fi stability	6/27/2023 4:34 PM
1189	none	6/27/2023 4:19 PM
1190	Yes, I live in a rural area and pay 4x what people pay who are in urban or suburban areas.	6/27/2023 4:19 PM
1191	Choppy internet which requires changes from video visits to purely telephone visits	6/27/2023 4:08 PM
1192	access to sufficient speed can be a barrier, but has been mostly fine	6/27/2023 4:08 PM
1193	Speed	6/27/2023 4:04 PM
1194	None	6/27/2023 4:01 PM

1195	internet speed or outages	6/27/2023 3:55 PM
1196	Glitch in the internet speed at times due to pt's internet speed.	6/27/2023 3:43 PM
1197	Internet speed, lack of money on client's part to secure reliable Internet	6/27/2023 3:38 PM
1198	Poor connections sometimes	6/27/2023 3:30 PM
1199	Internet speed on the other end; the patient's end, at times	6/27/2023 3:29 PM
1200	None	6/27/2023 3:12 PM
1201	Clients accessing via cellular networks typically have very poor speed	6/27/2023 3:12 PM
1202	Inconsistent internet access for families, interrupted meetings, delayed meetings due to connecting to internet services.	6/27/2023 3:05 PM
1203	issues with video visits at times (not connecting properly, choppy video or audio, video freezes at times)	6/27/2023 2:57 PM
1204	Patient internet access and speed	6/27/2023 2:55 PM
1205	n/a	6/27/2023 2:41 PM
1206	internet speed on client's end	6/27/2023 2:38 PM
1207	internet speed, router distance from computer office	6/27/2023 2:21 PM
1208	I have high-speed internet, but several of my patients do not, which sometimes creates technical problems during sessions.	6/27/2023 2:12 PM
1209	internet speed	6/27/2023 2:07 PM
1210	Internet mostly reliable in my area. No major issues, and communication by phone is a helpful workaround	6/27/2023 1:55 PM
1211	Reliability of connection	6/27/2023 1:52 PM
1212	If my home internet goes down it creates a disruption. Same for my patients	6/27/2023 1:52 PM
1213	Sometimes the internet connection isn’t great and can disrupt a session	6/27/2023 1:51 PM
1214	Internet interuption	6/27/2023 1:51 PM
1215	Reliability of internet connection	6/27/2023 1:43 PM
1216	Sometimes too slow	6/27/2023 1:43 PM
1217	Variable internet speed for the provider and the patient	6/27/2023 1:42 PM
1218	NA	6/27/2023 1:42 PM
1219	Internet	6/27/2023 1:30 PM
1220	Occasional internet speed	6/27/2023 1:27 PM
1221	I needed to upgrade my internet speed and type (to fiber) to help with consistent connection	6/27/2023 1:21 PM
1222	Internet speed when others are also on the internet.	6/27/2023 1:15 PM
1223	internet reliability	6/27/2023 1:08 PM
1224	None for the population I work with	6/27/2023 1:05 PM
1225	internet speed and quality with patients	6/27/2023 12:53 PM
1226	often sessions are disrupted by frozen screens	6/27/2023 12:52 PM
1227	power outages over the summer in California	6/27/2023 12:51 PM
1228	none	6/27/2023 12:50 PM
1229	Occasional internet speed issues from clients.	6/27/2023 12:50 PM
1230	some patients have poor internet access	6/27/2023 12:49 PM

1231	yes	6/27/2023 12:45 PM
1232	Pts often have limited bandwidth; I have them go to a legal office or court reporter's office for med-legal evals.	6/27/2023 12:33 PM
1233	internet can be spotty, very distracting	6/27/2023 12:30 PM
1234	many clients have poor access	6/27/2023 12:17 PM
1235	Internet connection	6/27/2023 12:13 PM
1236	spotty access at times in rural areas	6/27/2023 12:12 PM
1237	Sometimes the routers need to be rebooted and other times there are wide outages or electricity problems	6/27/2023 12:09 PM
1238	Only minor glitches	6/27/2023 12:00 PM
1239	0	6/27/2023 11:59 AM
1240	clients do not have internet access	6/27/2023 11:52 AM
1241	Occasional lag	6/27/2023 11:50 AM
1242	failure of internet services intermittently	6/27/2023 11:47 AM
1243	Internet connection	6/27/2023 11:40 AM
1244	difficulties at client end (Lack of wi-fi, slow connection speed	6/27/2023 11:33 AM
1245	Clients needing to access internet in unconventional places (like a parked car) for privacy reasons and having spotty internet connection	6/27/2023 11:33 AM
1246	internet speed	6/27/2023 11:32 AM
1247	Occasional connection Interruptions	6/27/2023 11:26 AM
1248	Often need to be hardwired for connection to be consistent. Difficulty managing clients' internet speeds/outages.	6/27/2023 11:26 AM
1249	internet speed. I'm getting 360 Mbps download but only 0.5 Mbps upload and connection is often dropped or lags.	6/27/2023 11:25 AM
1250	Internet connection consistently	6/27/2023 11:15 AM
1251	Consistent internet connection. Power supply. Band width speed.	6/27/2023 11:14 AM
1252	occasional	6/27/2023 11:13 AM
1253	None	6/27/2023 11:11 AM
1254	Many families had challenges with access.	6/27/2023 11:06 AM
1255	clients have poor connections at times (exact # unknown), temporary outages	6/27/2023 11:05 AM
1256	Client limited access	6/27/2023 11:01 AM
1257	client internet speed	6/27/2023 10:50 AM
1258	internet speed	6/27/2023 10:44 AM
1259	sometimes the telehealth program drops bc of bandwidth	6/27/2023 10:44 AM
1260	On some patients’ end	6/27/2023 10:37 AM
1261	Internet speed for patients in rural areas	6/27/2023 10:35 AM
1262	Internet connectivity	6/27/2023 10:32 AM
1263	sometimes internet connection can cut in and out	6/27/2023 10:29 AM
1264	Internet speed and outages	6/27/2023 10:29 AM
1265	Internet speed/lack of internet service, Difficulties with telehealth platforms	6/27/2023 10:20 AM

1266	Patients don't always have access to internet OR reliable/fast internet service; Internet speed can be slow on my end too.	6/27/2023 10:16 AM
1267	laggy calls	6/27/2023 10:15 AM
1268	quality of clients internet connection	6/27/2023 10:13 AM
1269	none	6/27/2023 10:10 AM
1270	Stable connection is vital as is bandwidth.	6/27/2023 10:07 AM
1271	Internet cuts out very infrequently; bad connections from telehealth consumers	6/27/2023 10:02 AM
1272	Patients using internet outside their homes has been problematic as access/speed fluctuates. Pt's go outside of their home typically for privacy.	6/27/2023 10:01 AM
1273	intermittent notices of poor internet connection	6/27/2023 10:00 AM
1274	Connectivity issues, broadband width	6/27/2023 9:56 AM
1275	Instability in the system at times	6/27/2023 9:39 AM
1276	some issues with speed/connection	6/27/2023 9:39 AM
1277	Less than approximately 500 mps	6/27/2023 9:37 AM
1278	Internet access, slow internet speeds	6/27/2023 9:28 AM
1279	internet speed, fitting whole families on the screen, setting up the familial space to support people talking to one another	6/27/2023 9:25 AM
1280	Stable access	6/27/2023 9:19 AM
1281	Sometimes things run slowly when on a video call--like when displaying digital stimuli for testing	6/27/2023 9:19 AM
1282	Internet/wifi glitches	6/27/2023 9:19 AM
1283	Internet going down	6/27/2023 9:13 AM
1284	I have not had barriers to this but my clients have had some issues with this.	6/27/2023 9:08 AM
1285	Sometimes internet on one side or the other is spotty	6/27/2023 9:01 AM
1286	Internet speed or connection	6/27/2023 9:00 AM
1287	WiFi connections for some clients can be glitchy.	6/27/2023 8:56 AM
1288	Speed efficiency	6/27/2023 8:55 AM
1289	poor audio quality	6/27/2023 8:52 AM
1290	Patient internet speed	6/27/2023 8:51 AM
1291	Comcast broadband internet is not reliable, the connection comes and goes	6/27/2023 8:50 AM
1292	Too low internet speed for clients	6/27/2023 8:44 AM
1293	no problems	6/27/2023 8:44 AM
1294	internet speed	6/27/2023 8:42 AM
1295	internet speed	6/27/2023 8:42 AM
1296	Unreliable or dropped connections	6/27/2023 8:33 AM
1297	occasional glitches with zoom or other videoconferencing, buffering, etc.	6/27/2023 8:25 AM
1298	I have limited access at home poor speed	6/27/2023 8:24 AM
1299	Internet instability	6/27/2023 8:18 AM
1300	At times, internet can freeze the discussion	6/27/2023 8:11 AM
1301	Minimal issues with internet speed	6/27/2023 8:04 AM

1302	Platform effectiveness variability. Very good [video] platforms are expensive.	6/27/2023 8:04 AM
1303	Internet speed, and reliable access to the internet	6/27/2023 8:03 AM
1304	Broadband	6/27/2023 7:57 AM
1305	Robust internet	6/27/2023 7:55 AM
1306	Sometimes connection issues but they are usually minimal	6/27/2023 7:53 AM
1307	Best Xfinity offers	6/27/2023 7:53 AM
1308	Even when both client and providers have broadband, it can freeze or drop. Adequate broadband speeds for video may not exist even in an urban area	6/27/2023 7:51 AM
1309	Internet speed (particularly when client is using a mobile device)	6/27/2023 7:42 AM
1310	Clients not being comfortable with telehealth because of lack of knowledge on how to use tech/computers, internet speed, lack of privacy for client in their home	6/27/2023 7:42 AM
1311	poor internet speed	6/27/2023 7:41 AM
1312	internet speed and reliability	6/27/2023 7:38 AM
1313	internet speed	6/27/2023 7:37 AM
1314	Don't know	6/27/2023 7:27 AM
1315	occasionally there is a problem with either my internet access or my client's. This has happened rarely over the past three years.	6/27/2023 7:24 AM
1316	At clients homes	6/27/2023 7:21 AM
1317	Some clients have had internet outage and slow speed.	6/27/2023 7:05 AM
1318	Rarely internet speed for clients;	6/27/2023 6:51 AM
1319	Ocassional interruption of service, especially during weather events	6/27/2023 6:49 AM
1320	costly to have fast internet	6/27/2023 6:29 AM
1321	No issues	6/27/2023 5:50 AM
1322	A few patients in rural areas	6/27/2023 5:43 AM
1323	families have inconsistent bandwidth at times	6/27/2023 5:21 AM
1324	on the client’s side only.	6/27/2023 5:19 AM
1325	Internet service at times	6/27/2023 5:10 AM
1326	n/a	6/27/2023 4:53 AM
1327	sometimes a problem,	6/27/2023 4:49 AM
1328	Clear connection & the ability for video to work due to slow internet on client's end	6/27/2023 4:23 AM
1329	For client	6/27/2023 2:51 AM
1330	Unreliable wifi	6/27/2023 1:41 AM
1331	None	6/27/2023 1:14 AM
1332	Slow speeds due to provider	6/27/2023 1:13 AM
1333	brief interruptions	6/27/2023 1:11 AM
1334	Broadband access, internet speed	6/27/2023 12:53 AM
1335	Internet quality	6/27/2023 12:41 AM
1336	None	6/27/2023 12:33 AM
1337	Not an issue.	6/27/2023 12:15 AM
1338	Wifi/internet stability	6/26/2023 11:36 PM

1339	Wi-Fi connection	6/26/2023 11:33 PM
1340	Internet connectivity problems	6/26/2023 11:31 PM
1341	None	6/26/2023 11:26 PM
1342	occasional glitches in wifi functioning	6/26/2023 11:24 PM
1343	Access to broadband is still not universal/equitably distributed; Internet speed, bandwidth variability within a given call/session leading to lost audio or video,	6/26/2023 11:12 PM
1344	Occassional disruption to internet connection	6/26/2023 11:08 PM
1345	Internet connection- mine or client’s	6/26/2023 11:08 PM
1346	Internet speed for remote BLS in EMDR	6/26/2023 11:01 PM
1347	Internet speed	6/26/2023 11:00 PM
1348	periodically	6/26/2023 11:00 PM
1349	Less for me, and more for clients having unreliable coverage	6/26/2023 10:59 PM
1350	Internet speed is a problem for clients	6/26/2023 10:58 PM
1351	at times inconsistent connections	6/26/2023 10:56 PM
1352	Internet connection	6/26/2023 10:54 PM
1353	Poor internet connection on and off	6/26/2023 10:50 PM
1354	Slow internet or poor internet connection, mostly in work at VA, but almost never happens or is a barrier in private practice.	6/26/2023 10:45 PM
1355	unstable internet speed at patient's end	6/26/2023 10:42 PM
1356	nope	6/26/2023 10:40 PM
1357	I work in community health and the facilities I work with do not have the resources to attain a computer and internet for telehealth. They would also need a person to oversee the computer access because many of these individuals lack the knowhow regarding technology;	6/26/2023 10:40 PM
1358	Lack of access to wifi or fast enough internet speeds	6/26/2023 10:39 PM
1359	Frozen screens	6/26/2023 10:33 PM
1360	Yes, with patients not having access to good internet being the main problem	6/26/2023 10:32 PM
1361	No, very rare internet interruptions.	6/26/2023 10:16 PM
1362	Clients who have no internet service or clients who have slow internet are difficult to reach. Videos freezing and delay in audio/video make it harder to develop rapport with clients.	6/26/2023 10:16 PM
1363	Internet speed	6/26/2023 10:10 PM
1364	Having internet access; broadband speed and capacity	6/26/2023 10:09 PM
1365	Only when internet connection on either end is slow or breaks up during a session.	6/26/2023 10:05 PM
1366	Internet connectivity issues (both for practitioner and patient); HIPAA compliant telehealth platform issues	6/26/2023 10:03 PM
1367	unpredictability of access	6/26/2023 9:58 PM
1368	network connectivity	6/26/2023 9:54 PM
1369	internet speed delays, but rarely an issue	6/26/2023 9:52 PM
1370	Internet	6/26/2023 9:51 PM
1371	no	6/26/2023 9:51 PM
1372	Some mild issues periodically with client’s broadband, but rare.	6/26/2023 9:45 PM

1373	Patient not having sufficient internet speed	6/26/2023 9:41 PM
1374	Internet speed	6/26/2023 9:40 PM
1375	Clients’ internet speed and access	6/26/2023 9:40 PM
1376	At times the client's internet access is not great. Sometimes, due to privacy, they try to have a session in the car and may not have a great connection.	6/26/2023 9:39 PM
1377	sketchy wifi	6/26/2023 9:38 PM
1378	Service interruptions	6/26/2023 9:37 PM
1379	Internet strength and speed.	6/26/2023 9:36 PM
1380	WHEN USING SKYPE	6/26/2023 9:27 PM
1381	I have had difficulty with internet speed and quality of calls at times	6/26/2023 9:19 PM
1382	Client's location and SES sometimes determines the quality of the device and the speed of the internet used for treatment.	6/26/2023 9:18 PM
1383	Reception issues, freezing with loss of sound	6/26/2023 9:16 PM
1384	Wifi cuts out sometimes	6/26/2023 9:14 PM
1385	It can be spotty from the client's end.	6/26/2023 9:13 PM
1386	Seldom may have poor internet connection	6/26/2023 9:11 PM
1387	Connection is sometimes hard to get started or is glitchy during session	6/26/2023 9:08 PM
1388	Pt might not have a computer or internet connection	6/26/2023 9:04 PM
1389	Had to upgrade my router but now ok	6/26/2023 9:03 PM
1390	none	6/26/2023 8:56 PM
1391	no barriers	6/26/2023 8:54 PM
1392	low speeds are problematic however the current mpbs that most companies provide work	6/26/2023 8:53 PM
1393	Internet service being choppy at times	6/26/2023 8:53 PM
1394	Internet speed issues causing video to freeze or lag. Access to reliable internet.	6/26/2023 8:47 PM
1395	Internet speed; If power goes out then can't work	6/26/2023 8:42 PM
1396	Need enough bandwidth	6/26/2023 8:34 PM
1397	Not sure what number	6/26/2023 8:34 PM
1398	Low speed or dropped, low quality calls.	6/26/2023 8:33 PM
1399	speed and connection	6/26/2023 8:33 PM
1400	internet connectivity	6/26/2023 8:30 PM
1401	Some clients don’t have access to quality internet that allows us to talk in real time (sometimes audio or video is delayed)	6/26/2023 8:30 PM
1402	power/internet outages	6/26/2023 8:29 PM
1403	Bad until I got 5G	6/26/2023 8:28 PM
1404	If client has poor internet connection, therapy can be glitchy	6/26/2023 8:28 PM
1405	Yes	6/26/2023 8:26 PM
1406	Internet speed of client	6/26/2023 8:26 PM
1407	Internet speed	6/26/2023 8:25 PM
1408	Speed	6/26/2023 8:23 PM
1409	broadband access	6/26/2023 8:17 PM

1410	This has occasionally interfered with telehealth sessions.	6/26/2023 8:17 PM
1411	yes, sometimes internet speed might be inconsistent or at times lack of access to internet	6/26/2023 8:14 PM
1412	no	6/26/2023 8:01 PM
1413	Internet speed especially when sharing internet	6/26/2023 7:59 PM
1414	Internet speed, stable wifi, any wifi	6/26/2023 7:57 PM
1415	spotty internet, sometimes at my office but more often at the client's end	6/26/2023 7:49 PM
1416	nonexistant or poor internet service	6/26/2023 7:46 PM
1417	Lagging and screen freezing	6/26/2023 7:44 PM
1418	Poor cell service for patients	6/26/2023 7:43 PM
1419	416 mps download. 163 mps upload	6/26/2023 7:42 PM
1420	Sometimes internet connection can lag or be down	6/26/2023 7:41 PM
1421	Clients with poor internet speed.	6/26/2023 7:36 PM
1422	when there is a power outage or Comcast is down, or of clients have poor connection	6/26/2023 7:32 PM
1423	Erratic	6/26/2023 7:22 PM
1424	internet connection	6/26/2023 7:20 PM
1425	Reliable internet in rural communities.	6/26/2023 7:19 PM
1426	This is sometimes problematic, but have upgraded my monthly internet service provider broadband plan.	6/26/2023 7:19 PM
1427	Internet	6/26/2023 7:19 PM
1428	some clients don't have good reception / plan	6/26/2023 7:18 PM
1429	Internet access	6/26/2023 7:17 PM
1430	Client's internet	6/26/2023 7:12 PM
1431	All resolved early in the pandemic	6/26/2023 7:10 PM
1432	Bandwidth	6/26/2023 7:09 PM
1433	Speed	6/26/2023 7:07 PM
1434	Slow internet speed in client's home	6/26/2023 7:06 PM
1435	Internet problems, but they are rate.	6/26/2023 7:04 PM
1436	Sometimes internet stability makes video calls difficult	6/26/2023 7:03 PM
1437	Occasional technical issues…once or twice per week	6/26/2023 7:00 PM
1438	Video connection dropping but able to switch to telephone which members are on board with.	6/26/2023 6:51 PM
1439	Patients internet connection is often slow or if using phone, intermittent.	6/26/2023 6:51 PM
1440	Weather events and low grade connections in rural areas disrupt service.	6/26/2023 6:50 PM
1441	Internet connection and speed are sometimes an issue	6/26/2023 6:44 PM
1442	Low bandwidth, sharing bandwidth, power outages	6/26/2023 6:43 PM
1443	slow or distorted internet	6/26/2023 6:37 PM
1444	Internet speed, connection, platform issues	6/26/2023 6:37 PM
1445	Sometimes patients don’t have access to WiFi and mobile data can be insufficient for video sessions, depending on reception.	6/26/2023 6:36 PM
1446	sometimes internet speed is not good enough and connection is poor	6/26/2023 6:36 PM

1447	Internet issues	6/26/2023 6:35 PM
1448	unstable internet	6/26/2023 6:32 PM
1449	Yes... uneven internet access even with Spectrum Business account	6/26/2023 6:31 PM
1450	Internet not always reliable on both ends	6/26/2023 6:30 PM
1451	Internet connections can freeze up at the worst times, or patients voice is cutting in and out and you have to ask them to repeat themselves, these things are very frustrating for both the patient and the psychologist, and often times are caused by patient having very poor internet connections, particularly in remote areas.	6/26/2023 6:30 PM
1452	Some clients do not have internet access	6/26/2023 6:29 PM
1453	Internet speed	6/26/2023 6:29 PM
1454	n/a	6/26/2023 6:29 PM
1455	Internet speed and reception	6/26/2023 6:26 PM
1456	N/A	6/26/2023 6:23 PM
1457	Weak signal, typically in the patient's end.	6/26/2023 6:22 PM
1458	Internet speed and access to Wifi on campus	6/26/2023 6:21 PM
1459	Internet Connection, Client's who are technically challenged.	6/26/2023 6:15 PM
1460	Internet connection issues	6/26/2023 6:13 PM
1461	No problem	6/26/2023 6:09 PM
1462	none	6/26/2023 6:09 PM
1463	none	6/26/2023 6:08 PM
1464	occasional poor quality of connections	6/26/2023 6:05 PM
1465	Clients internet speed	6/26/2023 6:04 PM
1466	Poor internet connection by patients	6/26/2023 6:04 PM
1467	internet speed	6/26/2023 6:00 PM
1468	Inconsistent internet services during inclement weather and peak hours.	6/26/2023 6:00 PM
1469	Internet speed at times	6/26/2023 6:00 PM
1470	Internet speed and stability of connection	6/26/2023 5:59 PM
1471	1 gigabyte	6/26/2023 5:59 PM
1472	Occasionally the internet connection will become "glitchy" on either end, but not intolerably so.	6/26/2023 5:57 PM
1473	Internet speed has been an issue along with acess to broadband at time during calls and then we get dropped.	6/26/2023 5:56 PM
1474	high speed internet no problems with speed	6/26/2023 5:55 PM
1475	Internet speed can be variable leading to "frozen" screens	6/26/2023 5:54 PM
1476	Internet speed	6/26/2023 5:52 PM
1477	none	6/26/2023 5:38 PM
1478	occasional glitches (ie screen freezes)	6/26/2023 5:38 PM
1479	Internet access in rural areas	6/26/2023 5:29 PM
1480	Signal loss, freezing screens, interrupted audio	6/26/2023 5:29 PM
1481	Sierra Nevada foothills, 5mbs, trying Starlink lots of money	6/26/2023 5:29 PM
1482	Internet	6/26/2023 5:27 PM

1483	Freezing screen, audio problems	6/26/2023 5:27 PM
1484	strong enough internet connection and internet outages	6/26/2023 5:22 PM
1485	Some elderly don't have it or don't know how to use it	6/26/2023 5:20 PM
1486	Speed, glitchy speech	6/26/2023 5:20 PM
1487	internet connectivity (sometimes cuts in and out; video and/or audio feed will freeze or be of poor quality; sometimes connection is lost and reconnection is slow.	6/26/2023 5:19 PM
1488	Sometimes internet can drop out	6/26/2023 5:18 PM
1489	Internet access due to location	6/26/2023 5:17 PM
1490	None	6/26/2023 5:16 PM
1491	internet speed, internet quality	6/26/2023 5:15 PM
1492	Very rare	6/26/2023 5:14 PM
1493	Internet speed for the patient	6/26/2023 5:14 PM
1494	Poor connectivity	6/26/2023 5:13 PM
1495	Sometimes internet speed	6/26/2023 5:13 PM
1496	Internet speed, lack of technical knowledge, EHR platform too complicated	6/26/2023 5:12 PM
1497	Internet speed, connectivity, hardware for patient	6/26/2023 5:11 PM
1498	Some rural patients lack adequate bandwidth for smooth data transfer (frozen screen, loss of voice, etc.)	6/26/2023 5:11 PM
1499	Internet "glitching"	6/26/2023 5:09 PM
1500	none	6/26/2023 5:08 PM
1501	yes	6/26/2023 5:07 PM
1502	Sometimes internet goes out.	6/26/2023 5:07 PM
1503	spotty connection	6/26/2023 5:07 PM
1504	Wifi signal for patients	6/26/2023 5:06 PM
1505	occasional weak internet signal causes temporary freezes	6/26/2023 5:05 PM
1506	internet speed/interruption/lags based mostly on patients' wifi	6/26/2023 5:04 PM
1507	Some patients have spotty internet speeds.	6/26/2023 5:01 PM
1508	Weak internet connection	6/26/2023 5:00 PM
1509	lag between sound and video at times	6/26/2023 4:59 PM
1510	Breaks in video even with Fiber Internet, mismatch sound: video	6/26/2023 4:59 PM
1511	audio skips sometimes	6/26/2023 4:58 PM
1512	Poor broadband	6/26/2023 4:53 PM
1513	internet speed impacting video calls	6/26/2023 4:53 PM
1514	When working from home internet goes out periodically and sometimes internet speed is slow.	6/26/2023 4:52 PM
1515	Internet speed	6/26/2023 4:51 PM
1516	Connection between provider and client can occasionally be spotty with video and audio.	6/26/2023 4:51 PM
1517	internet connection and speed	6/26/2023 4:49 PM
1518	None really, it's been quite easy to access and navigate.	6/26/2023 4:48 PM
1519	Internet weak	6/26/2023 4:48 PM

1520	none	6/26/2023 4:48 PM
1521	internet speed of the family and use of secure Wifi versus other	6/26/2023 4:47 PM
1522	Internet speed, unfamiliarity with technology	6/26/2023 4:45 PM
1523	broadband speed/access can be a problem for some patients	6/26/2023 4:45 PM
1524	Signal stability, bandwidth are primary issues. Speed is seconday	6/26/2023 4:45 PM
1525	during early 2020 internet speed was a definite problem... but now it is fine	6/26/2023 4:45 PM
1526	client's unreliable wifi connections (lagging, etc.)	6/26/2023 4:43 PM
1527	internet speed and connectivity can be an issue	6/26/2023 4:41 PM
1528	Not all clients have access to reliable internet	6/26/2023 4:39 PM
1529	Comcast is spotty when I work remotely	6/26/2023 4:37 PM
1530	Speed and clarity is sometimes an issue	6/26/2023 4:36 PM
1531	Sometimes connection glitches occur - at&t is carrier	6/26/2023 4:35 PM
1532	occasional internet cutting out or region based outages, not common though	6/26/2023 4:34 PM
1533	Technical barriers include of course wifi and connectivity issues, or issues with one's camera or computer.	6/26/2023 4:32 PM
1534	dropped connections	6/26/2023 4:31 PM
1535	No barrier	6/26/2023 4:28 PM
1536	Internet can be variable occasionally with weather, but phone is a good backup	6/26/2023 4:28 PM
1537	1 gig	6/26/2023 4:25 PM
1538	Internet or power outages	6/26/2023 4:24 PM
1539	Sometimes (large office so need to have wifi extenders)	6/26/2023 4:23 PM
1540	None	6/26/2023 4:22 PM
1541	none	6/26/2023 4:22 PM
1542	nope, I have Comcast, which seems fine, even with my wife also using Zoom.	6/26/2023 4:22 PM
1543	Patients don’t always have strong wifi	6/26/2023 4:20 PM
1544	Internet connection and speed issues	6/26/2023 4:19 PM
1545	occasionally spotty if power goes out or storms make internet unstable	6/26/2023 4:18 PM
1546	power outages	6/26/2023 4:17 PM
1547	No problem	6/26/2023 4:17 PM
1548	None	6/26/2023 4:15 PM
1549	Broadband access can be a challenge - had to upgrade to faster speed from my home office.	6/26/2023 4:15 PM
1550	None	6/26/2023 4:13 PM
1551	Glitchy internet is very disruptive	6/26/2023 4:11 PM
1552	At times people do not have good internet access so they are fuzzy, or they loose access and need to get back on, or if bad it may be hard to understand them (usually if this happens we do the voice on the phone but keep the picture on) some people simply do not have internet.	6/26/2023 4:10 PM
1553	Internet speed and reliable connectivity	6/26/2023 4:09 PM
1554	internet speed and strength	6/26/2023 4:09 PM
1555	client's broadband access	6/26/2023 4:09 PM
1556	NA	6/26/2023 4:06 PM

1557	None	6/26/2023 4:06 PM
1558	Patients with poor connections	6/26/2023 4:06 PM
1559	Internet speed	6/26/2023 4:04 PM
1560	Occasional internet issues with 1 second drops in the video or video delays	6/26/2023 4:04 PM
1561	5G	6/26/2023 4:03 PM
1562	5G	6/26/2023 4:03 PM
1563	speed and steadiness of signal	6/26/2023 4:03 PM
1564	Internet issues of varying kinds (unreliability, poor connection)	6/26/2023 4:01 PM
1565	None	6/26/2023 4:01 PM
1566	Occasionally the sound drops out or the screen freezes.	6/26/2023 4:00 PM
1567	Unreliable internet by client	6/26/2023 4:00 PM
1568	None	6/26/2023 4:00 PM
1569	Internet speed being slow	6/26/2023 3:59 PM
1570	Internet speed & consistency on both provider and client ends	6/26/2023 3:58 PM
1571	Internet speed/dropped connection. Pt access to apps or feeling intimidated to try to download.	6/26/2023 3:58 PM
1572	Some clients struggle to access internet	6/26/2023 3:58 PM
1573	I reside in Los Alamos, NM. Xfinity can occasionally be undependable.	6/26/2023 3:57 PM
1574	Internet speed	6/26/2023 3:56 PM
1575	Safe confidential spaces with high speed internet	6/26/2023 3:56 PM
1576	WiFi connection occasionally weak	6/26/2023 3:55 PM
1577	Internet bandwidth	6/26/2023 3:51 PM
1578	Poor Internet speed in low SES areas	6/26/2023 3:51 PM
1579	sometimes the video freezes	6/26/2023 3:51 PM
1580	Outfitted my office at home. No barriers	6/26/2023 3:51 PM
1581	Client’s comfort level with tech in general	6/26/2023 3:49 PM
1582	Yes Internet access even in offices goes in and out.	6/26/2023 3:49 PM
1583	Internet spead	6/26/2023 3:48 PM
1584	Internet Outages	6/26/2023 3:47 PM
1585	None unless wifi down	6/26/2023 3:47 PM
1586	Access to internet can vary-but that has been improving over time.	6/26/2023 3:45 PM
1587	Privacy	6/26/2023 3:43 PM
1588	Infrequent disruption, minimal interference	6/26/2023 3:43 PM
1589	Patient tech issues, intermittent internet issues	6/26/2023 3:42 PM
1590	Wifi connectivity	6/26/2023 3:41 PM
1591	Speed, unstable networks	6/26/2023 3:39 PM
1592	a couple of patients have trouble with erratic internet service	6/26/2023 3:38 PM
1593	none	6/26/2023 3:37 PM
1594	none	6/26/2023 3:36 PM

1595	Rarely an issue	6/26/2023 3:36 PM
1596	Poor internet quality	6/26/2023 3:35 PM
1597	Power outages, internet outage	6/26/2023 3:35 PM
1598	Some clients with poor internet connection	6/26/2023 3:35 PM
1599	I get expensive internet and have extenders to make sign stronger. I have learned over the course of telehealth to get strong internet. I also recommend that providers who do telehealth to get a backup generator incase power goes off but internet is still working. Because of the heat, power outages are common and backup generators have been a life saver.	6/26/2023 3:35 PM
1600	Poor WiFi connection	6/26/2023 3:32 PM
1601	Internet outages/power outage	6/26/2023 3:32 PM
1602	Not always reliable	6/26/2023 3:31 PM
1603	internet variability	6/26/2023 3:31 PM
1604	Minimal barriers, aside from rare internet problems.	6/26/2023 3:30 PM
1605	have seen this a few times since 2020, but not often	6/26/2023 3:30 PM
1606	broadband	6/26/2023 3:29 PM
1607	Consistent Internet speed	6/26/2023 3:29 PM
1608	calls dropped, difficulty connecting	6/26/2023 3:29 PM
1609	Clients internet connection	6/26/2023 3:29 PM
1610	Internet speed and connection	6/26/2023 3:28 PM
1611	NA	6/26/2023 3:28 PM
1612	Very few; occasional problems with bandwidth	6/26/2023 3:27 PM
1613	internet access may go in and out on client end	6/26/2023 3:27 PM
1614	Lower income patients frequently lack broadband	6/26/2023 3:27 PM
1615	Slow speed, usually on clients end, that disrupts connection	6/26/2023 3:26 PM
1616	interruptions due to poor connections	6/26/2023 3:26 PM
1617	It is rare, but at times internet connection can be poor.	6/26/2023 3:26 PM
1618	Internet speed of the patient	6/26/2023 3:26 PM
1619	Occasions of dead spots for patients who live in specific areas of the County/City	6/26/2023 3:25 PM
1620	Client has unstable internet	6/26/2023 3:25 PM
1621	Internet reliability	6/26/2023 3:25 PM
1622	patients unsure of how to connect	6/26/2023 3:24 PM
1623	I have had difficulty getting access to strong, fast reliable internet access from outside the city	6/26/2023 3:23 PM
1624	Had to increase internet speed in the office building to accomodate multiple users.	6/26/2023 3:23 PM
1625	Occasional poor internet speed; power outages	6/26/2023 3:21 PM
1626	Poor wifi on the client's end can interfere with sessions/quality of relational connection/even staying regulated if the connection becomes frustrating.	6/26/2023 3:21 PM
1627	Occasional internet issues (speed, disconnection)	6/26/2023 3:19 PM
1628	Clients’ internet speed	6/26/2023 3:17 PM
1629	At times we have needed to switch to audio-only due to limited bradoband/cell service	6/26/2023 3:17 PM
1630	None	6/26/2023 3:16 PM

1631	No significant broadband access issues	6/26/2023 3:14 PM
1632	Sporadic especially due to weather for more rural clients or connectivity when away from home in general	6/26/2023 3:14 PM
1633	It is disruptive to the therapeutic relationship if/when connection shuts down	6/26/2023 3:14 PM
1634	Brief internet outage due to ISP technical issues	6/26/2023 3:13 PM
1635	Bandwidth on clients end	6/26/2023 3:12 PM
1636	on very rare occasion, the signal drops.	6/26/2023 3:12 PM
1637	client's lack of knowledge in technology (e.g., how to access/use Zoom)	6/26/2023 3:11 PM
1638	Occasionally	6/26/2023 3:10 PM
1639	Wifi connections	6/26/2023 3:07 PM
1640	Internet speed, power outages	6/26/2023 3:07 PM
1641	NA	6/26/2023 3:07 PM
1642	No or slow internet available	6/26/2023 3:06 PM
1643	Clients not having adequate access to quality internet	6/26/2023 3:06 PM
1644	Internet speed	6/26/2023 3:06 PM
1645	N/A	6/26/2023 3:05 PM
1646	internet speed, wifi connection	6/26/2023 3:05 PM
1647	Unk	6/26/2023 3:05 PM
1648	Internet speed	6/26/2023 3:03 PM
1649	Alternating internet speeds, internet going out	6/26/2023 3:03 PM
1650	Internet speed	6/26/2023 3:03 PM
1651	Clients with slow internet speed or poor to no internet access	6/26/2023 3:03 PM
1652	None	6/26/2023 3:01 PM
1653	internet speed causes screens to freeze or patients to get kicked off session	6/26/2023 3:01 PM
1654	When people need to go to car to use it, sometimes have wifi trouble.	6/26/2023 3:01 PM
1655	Wi-Fi disconnection	6/26/2023 3:00 PM
1656	Internet speed	6/26/2023 2:59 PM
1657	Internet speed/choppy connection or delays	6/26/2023 2:59 PM
1658	Internet speed	6/26/2023 2:59 PM
1659	slow internet	6/26/2023 2:58 PM
1660	Knowledge and internet outage	6/26/2023 2:58 PM
1661	Quality of connection; freezes when either party has poor connectivity	6/26/2023 2:58 PM
1662	Internet speed	6/26/2023 2:57 PM
1663	None	6/26/2023 2:57 PM
1664	Intermittent slowed internet speed, loss of connectivity	6/26/2023 2:56 PM
1665	Patient's internet quality; multiple providers using at same time	6/26/2023 2:56 PM
1666	If client has a poor connection, 5 minutes may be wasted before switching to a phone call	6/26/2023 2:56 PM
1667	Occasionally	6/26/2023 2:55 PM
1668	Occasional interruptions to service, slow internet speed, and consistency of connectivity	6/26/2023 2:54 PM

1669	internet speed, internet reliability	6/26/2023 2:53 PM
1670	Broadband access	6/26/2023 2:52 PM
1671	minimally	6/26/2023 2:52 PM
1672	Internet	6/26/2023 2:51 PM
1673	Sometimes delayed audio/video	6/26/2023 2:51 PM
1674	speed, more on client's end	6/26/2023 2:51 PM
1675	Clients frequently have terrible internet speeds	6/26/2023 2:50 PM
1676	600	6/26/2023 2:49 PM
1677	none	6/26/2023 2:48 PM
1678	occasional technical issues	6/26/2023 2:48 PM
1679	internet connection disruption	6/26/2023 2:48 PM
1680	Lost connection. Speed	6/26/2023 2:47 PM
1681	Internet speed	6/26/2023 2:47 PM
1682	Some problems with internet but not many.	6/26/2023 2:47 PM
1683	sometimes service is temporarily out	6/26/2023 2:46 PM
1684	N/A	6/26/2023 2:46 PM
1685	internet speed and strength. Lots of issues with Cox in various areas of San Diego county	6/26/2023 2:46 PM
1686	Not an issue any more	6/26/2023 2:46 PM
1687	Sometimes onpatients’ end	6/26/2023 2:42 PM
1688	Poor connection resulting in frozen screens or delay in hearing what client is speaking	6/26/2023 2:40 PM
1689	Internet speed and connectivity (loss of connection)	6/26/2023 2:38 PM
1690	none	6/26/2023 2:35 PM
1691	Buffering	6/26/2023 2:35 PM
1692	None	6/26/2023 2:35 PM
1693	sometimes interference or re-booting	6/26/2023 2:35 PM
1694	If internet speed is slow it pixilates the picture and can delay the response	6/26/2023 2:34 PM
1695	Have had some glitches	6/26/2023 2:33 PM
1696	Client internet speed	6/26/2023 2:32 PM
1697	None	6/26/2023 2:32 PM
1698	Internet speed	6/26/2023 2:31 PM
1699	occasional connection interruptions with Cox	6/26/2023 2:31 PM
1700	Primary problem - Poor connections	6/26/2023 2:30 PM
1701	glitchy picture	6/26/2023 2:30 PM
1702	internet speed can sometimes be a problem	6/26/2023 2:30 PM
1703	Internet quality varies, wifi issues	6/26/2023 2:29 PM
1704	rarely lose internet access, and have to have phone session	6/26/2023 2:29 PM
1705	Internet speed	6/26/2023 2:28 PM
1706	lack of reliable internet service	6/26/2023 2:28 PM

1707	Internet connection and speed of clients	6/26/2023 2:26 PM
1708	some clients have slow or inconsistent internet speed (<100mbs) which produces lag times, frozen screens, unexpected disconnections	6/26/2023 2:26 PM
1709	Internet speec	6/26/2023 2:26 PM
1710	Client internet access/speed	6/26/2023 2:25 PM
1711	None	6/26/2023 2:25 PM
1712	Internet speed	6/26/2023 2:25 PM
1713	Slow broadband speeds especially in rural areas	6/26/2023 2:24 PM
1714	Internet speed, clients living in locations with poor connection, connection lag	6/26/2023 2:24 PM
1715	internet speed	6/26/2023 2:24 PM
1716	Internet slows or times out but not often	6/26/2023 2:23 PM
1717	Secured Broadband (I have no idea the speed, sorry.)	6/26/2023 2:23 PM
1718	some clients have low speed making video reception spotty	6/26/2023 2:23 PM
1719	Uncertain	6/26/2023 2:22 PM
1720	Internet speed	6/26/2023 2:21 PM
1721	stable internet connectivity; slow internet	6/26/2023 2:21 PM
1722	Internet speed occasionally	6/26/2023 2:21 PM
1723	None	6/26/2023 2:21 PM
1724	Internet speed; reliably accessible connection (i.e. provider downtimes)	6/26/2023 2:20 PM
1725	Connectivity is not always reliable from the patient's side.	6/26/2023 2:20 PM
1726	internet reliability	6/26/2023 2:20 PM
1727	internet cutting out	6/26/2023 2:19 PM
1728	Internet speed	6/26/2023 2:19 PM
1729	Connection issues at times, those without financial means to have best internet plans	6/26/2023 2:19 PM
1730	Yes, spotty service especially for clients	6/26/2023 2:18 PM
1731	Internet connectivity, internet speed	6/26/2023 2:18 PM
1732	Internet interruption and or electrical outages interrupting internet access	6/26/2023 2:15 PM
1733	Internet speed drops	6/26/2023 2:15 PM
1734	Yes- internet speed	6/26/2023 2:14 PM
1735	none	6/26/2023 2:14 PM
1736	Sometimes	6/26/2023 2:14 PM
1737	This has been an issue before.	6/26/2023 2:14 PM
1738	Internet speed/Wi-Fi	6/26/2023 2:13 PM
1739	sometimes internet is not working for clients	6/26/2023 2:12 PM
1740	No barriers on my end, but sometimes clients connections can be of poor quality	6/26/2023 2:12 PM
1741	Wifi connection	6/26/2023 2:11 PM
1742	Clients in more remote areas sometimes have trouble connecting. We opt to telephone if online doesn't work.	6/26/2023 2:11 PM
1743	no issues: hhave ATT UVerse	6/26/2023 2:10 PM

1744	None	6/26/2023 2:09 PM
1745	Although I have fast internet, when the client doesn't we waste time with cameras freezing or sound negatively impacted.	6/26/2023 2:09 PM
1746	Speed	6/26/2023 2:08 PM
1747	For patients of color, internet access and internet speed are a problem	6/26/2023 2:08 PM
1748	When too many people in my neighborhood are on the provider's service my image jumps around on Zoom.	6/26/2023 2:08 PM
1749	with some clients who have poor set-ups	6/26/2023 2:07 PM
1750	Internet access for the patient	6/26/2023 2:07 PM
1751	None	6/26/2023 2:06 PM
1752	no barriers	6/26/2023 2:06 PM
1753	Sometimes internet is down. Not very often	6/26/2023 2:06 PM
1754	Cost of commercial broadband	6/26/2023 2:05 PM
1755	high cost for Broadband	6/26/2023 2:05 PM
1756	Rarely an issue, but infrequently results in phone rather than video session	6/26/2023 2:05 PM
1757	Internet speeds, equipment malfunctions	6/26/2023 2:04 PM
1758	Mostly the wifi connection being reliable enough	6/26/2023 2:04 PM
1759	Internet disconnects	6/26/2023 2:04 PM
1760	Bandwidth	6/26/2023 2:04 PM
1761	Intermittent audio and/or video.	6/26/2023 2:01 PM
1762	not an issue	6/26/2023 2:00 PM
1763	when 5G goes down, I get dropped	6/26/2023 1:59 PM
1764	Having consistently strong signal / connection	6/26/2023 1:58 PM
1765	Internet reliability for patient and practitioners	6/26/2023 1:58 PM
1766	Internet speed, the picture freeze and restart	6/26/2023 1:58 PM
1767	Some occasional internet issues on my end or the client's end.	6/26/2023 1:58 PM
1768	Good Internet is hard to access in some places. I have to subscribe through mobile Internet service. Some of my clients have consistently, poor Internet connections.	6/26/2023 1:58 PM
1769	Internet speed	6/26/2023 1:57 PM
1770	More secure platforms all have worse connection than FaceTime, for example.	6/26/2023 1:57 PM
1771	Occasional wifi interruptions	6/26/2023 1:57 PM
1772	I increased speed at office to increase reliability	6/26/2023 1:57 PM
1773	Connection issues, audio issue	6/26/2023 1:56 PM
1774	yes, clients internet speed and stability	6/26/2023 1:55 PM
1775	Internet speed, consistency, cost, power outages affecting connectivity	6/26/2023 1:55 PM
1776	Loss of connectivity periodically. Glitches in making initial connection.	6/26/2023 1:55 PM
1777	Barriers haven’t had significant impact on my practice.	6/26/2023 1:55 PM
1778	Wifi being down	6/26/2023 1:54 PM
1779	Internet outages	6/26/2023 1:54 PM
1780	none	6/26/2023 1:53 PM

1781	inconsistent speed online, but not affecting telephone	6/26/2023 1:53 PM
1782	Internet speed	6/26/2023 1:53 PM
1783	Internet quality	6/26/2023 1:53 PM
1784	Low internet speed	6/26/2023 1:53 PM
1785	Internet interruption, clients not on wifi	6/26/2023 1:53 PM
1786	Internet speed and bandwidth for myself and my clients. This is especially difficult when working in an office where multiple providers are using video platforms to complete sessions.	6/26/2023 1:53 PM
1787	Not so much. Most office and home computers with net access have enough speed.	6/26/2023 1:53 PM
1788	Occasional poor internet speed for some clients	6/26/2023 1:52 PM
1789	Patients don't always have broadband.	6/26/2023 1:52 PM
1790	inconsistency in client's or provider's internet connection	6/26/2023 1:52 PM
1791	Patient access/getting family offline during sessions	6/26/2023 1:52 PM
1792	connectivity issues sometimes	6/26/2023 1:52 PM
1793	Internet speed varies	6/26/2023 1:51 PM
1794	None	6/26/2023 1:51 PM
1795	Patients services sometimes limited	6/26/2023 1:51 PM
1796	Sometimes Internet reception diminishes and the connection temporarily freezes or it interrupted	6/26/2023 1:51 PM
1797	Internet speed has been slow for some patients causing the picture to freeze	6/26/2023 1:50 PM
1798	Connection is sometimes spotty, resulting in freezing or lags.	6/26/2023 1:50 PM
1799	Spotty connection occasionally	6/26/2023 1:49 PM
1800	Internet speed; difficulty connecting/accessing	6/26/2023 1:49 PM
1801	Occasional difficulties with internet connection	6/26/2023 1:49 PM
1802	Sometimes trhe internet is a provblem, which we figfure out and work around.	6/26/2023 1:48 PM
1803	Sometimes video calls get dropped	6/26/2023 1:48 PM
1804	internet speed	6/26/2023 1:47 PM
1805	Occasional outages for both patients and myself, slow internet speeds for people in rural arwas	6/26/2023 1:47 PM
1806	Broadband access- speed, availability	6/26/2023 1:47 PM
1807	distant, more rural or coastal areas, or households with a number of people online reduce speed and locaiton can restrict access	6/26/2023 1:47 PM
1808	Internet speed. Dropped internet	6/26/2023 1:46 PM
1809	broadband access is spotty everywhere. low income folx often have to use their phones for session and it doesn't work very well, but its better than nothing!	6/26/2023 1:46 PM
1810	internet speed and band width	6/26/2023 1:46 PM
1811	Internet speed on my clients' end	6/26/2023 1:46 PM
1812	Internet unreliability.	6/26/2023 1:46 PM
1813	Internet speed occasionally impacts video, not not often.	6/26/2023 1:46 PM
1814	Dk	6/26/2023 1:45 PM
1815	Poor communities not having adequate internet access	6/26/2023 1:45 PM
1816	yes, sometimes calls drop out, freeze, or are difficult to understand	6/26/2023 1:45 PM

1817	Internet speed and stability	6/26/2023 1:45 PM
1818	Poor connections	6/26/2023 1:44 PM
1819	Occasional problem for clients	6/26/2023 1:44 PM
1820	Occasional technical difficulties, specifically reception	6/26/2023 1:44 PM
1821	Internet speed	6/26/2023 1:42 PM
1822	Internet speed	6/26/2023 1:42 PM
1823	Yes	6/26/2023 1:41 PM
1824	Internet issues during call	6/26/2023 1:41 PM
1825	I had to increase my internet and buy faster packages at home and at the office	6/26/2023 1:41 PM
1826	Dropped wifi connection or lag	6/26/2023 1:40 PM
1827	none	6/26/2023 1:40 PM
1828	Internet stability	6/26/2023 1:40 PM
1829	client's ability to access adequate internet quality/speed	6/26/2023 1:40 PM
1830	the client's internet speed or access has been an issue at times	6/26/2023 1:40 PM
1831	patient unfamiliarity w/ internet esp in underserved communities	6/26/2023 1:40 PM
1832	Internet, no connection at home	6/26/2023 1:39 PM
1833	When a patient has weak internet	6/26/2023 1:39 PM
1834	yes. a problem	6/26/2023 1:39 PM
1835	unstable internet	6/26/2023 1:39 PM
1836	internet speed can create delayed echo effects, disrupt audio/video syncing, introduce disruptions to service, need to reboot, need to change format to telephone	6/26/2023 1:39 PM
1837	Internet slowness	6/26/2023 1:38 PM
1838	wifi connectivity	6/26/2023 1:38 PM
1839	rear internet connection problems	6/26/2023 1:38 PM
1840	Client’s Internet speed	6/26/2023 1:37 PM
1841	Internet connection can be a problem, especially when patients use their phones	6/26/2023 1:37 PM
1842	Non significant barrier.	6/26/2023 1:37 PM
1843	N/A	6/26/2023 1:37 PM
1844	On rare occasions, have temporarily lost internet access at home	6/26/2023 1:36 PM
1845	internet speed	6/26/2023 1:35 PM
1846	bad or slow internet connection, unstable video platforms	6/26/2023 1:35 PM
1847	Internet speed, unreliable	6/26/2023 1:35 PM
1848	Internet speeds are not consistent and sometimes video meetings are choppy	6/26/2023 1:35 PM
1849	Internet speed and lack of strong routing system	6/26/2023 1:35 PM
1850	broadband interruptions	6/26/2023 1:34 PM
1851	Sometimes my client have slow internet connections that negatively impact video sessions	6/26/2023 1:34 PM
1852	Speed	6/26/2023 1:34 PM
1853	internet speed and quality for both providers and patient	6/26/2023 1:33 PM

1854	Comcast hi speed	6/26/2023 1:33 PM
1855	Variable internet speeds	6/26/2023 1:33 PM
1856	Occasionally the DoxyMe system has crashed during a session.	6/26/2023 1:33 PM
1857	I struggle with slow internet connection in my home area. We have Comcast.	6/26/2023 1:32 PM
1858	None	6/26/2023 1:32 PM
1859	glitches and lost therapy time with intermittent poor connections	6/26/2023 1:32 PM
1860	Some people do not have great internet speed or have a private space with sting wifi	6/26/2023 1:31 PM
1861	None	6/26/2023 1:30 PM
1862	People running on data and don't have internet access are glitchy	6/26/2023 1:30 PM
1863	internet speed	6/26/2023 1:30 PM
1864	Clients often have unreliable internet	6/26/2023 1:30 PM
1865	No rural broadband, using mobile access	6/26/2023 1:29 PM
1866	Clients prefer telephone access due to lack of technological resources	6/26/2023 1:29 PM
1867	Clients internet speed/ connectivity	6/26/2023 1:29 PM
1868	Sometimes connection is unstable or glitches out	6/26/2023 1:28 PM
1869	Internet speed	6/26/2023 1:28 PM
1870	Internet speed	6/26/2023 1:28 PM
1871	unstable internet	6/26/2023 1:27 PM
1872	when my internet has gone out it has been problematic	6/26/2023 1:27 PM
1873	Internet speed, poor connection	6/26/2023 1:27 PM
1874	At times variable internet speeds cause glitches or freezes that disrupt the flow of conversation.	6/26/2023 1:27 PM
1875	Yes - clients need consistent/stable internet with high speed for video	6/26/2023 1:26 PM
1876	internet speed; most of the platforms require 5G or a certain browser	6/26/2023 1:26 PM
1877	Rarely internet down	6/26/2023 1:25 PM
1878	On rare occasions internet access is interrupted	6/26/2023 1:25 PM
1879	Internet connection issues	6/26/2023 1:24 PM
1880	My speed is good as I hard wired my computer to the internet sometimes patient does not have good speed	6/26/2023 1:24 PM
1881	Internet cutting out at critical moments (ie sensitive dialogues)	6/26/2023 1:24 PM
1882	internet speed, missing cideo links	6/26/2023 1:22 PM
1883	Internet speed at times	6/26/2023 1:22 PM
1884	intermittent internet disruptions	6/26/2023 1:21 PM
1885	Internet speed for some patients	6/26/2023 1:21 PM
1886	Patients often don't have access to good broadband coverage	6/26/2023 1:21 PM
1887	Internet speed when clients use a phone is weak. When home computers are used, there's usually not an issue.	6/26/2023 1:21 PM
1888	poor connections	6/26/2023 1:20 PM
1889	Minimal to jine	6/26/2023 1:20 PM
1890	Occasional problems with internet connection (almost always on the patient's end) so we'll use	6/26/2023 1:20 PM

	telephone.	
1891	Loss of signal	6/26/2023 1:20 PM
1892	Not as much	6/26/2023 1:19 PM
1893	internet	6/26/2023 1:19 PM
1894	Internet speed	6/26/2023 1:18 PM
1895	Internet speed & reliability (for clients)	6/26/2023 1:18 PM
1896	None	6/26/2023 1:18 PM
1897	Internet speed	6/26/2023 1:18 PM
1898	Internet speed can be a barrier for some regions of CA	6/26/2023 1:18 PM
1899	I had to get a better internet provider due to poor speed; some clients have difficulty with their internet (like unstable/freezing)	6/26/2023 1:18 PM
1900	internet down (for me and clients), especially during rain/flooding; spotty service for clients who prefer to walk during session	6/26/2023 1:18 PM
1901	Internet speed	6/26/2023 1:17 PM
1902	The video is too slow and often drops altho it is the fastest available to me	6/26/2023 1:17 PM
1903	Poor speed and depth on client's end	6/26/2023 1:17 PM
1904	Some times speeds make the quality poor	6/26/2023 1:17 PM
1905	Rare, usually on the client side. I use a wired connection.	6/26/2023 1:17 PM
1906	on occasion, but usually this is okay	6/26/2023 1:16 PM
1907	Speed and wireless connectivity can be issues at times. Also, due to having elderly patients, not all have internet access	6/26/2023 1:16 PM
1908	Spotty internet, outages due to excessive heat or storms.	6/26/2023 1:16 PM
1909	often nreliable connections	6/26/2023 1:15 PM
1910	Internet speed	6/26/2023 1:15 PM
1911	at times, unreliable internet connection	6/26/2023 1:15 PM
1912	Internet going out and not being able to do zoom	6/26/2023 1:15 PM
1913	occasional buffering issues	6/26/2023 1:15 PM
1914	Occasional brief internet outages over the last few years	6/26/2023 1:15 PM
1915	I have stable connection and increased my capacity during pandemic.	6/26/2023 1:15 PM
1916	Internet speed	6/26/2023 1:14 PM
1917	Yes at times wifi has a problem	6/26/2023 1:14 PM
1918	not having access to broadband at all in many parts of the rural communities	6/26/2023 1:14 PM
1919	sometimes connection is slow	6/26/2023 1:14 PM
1920	consumer has difficulties with technology, I worked with the underserved.	6/26/2023 1:13 PM
1921	internet speed has gotten much better	6/26/2023 1:13 PM
1922	Internet in this country could be better.	6/26/2023 1:12 PM
1923	Internet issues, difficulties with app not working properly, clients not having proper internet	6/26/2023 1:12 PM
1924	Slow or inconsistent connection	6/26/2023 1:12 PM
1925	client internet	6/26/2023 1:12 PM
1926	Indigent clients do not have access to internet	6/26/2023 1:12 PM

1927	Na	6/26/2023 1:12 PM
1928	internet outtages	6/26/2023 1:11 PM
1929	Internet connection	6/26/2023 1:11 PM
1930	Rarely reduced quality sound	6/26/2023 1:11 PM
1931	Wifi connection issues	6/26/2023 1:11 PM
1932	internet connection consistency	6/26/2023 1:11 PM
1933	When there are internet problems	6/26/2023 1:11 PM
1934	internet speed on my client side can be slow	6/26/2023 1:11 PM
1935	periodic internet provider outages (Comcast)	6/26/2023 1:10 PM
1936	yes	6/26/2023 1:10 PM
1937	clients lose connections, especially in more rural areas	6/26/2023 1:10 PM
1938	Internet speed	6/26/2023 1:09 PM
1939	Internet speed	6/26/2023 1:09 PM
1940	Client/patient access to appropriate bandwidth for audiovisual visits	6/26/2023 1:09 PM
1941	Most session complete without a access problem.	6/26/2023 1:09 PM
1942	Occasional	6/26/2023 1:09 PM
1943	Sometimes my or my patients' internet can drag, hiccup, etc	6/26/2023 1:08 PM
1944	Internt disconnection	6/26/2023 1:08 PM
1945	Poor network connectivity	6/26/2023 1:08 PM
1946	Occasional connectivity issues. Depends on client's connection.	6/26/2023 1:08 PM
1947	At times delays in response time over Zoom but not with cell phones	6/26/2023 1:08 PM
1948	Some clients have low bandwidth or internet access	6/26/2023 1:08 PM
1949	Internet speed, bandwidth problems at some client locations, unstable connections due to client hardware, no broadband access ongoingly or sporadically due to clients' financial limitations. Security of connections via WiFi is often uncertain due to client's limited ability or motivation to understand or evaluate their internet security safeguards (particularly when clients use cell phones.. Poor signals when clients use cell phones.	6/26/2023 1:08 PM
1950	Sometimes internet speed or connection	6/26/2023 1:07 PM
1951	Internet speed or dropped/interrupted sessions	6/26/2023 1:06 PM
1952	Client internet speed	6/26/2023 1:06 PM
1953	Occasional internet outages	6/26/2023 1:06 PM
1954	Lack of appropriate lighting to see the client, inconsistent connection so challenges in understanding the communication	6/26/2023 1:06 PM
1955	Sometimes	6/26/2023 1:06 PM
1956	Had to increase speed	6/26/2023 1:06 PM
1957	Occasionally my client’s internet bandwidth is low	6/26/2023 1:06 PM
1958	internet speed	6/26/2023 1:06 PM
1959	Internet interruption	6/26/2023 1:06 PM
1960	Clients using 3G or 4G	6/26/2023 1:06 PM
1961	Rarely, Internet speed	6/26/2023 1:05 PM

1962	Internet Outages	6/26/2023 1:05 PM
1963	strength of internet speed	6/26/2023 1:05 PM
1964	None	6/26/2023 1:05 PM
1965	Internet Speed and reliability in a Rural town	6/26/2023 1:05 PM
1966	Slow internet speeds or poor wifi connections usually on the patient's side of things	6/26/2023 1:05 PM
1967	uncertainty about laws and regulations when clients or I travel	6/26/2023 1:05 PM
1968	internet speed	6/26/2023 1:04 PM
1969	Internet speed quality	6/26/2023 1:04 PM
1970	none	6/26/2023 1:04 PM
1971	changed to verizon because spectrum was awful	6/26/2023 1:04 PM
1972	not enough bandwidth; poor connectivity; pts have no access to laptop or good internet	6/26/2023 1:04 PM
1973	internet speed	6/26/2023 1:04 PM
1974	In group office setting, sometimes wifi bandwidth cuts in/out during a session. This is being remedied with hard plug into internet.	6/26/2023 1:04 PM
1975	n/a	6/26/2023 1:03 PM
1976	Internet speed	6/26/2023 1:03 PM
1977	Some internet speed; client's private space	6/26/2023 1:03 PM
1978	Internet	6/26/2023 1:03 PM
1979	dropped internet access	6/26/2023 1:03 PM
1980	poor internet connection;	6/26/2023 1:03 PM
1981	Internet probs	6/26/2023 1:03 PM
1982	internet speed, access to internet	6/26/2023 1:03 PM
1983	Minimum	6/26/2023 1:02 PM
1984	Internet connection. Mostly from patient's but sometimes mine	6/26/2023 1:02 PM
1985	internet speed, choppiness in connection	6/26/2023 1:02 PM
1986	Eventually had to upgrade internet speed.	6/26/2023 1:02 PM
1987	Internet speed	6/26/2023 1:02 PM
1988	At times internet speed	6/26/2023 1:02 PM
1989	Spectrum	6/26/2023 1:02 PM
1990	uneven patient access to adequate broadband	6/26/2023 1:02 PM
1991	Internet Speed - both download and upload speeds for video	6/26/2023 1:02 PM
1992	Poor wifi signal sometimes	6/26/2023 1:01 PM
1993	Internet speed	6/26/2023 1:01 PM
1994	internet speed	6/26/2023 1:01 PM
1995	Poor wifi connection!	6/26/2023 1:01 PM
1996	n/a	6/26/2023 1:00 PM
1997	Clients not having access to reliable high speed internet	6/26/2023 1:00 PM
1998	I Recently got Starlink but until then had abysmal internet service	6/26/2023 1:00 PM
1999	None	6/26/2023 12:59 PM

2000	Access	6/26/2023 12:59 PM
2001	N/A	6/26/2023 12:59 PM
2002	Very rarely	6/26/2023 12:59 PM
2003	home equipment, platforms we are allowed to use by government agencies.	6/26/2023 12:59 PM
2004	1000 meg up and down	6/26/2023 12:59 PM
2005	Internet speed; freezing screens; spotty connection	6/26/2023 12:59 PM
2006	Spectrum outages	6/26/2023 12:59 PM
2007	Occasional outages	6/26/2023 12:59 PM
2008	110 ds 17 us	6/26/2023 12:59 PM
2009	Access to internet in a private setting (especially for houseless people).	6/26/2023 12:59 PM
2010	Had to learn and address internet speed issues	6/26/2023 12:59 PM
2011	none	6/26/2023 12:58 PM
2012	Fiber	6/26/2023 12:58 PM
2013	Internet speed is sometimes slow, on either end.	6/26/2023 12:58 PM
2014	Dropped connection	6/26/2023 12:58 PM
2015	rarely	6/26/2023 12:58 PM
2016	Patients having poor internet connection or disruption to internet services	6/26/2023 12:58 PM
2017	None	6/26/2023 12:57 PM
2018	Spotty coverage	6/26/2023 12:57 PM
2019	Unstable internet speed	6/26/2023 12:57 PM
2020	Internet reliability (consistent strong connection)	6/26/2023 12:57 PM
2021	People do telehealth from their car due to privacy issues	6/26/2023 12:57 PM
2022	Internet speed is the most problematic, but we can always switch to a phone call if needed	6/26/2023 12:57 PM
2023	Internet speed	6/26/2023 12:56 PM
2024	None	6/26/2023 12:56 PM
2025	Sometimes people have poor internet connection and it is frustrating or my internet has gone out at times.	6/26/2023 12:56 PM
2026	reliable internet	6/26/2023 12:56 PM
2027	N/a	6/26/2023 12:56 PM
2028	Internet speed, outages	6/26/2023 12:56 PM
2029	Periodic connection problems	6/26/2023 12:56 PM
2030	Internet access, internet speed	6/26/2023 12:56 PM
2031	internet speed	6/26/2023 12:56 PM
2032	Internet access	6/26/2023 12:55 PM
2033	Internet speed	6/26/2023 12:55 PM
2034	None	6/26/2023 12:55 PM
2035	Internet connection during wind storms or rain	6/26/2023 12:55 PM
2036	Internet speed	6/26/2023 12:55 PM
2037	None	6/26/2023 12:55 PM

2038	Internet connectivity	6/26/2023 12:55 PM
2039	Trouble with access to quality internet for both parties to ensure sessions aren’t difficult or interrupted	6/26/2023 12:55 PM
2040	Internet speed, paying extra for HIPAA compliant telehealth	6/26/2023 12:55 PM
2041	Internet connection, cost of other services to ensure HIPAA compliance (Zoom Business, etc.)	6/26/2023 12:55 PM
2042	internet speed, dropped connections on client's end	6/26/2023 12:55 PM
2043	unreliable service on part of the ct	6/26/2023 12:55 PM
2044	None	6/26/2023 12:54 PM
2045	Internet access/speed; smart phone or computer access	6/26/2023 12:54 PM
2046	Choppy/inconsistent internet service	6/26/2023 12:54 PM
2047	minimal barrierss	6/26/2023 12:54 PM
2048	internet speed and consistent connectivity	6/26/2023 12:54 PM
2049	rarely, the internet goes out and I get disconnected	6/26/2023 12:54 PM
2050	150 mpbi	6/26/2023 12:54 PM
2051	Sometimes client's internet speed	6/26/2023 12:54 PM
2052	internet going out	6/26/2023 12:54 PM
2053	Speed:	6/26/2023 12:54 PM
2054	x	6/26/2023 12:53 PM
2055	None	6/26/2023 12:53 PM
2056	Internet speed and ability for video sessions	6/26/2023 12:53 PM
2057	need to upgrade to have better speed	6/26/2023 12:53 PM
2058	Client connectivity	6/26/2023 12:53 PM
2059	Connections sometimes slow or disconnect	6/26/2023 12:53 PM
2060	Access to stable Wi-Fi for Zoom with patients	6/26/2023 12:53 PM
2061	choppy video and voice, lost connection	6/26/2023 12:53 PM
2062	Connection can be episodic	6/26/2023 12:53 PM
2063	Internet speed (we have the highest speed and it still isn't fast enough)	6/26/2023 12:53 PM
2064	Sometimes, but rarely, call drops	6/26/2023 12:53 PM
2065	internet disruption	6/26/2023 12:53 PM
2066	Poor internet	6/26/2023 12:52 PM
2067	Internet speed	6/26/2023 12:52 PM
2068	sometimes unstable internet connection	6/26/2023 12:52 PM
2069	Living in a remote area many people do not have adequate internet services or speed	6/26/2023 12:52 PM
2070	computers, lack of broadband	6/26/2023 12:52 PM
2071	unpredictable with problems with connection at times.	6/26/2023 12:52 PM
2072	Internet can be buggy	6/26/2023 12:52 PM
2073	Internet speeds in very rural areas can be difficult	6/26/2023 12:52 PM
2074	Clients trying to use cellular data for session	6/26/2023 12:52 PM

2075	AT&T speed fluctuating	6/26/2023 12:52 PM
2076	internet speed, technical challenges	6/26/2023 12:52 PM
2077	Internet speed (mostly of my clients but sometimes my own)	6/26/2023 12:51 PM
2078	Internet access	6/26/2023 12:51 PM
2079	sessions often freeze or get broken up due to connectivity issues	6/26/2023 12:51 PM
2080	none	6/26/2023 12:51 PM
2081	very few	6/26/2023 12:51 PM
2082	None	6/26/2023 12:51 PM
2083	Internet Speed	6/26/2023 12:51 PM
2084	Sometimes connections (on my end or the client's) are an issue	6/26/2023 12:51 PM
2085	Episoically slow Internet speed	6/26/2023 12:51 PM
2086	Freezing/client low internet speed	6/26/2023 12:51 PM
2087	Client unable to afford internet access	6/26/2023 12:51 PM
2088	Wi-Fi problems with some clients that affect video quality	6/26/2023 12:51 PM
2089	internet sometimes can be a problem for me or for clients	6/26/2023 12:51 PM
2090	Occasional freezing on platform	6/26/2023 12:51 PM
2091	Patients internet connection sometimes causes disruption of video services	6/26/2023 12:51 PM
2092	Speed and connection reliability	6/26/2023 12:50 PM
2093	Internet	6/26/2023 12:50 PM
2094	Once in a long while the internet goes down	6/26/2023 12:50 PM
2095	internet speed of recipient	6/26/2023 12:50 PM
2096	100	6/26/2023 12:50 PM
2097	No barriers	6/26/2023 12:50 PM
2098	Speed,	6/26/2023 12:50 PM
2099	none	6/26/2023 12:50 PM
2100	when working from home..poor connection	6/26/2023 12:50 PM
2101	In elderly immigrant population internet access	6/26/2023 12:50 PM
2102	Unable to doing mental health testing (computeized or paper/pencil); patient interuptions; lack of privacy; subtle indicators not obvious	6/26/2023 12:50 PM
2103	Varying internet	6/26/2023 12:49 PM
2104	Poor client internet connectivity	6/26/2023 12:49 PM
2105	This can sometimes be an issue but most people since pandemic has solid internet access	6/26/2023 12:49 PM
2106	spectrum	6/26/2023 12:49 PM
2107	occasional problems with access but not big issue	6/26/2023 12:49 PM
2108	Both sides need strong Wi-Fi and sometimes only I have it	6/26/2023 12:49 PM
2109	Internet speed, tech ology disruptions	6/26/2023 12:49 PM
2110	Sometimes screen will freeze briefly due to internet issues on either side.	6/26/2023 12:49 PM
2111	Pt's wi-fi signal occasionally is interrupted	6/26/2023 12:49 PM
2112	Internet used to be slow but I have sought improvements	6/26/2023 12:49 PM

2113	internet speed has been tough.	6/26/2023 12:48 PM
2114	Internet speed, poor connectivity at times	6/26/2023 12:48 PM
2115	Wi-Fi service	6/26/2023 12:48 PM
2116	internet speed	6/26/2023 12:48 PM
2117	Some telehealth platforms require significant bandwidth causing phones to overheat during session.	6/26/2023 12:48 PM
2118	Slow or no internet connection	6/26/2023 12:48 PM
2119	none	6/26/2023 12:48 PM
2120	sometimes software issues	6/26/2023 12:48 PM
2121	glitchy video & audio at times	6/26/2023 12:48 PM
2122	Occasional internet connectivity issues	6/26/2023 12:47 PM
2123	Yes	6/26/2023 12:47 PM
2124	internet speed	6/26/2023 12:47 PM
2125	necessity of high quality internet	6/26/2023 12:47 PM
2126	Broadband access, slow wifi connections etc	6/26/2023 12:47 PM
2127	Internet connectivity can be inconsitent	6/26/2023 12:47 PM
2128	Video platform	6/26/2023 12:47 PM
2129	definitely internet connection	6/26/2023 12:47 PM
2130	Patient relectunce	6/26/2023 12:47 PM
2131	Some internet speed or weather not much	6/26/2023 12:47 PM
2132	Glitchy at times: speed, images freezing, out of stnc	6/26/2023 12:47 PM
2133	Patient wifi strength	6/26/2023 12:47 PM
2134	None	6/26/2023 12:47 PM
2135	None	6/26/2023 12:47 PM
2136	Poor connection	6/26/2023 12:47 PM
2137	Internet speed in rural areas	6/26/2023 12:47 PM
2138	Internet disconnects	6/26/2023 12:47 PM
2139	Weak wifi	6/26/2023 12:46 PM
2140	Internet outages	6/26/2023 12:46 PM
2141	Dropped video call	6/26/2023 12:46 PM
2142	minimal to none	6/26/2023 12:46 PM
2143	Xfinity. I don't know the speed	6/26/2023 12:46 PM
2144	broadband	6/26/2023 12:46 PM
2145	None	6/26/2023 12:46 PM
2146	rural areas having poor internet	6/26/2023 12:46 PM
2147	Internet speed rarely interrupts session	6/26/2023 12:46 PM
2148	Sometimes my client’s connection is slow/poor and interferes with the session	6/26/2023 12:46 PM
2149	Client's internet speed or connectivity	6/26/2023 12:45 PM
2150	internet speed/stability	6/26/2023 12:45 PM

2151	Bandwidth limitations for my patients	6/26/2023 12:45 PM
2152	Lose telephone contact	6/26/2023 12:45 PM
2153	None	6/26/2023 12:45 PM
2154	none	6/26/2023 12:45 PM
2155	OK	6/26/2023 12:45 PM
2156	Interruptions from screens/apps freezing.	6/26/2023 12:45 PM
2157	Internet speed	6/26/2023 12:44 PM
2158	Poor internet connection, outages	6/26/2023 12:44 PM
2159	Wi-Fi issues	6/26/2023 12:44 PM
#	**SELECTED TELEHEALTH PLATFORM (PLEASE LIST ANY SOFTWARE WHICH HAS BEEN A BARRIER)**	**DATE**
1	Currently using free Zoom account which limits time	7/24/2023 8:08 AM
2	None	7/24/2023 7:58 AM
3	no barrier	7/23/2023 9:25 PM
4	Zoom is great because HIPAA compliant with BAA	7/23/2023 12:50 PM
5	I had to pay extra for HIPAA compliant platform	7/22/2023 10:25 PM
6	Psychology Today	7/22/2023 3:13 PM
7	Zoom	7/22/2023 11:14 AM
8	I have best luck with Zoom. It is what most people are most familiar with.	7/22/2023 9:54 AM
9	Difficulty with platform offered by Psychology Today	7/22/2023 6:53 AM
10	My Chart/Zoom, Doximity	7/21/2023 3:25 PM
11	When zoom needs to be updated, people are delayed to sessions	7/21/2023 7:00 AM
12	Doxy.me	7/20/2023 4:03 PM
13	Simple Practice had very poor connection	7/20/2023 3:24 PM
14	Doxy.me; occasional audio & video disruptions. Partly due to pt means of connecting e.g. connecting with phone instead of computer.	7/20/2023 2:17 PM
15	None	7/20/2023 11:29 AM
16	Zoom	7/20/2023 10:02 AM
17	Therapy portal	7/20/2023 9:21 AM
18	Teams	7/20/2023 9:09 AM
19	None	7/19/2023 9:35 PM
20	None	7/19/2023 3:36 PM
21	software that does not allow the user to expand windows is an Accessibility Barrier. Software that uses a continuous link may be a Privacy barrier.	7/19/2023 3:23 PM
22	not sure what is HIPAA compliant	7/19/2023 3:07 PM
23	none	7/19/2023 2:13 PM
24	Doxy.me	7/19/2023 11:44 AM
25	Zoom	7/19/2023 9:19 AM
26	Zoom can be glitchy- has gotten better; Psych Today platform is good but doesn't have all the features I need	7/19/2023 8:57 AM

27	Hosting problem once	7/19/2023 6:55 AM
28	Doxy.me gets spotty (free version). Kaiser's MyDoctorOnline can have issues too.	7/19/2023 2:49 AM
29	None	7/18/2023 10:40 PM
30	Just getting the pt to use it and feel comfortable.	7/18/2023 10:37 PM
31	None	7/18/2023 9:59 PM
32	Simple practice and zoom	7/18/2023 9:07 PM
33	occasion log in problems-- once streaming it works without problems	7/18/2023 8:00 PM
34	Doxy Me and Pimsy were horrible. Zoom is the best	7/18/2023 6:26 PM
35	8x8. Don't ever use this company.	7/18/2023 5:27 PM
36	This has been an issue in some cases	7/18/2023 4:29 PM
37	Kareo, simple practice (less so)	7/18/2023 1:17 PM
38	Kaiser platform	7/18/2023 1:12 PM
39	zoom	7/18/2023 12:40 PM
40	Doxy.me	7/18/2023 12:39 PM
41	ensuring the platform is secure and confidential	7/18/2023 12:01 PM
42	I usually use zoom and I pay $160 per year for a basic account	7/18/2023 11:06 AM
43	zoom and simple practice	7/18/2023 10:47 AM
44	Some platforms appear to be more consistent than others, but I have had issues w/every platform I have used. I think it's more of a boradnaband issue, butat times the camera doesnt connect or the audio fails and a reboot fixes the issue, so that speaks to me as a software "glitch" issue. Albeit, rare.	7/18/2023 10:22 AM
45	Vsee has had some problems	7/18/2023 10:07 AM
46	Doxy (was impossible for patients) so I switched to Zoom professional	7/18/2023 10:06 AM
47	none	7/18/2023 9:51 AM
48	N/A (I usually use Zoom or Microsoft Teams and both work well)	7/18/2023 9:37 AM
49	yes, some client phones do not work with doximity which is what my clinic uses. they are able to receieve calls but not video	7/18/2023 8:51 AM
50	Therapy Notes	7/18/2023 8:41 AM
51	N/a	7/18/2023 7:57 AM
52	None	7/18/2023 7:48 AM
53	I use Doxy, which for the most part is functional. Occasionally there is lag and rarely it did not work.	7/18/2023 7:41 AM
54	none really	7/18/2023 7:30 AM
55	Doxy.me	7/18/2023 7:28 AM
56	Unknown various platforms	7/18/2023 7:07 AM
57	none	7/18/2023 7:02 AM
58	Simple practice telehealth platform uses more bandwidth than zoom, so sometimes I have to switch to their Hipaa compliant platform	7/18/2023 6:12 AM
59	Simple Practice works well in general. Clients periodically lose their audio and have to close and then reopen their connection	7/18/2023 5:41 AM
60	Android incompatible with Applen computer	7/18/2023 3:39 AM

61	Simple practice has been randomly down at times. Updates don't always work well	7/18/2023 12:11 AM
62	N/A	7/17/2023 11:11 PM
63	zoom; updates automatically take place, essentially breaking what was working	7/17/2023 11:04 PM
64	Zoom (too costly)	7/17/2023 10:39 PM
65	Skype	7/17/2023 10:24 PM
66	Costs of some hipaa platforms	7/17/2023 9:09 PM
67	Zoom not always reliable	7/17/2023 9:07 PM
68	Zoom professional service; I have a Business Associates Agreement from them.	7/17/2023 8:49 PM
69	None	7/17/2023 8:30 PM
70	Zoom/doxie	7/17/2023 8:21 PM
71	Teams is what the company uses. It is challenging to navigate the platform confidentially	7/17/2023 8:09 PM
72	None	7/17/2023 7:54 PM
73	Patients having to download an app to access appts is a problem	7/17/2023 7:53 PM
74	None	7/17/2023 7:41 PM
75	none	7/17/2023 7:30 PM
76	Software associated with EMR platforms which often is confusing or just doesn't work for clients	7/17/2023 7:07 PM
77	None	7/17/2023 6:53 PM
78	Poor quality of picture, sound	7/17/2023 6:45 PM
79	zoom (drops calls)	7/17/2023 6:38 PM
80	doxy.me	7/17/2023 6:32 PM
81	none	7/17/2023 6:05 PM
82	ZOOM FOR HEALTHCARE	7/17/2023 5:41 PM
83	Had problems with Doxy, switched to Zoom	7/17/2023 5:31 PM
84	Zoom	7/17/2023 5:28 PM
85	All about the same with varying inconsistencies.	7/17/2023 5:27 PM
86	Zoom (has generally worked fine; my problems have been with connectivity)	7/17/2023 5:26 PM
87	n/a	7/17/2023 5:12 PM
88	Zoom and Doxy.me have both glitched at times, sudden Zoom updates disrupt scheduled sessions	7/17/2023 5:00 PM
89	used Clocktree.	7/17/2023 4:58 PM
90	Zoom	7/17/2023 4:54 PM
91	My Doctor online , TEAMS for classes	7/17/2023 4:38 PM
92	NA	7/17/2023 4:23 PM
93	None	7/17/2023 4:12 PM
94	The UI of my EMR, Sessions Health, is not very friendly	7/17/2023 4:08 PM
95	People in charge of creating professional addresses don't know the difference between a PhD and MFCC so professionals are listed wit inaccurate credentials. When I pointed this out, they did not correct the errors	7/17/2023 4:03 PM
96	Google Meet, Zoom	7/17/2023 4:03 PM

97	Platform went out of business	7/17/2023 4:01 PM
98	Zoom works reliably. Doxy and SimplePractice were both too unreliable.	7/17/2023 3:43 PM
99	Health Connect	7/17/2023 3:40 PM
100	its confusing	7/17/2023 3:06 PM
101	none	7/17/2023 2:58 PM
102	I have no problem with the platform I use - Secure Video	7/17/2023 2:54 PM
103	Theraplatform	7/17/2023 2:48 PM
104	Most used the VA's proprietary platform, VVC, which works quite well. Wish we could use Zoom as a backup but we aren't allowed.	7/17/2023 2:48 PM
105	At times although infrequently: SimplePractice video issues	7/17/2023 2:46 PM
106	no barriers	7/17/2023 2:39 PM
107	Webex	7/17/2023 2:31 PM
108	I use Doxy.me. Some elderly patients struggle to use it and were happier when we were allowed to use FaceTime	7/17/2023 2:28 PM
109	Doxy	7/17/2023 2:26 PM
110	Q-local which I no longer use	7/17/2023 2:24 PM
111	None	7/17/2023 2:15 PM
112	na	7/17/2023 2:14 PM
113	Zoom dominance has been a barrier	7/17/2023 2:13 PM
114	I use the "Sessions" platform made available by Psychology Today because it is encrypted. I would like to use Zoom, but in order to obtain an encrypted version it is prohibitively expensive.	7/17/2023 2:12 PM
115	I don’t know	7/17/2023 2:10 PM
116	simple pratice	7/17/2023 2:01 PM
117	n/a; Zoom for healthcare has been excellent	7/17/2023 1:53 PM
118	none	7/17/2023 1:49 PM
119	briefly used AmWell, not great	7/17/2023 1:49 PM
120	Various	7/17/2023 1:46 PM
121	Doxy me too slow, Zoom took a long time to get bsa	7/17/2023 1:43 PM
122	n/a	7/17/2023 1:41 PM
123	none	7/17/2023 1:29 PM
124	I use "Therapysites" a Paid Subscription Secure Platform	7/17/2023 1:29 PM
125	like my platform of Google Suite which has ABA agreement	7/17/2023 1:27 PM
126	Platform audio, ease for pt use, organization changes platform	7/17/2023 1:25 PM
127	None	7/17/2023 1:22 PM
128	Zoom often has sound issues, link issues.	7/17/2023 1:12 PM
129	N/A	7/17/2023 1:09 PM
130	None. I use simple practice	7/17/2023 1:07 PM
131	Zoom	7/17/2023 1:00 PM
132	IC solutions at placer county jail	7/17/2023 12:57 PM

133	Zoom primarily	7/17/2023 12:57 PM
134	I use Simple Practice for my telehealth platform, infrequently, I lose service and have to call my client during a session	7/17/2023 12:56 PM
135	N/A	7/17/2023 12:55 PM
136	Zoom	7/17/2023 12:54 PM
137	Doxy.me	7/17/2023 12:50 PM
138	Simple Practice	7/17/2023 12:47 PM
139	Zoom with a medical contract	7/17/2023 12:45 PM
140	sometimes the platform malfunctions--delays	7/17/2023 12:44 PM
141	Advancedmd	7/17/2023 12:40 PM
142	Zoom - easiest for clients due to knowledge gained during the pandemic	7/17/2023 12:33 PM
143	Simple practice, WebEx, at times	7/17/2023 12:33 PM
144	Na	7/17/2023 12:32 PM
145	No software have been barriers	7/17/2023 12:32 PM
146	Insurance company requiring a specific platform.	7/17/2023 12:31 PM
147	Zoom tech issues	7/17/2023 12:31 PM
148	Zoom	7/17/2023 12:29 PM
149	None	7/17/2023 12:26 PM
150	HIPAA compliant platforms are not always available or often has a premium cost.	7/17/2023 12:23 PM
151	NextGen	7/17/2023 12:22 PM
152	VSee	7/17/2023 12:17 PM
153	Yes but minimal… trouble logging in, calls getting dropped	7/17/2023 12:16 PM
154	They are expensive to use but helpful to have. There are still bugs and causes issues but nothing is perfect.	7/17/2023 12:16 PM
155	I use Doxyme- patients require google chrome for best acess	7/17/2023 12:07 PM
156	Doxyme	7/17/2023 12:06 PM
157	Teams	7/17/2023 12:06 PM
158	N/a	7/17/2023 12:04 PM
159	Mine has been good, simple practice	7/17/2023 12:00 PM
160	Clients being unfamiliar with Zoom	7/17/2023 11:59 AM
161	HIPAA compliant platforms that are within budget	7/17/2023 11:53 AM
162	Zoom, Doxy, therapyportal	7/17/2023 11:45 AM
163	Google Meet HiPPA Compliant works very well.	7/17/2023 11:44 AM
164	Facetime	7/17/2023 11:41 AM
165	Microsoft teams	7/17/2023 11:41 AM
166	Zoom	7/17/2023 11:35 AM
167	Zoom, Therapynotes.com	7/17/2023 11:34 AM
168	Doxy.me	7/17/2023 11:30 AM
169	Have established business agreements with multiple platforms in order to minimize downtime. If one specific platform is not working.	7/17/2023 11:29 AM

170	Zoom	7/17/2023 11:27 AM
171	none	7/17/2023 11:22 AM
172	secure zoom and microsoft TEAMS and phone	7/17/2023 11:19 AM
173	N/A	7/17/2023 11:18 AM
174	Simple Practice doesn't allow recording of sessions	7/17/2023 11:17 AM
175	Sessions	7/17/2023 11:17 AM
176	Some difficulties with lag using Doxy.me, Zoom has been quite reliable	7/17/2023 11:17 AM
177	Cerner Millenium, Athena, Qure4u	7/17/2023 11:15 AM
178	Doxy	7/17/2023 11:12 AM
179	Zoom at the beginning of the pandemic really struggled but came on best above all else. I used to use Doxy but their early implementation was not enough to deal with demand and I haven't gone back since.	7/17/2023 11:12 AM
180	Zoom, Doxy, Google Meet	7/17/2023 11:09 AM
181	simple practice	7/17/2023 11:09 AM
182	I use a platform for notes developed by employer and need an improved platform for visual of patients.	7/17/2023 11:07 AM
183	none	7/17/2023 11:03 AM
184	Simple Practice	7/17/2023 11:00 AM
185	Zoom, therapynotes	7/17/2023 11:00 AM
186	none	7/17/2023 10:55 AM
187	Would need a secure platform that is hipaa compliant	7/17/2023 10:55 AM
188	None	7/17/2023 10:54 AM
189	None	7/17/2023 10:53 AM
190	PrognoCIS software (provided by medical clinic)	7/17/2023 10:53 AM
191	Psychtoday only a few times out of 20 hours per week since 3 months into pandemic	7/17/2023 10:51 AM
192	Use of EPIC at one worksite, which is complicated and took a while to learn.	7/17/2023 10:50 AM
193	None	7/17/2023 10:49 AM
194	No	7/17/2023 10:48 AM
195	No barriers	7/17/2023 10:48 AM
196	Updos, zoom, remote EMDR	7/17/2023 10:47 AM
197	doxy.me	7/17/2023 10:47 AM
198	None	7/17/2023 10:45 AM
199	Video	7/17/2023 10:45 AM
200	Doxy.me is not as quality audio as zoom on my computer	7/17/2023 10:45 AM
201	None	7/17/2023 10:44 AM
202	I use Simple Practice which is very easy to use	7/17/2023 10:44 AM
203	Therapy notes and zoom	7/17/2023 10:43 AM
204	none	7/17/2023 10:42 AM
205	Good results with Doxy.me	7/17/2023 10:42 AM

206	Vydeo Visit	7/17/2023 10:42 AM
207	Kaiser video visits is terrible	7/17/2023 10:41 AM
208	Trouble using Office Ally as a platform	7/17/2023 10:41 AM
209	EPIC, Cerner	7/17/2023 10:40 AM
210	I use SimplePractice, and it is pretty good but it throttles bandwidth sometimes	7/17/2023 10:39 AM
211	none	7/17/2023 10:39 AM
212	Zoom	7/17/2023 10:38 AM
213	No	7/17/2023 10:38 AM
214	Some clients have a hard time with professional zoom or simple practice	7/17/2023 10:37 AM
215	n/a	7/17/2023 10:37 AM
216	VSee	7/17/2023 10:37 AM
217	not an issue	7/17/2023 10:36 AM
218	VA software isn't that good	7/17/2023 10:36 AM
219	I use the platform on Psychology Today. Sometimes it is a little glitchy.	7/17/2023 10:36 AM
220	not applicable	7/17/2023 10:36 AM
221	None	7/17/2023 10:35 AM
222	Zoom	7/17/2023 10:34 AM
223	Otto, Cox cable	7/17/2023 10:34 AM
224	iOS Xfinity	7/17/2023 10:33 AM
225	Individuals not having the platform downloaded for HIPAA compliant platforms	7/17/2023 10:33 AM
226	None.	7/17/2023 10:33 AM
227	N/A	7/17/2023 10:32 AM
228	doxy.me is a free platform but too glitchy, switched to Zoom for healthcare	7/17/2023 10:32 AM
229	Takes a bit of getting used to for the client (first 2 sessions)	7/17/2023 10:32 AM
230	n/a	7/17/2023 10:32 AM
231	Sometimes Zoom has issues	7/17/2023 10:32 AM
232	Zoom Pro- Many immigrant cts have problem understanding how to use Zoom.	7/17/2023 10:32 AM
233	none	7/17/2023 10:31 AM
234	Microsoft Teams	7/17/2023 10:31 AM
235	Doxy.me	7/17/2023 10:31 AM
236	TherapySites	7/17/2023 10:31 AM
237	Doxy is not always reliable	7/17/2023 10:31 AM
238	Zoom (usually pretty reliable), simple practice (reliable but not as clear of a connection)	7/17/2023 10:30 AM
239	difficult to find HIPAA compliant platform	7/17/2023 10:30 AM
240	Zoom, Google Suite, Doxy	7/17/2023 10:30 AM
241	hipaa compliant zoom	7/17/2023 10:30 AM
242	Client email reminders not being sent (Simple Practice)	7/17/2023 10:29 AM
243	None	7/17/2023 10:29 AM

244	zoom, google meet	7/17/2023 10:29 AM
245	Simple Practice and Zoom	7/17/2023 10:29 AM
246	SimplePractice, Safari	7/17/2023 10:29 AM
247	Doxy has been challenging and inefficient	7/17/2023 10:28 AM
248	None	7/17/2023 9:45 AM
249	Google Meets	7/17/2023 7:09 AM
250	None	7/16/2023 11:58 AM
251	Zoom	7/16/2023 7:39 AM
252	AdvancedMD is a problem for this (our EHR) so we use GoogleMeet	7/15/2023 10:30 PM
253	None	7/15/2023 6:57 PM
254	I use Doxy.me for telehealth. It has improved greatly since March of 2020. Every once in a while there may be trouble with the connection, but it’s often quickly corrected.	7/15/2023 8:58 AM
255	None	7/14/2023 10:00 PM
256	zoom / google meets	7/14/2023 7:20 PM
257	Assurances of ownership / access / security of health info during. (Easy for platform manager to join session without participants’ knowledge and inability to access subpoenaed records if no longer using that platform without substantial cost to cli ician	7/14/2023 2:29 PM
258	Proprietary platform for OptumServe does not always work	7/14/2023 10:54 AM
259	Occasional problems with EHR video services. Usually a problem with internet access speed on client's side.	7/14/2023 10:50 AM
260	Doxy	7/14/2023 8:50 AM
261	AMD and zoom link	7/13/2023 7:18 PM
262	Youth struggle with logging on if one of their caregivers didn't give them the log in information or forgot it	7/13/2023 6:55 PM
263	Some difficulties with Zoom--both invitations and crowded broadband	7/13/2023 5:14 PM
264	NONE	7/13/2023 1:33 PM
265	Zoom	7/13/2023 11:55 AM
266	Live health	7/13/2023 9:45 AM
267	HIPAA complaint only	7/13/2023 8:58 AM
268	none	7/13/2023 7:15 AM
269	none that I know of	7/12/2023 10:44 PM
270	No issues	7/12/2023 3:25 PM
271	none	7/12/2023 2:53 PM
272	current platform is theranest - overall good but sometimes server issues, updates can cause other problems	7/12/2023 2:47 PM
273	Previously, there would be issues with HIPPA compliant Zoom	7/12/2023 2:17 PM
274	Patient’s don’t receive the Therapy Notes evites. I have Professional Zoom and evites also are inconsistent. Doxy is usually pretty reliable.	7/12/2023 1:43 PM
275	None	7/12/2023 12:44 PM
276	therapynotes.com	7/12/2023 12:19 PM
277	No	7/12/2023 11:33 AM

278	n/a	7/12/2023 10:49 AM
279	Zoom	7/12/2023 10:43 AM
280	None	7/12/2023 10:43 AM
281	I’ve used Doxyme and tried others, but for a small practice the costs are pretty prohibitive	7/12/2023 10:14 AM
282	some pts do not know how to use certain apps	7/12/2023 10:07 AM
283	None	7/12/2023 9:30 AM
284	Google Voice is sometimes spotty	7/11/2023 11:37 PM
285	Doxy, mychart video visit	7/11/2023 11:19 PM
286	Doxy	7/11/2023 11:09 PM
287	Doxy was unreliable and difficult	7/11/2023 10:21 PM
288	MS Teams, Kaiser Health Care Anywhere (HCA)	7/11/2023 8:48 PM
289	FaceTime is not HIPPA compliant	7/11/2023 7:27 PM
290	Zoom	7/11/2023 5:54 PM
291	Incompatible hardware or software requirements: Some telehealth platforms may have specific hardware or software requirements that are not universally compatible with all devices or operating systems. For example, a platform may require a certain browser version, specific plugins, or a particular operating system that may not be available on all devices, limiting access for some patients or healthcare providers.	7/11/2023 5:17 PM
292	Zoom	7/11/2023 5:13 PM
293	Zoom	7/11/2023 3:38 PM
294	SecureTelehealth.com	7/11/2023 3:04 PM
295	Zoom and Teladoc (Teladoc is the one that is glitchy and has poor/confusing interface)	7/11/2023 2:57 PM
296	Doxy.com. Safari web browser.	7/11/2023 2:39 PM
297	I have used other providers but have continued to revert to the HIPAA compliant "Zoom" software	7/11/2023 1:24 PM
298	Microsoft Teams	7/11/2023 12:56 PM
299	None	7/11/2023 12:44 PM
300	Some aspects of Better Help	7/11/2023 12:19 PM
301	doxy.me and Google workspace video don't work well	7/11/2023 11:45 AM
302	Zoom	7/11/2023 11:44 AM
303	zoom	7/11/2023 11:42 AM
304	At the beginning of pandemic I used Doxy -- which was horrible. Now I use Zoom, which is so much better.	7/11/2023 10:53 AM
305	Doxy and Theranest (now pay for HIPAA compliant Zoom)	7/11/2023 10:46 AM
306	doxy.me	7/11/2023 10:40 AM
307	N/A	7/11/2023 10:35 AM
308	No problems, I use Doxy.me which is HIPAA compliant and relatively easy to use.	7/11/2023 10:33 AM
309	None	7/11/2023 9:31 AM
310	None in our hospital setting.	7/11/2023 9:26 AM
311	zoom	7/11/2023 8:53 AM
312	i use a hippa certified platform	7/11/2023 8:44 AM

313	DHCS online database used to process my work is terrible.	7/11/2023 8:42 AM
314	EHR secured telehealth is too complicated for clients	7/11/2023 7:59 AM
315	GotoMeeting	7/11/2023 7:17 AM
316	simplepractice	7/11/2023 7:02 AM
317	Zoom for Health Care	7/11/2023 5:53 AM
318	No	7/11/2023 5:48 AM
319	Doxy.me	7/11/2023 5:27 AM
320	Zoom	7/11/2023 5:01 AM
321	None	7/11/2023 4:11 AM
322	Anything that isn't zoom has barriers such that I have chosen zoom.	7/11/2023 3:39 AM
323	Na	7/10/2023 11:48 PM
324	None	7/10/2023 11:43 PM
325	no	7/10/2023 11:42 PM
326	Doxy.me can be glitchy.	7/10/2023 11:35 PM
327	Zoom	7/10/2023 11:18 PM
328	VSee is difficult to navigate	7/10/2023 11:09 PM
329	Psychology Today. Doxy.me didn't work for me.	7/10/2023 10:13 PM
330	None	7/10/2023 9:55 PM
331	None, I use Theranest and it has been easy	7/10/2023 9:37 PM
332	Clients having to access through pt portal	7/10/2023 9:35 PM
333	text capabilities	7/10/2023 9:34 PM
334	EMDR remote; Simple Practice	7/10/2023 9:24 PM
335	Zoom, Qliq	7/10/2023 9:23 PM
336	Connection issues on the LiveHealth platform.	7/10/2023 9:10 PM
337	TheraNest	7/10/2023 9:09 PM
338	Microsoft teams/software within my organization (usually works well)	7/10/2023 8:46 PM
339	N/A	7/10/2023 8:42 PM
340	None	7/10/2023 8:37 PM
341	Simple Practice. Works well	7/10/2023 8:36 PM
342	?	7/10/2023 8:22 PM
343	Some patients have had technical difficulties	7/10/2023 8:00 PM
344	Doxy.me is glitchy	7/10/2023 7:55 PM
345	None	7/10/2023 7:46 PM
346	cost of software	7/10/2023 7:44 PM
347	None	7/10/2023 7:38 PM
348	Platform issues	7/10/2023 7:34 PM
349	Doxy.me which is free to me and patients	7/10/2023 7:31 PM
350	N/A	7/10/2023 7:29 PM

351	VA Video Connect	7/10/2023 7:26 PM
352	My hospital uses Epic and uses MyChart app for telehealth, which can crash if there is an incoming call.	7/10/2023 7:21 PM
353	N/A	7/10/2023 7:20 PM
354	Simple Practice	7/10/2023 7:18 PM
355	Zoom	7/10/2023 7:10 PM
356	None	7/10/2023 7:06 PM
357	N/A	7/10/2023 6:55 PM
358	VA	7/10/2023 6:40 PM
359	None	7/10/2023 6:26 PM
360	Platforms have not been a problem, but I have some confusion about which platforms are acceptable.	7/10/2023 6:26 PM
361	Doxy	7/10/2023 6:09 PM
362	none	7/10/2023 6:06 PM
363	Zoom and phone	7/10/2023 6:02 PM
364	Doxy.me	7/10/2023 5:38 PM
365	Microsoft Teams	7/10/2023 5:37 PM
366	Doxy.me, Zoom (cost)	7/10/2023 5:34 PM
367	the platforms I have used have been good, no issues	7/10/2023 5:22 PM
368	Doxy.me, and zoom.com audio, have occasionally been problematic;	7/10/2023 5:18 PM
369	None	7/10/2023 4:59 PM
370	Zoom professional works well	7/10/2023 4:41 PM
371	Cost of programs for clinician	7/10/2023 4:33 PM
372	SimplePractice	7/10/2023 4:30 PM
373	N/A	7/10/2023 4:29 PM
374	TherapyAppointment uses on platform which does not have great camera adjustment and some dropping	7/10/2023 4:25 PM
375	zoom	7/10/2023 4:07 PM
376	Theranest and Doxy.me work fine	7/10/2023 3:57 PM
377	Simple practice	7/10/2023 3:39 PM
378	Zoom (doxy was terrible quality)	7/10/2023 3:38 PM
379	Doxy and Clocktree were less reliable when I first started. Google Meets has mostly been better	7/10/2023 3:10 PM
380	Limited reliable HIPAA free software.	7/10/2023 2:59 PM
381	Simple practice	7/10/2023 2:53 PM
382	Concern for confidentiality	7/10/2023 2:51 PM
383	None	7/10/2023 2:38 PM
384	zoom has been good, Doxy is spotty	7/10/2023 2:38 PM
385	Simple Practice	7/10/2023 2:34 PM
386	Google Meets	7/10/2023 2:29 PM

387	None	7/10/2023 2:22 PM
388	Simple Practice, DoxyMe was okay but became so laggy as to be unusable	7/10/2023 2:11 PM
389	occasional glitches with Doxy.me platform	7/10/2023 2:10 PM
390	Doxy.me at times cuts out	7/10/2023 2:01 PM
391	no	7/10/2023 1:42 PM
392	doxy.me	7/10/2023 1:33 PM
393	Google meets	7/10/2023 1:25 PM
394	n/a	7/10/2023 1:24 PM
395	NA	7/10/2023 1:20 PM
396	I use doxy.me and I think sometimes it's that software causing poor quality calls as well.	7/10/2023 1:09 PM
397	None	7/10/2023 1:07 PM
398	zoom	7/10/2023 12:48 PM
399	Zoom	7/10/2023 12:45 PM
400	VSee and FaceTime are what are allowed at LAC DMH	7/10/2023 12:40 PM
401	Care Connect: it is difficult for some clients and it does not have features that should be obvious for the practitioner	7/10/2023 12:38 PM
402	Sometimes VSee Messenger and Doxy are unreliable	7/10/2023 12:34 PM
403	None.	7/10/2023 12:28 PM
404	Those that do not guarantee HIPAA compliance	7/10/2023 12:28 PM
405	Zoom	7/10/2023 12:27 PM
406	Doxy	7/10/2023 12:18 PM
407	I use Doxy.me; I think the platform overall has been fine	7/10/2023 12:17 PM
408	Google meet	7/10/2023 12:15 PM
409	None	7/10/2023 12:14 PM
410	Doxy	7/10/2023 12:12 PM
411	no problem	7/10/2023 12:11 PM
412	Psychology Today has occasional problems connecting	7/10/2023 12:09 PM
413	None	7/10/2023 12:00 PM
414	doxy.me is not always reliable; google meet can freeze with more than 5 participants; zoom	7/10/2023 12:00 PM
415	cost requirements of a HIPAA compliant platform	7/10/2023 11:58 AM
416	none	7/10/2023 11:58 AM
417	Zoom - Compliant.	7/10/2023 11:51 AM
418	zoom	7/10/2023 11:44 AM
419	I’m satisfied with the platform I use SimplePractice.	7/10/2023 11:42 AM
420	Zoom; SecureVideo	7/10/2023 11:41 AM
421	zoom	7/10/2023 11:30 AM
422	Issues with "therapy appointment" software	7/10/2023 11:29 AM
423	Zoom	7/10/2023 11:28 AM
424	occasional zoom difficulties	7/10/2023 11:23 AM

425	None	7/10/2023 11:22 AM
426	simple practice, zoom	7/10/2023 11:22 AM
427	Doxie me	7/10/2023 11:21 AM
428	Doxy	7/10/2023 11:18 AM
429	Hipaa compliant zoom	7/10/2023 11:18 AM
430	none	7/10/2023 11:18 AM
431	Doxy.me	7/10/2023 11:18 AM
432	No software barriers to provide quality tele-health psychotherapy	7/10/2023 11:17 AM
433	No barrier; however, I have access to HIPAA/FERPA compliant Zoom through my academic employer.	7/10/2023 11:17 AM
434	Zoom, Simple Practice	7/10/2023 11:16 AM
435	Zoom	7/10/2023 11:13 AM
436	Using Teledoc with no issues	7/10/2023 11:13 AM
437	MS Teams, Doxy	7/10/2023 11:12 AM
438	Families have difficulties logging in or accessing camera	7/10/2023 11:09 AM
439	Included Health app	7/10/2023 11:08 AM
440	none	7/10/2023 11:08 AM
441	Glitches	7/10/2023 11:06 AM
442	Some clients have struggled with Zoom login	7/10/2023 11:06 AM
443	Doxy.me	7/10/2023 11:06 AM
444	No barriers	7/10/2023 11:06 AM
445	The psychology today platform did not work; Doxy was terrible	7/10/2023 11:04 AM
446	Epic MyChart Video Visits have been difficult, Zoom can be difficult; Doximity tends to work well	7/10/2023 11:02 AM
447	virtru	7/10/2023 11:02 AM
448	None	7/10/2023 11:01 AM
449	None	7/10/2023 10:59 AM
450	MyChart access for the patient	7/10/2023 10:58 AM
451	VSee is not a great product - prefer Zoom but company does not use	7/10/2023 10:57 AM
452	We have been using zoom and it has been working well.	7/10/2023 10:57 AM
453	doxy.me	7/10/2023 10:55 AM
454	VSee , zoom	7/10/2023 10:54 AM
455	none so far	7/10/2023 10:54 AM
456	Doxy works well. There is nothing to download.	7/10/2023 10:52 AM
457	None	7/10/2023 10:52 AM
458	simple practice	7/10/2023 10:50 AM
459	doxy did not work well	7/10/2023 10:50 AM
460	Zoom, facetime	7/10/2023 10:49 AM
461	google meets through google professional suite	7/10/2023 10:49 AM

462	None	7/10/2023 10:48 AM
463	Zoom has its limitations at times w/r/t disrupted service.	7/10/2023 10:47 AM
464	Doxy.me and Zoom	7/10/2023 10:47 AM
465	Doxy.me - mostly working, yet sometimes not	7/10/2023 10:44 AM
466	Doxy, which has generally worked well but requires high speed internet and is less good on mobile.	7/10/2023 10:39 AM
467	doxy.me, theranest, simple practice	7/10/2023 10:38 AM
468	None	7/10/2023 10:38 AM
469	None	7/10/2023 10:37 AM
470	Zoom - poor interface between computer and patient phones sometimes	7/10/2023 10:37 AM
471	0	7/10/2023 10:36 AM
472	N/a	7/10/2023 10:35 AM
473	doxy.me	7/10/2023 10:34 AM
474	Zoom and TEAM	7/10/2023 10:34 AM
475	Doxy.me sometimes has difficulty	7/10/2023 10:33 AM
476	Connection can be lost if client receives a call on their phone	7/10/2023 10:33 AM
477	Distractions at home	7/10/2023 10:31 AM
478	None	7/10/2023 10:30 AM
479	None	7/10/2023 10:28 AM
480	Theranest, Zoom, Doxy, Sessions	7/10/2023 10:28 AM
481	Doxy	7/10/2023 10:26 AM
482	Zoom and telephone	7/10/2023 10:25 AM
483	Worry about HIPAA compliant software that is not proprietry	7/10/2023 10:25 AM
484	no barriers	7/10/2023 10:23 AM
485	Epic, Canto, zoom	7/10/2023 10:22 AM
486	none	7/10/2023 10:22 AM
487	Doxy .me	7/10/2023 10:22 AM
488	Having only one telehealth platform that when it is inoperable do to technical difficulties sessions are missed or cut short.	7/10/2023 10:21 AM
489	I use HIPAA compliant Zoom, works well	7/10/2023 10:20 AM
490	Ehr concerns doxyme and jane	7/10/2023 10:20 AM
491	Support from Zoom.	7/10/2023 10:20 AM
492	zoom	7/10/2023 10:18 AM
493	N/A	7/10/2023 10:16 AM
494	Downloading anything, most platforms require a download	7/10/2023 10:15 AM
495	n/a	7/10/2023 10:15 AM
496	None	7/10/2023 10:12 AM
497	They all can be unreliable	7/10/2023 10:12 AM
498	Zoom	7/10/2023 10:11 AM

499	doxy.me	7/10/2023 10:10 AM
500	Simple Practice has worked well	7/10/2023 10:09 AM
501	Microsoft Teams is buggy	7/10/2023 10:09 AM
502	n/a	7/10/2023 10:08 AM
503	TEAMS	7/10/2023 10:08 AM
504	Thera-Link has been a problem	7/10/2023 10:08 AM
505	Zoom	7/10/2023 10:07 AM
506	Zoom	7/10/2023 10:07 AM
507	MS teams	7/10/2023 10:06 AM
508	Zoom- requires paid version for full access, SimplePractice- requires separate app for VC	7/10/2023 10:04 AM
509	Intermittent technical problems	7/10/2023 10:04 AM
510	N/A	7/10/2023 10:03 AM
511	VSee, Doxy.me	7/10/2023 10:03 AM
512	Software updates from zoom	7/10/2023 10:02 AM
513	Zoom for healthcar	7/10/2023 10:00 AM
514	none	7/10/2023 9:59 AM
515	None	7/10/2023 9:59 AM
516	Zoom	7/10/2023 9:59 AM
517	Zoom	7/10/2023 9:59 AM
518	ZOOM	7/10/2023 9:58 AM
519	Zoom	7/10/2023 9:57 AM
520	N/A	7/10/2023 9:57 AM
521	Antiquated co jail- DK names	7/10/2023 9:57 AM
522	none	7/10/2023 9:57 AM
523	No	7/10/2023 9:56 AM
524	in rare moments, the platform doesn't work well with a client	7/10/2023 9:56 AM
525	Zoom	7/10/2023 9:56 AM
526	none	7/10/2023 9:55 AM
527	no barrier here	7/10/2023 9:55 AM
528	I use Doxy.me and like it, but wish the "professional" version was free. Cost is a barrier for me.	7/10/2023 9:55 AM
529	unable to access Zoom via phone	7/10/2023 9:54 AM
530	Simple Practice	7/10/2023 9:54 AM
531	WebEx, Zoom	7/10/2023 9:54 AM
532	Zoom (Non HIPPA- Compliant)	7/10/2023 9:54 AM
533	N/A	7/10/2023 9:53 AM
534	none	7/10/2023 9:53 AM
535	none	7/10/2023 9:53 AM
536	None	7/10/2023 9:53 AM

537	None	7/10/2023 9:52 AM
538	Finding hippaa compliant software	7/10/2023 9:52 AM
539	None	7/10/2023 9:52 AM
540	None	7/10/2023 9:51 AM
541	no major px	7/10/2023 9:51 AM
542	HealthcareAnywhere is terrible and very glitchy	7/10/2023 9:51 AM
543	No issues except for additional costs for hipaa compliant services	7/10/2023 9:51 AM
544	None	7/10/2023 9:50 AM
545	Na	7/10/2023 9:50 AM
546	Zoom	7/10/2023 9:50 AM
547	n/a	7/10/2023 9:50 AM
548	Yes	7/10/2023 9:49 AM
549	Therapy Notes	7/10/2023 9:49 AM
550	None	7/10/2023 8:51 AM
551	Amwell	7/10/2023 8:34 AM
552	Simple practice	7/10/2023 6:14 AM
553	Doxy has been less reliable than Zoom.	7/9/2023 9:13 PM
554	Doxy.me	7/8/2023 11:14 PM
555	Better Help	7/8/2023 3:05 PM
556	Therapyappointment zoom. I use regular zoom now.	7/7/2023 6:02 PM
557	simple practice, spectrum	7/7/2023 9:45 AM
558	None	7/6/2023 4:18 PM
559	mend	7/6/2023 12:58 PM
560	Doxy.me	7/6/2023 11:51 AM
561	I experienced more connectivity difficulties when I used doxy.me in the past.	7/6/2023 11:19 AM
562	None	7/6/2023 10:55 AM
563	VSee has improved over the course of 3 years.	7/6/2023 8:14 AM
564	n/a	7/5/2023 9:27 PM
565	Zoom app takes a lot of space on phones with limited functionality	7/5/2023 1:40 PM
566	none	7/5/2023 1:39 PM
567	VA Video Connect Software issues	7/4/2023 6:11 PM
568	Zoom	7/4/2023 4:20 PM
569	none	7/4/2023 1:50 PM
570	Doxy	7/4/2023 8:16 AM
571	zoom	7/4/2023 7:49 AM
572	Zoom	7/3/2023 9:01 PM
573	None	7/3/2023 6:36 PM
574	MS Teams	7/3/2023 1:14 PM

575	problems with Doxy	7/3/2023 11:59 AM
576	I'm not sure if you mean on my end or the client, but anything that isn't either Zoom or browser based they often can't figure it out	7/3/2023 9:15 AM
577	Started with Simple Practice but Quality of telehealth links was not as good as Zoom so use SP as backup and Zoom as primary	7/3/2023 7:59 AM
578	none	7/3/2023 7:49 AM
579	Stable internet for patients	7/2/2023 7:13 PM
580	Google Meets through Google Workspace is just less amazing and has less features than one might like.	7/2/2023 1:09 PM
581	n/a	7/2/2023 10:49 AM
582	None really	7/1/2023 8:10 PM
583	No complaints	7/1/2023 7:01 PM
584	Sometimes the Kaiser video visit platform has technology issues	7/1/2023 6:19 PM
585	Therapy Notes - requires knowledge of how to sign up for account and navigate various taks	7/1/2023 6:00 PM
586	none	7/1/2023 5:44 PM
587	None	7/1/2023 11:21 AM
588	Kaiser Permanente My Doctor Online, Alma, SimplePractice	6/30/2023 2:22 PM
589	I use VSee, so patient needs appropriate equipment and knowledge of how to access VSee. I receive good support from VSee for myself and the patients	6/30/2023 12:16 PM
590	The cost of Zoom is a barrier but it works great	6/30/2023 11:21 AM
591	some of the secure therapy telehealth platforms work less well when the internet signal strength is not strong. It seems like zoom works most reliably, even when patients are sitting in their car and away from a modem. However I don't use zoom since it's not a secure platform.	6/30/2023 11:06 AM
592	Doxy.me	6/30/2023 10:11 AM
593	none	6/30/2023 9:45 AM
594	n/a	6/30/2023 9:17 AM
595	Compass and Acuity	6/30/2023 7:42 AM
596	simple practice is not as good as zoom	6/29/2023 5:01 PM
597	Zoom	6/29/2023 4:56 PM
598	no barriers	6/29/2023 4:09 PM
599	no experience here	6/29/2023 3:07 PM
600	If Zoom needs to update	6/29/2023 1:44 PM
601	n/a	6/29/2023 12:21 PM
602	none	6/29/2023 12:13 PM
603	N/A	6/29/2023 11:18 AM
604	FaceTime client’s preferred	6/29/2023 10:22 AM
605	NA	6/29/2023 9:52 AM
606	VSee doesn't seem to work well with Apple products	6/29/2023 9:06 AM
607	None	6/29/2023 8:43 AM
608	I tried a couple of platforms with unsatisfying results, but when I switched to Zoom, everything worked much, much better.	6/29/2023 1:40 AM

609	doxy.me	6/28/2023 10:45 PM
610	Teams software can be finicky when used cross platforms like Microsoft on an apple product	6/28/2023 9:09 PM
611	None	6/28/2023 8:22 PM
612	MDLive	6/28/2023 5:22 PM
613	Some software does not work well on Edge, Safari. Some clients dont want to use Google Chrome as browser for telehealth video.	6/28/2023 4:51 PM
614	no issues	6/28/2023 4:45 PM
615	I use Doxy.me which is secure and usually works well	6/28/2023 4:31 PM
616	E Clinical Works makes it hard to connect and reconnect.	6/28/2023 4:30 PM
617	Doxy	6/28/2023 4:13 PM
618	Zoom Pro	6/28/2023 4:05 PM
619	none	6/28/2023 3:27 PM
620	N/A	6/28/2023 1:57 PM
621	Doxy.me	6/28/2023 12:36 PM
622	epic EMR	6/28/2023 12:08 PM
623	Zoom appears to be the most stable platform and I have and no problems when using. I have also used SimplePractice and the Psychology Today Session platforms, but these two can be glitchy. Again, I do not know if this is due to the platform itself or to either my broadband service or that of the patient's.	6/28/2023 11:53 AM
624	Google Meet. In the past used TheraNest and Zoom. Zoom worked best but it took more work to create/send Zoom invitations than Google Meet.	6/28/2023 10:45 AM
625	Simple Practice	6/28/2023 10:34 AM
626	Google Meet (with signed HIPAA contract). When client has limited tech or ability I have a release from them to use Zoom, Duo, Skype, FaceTime, Two other medical programs I briefly participated in several years ago and I cannot remember the names, and just a telephone when visual was problematic.	6/28/2023 9:45 AM
627	N/A	6/28/2023 9:44 AM
628	Epic (UC San Diego Health)	6/28/2023 9:36 AM
629	All platforms unstable.	6/28/2023 9:12 AM
630	Doxy is a pain - unreliable.	6/28/2023 8:58 AM
631	Doxy.me	6/28/2023 8:53 AM
632	“Teladoc” I don’t know what platform they use	6/28/2023 8:16 AM
633	Zoom, Skype, teams, MHS videoConnect	6/28/2023 7:49 AM
634	Microsoft Teams	6/28/2023 6:46 AM
635	I work at the VA hospital and use their software. CORS can be challenging	6/28/2023 6:34 AM
636	None	6/28/2023 6:15 AM
637	N/A	6/27/2023 10:56 PM
638	Doxy has been spotty.	6/27/2023 10:35 PM
639	We use Zoom at our clinic	6/27/2023 10:04 PM
640	Genesis	6/27/2023 9:25 PM
641	I use Zoom (professional) and it has been useable; groups and classes can be tricky to manage though.	6/27/2023 8:55 PM

642	None	6/27/2023 8:15 PM
643	Vsee requires clients to allow access to all of their personal contacts	6/27/2023 7:34 PM
644	telecare is bad	6/27/2023 6:31 PM
645	Sometimes SimplePractice freezes, but we cannot use FaceTime due to HiPPA compliance issues	6/27/2023 6:23 PM
646	Simple Practice telehealth platform uneven quality	6/27/2023 6:04 PM
647	Doxy is terrible. Zoom is more effective	6/27/2023 5:41 PM
648	None	6/27/2023 5:19 PM
649	EMR systems	6/27/2023 5:17 PM
650	Simple Practice, Microssoft teams	6/27/2023 5:07 PM
651	Zoom	6/27/2023 4:54 PM
652	none	6/27/2023 4:19 PM
653	Doximity	6/27/2023 4:04 PM
654	Doxy.me	6/27/2023 4:02 PM
655	None	6/27/2023 4:01 PM
656	Doxy sometimes works but unreliable at times. I also used Simple Practice platform that works better than doxy but can also be glitchy at times. Zoom HIPPA compliant works best.	6/27/2023 3:43 PM
657	WebEx - Microsoft Teams	6/27/2023 3:38 PM
658	Doxy needs to include background options in video	6/27/2023 3:30 PM
659	Salesforce has been inconsistent	6/27/2023 3:19 PM
660	None	6/27/2023 3:12 PM
661	I use SimplePractice's system, which has only rarely been problematic	6/27/2023 3:12 PM
662	Some devices are incompatible with telehealth approved platforms, which has limited access for certain families.	6/27/2023 3:05 PM
663	n/a	6/27/2023 2:41 PM
664	No barriers	6/27/2023 1:55 PM
665	We use Vidyo connect at work. Sometimes it logs me and the patient out suddenly and we have to rejoin, but fortunately it doesn't happen very often	6/27/2023 1:52 PM
666	I’ve had a good experience with my telehealth platform	6/27/2023 1:51 PM
667	Doxy.Me	6/27/2023 1:43 PM
668	Zoom and many others are not generally HIPPA	6/27/2023 1:42 PM
669	None	6/27/2023 1:05 PM
670	teams platform can be glitchy	6/27/2023 12:53 PM
671	organization provided TEAMS account	6/27/2023 12:53 PM
672	none	6/27/2023 12:50 PM
673	n/a	6/27/2023 12:45 PM
674	n/a	6/27/2023 12:30 PM
675	since all videoconferencing software now encrypts, why are grubby hands pushing specialty companies?	6/27/2023 12:00 PM
676	0	6/27/2023 11:59 AM

677	clients have difficulty with platform compatibility	6/27/2023 11:52 AM
678	None	6/27/2023 11:50 AM
679	Psychology Today, Doxy	6/27/2023 11:40 AM
680	Not so much here. Connection speed is issue, platform is usually ok	6/27/2023 11:33 AM
681	Doxy.me works well overall. At times it does not work with certain web browsers but we are usual able to remedy that as needed	6/27/2023 11:33 AM
682	PIMSY	6/27/2023 11:32 AM
683	TherapyNotes, AMD	6/27/2023 11:26 AM
684	Zoom for Business	6/27/2023 11:25 AM
685	DOXY - usually reliable	6/27/2023 11:15 AM
686	Teams for making calls.	6/27/2023 11:14 AM
687	No	6/27/2023 11:13 AM
688	None	6/27/2023 11:11 AM
689	File share and screen share options when clients are using mobile devices	6/27/2023 10:59 AM
690	I love Doxy.me confidential telehealth program easy for patients to use	6/27/2023 10:44 AM
691	Expense of Platform	6/27/2023 10:29 AM
692	Amwell (the platform integrated into our hospital's EMR) is not well setup for behavioral health care - no interactive features, gets interrupted if the patient gets another phone call	6/27/2023 10:20 AM
693	Doxy.me	6/27/2023 10:19 AM
694	n/a. VA offers VA Video Connect (VVC); while it has issues they have a team dedicated to troubleshooting and support.	6/27/2023 10:16 AM
695	Simple Practice somes crashes	6/27/2023 10:13 AM
696	none	6/27/2023 10:10 AM
697	None identified	6/27/2023 10:07 AM
698	N/A	6/27/2023 10:02 AM
699	phone to app software has been difficult with some	6/27/2023 10:02 AM
700	Epic Canto is challenging for patients to utilize	6/27/2023 10:01 AM
701	Zoom & Skype	6/27/2023 10:00 AM
702	DoxyMe does not like Safari browsers	6/27/2023 9:56 AM
703	Concern about confidentiality of Zoom and FaceTime, difficult to obtain clear, reassuring answers	6/27/2023 9:39 AM
704	Therapynotes	6/27/2023 9:39 AM
705	sometimes doxy.com is funky and w switch to WhatsApp. I have signed consent forms allowing for this.	6/27/2023 9:37 AM
706	None	6/27/2023 9:37 AM
707	None	6/27/2023 9:28 AM
708	Zoom cost money to have more than a 40 min session	6/27/2023 9:00 AM
709	Zoom	6/27/2023 8:55 AM
710	teams for phone calls and I don't know about video platform - I work at kaiser	6/27/2023 8:52 AM
711	Veterans Video Connect, WebEx	6/27/2023 8:47 AM

712	none	6/27/2023 8:44 AM
713	audio quality with Zoom	6/27/2023 8:42 AM
714	Vsee	6/27/2023 8:42 AM
715	Sometimes there are problems with EPIC software	6/27/2023 8:25 AM
716	No issues	6/27/2023 8:04 AM
717	Psychology Today is not a very good platform, Zoom is really the only HIPAA compliant industry standard.	6/27/2023 8:04 AM
718	Secure video HIPPA Compliant	6/27/2023 7:53 AM
719	VSEE..love it	6/27/2023 7:21 AM
720	No issues	6/27/2023 5:50 AM
721	Simple practice	6/27/2023 5:10 AM
722	BetterHealth platform is inconsistant	6/27/2023 5:01 AM
723	n/a	6/27/2023 4:53 AM
724	sometimes a problem	6/27/2023 4:49 AM
725	Doxy.me, Psychology Today	6/27/2023 4:23 AM
726	Zoom	6/27/2023 1:41 AM
727	None	6/27/2023 1:14 AM
728	sometimes blocks that are on the account are problematic	6/27/2023 1:13 AM
729	NOne	6/27/2023 12:33 AM
730	No concerns	6/27/2023 12:15 AM
731	Zoom	6/26/2023 11:36 PM
732	HealthConnect	6/26/2023 11:33 PM
733	Not user-friendly	6/26/2023 11:31 PM
734	Zoom	6/26/2023 11:26 PM
735	Zoom, doxy.me	6/26/2023 11:12 PM
736	Zoom - I have to pay for it	6/26/2023 11:08 PM
737	VSee and Doxy.Me kept crashing	6/26/2023 10:58 PM
738	Simple Practice	6/26/2023 10:54 PM
739	google meet	6/26/2023 10:52 PM
740	unstable telehealth platform	6/26/2023 10:42 PM
741	Doxy.me	6/26/2023 10:39 PM
742	I use doxy.me because it is easy to use and meets all ethical criteria	6/26/2023 10:16 PM
743	The platform needs to be compatible with smart phones/tablets because most of my clients don't have computers. It's also harder to get clients to use telehealth if it requires them to set up their own account or if they need to have an email address.	6/26/2023 10:16 PM
744	Some platforms have been spotty	6/26/2023 10:11 PM
745	MS Teams; Doxy.me	6/26/2023 10:09 PM
746	Theranest	6/26/2023 10:03 PM
747	many	6/26/2023 9:58 PM
748	Doxy.me, Zoom	6/26/2023 9:52 PM

749	No clarity in which platforms are actually hippa compliant	6/26/2023 9:51 PM
750	Doxy.me is sometimes uneven in quality	6/26/2023 9:51 PM
751	None	6/26/2023 9:45 PM
752	Doxy.me	6/26/2023 9:42 PM
753	All good (used Simple Practice and Doxy.me)	6/26/2023 9:39 PM
754	n/a	6/26/2023 9:38 PM
755	doxy.me screen interface freezing up, additional setups not applicable with in person sessions	6/26/2023 9:37 PM
756	Practice Q	6/26/2023 9:14 PM
757	testing software that can accurately assess certain cognitive skills	6/26/2023 9:14 PM
758	none	6/26/2023 8:56 PM
759	none	6/26/2023 8:54 PM
760	none	6/26/2023 8:53 PM
761	None	6/26/2023 8:34 PM
762	Use Doxy.Me - effective 95% of time, 2 clients need Zoom, had poor doxy connections	6/26/2023 8:34 PM
763	Simple Practice	6/26/2023 8:33 PM
764	VSee is primary platform	6/26/2023 8:28 PM
765	Yes	6/26/2023 8:26 PM
766	Zon	6/26/2023 8:23 PM
767	Doxy	6/26/2023 8:17 PM
768	N/A	6/26/2023 8:14 PM
769	No	6/26/2023 8:01 PM
770	Microsoft teams	6/26/2023 7:57 PM
771	No barriers using Cerner virtual care	6/26/2023 7:44 PM
772	None	6/26/2023 7:43 PM
773	Zoom. (enhanced secure version)	6/26/2023 7:42 PM
774	Doxy.me can have audio disruption with poor internet connection.	6/26/2023 7:19 PM
775	Google meetings, web ex	6/26/2023 7:19 PM
776	Software illiteracy	6/26/2023 7:17 PM
777	N/A	6/26/2023 7:12 PM
778	Psychology Today Sessions server has twice gone down	6/26/2023 7:06 PM
779	Zoom	6/26/2023 7:00 PM
780	Zoom was poor at first, so I switched to Sessions by Psychology Today’s is	6/26/2023 7:00 PM
781	Non Hipaa compliant platforms are often used by new providers who don't know how to check.	6/26/2023 6:50 PM
782	Sharing screen not sharing audio, veterans using phone not able to see chat or shared materials, unable to securely save shared documents/tools	6/26/2023 6:43 PM
783	zoom	6/26/2023 6:39 PM
784	None	6/26/2023 6:37 PM
785	Simple Practice. Zoom is difficult to get a HIPAA agreement from.	6/26/2023 6:31 PM

786	Zoom	6/26/2023 6:30 PM
787	N/A	6/26/2023 6:29 PM
788	Zoom	6/26/2023 6:29 PM
789	costs associated with selecting telehealth platforms	6/26/2023 6:29 PM
790	Connection issue with telehealth platform—doxyme	6/26/2023 6:26 PM
791	Kareo/Tebra	6/26/2023 6:23 PM
792	No major barriers all platforms are developed well. HIPAA based ones	6/26/2023 6:21 PM
793	None	6/26/2023 6:15 PM
794	Google meet on Safari , ok on Chrome	6/26/2023 6:13 PM
795	No problem	6/26/2023 6:09 PM
796	none	6/26/2023 6:09 PM
797	none	6/26/2023 6:08 PM
798	Finding a good one	6/26/2023 6:04 PM
799	I use a HIPPA compliant video system that works fine.	6/26/2023 6:00 PM
800	Zoom. Doxy.me	6/26/2023 5:59 PM
801	None so far	6/26/2023 5:57 PM
802	DOXY.ME AND ZOOM	6/26/2023 5:56 PM
803	using doxey.me can be glitchy	6/26/2023 5:55 PM
804	NONE	6/26/2023 5:38 PM
805	They're all that way	6/26/2023 5:29 PM
806	Zoom	6/26/2023 5:27 PM
807	sometimes the platforms can be glitchy	6/26/2023 5:26 PM
808	none	6/26/2023 5:22 PM
809	Zoom	6/26/2023 5:20 PM
810	None	6/26/2023 5:16 PM
811	None	6/26/2023 5:14 PM
812	None	6/26/2023 5:14 PM
813	Therapy notes	6/26/2023 5:12 PM
814	Zoom (encrypted)	6/26/2023 5:11 PM
815	Most work well, issue is knowing which are or aren't HIPAA compliant re security	6/26/2023 5:11 PM
816	none	6/26/2023 5:08 PM
817	VA Video Connect issues with myself or patients.	6/26/2023 5:07 PM
818	google meet	6/26/2023 5:07 PM
819	Finding a platform that doesn't require client to download software or make an account-Elderly friendly	6/26/2023 5:07 PM
820	Valant	6/26/2023 5:01 PM
821	all I've used (Zoom, Doxy)	6/26/2023 4:58 PM
822	I’m satisfied with my HIPAA-compliant platform, Doxy.me	6/26/2023 4:51 PM
823	N/A	6/26/2023 4:48 PM

824	none	6/26/2023 4:48 PM
825	I use Doxy, it works fine and seems more secure than Zoom	6/26/2023 4:45 PM
826	HIPAA compliant platforms vary in their stability with software incompatibility between devices and the platform being an occasional problem	6/26/2023 4:45 PM
827	I use Simple Practice and in 2020-2021 they had tons of issues. Now I almost never have a problem.	6/26/2023 4:45 PM
828	gotomeeting is poor, teams is better, zoom has been king	6/26/2023 4:41 PM
829	Zoom	6/26/2023 4:37 PM
830	general cost/feature value	6/26/2023 4:34 PM
831	Microsoft Teams is less user friendly, zoom and facetime are well received	6/26/2023 4:34 PM
832	Doxy.me was the platform I formerly used and regularly experienced faulty connections.	6/26/2023 4:32 PM
833	No barrier	6/26/2023 4:28 PM
834	N/A	6/26/2023 4:25 PM
835	Simple Practice telehealth platform uses a lot of memory and can be glitchy	6/26/2023 4:23 PM
836	Zoom	6/26/2023 4:22 PM
837	none	6/26/2023 4:22 PM
838	nope Zoom only	6/26/2023 4:22 PM
839	Professional Zoom, Psychology Today portal - sometimes clients' are unable to connect using the link I send especially with Professional Zoom	6/26/2023 4:17 PM
840	None	6/26/2023 4:15 PM
841	Getting clients onto HIPAA compliant platforms off ones they are more familiar with using.	6/26/2023 4:11 PM
842	tis has been ok. I use Doxy.me and it is fine.	6/26/2023 4:10 PM
843	None	6/26/2023 4:06 PM
844	VSee updates and glitches	6/26/2023 4:06 PM
845	Doxy. Inferior quality at times.	6/26/2023 4:04 PM
846	Minimal barriers with my chosen software (SimplePractice and Zoom). Internet-related issues cause software issues/	6/26/2023 4:04 PM
847	SimplePractice	6/26/2023 4:03 PM
848	Teams	6/26/2023 4:03 PM
849	Doxy is great. Theranest is awful	6/26/2023 4:01 PM
850	None	6/26/2023 4:01 PM
851	Very rarely	6/26/2023 4:00 PM
852	yes	6/26/2023 3:59 PM
853	Simple Practice is usually, but not totally dependable.	6/26/2023 3:57 PM
854	Doxy.com	6/26/2023 3:55 PM
855	Doxy, RemotEMDR	6/26/2023 3:51 PM
856	Zoom	6/26/2023 3:51 PM
857	Simple Practice	6/26/2023 3:49 PM
858	Microsoft Teams	6/26/2023 3:49 PM
859	Zoom and Therapy Notes	6/26/2023 3:49 PM

860	Zoom, Psychology today, phone	6/26/2023 3:48 PM
861	Platform Drops	6/26/2023 3:47 PM
862	None	6/26/2023 3:47 PM
863	I primarily use Zoom	6/26/2023 3:45 PM
864	None	6/26/2023 3:43 PM
865	Google meet	6/26/2023 3:42 PM
866	none	6/26/2023 3:41 PM
867	Not everyone is savvy enough to access the platform.	6/26/2023 3:40 PM
868	Doxyme	6/26/2023 3:39 PM
869	Doxy.me + Simple Practice had had issues; Zoom pro has been most stable	6/26/2023 3:39 PM
870	dk which platforms they use	6/26/2023 3:38 PM
871	none	6/26/2023 3:37 PM
872	none	6/26/2023 3:36 PM
873	Hospital is phasing out Zoom, Microsoft Teams is harder to navigate for patients	6/26/2023 3:36 PM
874	None	6/26/2023 3:35 PM
875	Psychology Today	6/26/2023 3:35 PM
876	Therapy Notes has there owe platform.	6/26/2023 3:35 PM
877	MDLive	6/26/2023 3:32 PM
878	Geriatric pts don't always find using smart phones easy to navigate more than just calling	6/26/2023 3:31 PM
879	Lower cost encrypted platforms are not always reliable	6/26/2023 3:31 PM
880	KP My Doctor Online connection issues	6/26/2023 3:31 PM
881	I work for Kaiser, so our software is pretty reliable.	6/26/2023 3:30 PM
882	no platform-specific barriers	6/26/2023 3:30 PM
883	Zoom	6/26/2023 3:29 PM
884	finding a HIPAA platform that is reliable	6/26/2023 3:29 PM
885	Simple practice	6/26/2023 3:28 PM
886	NA	6/26/2023 3:28 PM
887	I pay for a reliable platform	6/26/2023 3:27 PM
888	Lack of free/affordable technology for measurement based care and exchanging workbooks, homework, etc.	6/26/2023 3:27 PM
889	NONE	6/26/2023 3:26 PM
890	All require learning new skills, especially for older clinicians.	6/26/2023 3:23 PM
891	Some are not technically HIPAA compliant due to no BAA although they are still encrypted or otherwise safe	6/26/2023 3:23 PM
892	Google Meet and Doxy.me have had glitches. Have great results with Zoom	6/26/2023 3:21 PM
893	Doxy has not been a good product for me. I like Simple Practice a lot.	6/26/2023 3:21 PM
894	Undecided on what is the most appropriate.	6/26/2023 3:18 PM
895	None	6/26/2023 3:16 PM
896	Inconsistency	6/26/2023 3:15 PM

897	8x8 meet would sometimes have connectivity issues	6/26/2023 3:14 PM
898	VSee has been terrible, but it's one of the few HIPAA compliant platforms. Main option used for our organization.	6/26/2023 3:13 PM
899	Zoom	6/26/2023 3:11 PM
900	Software has been almost flawless.	6/26/2023 3:10 PM
901	NA	6/26/2023 3:07 PM
902	None	6/26/2023 3:06 PM
903	none, my setting has strict security measures so it's a challenge to get telehealth platforms approved	6/26/2023 3:06 PM
904	N/A	6/26/2023 3:05 PM
905	n/a	6/26/2023 3:05 PM
906	Thera-Link	6/26/2023 3:05 PM
907	VA VVC software	6/26/2023 3:03 PM
908	none, they've all worked well for me	6/26/2023 3:03 PM
909	I use Doxy.me Pro which charges a monthly fee and is ok.	6/26/2023 3:03 PM
910	Periodic (once or twice a month) internet signal issues	6/26/2023 3:03 PM
911	None	6/26/2023 3:01 PM
912	Zoom pro is at times glitchy	6/26/2023 3:01 PM
913	Zoom- medical	6/26/2023 2:59 PM
914	no barriers	6/26/2023 2:58 PM
915	Zoom	6/26/2023 2:58 PM
916	None	6/26/2023 2:57 PM
917	Doxy can be glitchy	6/26/2023 2:56 PM
918	some platforms (like Therapy Notes) can't do couples therapy when the clients are on separate devices	6/26/2023 2:56 PM
919	SimplePractice platform issues	6/26/2023 2:53 PM
920	None-FaceTime only	6/26/2023 2:52 PM
921	doxy has been a barrier	6/26/2023 2:52 PM
922	Doxy Me-often shuts down	6/26/2023 2:51 PM
923	Zoom - no problems	6/26/2023 2:50 PM
924	Doxy.me	6/26/2023 2:49 PM
925	none	6/26/2023 2:48 PM
926	Doxy freeze	6/26/2023 2:47 PM
927	I use zoom and this has not been a problem.	6/26/2023 2:47 PM
928	Doxy was not strong enough- lots of connection issues	6/26/2023 2:46 PM
929	NA	6/26/2023 2:46 PM
930	Expense - Doxyme	6/26/2023 2:42 PM
931	none	6/26/2023 2:35 PM
932	None	6/26/2023 2:35 PM
933	VSee works ok; also have used Doxy	6/26/2023 2:35 PM

934	None	6/26/2023 2:32 PM
935	none	6/26/2023 2:31 PM
936	All	6/26/2023 2:29 PM
937	All have issues at some points. Google Meet doesn’t work for me ever but works for others.	6/26/2023 2:26 PM
938	VSee is more sensitive to internet issues than Zoom	6/26/2023 2:26 PM
939	Zoom	6/26/2023 2:26 PM
940	None	6/26/2023 2:25 PM
941	TEAMS	6/26/2023 2:25 PM
942	Cost of telehealth platforms, platforms unable to connect to multiple people at once for couples therapy	6/26/2023 2:24 PM
943	Advanced MD	6/26/2023 2:23 PM
944	Zoom, VSee	6/26/2023 2:22 PM
945	Zoom	6/26/2023 2:22 PM
946	Not significant	6/26/2023 2:21 PM
947	If doing couples or family therapy, accessibility for multiple guests	6/26/2023 2:20 PM
948	doxy.me was inconsistent at outset of pandemic, better now	6/26/2023 2:20 PM
949	Crashes/updates to 8x8	6/26/2023 2:19 PM
950	Doxy Me	6/26/2023 2:17 PM
951	Athena	6/26/2023 2:15 PM
952	doxy	6/26/2023 2:14 PM
953	Facetime is the best. I have had issues with Zoom	6/26/2023 2:14 PM
954	No barriers	6/26/2023 2:12 PM
955	Simplepractice	6/26/2023 2:11 PM
956	I use Zoom and it's been fine.	6/26/2023 2:11 PM
957	Have used Doxy successfully	6/26/2023 2:10 PM
958	None	6/26/2023 2:09 PM
959	I know I need to switch OFF Zoom by August - haven't yet selected an alternate platform.	6/26/2023 2:09 PM
960	Teams, Zoom (rarely)	6/26/2023 2:08 PM
961	None on Zoom that is encrypted by my university	6/26/2023 2:08 PM
962	None	6/26/2023 2:06 PM
963	simple practice	6/26/2023 2:06 PM
964	Exdpensive	6/26/2023 2:06 PM
965	occasional software glitches (Good Meet)	6/26/2023 2:05 PM
966	None	6/26/2023 2:05 PM
967	None so far.	6/26/2023 2:04 PM
968	Doxy and Google Meet problems	6/26/2023 2:04 PM
969	Sesdions and sometimes DoxyMe	6/26/2023 2:01 PM
970	none	6/26/2023 2:00 PM

971	None	6/26/2023 1:58 PM
972	SESSIONS	6/26/2023 1:58 PM
973	Zoom for mental health professional	6/26/2023 1:58 PM
974	I use SimplePractice, but I haven't observed any barriers.	6/26/2023 1:58 PM
975	Doxy and 8x8 have terrible telehealth platforms. Poor video quality that they blame on the user, but that is consistent across users and situations.	6/26/2023 1:58 PM
976	Doxy	6/26/2023 1:57 PM
977	None	6/26/2023 1:57 PM
978	Zoom and Doxy.me work great. FaceTime less so	6/26/2023 1:57 PM
979	CA BOARD NEEDS to authorize apple FaceTime as it does not store data; the others are too expensive for part time practice	6/26/2023 1:56 PM
980	Psychology Today, doxy, zoom	6/26/2023 1:56 PM
981	zoom.. due to time constraints and price for service	6/26/2023 1:55 PM
982	SimplePractice, Zoom	6/26/2023 1:55 PM
983	Zoom	6/26/2023 1:55 PM
984	Doxy.Me	6/26/2023 1:55 PM
985	Doxy.me glitches	6/26/2023 1:54 PM
986	none	6/26/2023 1:53 PM
987	Zoom has been a barrier at times because you have to create an account and some of my clients are not able to do so given their literacy level.	6/26/2023 1:53 PM
988	Software is software -- the GUI can be tricky and annoying. No more a barrier than EHR software.	6/26/2023 1:53 PM
989	Doximity	6/26/2023 1:52 PM
990	zoom can be twitchy with it's hardware interface re: mic's and cameras	6/26/2023 1:52 PM
991	Use professional Zoom, no issues generally.	6/26/2023 1:52 PM
992	None	6/26/2023 1:51 PM
993	I have an Infinity account for Internet access. Microsoft Office for email, and Zoom account to host audio-video meetings. I also work with others hosting on their Microsoft Team, Ring Central, and/or Webex accounts.Teams, thirdly Ring Central and Webex	6/26/2023 1:51 PM
994	None	6/26/2023 1:49 PM
995	VA platform, VVC	6/26/2023 1:49 PM
996	none	6/26/2023 1:49 PM
997	Use of doxy.me sometimes crashes or is slow to low	6/26/2023 1:47 PM
998	none so far -- I mostly use business Zoom (with BAA) -- Doxy can have poor audio quality	6/26/2023 1:47 PM
999	Sometimes Zoom is slow to send the invite	6/26/2023 1:47 PM
1000	Zoom	6/26/2023 1:46 PM
1001	Zoom has been great!	6/26/2023 1:46 PM
1002	The internet service itself (Comcast, Spectrum)	6/26/2023 1:46 PM
1003	None	6/26/2023 1:45 PM
1004	Simple Practice, sometimes there are gliches	6/26/2023 1:45 PM
1005	NA	6/26/2023 1:42 PM

1006	Sometimes glitches with google meets or zoom	6/26/2023 1:41 PM
1007	Video visits through EMR (EPIC, SimplePractice)	6/26/2023 1:40 PM
1008	None	6/26/2023 1:40 PM
1009	none	6/26/2023 1:40 PM
1010	Google Meet, Simple Practice	6/26/2023 1:40 PM
1011	VVC (VA platform) is clunky and hard to use	6/26/2023 1:40 PM
1012	MyChart, difficult to navigate	6/26/2023 1:39 PM
1013	VSee, FaceTime, Zoom	6/26/2023 1:38 PM
1014	Zoom and Doxy have both been good recently, but problematic often in the past	6/26/2023 1:37 PM
1015	N/A	6/26/2023 1:37 PM
1016	Has worked well - no barriers	6/26/2023 1:36 PM
1017	VSEE, AMD	6/26/2023 1:35 PM
1018	I have used Meet and Zoom. Zoom tends to work more consistently	6/26/2023 1:35 PM
1019	VVC - San Francisco VA Medical Center	6/26/2023 1:35 PM
1020	All software works but only with strong internet speed.	6/26/2023 1:35 PM
1021	remotemdr.com	6/26/2023 1:33 PM
1022	None. I use simple practice app for telehealth	6/26/2023 1:32 PM
1023	Simple Practice glitches often	6/26/2023 1:31 PM
1024	None	6/26/2023 1:30 PM
1025	N/A	6/26/2023 1:30 PM
1026	Doxy.me	6/26/2023 1:28 PM
1027	n/a	6/26/2023 1:27 PM
1028	at times my Portal for Therapy Notes doesn't work for seniors and so we find a different secured platform.	6/26/2023 1:26 PM
1029	Google meet glitches	6/26/2023 1:25 PM
1030	I use therapy sites primarily for my practice. Sometimes difficult for patients. Also difficult sending necessary intake paperwork at times.	6/26/2023 1:24 PM
1031	VA video connect	6/26/2023 1:22 PM
1032	Doxyme	6/26/2023 1:21 PM
1033	Zoom. Generally good, but here can be glitches which make communication difficult.	6/26/2023 1:21 PM
1034	In Synch uses zoom which has had few issues. Two years ago I used ICANotes which had some issues. This may have improved though.	6/26/2023 1:21 PM
1035	Minimal to none	6/26/2023 1:20 PM
1036	none	6/26/2023 1:20 PM
1037	Zoom, webex expensive and confusing	6/26/2023 1:19 PM
1038	VA telehealth software is very glitchy	6/26/2023 1:18 PM
1039	Doxy.Me, Zoom	6/26/2023 1:18 PM
1040	N/A	6/26/2023 1:18 PM
1041	Hipaa complaint softwares	6/26/2023 1:18 PM

1042	Use Zoom and have had a good experience	6/26/2023 1:18 PM
1043	All have been OK	6/26/2023 1:17 PM
1044	Some clients' software isn't compliant with the telehealth platform I use	6/26/2023 1:17 PM
1045	None.	6/26/2023 1:17 PM
1046	Occasionally doxyme.com	6/26/2023 1:16 PM
1047	Zoom works well	6/26/2023 1:16 PM
1048	Doxy Pro was too buggy. Zoom Pro with BAA is excellent.	6/26/2023 1:16 PM
1049	Internet	6/26/2023 1:15 PM
1050	Doxy	6/26/2023 1:15 PM
1051	Using Zoom	6/26/2023 1:15 PM
1052	Zoom	6/26/2023 1:14 PM
1053	none	6/26/2023 1:14 PM
1054	wish we had more options for programs that are HIPAA compliant	6/26/2023 1:14 PM
1055	MS Teams	6/26/2023 1:13 PM
1056	Sometimes the Simple Practice telehealth feature is glitchy.	6/26/2023 1:13 PM
1057	All of them. However, they are able to use apps better such as whatsup but these are not approved by my employer.	6/26/2023 1:13 PM
1058	the platforms are becoming more developed and useful	6/26/2023 1:13 PM
1059	Zoom, telecare, therapynotes	6/26/2023 1:12 PM
1060	zoom has been great	6/26/2023 1:12 PM
1061	Na	6/26/2023 1:12 PM
1062	Zoom	6/26/2023 1:11 PM
1063	Vsee Messenger, the app sometime crashes	6/26/2023 1:11 PM
1064	none	6/26/2023 1:11 PM
1065	zoom	6/26/2023 1:10 PM
1066	Zoom, WebEx	6/26/2023 1:09 PM
1067	Zoom. The results have been good.	6/26/2023 1:09 PM
1068	Occasional - Zoom	6/26/2023 1:09 PM
1069	none at present	6/26/2023 1:08 PM
1070	Zoom	6/26/2023 1:08 PM
1071	Free version of Doxy.me--not usable (Paid version is adequate). Zoom--not considered sufficiently secure. Microsoft Teams--difficult for some clients to navigate.	6/26/2023 1:08 PM
1072	Doxy	6/26/2023 1:06 PM
1073	Doxyme sometimes glitches and kicks is off	6/26/2023 1:06 PM
1074	ottohealh	6/26/2023 1:06 PM
1075	Zoom	6/26/2023 1:06 PM
1076	Zoom	6/26/2023 1:06 PM
1077	Simple Practice	6/26/2023 1:05 PM
1078	None	6/26/2023 1:05 PM

1079	I use Doxy.me its OK kind of	6/26/2023 1:05 PM
1080	JaneApp has had technical issues in the past but not currently	6/26/2023 1:05 PM
1081	Patients get confused about the Zoom links or they lose them.	6/26/2023 1:04 PM
1082	Doxy was problematic	6/26/2023 1:04 PM
1083	none	6/26/2023 1:04 PM
1084	doxy.me	6/26/2023 1:04 PM
1085	camera and voice audio too much for hotspots or phones to manage	6/26/2023 1:04 PM
1086	Theranest sometimes has technological glitches	6/26/2023 1:04 PM
1087	Doxy.me (free version) has been great for most patients.	6/26/2023 1:04 PM
1088	n/a	6/26/2023 1:03 PM
1089	None	6/26/2023 1:03 PM
1090	Zoom, it occasionally updates without warning and so sometimes I or the client show up slightly late as a result	6/26/2023 1:03 PM
1091	I used Doxy and Psychology Today's "Sessions" platforms. Both can get significant lag, freeze up, or otherwise get disrupted.	6/26/2023 1:03 PM
1092	Microsoft Teams is glitchy	6/26/2023 1:02 PM
1093	Doxy and zoom	6/26/2023 1:02 PM
1094	MS TEAMS, ZOOM. Google Meet is the best in my experience.	6/26/2023 1:02 PM
1095	Zoom, no barriers	6/26/2023 1:01 PM
1096	Simple Practice - unable to share screen at times during sessions	6/26/2023 1:01 PM
1097	Clients' carriers are out of range.	6/26/2023 1:01 PM
1098	Software programs such as VSee don’t always work	6/26/2023 1:00 PM
1099	n/a	6/26/2023 1:00 PM
1100	No issues	6/26/2023 1:00 PM
1101	None	6/26/2023 12:59 PM
1102	N/A	6/26/2023 12:59 PM
1103	None	6/26/2023 12:59 PM
1104	VA Video Connect through the VA for groups	6/26/2023 12:59 PM
1105	Simple Practice	6/26/2023 12:59 PM
1106	Simple practice connection is not consistent	6/26/2023 12:59 PM
1107	Zoom outages	6/26/2023 12:59 PM
1108	none	6/26/2023 12:59 PM
1109	MicrosoftTeams	6/26/2023 12:59 PM
1110	New how to use zoom via my work at UCSF, doxyme has limitations	6/26/2023 12:59 PM
1111	I use Doxy	6/26/2023 12:58 PM
1112	Zoom	6/26/2023 12:58 PM
1113	SimplePractice	6/26/2023 12:58 PM
1114	Doxy	6/26/2023 12:57 PM
1115	None	6/26/2023 12:57 PM

1116	None	6/26/2023 12:57 PM
1117	Zoom, Doxy.me and therapy notes	6/26/2023 12:56 PM
1118	None	6/26/2023 12:56 PM
1119	Doxy used to be more problematic but it has gotten better. Some of my patients prefer Zoom b/c they are more familiar so I have a HIPAA compliant zoom account.	6/26/2023 12:56 PM
1120	Preference to use phone because using old phone with limited access to video platforms.	6/26/2023 12:56 PM
1121	Zoom log-in process	6/26/2023 12:56 PM
1122	zoom has had occasional problems	6/26/2023 12:56 PM
1123	Zoom	6/26/2023 12:55 PM
1124	None	6/26/2023 12:55 PM
1125	n/a	6/26/2023 12:55 PM
1126	Zoom, sessions	6/26/2023 12:55 PM
1127	None	6/26/2023 12:55 PM
1128	Simple Practice, Zoom, DoxyMe	6/26/2023 12:55 PM
1129	None	6/26/2023 12:55 PM
1130	Zoom is the most reliable platform; other platforms (i.e., Google Meet, Webex, Teams) are not always user friendly (per Ct.) and often take up for RAM or bandwidth than the Ct has	6/26/2023 12:55 PM
1131	IntakeQ	6/26/2023 12:54 PM
1132	Spotty performance with Theranest telehealth offering; client issues with WebEx	6/26/2023 12:54 PM
1133	none	6/26/2023 12:54 PM
1134	none	6/26/2023 12:54 PM
1135	Simple	6/26/2023 12:54 PM
1136	None	6/26/2023 12:53 PM
1137	Simple practice app platform can be glitchy, hard to find HIPPA compliant platforms	6/26/2023 12:53 PM
1138	Doxy, Zoom - Zoom has been best, but expensive	6/26/2023 12:53 PM
1139	Doxy.me	6/26/2023 12:53 PM
1140	Google Meet	6/26/2023 12:53 PM
1141	teams	6/26/2023 12:52 PM
1142	Simple practice	6/26/2023 12:52 PM
1143	Doxy is poor quality	6/26/2023 12:52 PM
1144	Doxy.me platform- no barriers encountered	6/26/2023 12:52 PM
1145	We use VVC, which is down at times.	6/26/2023 12:52 PM
1146	Zoom	6/26/2023 12:51 PM
1147	Zoom, secondary is Doxy and Facetime	6/26/2023 12:51 PM
1148	none	6/26/2023 12:51 PM
1149	none	6/26/2023 12:51 PM
1150	None	6/26/2023 12:51 PM
1151	Simple Practice, the video can be murky	6/26/2023 12:51 PM
1152	I use doxy or psychology today	6/26/2023 12:51 PM

1153	Most hippa compliant platforms are not as interactive as zoom. Zoom hippacompliant platform is expensive	6/26/2023 12:51 PM
1154	Zoom, TherapyNotes	6/26/2023 12:50 PM
1155	Clocktree.com	6/26/2023 12:50 PM
1156	No barriers	6/26/2023 12:50 PM
1157	Therapy Notes, doxy	6/26/2023 12:50 PM
1158	none	6/26/2023 12:50 PM
1159	i use doxy and is good	6/26/2023 12:50 PM
1160	Vsee not easily accessible, zoom and google meets easy	6/26/2023 12:50 PM
1161	Zoom	6/26/2023 12:50 PM
1162	None; just making sure choose one that is HIPAA compliant	6/26/2023 12:49 PM
1163	doxy, Valant	6/26/2023 12:49 PM
1164	i like zoom	6/26/2023 12:49 PM
1165	Zoom, Sessions…nothing's perfect	6/26/2023 12:49 PM
1166	Zoom for Professionals	6/26/2023 12:49 PM
1167	None	6/26/2023 12:49 PM
1168	Simple practice has gotten better but had some issues initially.	6/26/2023 12:48 PM
1169	MEND, Zoom	6/26/2023 12:48 PM
1170	Simple practice (telehealth and EHR software) is often problematic and shuts down unexpectedly during sessions at times.	6/26/2023 12:48 PM
1171	SimplePractice has occasional glitches	6/26/2023 12:48 PM
1172	none	6/26/2023 12:48 PM
1173	zoom	6/26/2023 12:48 PM
1174	none	6/26/2023 12:48 PM
1175	Simple Practice	6/26/2023 12:47 PM
1176	Zoom	6/26/2023 12:47 PM
1177	Zoom, face time, phone calls	6/26/2023 12:47 PM
1178	None that I have used	6/26/2023 12:47 PM
1179	nA	6/26/2023 12:47 PM
1180	Doxy	6/26/2023 12:47 PM
1181	GoogleMeet	6/26/2023 12:47 PM
1182	Updated on software	6/26/2023 12:47 PM
1183	None	6/26/2023 12:47 PM
1184	No	6/26/2023 12:47 PM
1185	Zoom and Simple Practice. Sometimes the video and audio breaks up.	6/26/2023 12:46 PM
1186	Simple practice	6/26/2023 12:46 PM
1187	easy	6/26/2023 12:46 PM
1188	None	6/26/2023 12:46 PM
1189	Some patients cannot get Zoom set up on their own	6/26/2023 12:46 PM

1190	Previously used VSee which became unreliable. Business contract with Google allows Google Meet with no problems.	6/26/2023 12:46 PM
1191	I use Google Meet, sometimes people will have access issues	6/26/2023 12:45 PM
1192	Occasional difficulties with HIPPA Zoom platform.	6/26/2023 12:45 PM
1193	Dixie. Me	6/26/2023 12:45 PM
1194	None	6/26/2023 12:45 PM
1195	none	6/26/2023 12:45 PM
1196	OK	6/26/2023 12:45 PM
1197	N/A	6/26/2023 12:45 PM
1198	Zoom for older adults otherwise none	6/26/2023 12:44 PM
#	**HARDWARE/COMPUTER SUPPORT (COMPUTER SPECIFICATIONS, ACCESS TO CAMERAS OR AUDIO EQUIPMENT, ETC.)**	**DATE**
1	None	7/24/2023 7:58 AM
2	no barrier	7/23/2023 9:25 PM
3	access to camera sometimes	7/23/2023 7:40 PM
4	camera and audio quality need to be improved	7/23/2023 12:50 PM
5	I had to buy a webcam, light and special chair and table to be comfortable	7/22/2023 10:25 PM
6	For patients: access to camera, “camera isn’t working”, picture freezing/lagging and/or audio, if using their phones meeting will freeze if they get a call/can hear if they get a notification if phone is not silenced, access to headphones if needed to ensure confidentiality, Bluetooth headphones disconnecting when processing	7/22/2023 11:14 AM
7	Most devices have a camera, so this has not been a large issue.	7/22/2023 9:54 AM
8	Clients sometimes holding smartphone entire session	7/22/2023 6:53 AM
9	Cell phone or computer with speaker and camera	7/21/2023 3:25 PM
10	as a practicum student, I didn't have funds to access high quality equipment	7/21/2023 1:48 PM
11	Na	7/21/2023 7:00 AM
12	Clt access to fast internet speed or cameras	7/21/2023 6:54 AM
13	Computer and ipad/tablets tend to work best. On the phones people call and then the video and/or audio connection goes out	7/20/2023 4:03 PM
14	Poor quality webcam can be not ideal	7/20/2023 3:24 PM
15	None	7/20/2023 11:29 AM
16	Audio	7/20/2023 9:21 AM
17	Laptop, Camera, head set	7/20/2023 9:09 AM
18	None	7/19/2023 9:35 PM
19	Patient access to telehealth platform via epic	7/19/2023 3:52 PM
20	None	7/19/2023 3:36 PM
21	None, Most people have access to federally funded Phones or Private phone sources or school Ipads.	7/19/2023 3:23 PM
22	none	7/19/2023 2:13 PM
23	older computer or phone with less adequate camera	7/19/2023 9:28 AM
24	Sometimes the audio on my Zoom does not work. There doesn't seem to be a microphone issue and Teams video call works while Zoom does not. This issue occurs randomnly even	7/19/2023 9:19 AM

	when the everything is up to date.	
25	If I am traveling or at home, I may not have my laptop. Yesterday I noticed some odd issue with my laptop camera...	7/19/2023 8:57 AM
26	Very rare.	7/19/2023 2:49 AM
27	None	7/18/2023 10:40 PM
28	access to cameras	7/18/2023 10:37 PM
29	None	7/18/2023 9:59 PM
30	Hp laptop computer, extra camera	7/18/2023 9:07 PM
31	no issues	7/18/2023 6:26 PM
32	Problematic in some cases.	7/18/2023 4:29 PM
33	Connectivity Issues	7/18/2023 1:34 PM
34	None	7/18/2023 1:17 PM
35	audio not working at times	7/18/2023 12:27 PM
36	sometimes camera(s) do not work NOT due to provider's equipment	7/18/2023 11:26 AM
37	I recently had to upgrade my 9 yo computer to a current one, cost $2400	7/18/2023 11:06 AM
38	Mac book air	7/18/2023 10:47 AM
39	This can happen also, but it's quire rare and typically clients are understanding.	7/18/2023 10:22 AM
40	There have been audio problems	7/18/2023 10:07 AM
41	Windows machines will update and take apart my zoom configurations. I find that zoom actually works most reliably through an iPad app.	7/18/2023 10:06 AM
42	none	7/18/2023 9:51 AM
43	N/A	7/18/2023 9:37 AM
44	Not all clients have a computer	7/18/2023 9:07 AM
45	access to visual/audio equipment	7/18/2023 9:05 AM
46	education for clients for utilizing phone cameras	7/18/2023 8:51 AM
47	Chromebook - access to audio, camera - built in	7/18/2023 8:41 AM
48	N/A	7/18/2023 7:57 AM
49	Computer, microphone, video camera, phone	7/18/2023 7:49 AM
50	None	7/18/2023 7:48 AM
51	no access to a wifi or data-enabled device	7/18/2023 7:45 AM
52	access to phone/Facetime or Zoom	7/18/2023 7:30 AM
53	Audio and video problems with no IT support	7/18/2023 7:07 AM
54	none	7/18/2023 7:02 AM
55	Sometimes it takes a couple of minutes to get the audio working	7/18/2023 6:12 AM
56	Client use of headsets and speakers causes occasional lost time	7/18/2023 5:41 AM
57	Very occasional	7/18/2023 3:39 AM
58	no laptop, only phone access to video calls	7/17/2023 11:45 PM
59	Access to computers or smart phones for patients	7/17/2023 11:11 PM
60	None	7/17/2023 10:39 PM

61	No camera on a computer is rarely an issue	7/17/2023 10:24 PM
62	Speaker / microphone quality	7/17/2023 9:50 PM
63	Tech Savviness for clients	7/17/2023 8:50 PM
64	MacBookPro M1; iPhone 12 attached to top of screen to enlarge my image on the Zoom platform.	7/17/2023 8:49 PM
65	None	7/17/2023 8:30 PM
66	Just have phones	7/17/2023 8:21 PM
67	N/a	7/17/2023 8:09 PM
68	On patient’s side	7/17/2023 7:54 PM
69	Good	7/17/2023 7:54 PM
70	None	7/17/2023 7:41 PM
71	Computer specifications for using telehealth platforms, hardware (microphone, camera) not working	7/17/2023 7:31 PM
72	none	7/17/2023 7:30 PM
73	Poor audio quality due to lack of speakers, poor lighting	7/17/2023 7:07 PM
74	Units at my hospital do not have any computer equipment and must check it out from the program office	7/17/2023 6:58 PM
75	Very rare audio problems	7/17/2023 6:53 PM
76	Everythibg has been working okay	7/17/2023 6:32 PM
77	none	7/17/2023 6:05 PM
78	MACBOOK PRO	7/17/2023 5:41 PM
79	Hard to get forms when client using their phone instead of a computer	7/17/2023 5:31 PM
80	older adults not feeling competent to meet online or to learn how	7/17/2023 5:26 PM
81	n/a	7/17/2023 5:12 PM
82	Patients' batteries dying mid-session	7/17/2023 5:00 PM
83	clients had difficulty using their devices	7/17/2023 4:58 PM
84	NA	7/17/2023 4:23 PM
85	None	7/17/2023 4:12 PM
86	Monitor does not have camera	7/17/2023 4:03 PM
87	None	7/17/2023 4:03 PM
88	Client's minimal access to computer	7/17/2023 4:01 PM
89	None	7/17/2023 3:43 PM
90	also confusing	7/17/2023 3:06 PM
91	none	7/17/2023 2:58 PM
92	None	7/17/2023 2:54 PM
93	macbook program	7/17/2023 2:48 PM
94	Our providers have sometimes had problems with their home computers handling VPN connections to our VA hospital network (needed for accessing the medical record system). These would be solved by them getting VA-issued laptops but these are in limited supply for staff and not available to trainees.	7/17/2023 2:48 PM
95	very seldom, only with some clients living in poverty	7/17/2023 2:39 PM

96	I have had AT&T internet interruptions at times	7/17/2023 2:28 PM
97	Updated	7/17/2023 2:24 PM
98	Some devices are more reliable than others (e.g. iphones are notorious for losing audio)	7/17/2023 2:21 PM
99	sometime problems with audio but then use Iphone and that works	7/17/2023 2:15 PM
100	na	7/17/2023 2:14 PM
101	not everyone is technologicaly proficient	7/17/2023 2:12 PM
102	I use an Apple iMac and have had no problems with camera or audio.	7/17/2023 2:12 PM
103	none	7/17/2023 2:01 PM
104	Client access to internet, camera, app, etc.	7/17/2023 1:58 PM
105	inability to access camera/microphone on platform	7/17/2023 1:57 PM
106	I have had some difficulty with client's access to tech options or support that address barriers.	7/17/2023 1:53 PM
107	none	7/17/2023 1:49 PM
108	occasionally issues w audio (speaker, microphone)	7/17/2023 1:49 PM
109	Patients sometimes I have limited access to computers. Teletherapy conducted via smart phone I find less effective.	7/17/2023 1:46 PM
110	Computer mic not sensitive enuf if I turn my head to side	7/17/2023 1:43 PM
111	n/a	7/17/2023 1:41 PM
112	none	7/17/2023 1:29 PM
113	No issues	7/17/2023 1:29 PM
114	Monitor, headset, camera and audio equipment	7/17/2023 1:24 PM
115	None	7/17/2023 1:22 PM
116	Camera and audio equipment issues for patients.	7/17/2023 1:12 PM
117	Don’t remember	7/17/2023 1:11 PM
118	Not for me	7/17/2023 1:09 PM
119	None	7/17/2023 1:07 PM
120	My office has had only 20% of the internet speed that the Cable Co. said they were providing and I had to buy a new computer to properly use Zoom	7/17/2023 1:00 PM
121	N/A	7/17/2023 12:55 PM
122	I am a MacBook Pro user and work with the built in speaker, mic, and camera.	7/17/2023 12:50 PM
123	This is probably the most problematic.	7/17/2023 12:47 PM
124	no problems for me or the clients	7/17/2023 12:45 PM
125	When someone isn’t at home	7/17/2023 12:44 PM
126	Mac	7/17/2023 12:40 PM
127	Some laptop/desktops not as compatible with certain software. But this may be my own lack of technical knowledge	7/17/2023 12:33 PM
128	Must own a higher ram computer	7/17/2023 12:32 PM
129	None	7/17/2023 12:32 PM
130	access	7/17/2023 12:31 PM
131	MacBook Air	7/17/2023 12:29 PM

132	Occasionally unable to access camera.	7/17/2023 12:28 PM
133	None	7/17/2023 12:26 PM
134	Hardware and computer support	7/17/2023 12:20 PM
135	some individuals do not have a camera on their devices or have access to a smart phone or computer/laptop/tablet	7/17/2023 12:16 PM
136	This had been a problem in the beginning but not now	7/17/2023 12:07 PM
137	IT support	7/17/2023 12:06 PM
138	N/a	7/17/2023 12:04 PM
139	microphone issues	7/17/2023 12:01 PM
140	No problem	7/17/2023 12:00 PM
141	Yes	7/17/2023 12:00 PM
142	Cameras not functioning on clients' computers	7/17/2023 11:59 AM
143	I have upgraded my computers and use an external webcam and microphone to improve quality	7/17/2023 11:57 AM
144	cameras and audio struggles	7/17/2023 11:54 AM
145	Access to video for clients	7/17/2023 11:46 AM
146	Client's lack of access to hardware	7/17/2023 11:41 AM
147	Access to camera and computer	7/17/2023 11:41 AM
148	Some clients lack access	7/17/2023 11:40 AM
149	Patients often don't have devices or have technical issues	7/17/2023 11:35 AM
150	Issues with turning on cameras/allowing access to cameras during telehealth sessions.	7/17/2023 11:34 AM
151	HP, Apple and Dell all equipped with camera and audio	7/17/2023 11:34 AM
152	occasional technical issues but minimal	7/17/2023 11:30 AM
153	older patients often not tech savvy can be a problem, younger people not so much	7/17/2023 11:30 AM
154	No issues.	7/17/2023 11:29 AM
155	microphone and video camera issues	7/17/2023 11:28 AM
156	None	7/17/2023 11:27 AM
157	none	7/17/2023 11:22 AM
158	camera, audio, etc	7/17/2023 11:19 AM
159	devices	7/17/2023 11:19 AM
160	N/A	7/17/2023 11:18 AM
161	iMac desktop and laptop w/ audio/visual capabilities	7/17/2023 11:17 AM
162	None	7/17/2023 11:17 AM
163	Technical knowledge of how to troubleshoot camera/audio/share features	7/17/2023 11:12 AM
164	I see a lot of people struggle with figuring out their airpods (sometimes important for privacy); they frequently can't get them to pair or unpair	7/17/2023 11:12 AM
165	Client access to computer or good internet	7/17/2023 11:09 AM
166	I use Apple products and find them easiest. I have not done telehealth in CA	7/17/2023 11:07 AM
167	none	7/17/2023 11:03 AM
168	Laptop	7/17/2023 11:00 AM

169	Forensic evaluations at lawyer's offices often limited	7/17/2023 10:56 AM
170	one	7/17/2023 10:55 AM
171	Have the hardware for this	7/17/2023 10:55 AM
172	I see an older population who at times have difficulty with the technology.	7/17/2023 10:55 AM
173	None	7/17/2023 10:54 AM
174	None	7/17/2023 10:53 AM
175	n/a	7/17/2023 10:53 AM
176	None	7/17/2023 10:50 AM
177	None	7/17/2023 10:49 AM
178	No	7/17/2023 10:48 AM
179	No barriers	7/17/2023 10:48 AM
180	Dell laptop w/video	7/17/2023 10:47 AM
181	nebrown	7/17/2023 10:47 AM
182	None	7/17/2023 10:45 AM
183	Computer, though hardware is not an issue	7/17/2023 10:45 AM
184	I have expensive CPU that does not always deliver quality audio regardless of platform	7/17/2023 10:45 AM
185	None	7/17/2023 10:44 AM
186	Webcam mounted	7/17/2023 10:43 AM
187	none	7/17/2023 10:42 AM
188	Don't have computer that would work with this (both myself and clts)	7/17/2023 10:42 AM
189	no problem	7/17/2023 10:42 AM
190	Access to cameras	7/17/2023 10:40 AM
191	Problems with audio for myself and clients	7/17/2023 10:40 AM
192	Some clients don’t have access to high end equipment	7/17/2023 10:40 AM
193	Sometimes microphones will mute the other person when I make any sound, which then makes it impossible to hear the person if there is background noise	7/17/2023 10:39 AM
194	none	7/17/2023 10:39 AM
195	Patients only have mobile phones, so challenging to share screen	7/17/2023 10:38 AM
196	After switching to telehealth during the pandemic, my tablet/laptop I used couldn't support the amount of video calls and stopped working so I had to buy a new laptop.	7/17/2023 10:38 AM
197	No	7/17/2023 10:38 AM
198	n/a	7/17/2023 10:37 AM
199	client access	7/17/2023 10:37 AM
200	Video and audio quality	7/17/2023 10:36 AM
201	not an issue	7/17/2023 10:36 AM
202	None	7/17/2023 10:36 AM
203	No main problems, just sometimes people sometimes don't realize their camera is blocked.	7/17/2023 10:36 AM
204	not applicable	7/17/2023 10:36 AM
205	I could use a new computer, my macbook is aging out	7/17/2023 10:36 AM

206	None	7/17/2023 10:35 AM
207	Lack of access to camera, lack of access to support for connection issues	7/17/2023 10:35 AM
208	Client access to hardward	7/17/2023 10:35 AM
209	Cameras	7/17/2023 10:33 AM
210	None.	7/17/2023 10:33 AM
211	heatherbucy	7/17/2023 10:32 AM
212	N/A	7/17/2023 10:32 AM
213	bandwidth issues 5% of the time	7/17/2023 10:32 AM
214	n/a	7/17/2023 10:32 AM
215	Not all patients have access to necessary equipment	7/17/2023 10:32 AM
216	Many low income cts do not have access to computer. Only cell phone.	7/17/2023 10:32 AM
217	difficulty operating hardware, difficulty connecting to video telehealth	7/17/2023 10:31 AM
218	Computer not registering built-in camera and needing to restart often, both for practitioner and patients	7/17/2023 10:31 AM
219	No issues	7/17/2023 10:30 AM
220	Sometimes client's audio/video connections not clear	7/17/2023 10:29 AM
221	none	7/17/2023 10:29 AM
222	UX	7/17/2023 10:29 AM
223	Laptop, desktop	7/17/2023 10:29 AM
224	No barriers	7/17/2023 9:45 AM
225	None	7/17/2023 7:09 AM
226	None	7/16/2023 11:58 AM
227	None	7/15/2023 6:57 PM
228	None	7/15/2023 8:58 AM
229	None	7/14/2023 10:00 PM
230	n/a	7/14/2023 7:20 PM
231	Occasional. Would be great to have access to support dedicated to HIPAA - tech issues and fixes, mbe including occasional short online course and/or updates on changes to provide improved communicating via tech	7/14/2023 2:29 PM
232	Clients with outdated tech	7/14/2023 1:21 PM
233	None	7/14/2023 8:50 AM
234	Bought new computer screen with built in camera	7/13/2023 7:18 PM
235	Patients lacking charged headphones	7/13/2023 6:55 PM
236	NONE	7/13/2023 1:33 PM
237	Expensive equipment	7/13/2023 12:08 PM
238	Camera, microphone	7/13/2023 11:55 AM
239	no issues	7/13/2023 8:58 AM
240	none	7/13/2023 7:15 AM
241	this has not been a barrier	7/12/2023 10:44 PM

242	No issues	7/12/2023 3:25 PM
243	on my end, no issue; had to purchase additional lights. consumer end, lack of knowledge on how to use technology or poor connection on their end	7/12/2023 2:47 PM
244	No problem on my end. Some patients who are not tech savvy may have issues.	7/12/2023 1:43 PM
245	Inmates don't have access to a camera, Mic, and a screen	7/12/2023 1:04 PM
246	None	7/12/2023 12:44 PM
247	Occasional computer updates or software updates when logging on for session	7/12/2023 11:33 AM
248	Patients have had microphone difficulties. Not all mics pic up well, and for some, the use of a headset was a necessity for privacy.	7/12/2023 11:00 AM
249	n/a	7/12/2023 10:49 AM
250	None	7/12/2023 10:43 AM
251	None	7/12/2023 10:43 AM
252	Tech problems with camera and/or lagging	7/12/2023 10:36 AM
253	You need to upgrade if you do a lot of work	7/12/2023 10:14 AM
254	some pts do not know how to use their hardware	7/12/2023 10:07 AM
255	None	7/12/2023 9:30 AM
256	Outdated laptop sometimes does not work	7/11/2023 11:37 PM
257	Quality, battery	7/11/2023 11:19 PM
258	Clients using their cell phones which gets overheated or has unreliable connections	7/11/2023 7:36 PM
259	Clients use phones with poor connection	7/11/2023 7:27 PM
260	Yes!! Sometimes zoom misses music and intonations	7/11/2023 5:54 PM
261	Performance limitations: Outdated computers may lack sufficient processing power, memory, or graphics capabilities required to run resource-intensive telehealth applications smoothly. This can result in slow performance, lagging video/audio, or freezing during telehealth sessions, which can disrupt communication and diminish the quality of care.	7/11/2023 5:17 PM
262	iMac	7/11/2023 3:04 PM
263	N/A	7/11/2023 2:39 PM
264	Sometimes people have difficulty understanding their own computer equipment or how to get the cameras and microphones to work. Sometimes we have done split work where we will use the video to see one another but use a cell phone to hear one another.	7/11/2023 1:24 PM
265	Practice with whatever platform is required	7/11/2023 1:02 PM
266	cameras and audio not working	7/11/2023 12:56 PM
267	None	7/11/2023 12:44 PM
268	NA	7/11/2023 12:19 PM
269	clients with computer access problems	7/11/2023 11:45 AM
270	Issue for patients	7/11/2023 11:39 AM
271	N/A	7/11/2023 10:46 AM
272	N/A	7/11/2023 10:35 AM
273	No problems	7/11/2023 10:33 AM
274	Not usually a barrier	7/11/2023 9:31 AM
275	Parents driving to fast food restaurant to access wifi and want to do therapy in a car.	7/11/2023 9:26 AM

276	Lighting	7/11/2023 9:05 AM
277	audio equipment	7/11/2023 8:53 AM
278	this is a problem for some clients whose computer is broke or no camera	7/11/2023 8:48 AM
279	not an issue	7/11/2023 8:44 AM
280	I use a current model Apple MacBook Pro, so no problems.	7/11/2023 8:42 AM
281	Audio connection	7/11/2023 7:43 AM
282	Occasionally	7/11/2023 7:36 AM
283	Chrome	7/11/2023 7:17 AM
284	Sometimes there are glitches	7/11/2023 7:06 AM
285	mac computer	7/11/2023 7:02 AM
286	some of our families with less money cannot afford alot	7/11/2023 5:53 AM
287	No	7/11/2023 5:48 AM
288	I use IMac, MacBook Air. Clients may be using phone, tablet or PC.	7/11/2023 5:27 AM
289	Cameras, audio, computers are expensive	7/11/2023 5:01 AM
290	None	7/11/2023 4:11 AM
291	Audio equipment	7/11/2023 3:39 AM
292	Na	7/10/2023 11:48 PM
293	No issues	7/10/2023 11:43 PM
294	no	7/10/2023 11:42 PM
295	Sometimes problems with computer.	7/10/2023 11:35 PM
296	Windows 11	7/10/2023 11:18 PM
297	Obama phones do not have video capability or internet data options	7/10/2023 11:09 PM
298	Occasionally a client has computer issues	7/10/2023 10:58 PM
299	I don’t have computer support/ on my own.	7/10/2023 10:13 PM
300	None	7/10/2023 9:55 PM
301	I conduct PCIT virtually, and it works very well on telehealth with more access to both parents and benefits of being in their home for treatment with a 2-way mirror (aka computer screen)	7/10/2023 9:37 PM
302	need for upgraded computer	7/10/2023 9:34 PM
303	n/a	7/10/2023 9:24 PM
304	No issues	7/10/2023 8:46 PM
305	N/A	7/10/2023 8:42 PM
306	None	7/10/2023 8:37 PM
307	No issues	7/10/2023 8:36 PM
308	?	7/10/2023 8:22 PM
309	None	7/10/2023 7:46 PM
310	None	7/10/2023 7:38 PM
311	Hardware issues	7/10/2023 7:34 PM
312	Purchased a cam to attach to my lap top	7/10/2023 7:31 PM
313	N/A	7/10/2023 7:29 PM

314	Old hardware	7/10/2023 7:26 PM
315	Hospital equipment is not great, so I mainly use my own devices for telehealth.	7/10/2023 7:21 PM
316	Rarely	7/10/2023 7:20 PM
317	MacBook and lighting	7/10/2023 7:10 PM
318	None	7/10/2023 7:06 PM
319	N/A	7/10/2023 6:55 PM
320	Computer glitches, sometimes the audio or video don't work...	7/10/2023 6:52 PM
321	VA provides these	7/10/2023 6:40 PM
322	None	7/10/2023 6:26 PM
323	No problem	7/10/2023 6:26 PM
324	Access to a computer or tablet; access to a 'smart phone'	7/10/2023 6:09 PM
325	no issues	7/10/2023 6:06 PM
326	Issues for some clients	7/10/2023 5:51 PM
327	Macbook	7/10/2023 5:38 PM
328	Access to camera, access to wifi or data services	7/10/2023 5:37 PM
329	Apple Mac Book Pro 2015	7/10/2023 5:34 PM
330	occasionally need to re-start to get external camera to work	7/10/2023 5:22 PM
331	none	7/10/2023 5:00 PM
332	Costs of VPN, security software	7/10/2023 4:59 PM
333	None	7/10/2023 4:33 PM
334	computers with cameras	7/10/2023 4:30 PM
335	N/A	7/10/2023 4:29 PM
336	None	7/10/2023 4:25 PM
337	Access to Internet	7/10/2023 3:58 PM
338	none	7/10/2023 3:57 PM
339	This sometimes can be a challenge, typically on my patient's end	7/10/2023 3:42 PM
340	camera and audio	7/10/2023 3:39 PM
341	Camera and audio	7/10/2023 3:39 PM
342	Zoom on Mac is awesome!	7/10/2023 3:38 PM
343	Occasional glitches which require workarounds	7/10/2023 3:31 PM
344	Client access to working camera, microphone, etc.	7/10/2023 2:59 PM
345	The need to transport equipment to my office - especially since I work in 2 different locations.	7/10/2023 2:58 PM
346	Mac	7/10/2023 2:53 PM
347	Clients’ limited access	7/10/2023 2:49 PM
348	None	7/10/2023 2:38 PM
349	Required new lighting to be seen on video	7/10/2023 2:38 PM
350	client's access to camera, sound etc. on their computer. Causes delays	7/10/2023 2:26 PM
351	No barriers	7/10/2023 2:22 PM

352	2018 macbook Air, ACER document camera	7/10/2023 2:11 PM
353	Sometimes camera is not working so e switch to telephone	7/10/2023 1:47 PM
354	no	7/10/2023 1:42 PM
355	Mac Air	7/10/2023 1:33 PM
356	for patients	7/10/2023 1:26 PM
357	Understanding how software works is sometimes harder for older patients.	7/10/2023 1:24 PM
358	NA	7/10/2023 1:20 PM
359	audio, difficulty hearing some clients.	7/10/2023 1:14 PM
360	Client device problems	7/10/2023 1:12 PM
361	None	7/10/2023 1:07 PM
362	families often use a phone, it is difficult for me to see/hear interactions between participants or for them to see documents I share on the screen.	7/10/2023 1:04 PM
363	getting all the equiptment you need	7/10/2023 1:02 PM
364	Lack of laptop clients	7/10/2023 12:49 PM
365	HIPPA compliant software access	7/10/2023 12:45 PM
366	Patients are not computer literate, don’t feel comfortable using it	7/10/2023 12:43 PM
367	n/a	7/10/2023 12:38 PM
368	None	7/10/2023 12:34 PM
369	Lack of access to video camera or laptop	7/10/2023 12:31 PM
370	access to cameras	7/10/2023 12:29 PM
371	No problem.	7/10/2023 12:28 PM
372	Limited or no access to hardware or support	7/10/2023 12:28 PM
373	Access to cameras	7/10/2023 12:26 PM
374	Doxy works best on chrome for me but that may be different for patients.	7/10/2023 12:18 PM
375	I haven't had any major issues with my own hardware or computer support, but some of my clients have (e.g., they couldn't get their camera to work, couldn't get audio to work reliably)	7/10/2023 12:17 PM
376	None	7/10/2023 12:14 PM
377	Not a problem	7/10/2023 12:12 PM
378	no	7/10/2023 12:11 PM
379	Not a problem	7/10/2023 12:09 PM
380	None	7/10/2023 12:00 PM
381	clients using equipment that isn't well-suited	7/10/2023 12:00 PM
382	clients remembering to give a platform access to their mic/video	7/10/2023 12:00 PM
383	none	7/10/2023 11:58 AM
384	none	7/10/2023 11:58 AM
385	Old outdated equipment may be a barriers, but internet speed/Broadband access is by far the primary issue	7/10/2023 11:57 AM
386	Conflicts of using Teams and compatibility with camera and mic on desktop.	7/10/2023 11:53 AM
387	No issues	7/10/2023 11:51 AM
388	needed to get a monitor with camara	7/10/2023 11:46 AM

389	None	7/10/2023 11:42 AM
390	Yes, technical difficulties	7/10/2023 11:40 AM
391	Patient access to cameras	7/10/2023 11:31 AM
392	none	7/10/2023 11:30 AM
393	clients using phone with low battery or low signal	7/10/2023 11:29 AM
394	Technical computer issues.	7/10/2023 11:28 AM
395	Samsung Galaxy Book Pro	7/10/2023 11:28 AM
396	occasional computer memory difficulty	7/10/2023 11:23 AM
397	None	7/10/2023 11:22 AM
398	yes, all	7/10/2023 11:22 AM
399	camera	7/10/2023 11:21 AM
400	Patients using their phones, not sitting still, being in a car.	7/10/2023 11:18 AM
401	none	7/10/2023 11:18 AM
402	Acess to camera	7/10/2023 11:18 AM
403	No hardware barriers to provide quality tele-health psychotherapy	7/10/2023 11:17 AM
404	No problems noted.	7/10/2023 11:17 AM
405	MacBook Pro	7/10/2023 11:16 AM
406	In laptop	7/10/2023 11:13 AM
407	Access to all latest equipment. All work fine	7/10/2023 11:13 AM
408	Families have difficulty with camera/audio	7/10/2023 11:09 AM
409	none	7/10/2023 11:08 AM
410	Occasionally lack of camera device, necessitating a change to telephone	7/10/2023 11:06 AM
411	Computer access in general	7/10/2023 11:02 AM
412	Too small of a visual space (like on cell phones) can hinder interventions like EMDR	7/10/2023 11:02 AM
413	no problems	7/10/2023 11:02 AM
414	None	7/10/2023 11:01 AM
415	Yes	7/10/2023 10:59 AM
416	Clients not updating software	7/10/2023 10:57 AM
417	We are using Apple products and they have been working well for us.	7/10/2023 10:57 AM
418	Sometimes the consumer doesn't have a camera. I think that is poor care to give.	7/10/2023 10:54 AM
419	Access to cameras and audio	7/10/2023 10:53 AM
420	Clients have no hardware access or knowledge of how to use the hardware/software.	7/10/2023 10:53 AM
421	Has not been a problem. People can use cell phones.	7/10/2023 10:52 AM
422	None	7/10/2023 10:52 AM
423	none	7/10/2023 10:50 AM
424	laptop with camera and audio	7/10/2023 10:49 AM
425	None	7/10/2023 10:48 AM
426	Some clients do not have access to computers and/or confidential space to have telehealth	7/10/2023 10:44 AM

	sesisons.	
427	Phone vs. iPad vs Laptop	7/10/2023 10:42 AM
428	none	7/10/2023 10:39 AM
429	Clients relying on phones not computer screens	7/10/2023 10:39 AM
430	None	7/10/2023 10:38 AM
431	None	7/10/2023 10:37 AM
432	0	7/10/2023 10:36 AM
433	N/a	7/10/2023 10:35 AM
434	Audio and camera	7/10/2023 10:34 AM
435	If computer is not "cleaned" regularly, it becomes slower	7/10/2023 10:33 AM
436	None	7/10/2023 10:30 AM
437	I bought a computer specific for this. I have one client that can't hear me unless I use a headset	7/10/2023 10:29 AM
438	None	7/10/2023 10:28 AM
439	People often struggle with enabling their cameras and microphones	7/10/2023 10:28 AM
440	Timely computer support	7/10/2023 10:26 AM
441	Clients do not have access	7/10/2023 10:25 AM
442	poor video and audio quality	7/10/2023 10:25 AM
443	none	7/10/2023 10:23 AM
444	computer support	7/10/2023 10:22 AM
445	none	7/10/2023 10:22 AM
446	No issues with hardware	7/10/2023 10:22 AM
447	Sometimes, audio and/or video cuts out	7/10/2023 10:22 AM
448	Client's computers or phones have poor quality camera's or bad microphones.	7/10/2023 10:21 AM
449	Lack of headphones	7/10/2023 10:20 AM
450	Office, Microsoft , dropbox	7/10/2023 10:20 AM
451	Computer and camera specs.	7/10/2023 10:20 AM
452	dell & surface	7/10/2023 10:18 AM
453	Y	7/10/2023 10:17 AM
454	Access is not always available.	7/10/2023 10:16 AM
455	Adequate ram to run the camera and telecom software	7/10/2023 10:16 AM
456	At times, hardware can be a barrier.	7/10/2023 10:16 AM
457	Only having access to a phone is difficult vs a computer	7/10/2023 10:15 AM
458	Phone with a camera (this has been less of a barrier for most)	7/10/2023 10:15 AM
459	n/a	7/10/2023 10:15 AM
460	poor audio	7/10/2023 10:15 AM
461	None	7/10/2023 10:12 AM
462	MacBook Pro	7/10/2023 10:11 AM
463	n/a	7/10/2023 10:10 AM

464	Computer equipment has worked fine	7/10/2023 10:09 AM
465	Microphone is sometime becomes inoperative	7/10/2023 10:09 AM
466	n/a	7/10/2023 10:08 AM
467	Many of my clients do not have good cameras on their phones or do not have computers.	7/10/2023 10:07 AM
468	access to camera/laptop	7/10/2023 10:06 AM
469	Audio/camera issues	7/10/2023 10:05 AM
470	Need to upgrade camera	7/10/2023 10:05 AM
471	Occasional difficulty with audio or video input connecting	7/10/2023 10:05 AM
472	N/A	7/10/2023 10:03 AM
473	None	7/10/2023 10:02 AM
474	Need upgraded equipment and support	7/10/2023 10:00 AM
475	Windows notebook	7/10/2023 10:00 AM
476	none	7/10/2023 9:59 AM
477	Access	7/10/2023 9:59 AM
478	None	7/10/2023 9:59 AM
479	Audio problems	7/10/2023 9:59 AM
480	Laptop	7/10/2023 9:57 AM
481	N/A	7/10/2023 9:57 AM
482	none	7/10/2023 9:57 AM
483	Sometimes people don't have computer hardware to accommodate it, or the knowledge of how to use it. They are daunted by the idea of doing it, so they will turn it down.	7/10/2023 9:57 AM
484	No	7/10/2023 9:56 AM
485	Older phones, patient limit to hardware	7/10/2023 9:56 AM
486	Occasional lack of headphones, which makes audio worse quality	7/10/2023 9:56 AM
487	N/A	7/10/2023 9:56 AM
488	Once in a while there is echoing	7/10/2023 9:56 AM
489	none	7/10/2023 9:55 AM
490	no barrier here	7/10/2023 9:55 AM
491	On occasion, client's have cameras that don't work or audio problems. Also, certain web browsers are better than others which can be a barrier.	7/10/2023 9:55 AM
492	inconsistent access to computer, Zoom	7/10/2023 9:54 AM
493	Some clients have flip phones and conversations need to happen over phone	7/10/2023 9:54 AM
494	Not sure how I'd do this without a techie husband to troubleshoot for me.	7/10/2023 9:54 AM
495	None	7/10/2023 9:54 AM
496	N/A	7/10/2023 9:53 AM
497	none	7/10/2023 9:53 AM
498	Access for families	7/10/2023 9:53 AM
499	Clients don’t have access to equipment	7/10/2023 9:53 AM
500	none	7/10/2023 9:53 AM

501	None	7/10/2023 9:53 AM
502	Use a personal laptop with security measures	7/10/2023 9:52 AM
503	Machines getting slow over time	7/10/2023 9:52 AM
504	Phone connection/static over cell phones	7/10/2023 9:52 AM
505	None	7/10/2023 9:52 AM
506	None	7/10/2023 9:51 AM
507	no major px	7/10/2023 9:51 AM
508	Minor issues with audio equipment, but not that impacted sessions to a significant degree	7/10/2023 9:51 AM
509	Some issues with outdated camera	7/10/2023 9:51 AM
510	None	7/10/2023 9:50 AM
511	Na	7/10/2023 9:50 AM
512	External camera, speaker, microphone	7/10/2023 9:50 AM
513	n/a	7/10/2023 9:50 AM
514	None	7/10/2023 8:51 AM
515	Telehealth is as good as my own personal equipment (laptop, camera, microphone), which is not provided by my workplace.	7/9/2023 9:13 PM
516	Dell laptop	7/8/2023 11:14 PM
517	Sometimes with clients but I am usually able to walk them through the process	7/8/2023 3:05 PM
518	Some patients do not have cameras on their computer.	7/7/2023 6:02 PM
519	none	7/6/2023 4:18 PM
520	old hardware	7/6/2023 12:58 PM
521	No significant issues, as many of these things are built into people's laptops/computers now.	7/6/2023 11:19 AM
522	None	7/6/2023 10:55 AM
523	Often the elder patients who come to me have confusion about logging on and failure of equipment	7/6/2023 8:14 AM
524	on patient's side.	7/5/2023 9:27 PM
525	using a smart phone isn't always ideal (not great for screen sharing)	7/5/2023 2:46 PM
526	none	7/5/2023 1:39 PM
527	Reliable high quality cameras,	7/4/2023 2:26 PM
528	none	7/4/2023 1:50 PM
529	Some clients (seniors) are not comfortable talking in front of a computer screen, or accessing an encrypted portal.	7/4/2023 11:47 AM
530	Computer restarting and updating mid session. Client battery dying mid session	7/4/2023 8:16 AM
531	sometimes	7/3/2023 9:01 PM
532	Clients without equipment or enough technological knowledge	7/3/2023 6:36 PM
533	iphone	7/3/2023 11:31 AM
534	Low income clients sometimes do not have a device	7/3/2023 9:15 AM
535	Laptop has been fine	7/3/2023 7:59 AM
536	occasional glitches in audio/video	7/3/2023 7:49 AM
537	Private spaces for patients to participate in Telehealth on their end due to housing access	7/2/2023 7:13 PM

538	Some group formats of Telehealth require too much bandwidth for a 2017 apple macair.	7/2/2023 1:09 PM
539	n/a	7/2/2023 10:49 AM
540	some camera issues, focusing	7/1/2023 8:58 PM
541	None really	7/1/2023 8:10 PM
542	No complaints	7/1/2023 7:01 PM
543	noise cancelling mic/speaker	7/1/2023 6:00 PM
544	none	7/1/2023 5:44 PM
545	Client's caregivers lack knowledge of how to use their devices and programs.	7/1/2023 11:21 AM
546	clients not knowing how to utilize the computer technology they have	7/1/2023 8:16 AM
547	computers not up to date with software (for clients)	6/30/2023 5:16 PM
548	Some clients have poor cameras	6/30/2023 1:05 PM
549	I only do telehealth by video on smart phone or appropriate computer with a camera. I am always on a good computer with a camera.	6/30/2023 12:16 PM
550	some client's have to access from their phones.	6/30/2023 11:21 AM
551	None	6/30/2023 10:11 AM
552	none	6/30/2023 9:45 AM
553	n/a	6/30/2023 9:17 AM
554	Malfunctions of the camara	6/30/2023 7:42 AM
555	Mac Airbook	6/29/2023 4:56 PM
556	no barriers	6/29/2023 4:09 PM
557	difficulty attaining equipment	6/29/2023 3:18 PM
558	no experience here	6/29/2023 3:07 PM
559	Computer issues/glitches (I.e. microphone)	6/29/2023 1:44 PM
560	Bad camera	6/29/2023 1:18 PM
561	n/a	6/29/2023 12:21 PM
562	none	6/29/2023 12:13 PM
563	N/A	6/29/2023 11:18 AM
564	older patients and low income don't always have access to a device that has a camera	6/29/2023 11:07 AM
565	Phone then laptop got notes	6/29/2023 10:22 AM
566	NA	6/29/2023 9:52 AM
567	Not a problem	6/29/2023 9:06 AM
568	Outdated memory / devices lead to slow connections	6/29/2023 8:43 AM
569	I tried using a green screen for background with various images to superimpose on it, but it was easiest to just blur the background.	6/29/2023 1:40 AM
570	sometimes the camera or audio will stop working. Need to reboot	6/28/2023 10:45 PM
571	All clients must have a camera and audio	6/28/2023 9:09 PM
572	None	6/28/2023 8:22 PM
573	Elderly with health issues have landlines and do not want to drive. So doing telephone calls is valuable to them.	6/28/2023 4:51 PM

574	no issues	6/28/2023 4:45 PM
575	For myself it's fine (my laptop and my office or home office) but it's more challenging for clients	6/28/2023 4:31 PM
576	Many clients don't have computers, so they use their phones.	6/28/2023 4:30 PM
577	Mac	6/28/2023 4:13 PM
578	n/a	6/28/2023 4:05 PM
579	none	6/28/2023 3:27 PM
580	N/A	6/28/2023 1:57 PM
581	access to computer/smart phone	6/28/2023 12:14 PM
582	provided through UC Davis	6/28/2023 12:08 PM
583	No barriers observed or experienced.	6/28/2023 11:53 AM
584	Sessions can be disrupted on either end by computer issue or tech skills needed to fix sound etc.	6/28/2023 10:55 AM
585	Echos, insufficient volume, camera not working	6/28/2023 10:45 AM
586	zoom technical difficulties	6/28/2023 10:43 AM
587	Audio	6/28/2023 10:34 AM
588	I have an old ACER that inverted the image. I struggled for awhile with second party apps to restore the image. I found the iPhone camera never fails and then I use the computer screen for closer viewing.	6/28/2023 9:45 AM
589	N/A	6/28/2023 9:44 AM
590	Android, apple, computer, tablet or phone use	6/28/2023 9:36 AM
591	No	6/28/2023 8:58 AM
592	N/A	6/28/2023 8:53 AM
593	Reliable camera and audio	6/28/2023 8:16 AM
594	N/a	6/28/2023 6:34 AM
595	None	6/28/2023 6:15 AM
596	N/A	6/27/2023 10:56 PM
597	No issues, I use a desktop and laptop computer	6/27/2023 10:04 PM
598	Access to camera for low income phones	6/27/2023 9:35 PM
599	Yes, ongoing software problems	6/27/2023 9:25 PM
600	Not an issue	6/27/2023 8:55 PM
601	clients sometimes have trouble sharing their camera or audio	6/27/2023 8:47 PM
602	Clients outdated software, cameras, etc. difficulties operating equipment in the elderly	6/27/2023 8:24 PM
603	None	6/27/2023 8:15 PM
604	Lack of computers for patients	6/27/2023 8:14 PM
605	Some clients only have flip phones, poor video	6/27/2023 7:34 PM
606	none	6/27/2023 6:04 PM
607	occasional issues with equipment	6/27/2023 5:48 PM
608	Some patients are hard of hearing	6/27/2023 5:41 PM
609	No problems	6/27/2023 5:19 PM

610	Headsets	6/27/2023 4:54 PM
611	none	6/27/2023 4:19 PM
612	slower/older computers not so great	6/27/2023 4:08 PM
613	None	6/27/2023 4:01 PM
614	Most clients have access to a camera at least on their phone	6/27/2023 3:12 PM
615	Technical challenges with families working to use cell phones for their sessions.	6/27/2023 3:05 PM
616	Patient access to telehealth devices per their comfort	6/27/2023 2:55 PM
617	n/a	6/27/2023 2:41 PM
618	Remote access to cameras and audio, patient access to computer support	6/27/2023 2:21 PM
619	None	6/27/2023 1:55 PM
620	No major problems	6/27/2023 1:51 PM
621	Patients without webcams	6/27/2023 1:42 PM
622	The technology demands is too overwhelming for some clients	6/27/2023 1:42 PM
623	access to equipment	6/27/2023 1:08 PM
624	None	6/27/2023 1:05 PM
625	Audio equipment is an issue	6/27/2023 12:53 PM
626	none	6/27/2023 12:50 PM
627	yes	6/27/2023 12:45 PM
628	Pts' computers/ laptops are often older or have small monitors, or their cameras are inadequate. I see them at office with newer equipment.	6/27/2023 12:33 PM
629	n/a	6/27/2023 12:30 PM
630	many clients lack quality computer access	6/27/2023 12:17 PM
631	Headsets with microphones improve the experience, not everyone has a computer or necessary accessories	6/27/2023 12:09 PM
632	All easy	6/27/2023 12:00 PM
633	0	6/27/2023 11:59 AM
634	no access to a computer/ camera	6/27/2023 11:52 AM
635	None	6/27/2023 11:50 AM
636	Not so much of a problem	6/27/2023 11:33 AM
637	Most clients use bluetooth headphones during sessions and at times it is difficult for them to get the bluetooth connection to sync up	6/27/2023 11:33 AM
638	Dell XP 8950 with 32GB Ram, Intel UHD Graphics 770, Windows 11, with built-in camera	6/27/2023 11:25 AM
639	IPad	6/27/2023 11:15 AM
640	No	6/27/2023 11:13 AM
641	None	6/27/2023 11:11 AM
642	some older adults have technical difficulties	6/27/2023 10:44 AM
643	no barriers- any issues the Doxy.me will work to correct	6/27/2023 10:44 AM
644	Glitches	6/27/2023 10:37 AM
645	audio/visual connectivity issues; lack of device with access to internet/data	6/27/2023 10:32 AM
646	Access to computer	6/27/2023 10:20 AM

647	Patient awareness of how to use/access these factors	6/27/2023 10:16 AM
648	none	6/27/2023 10:10 AM
649	Sometimes cell phones are not optimal for video sessions. Tablets, laptops, and desktop PC's seem to do better.	6/27/2023 10:07 AM
650	N/A	6/27/2023 10:02 AM
651	Our platform has favored Apple products in the past, and cell phones vs computers. This has been problematic as many pts do not have Apple products	6/27/2023 10:01 AM
652	camera (max 1x/session) and audio echoes (20 min. between)	6/27/2023 10:00 AM
653	None	6/27/2023 9:37 AM
654	Can cause issues	6/27/2023 9:28 AM
655	No laptop or desktop to see screen larger than on a phone	6/27/2023 9:00 AM
656	At times, there is difficulty connecting to a platform	6/27/2023 8:57 AM
657	no problems	6/27/2023 8:44 AM
658	speakers or camera occasionally don't work properly	6/27/2023 8:25 AM
659	No issues	6/27/2023 8:04 AM
660	N/A	6/27/2023 8:04 AM
661	Laptop with camera and audio	6/27/2023 7:53 AM
662	Access to equipment	6/27/2023 7:42 AM
663	using phones which are not sufficient	6/27/2023 7:41 AM
664	Some have had issues with computer, video and audio. Tablets seem to be best.	6/27/2023 7:05 AM
665	Access to reliable hardware for patients experiencing financial hardship; finding a private space for adolescents specifically	6/27/2023 6:45 AM
666	costly to have upgraded computer equipment	6/27/2023 6:29 AM
667	No issues	6/27/2023 5:50 AM
668	n/a	6/27/2023 4:53 AM
669	access to camera for client (broken computer camera)	6/27/2023 4:40 AM
670	Needed to upgrade computer to have a camera.	6/27/2023 3:53 AM
671	None	6/27/2023 1:41 AM
672	None	6/27/2023 1:14 AM
673	None	6/27/2023 12:33 AM
674	No issue	6/27/2023 12:15 AM
675	None	6/26/2023 11:31 PM
676	None	6/26/2023 11:26 PM
677	Some laptops do not have a camera (especially those provided by schools); some kids/families can't afford headphones/earbuds that don't break right away;Children/teens may not have their own phone or computer; people can't figure out how to use zoom on their phones; some people cannot	6/26/2023 11:12 PM
678	Camera and/or audio sometimes malfunctioning.	6/26/2023 11:08 PM
679	I had to purchase my own laptop	6/26/2023 11:08 PM
680	Tech ‘savvyness’ on patient and provider sides	6/26/2023 11:01 PM

681	Video lighting continues to be challenging, given the afternoon light in my office. I've tried a number of solutions.	6/26/2023 10:59 PM
682	Some older clients struggle with the technology	6/26/2023 10:58 PM
683	The camera on my computer stopped working for a time	6/26/2023 10:50 PM
684	For patients at the VA, making sure they have equipment that's easy to use and understand.	6/26/2023 10:45 PM
685	Training the clients to access their camera and audio equipement is sometimes an issue.	6/26/2023 10:16 PM
686	Most of my clients don't have computers, so the clients need to be able to access the platform on their phones.	6/26/2023 10:16 PM
687	Camera	6/26/2023 10:10 PM
688	SOmetimes there is a sound delay and picture delay	6/26/2023 10:03 PM
689	If my computer died my employer wouldn't help.	6/26/2023 9:51 PM
690	none	6/26/2023 9:51 PM
691	None	6/26/2023 9:45 PM
692	Sometimes older people have difficulty keeping their face in the camera. That usually gets fixed after a few tutorials and reminders.	6/26/2023 9:39 PM
693	n/a	6/26/2023 9:38 PM
694	Costs of time and money for hardware, peripherals, maintenance, software, security and customer support	6/26/2023 9:37 PM
695	Access to cameras for video access. Many prefer just phone therapy	6/26/2023 9:27 PM
696	Laptop	6/26/2023 9:14 PM
697	none	6/26/2023 8:56 PM
698	Sometimes experience sound or bisual issues on zoom and not sure what the cause of the problem is or on which end (mine or client's)it is	6/26/2023 8:56 PM
699	do not have hardware or computer support issues	6/26/2023 8:54 PM
700	clients that utilize their phones may have disruptions or those with older pcs	6/26/2023 8:53 PM
701	Some clients do not have access to Wi-Fi or camera.	6/26/2023 8:42 PM
702	Built in my computer	6/26/2023 8:34 PM
703	I work off a MacBook	6/26/2023 8:34 PM
704	N/A	6/26/2023 8:33 PM
705	audio, modem	6/26/2023 8:33 PM
706	Most clients can use phone - is ok	6/26/2023 8:28 PM
707	Camera/audio	6/26/2023 8:23 PM
708	N/A	6/26/2023 8:14 PM
709	Lack of hardware	6/26/2023 8:03 PM
710	No support	6/26/2023 8:01 PM
711	Had to get better audio equipment	6/26/2023 7:59 PM
712	lack of computer, even phone at times	6/26/2023 7:46 PM
713	No barriers	6/26/2023 7:44 PM
714	None	6/26/2023 7:43 PM
715	MacBook Pro	6/26/2023 7:42 PM

716	user error on my part around audio earbud connection to Zoom	6/26/2023 7:32 PM
717	None	6/26/2023 7:19 PM
718	Has been ok	6/26/2023 7:19 PM
719	N/A	6/26/2023 7:12 PM
720	client's slow computer processing	6/26/2023 7:06 PM
721	iPad, wireless keyboard and mouse and headphones	6/26/2023 7:00 PM
722	Patients sometimes have difficulty opening telehealth app	6/26/2023 6:51 PM
723	Patients need extra technical support while learning.	6/26/2023 6:50 PM
724	Client access to these varies and is sometimes a problem	6/26/2023 6:44 PM
725	Needing more than one/two screens, needing secure doc storage space	6/26/2023 6:43 PM
726	No computer or iPhone	6/26/2023 6:39 PM
727	poor sounds	6/26/2023 6:37 PM
728	None	6/26/2023 6:37 PM
729	Lack of familiarity with video calls/using smartphone or comparable device.	6/26/2023 6:36 PM
730	Mac Desktop -- very clear and great audio.	6/26/2023 6:31 PM
731	Some of my medicare patients have extremely antiquated computer equipment that simply is not adequate for the needs of a good teletherapy platform.	6/26/2023 6:30 PM
732	N/A	6/26/2023 6:29 PM
733	Macbook & Monitor	6/26/2023 6:29 PM
734	Access to hardware	6/26/2023 6:27 PM
735	N/A	6/26/2023 6:23 PM
736	Getting help when I am having computer problems	6/26/2023 6:16 PM
737	None	6/26/2023 6:15 PM
738	No problem	6/26/2023 6:09 PM
739	none	6/26/2023 6:09 PM
740	none	6/26/2023 6:08 PM
741	Not all clients have great connections and audio/video quality.	6/26/2023 6:00 PM
742	Core I9 CPU, 1080 GPU 16 mg RAM, 1 TB storage.	6/26/2023 5:59 PM
743	Yes lack of financial resources to obtain computer	6/26/2023 5:57 PM
744	None that I have encountered over the past 3 years.	6/26/2023 5:57 PM
745	Camera on computers are not great and Doxy has a low transmission rate.	6/26/2023 5:56 PM
746	Access to equipment, lack of technical training or assistance by patient	6/26/2023 5:52 PM
747	NONE	6/26/2023 5:38 PM
748	NA	6/26/2023 5:29 PM
749	Computer support	6/26/2023 5:27 PM
750	MacBook Air	6/26/2023 5:27 PM
751	People I have seen often are not able to use the technology, and the devices they have or use are not up to the job.	6/26/2023 5:23 PM
752	access to technology that can access the internet	6/26/2023 5:22 PM

753	Some elderly are not proficient with computers	6/26/2023 5:20 PM
754	None	6/26/2023 5:16 PM
755	None	6/26/2023 5:14 PM
756	Audio issues for the patient	6/26/2023 5:14 PM
757	Occasional technical issues with people's equipment not working	6/26/2023 5:13 PM
758	Possibly a factoe	6/26/2023 5:13 PM
759	Not really	6/26/2023 5:12 PM
760	Dell	6/26/2023 5:11 PM
761	Older patients are uncomfortable or unfamiliar with technology (more an issue during height of Covid)	6/26/2023 5:11 PM
762	very rare	6/26/2023 5:08 PM
763	none	6/26/2023 5:08 PM
764	Patients sometimes don’t have access to devices but we can order them through the VA.	6/26/2023 5:07 PM
765	equipment can fail but I have backups	6/26/2023 5:07 PM
766	Lighting is not always good enough.	6/26/2023 5:01 PM
767	Video stops working, not software based. Screen turns green then black	6/26/2023 4:59 PM
768	No	6/26/2023 4:58 PM
769	N/A	6/26/2023 4:48 PM
770	Access to reliable computer	6/26/2023 4:48 PM
771	none	6/26/2023 4:48 PM
772	Some people have very old computers	6/26/2023 4:45 PM
773	some glitches can be attributed to hardware, sorery I cant be more specific, but hardware on the patient side	6/26/2023 4:45 PM
774	Older equipment (computer, laptop, phone) often causes problems	6/26/2023 4:45 PM
775	none	6/26/2023 4:45 PM
776	sound cutting out	6/26/2023 4:42 PM
777	complicated. required IT assistance for me. Very difficult for geriatric patients	6/26/2023 4:39 PM
778	Lack of knowledge in using zoom platform for some patients.	6/26/2023 4:37 PM
779	Cameras/lighting are poor quality, audio headphones cutting out	6/26/2023 4:34 PM
780	geriatric clients have fear related to using zoom and computers	6/26/2023 4:33 PM
781	Audio, yes, at times the audio has gone out or I have had trouble connecting it when it switched from platform or to another application.	6/26/2023 4:32 PM
782	No barrier	6/26/2023 4:28 PM
783	N/A	6/26/2023 4:25 PM
784	none	6/26/2023 4:23 PM
785	None	6/26/2023 4:22 PM
786	none	6/26/2023 4:22 PM
787	I'm good: iMac	6/26/2023 4:22 PM
788	Many patients only have a cell phone to use for video visits	6/26/2023 4:20 PM
789	No problem	6/26/2023 4:17 PM

790	None	6/26/2023 4:15 PM
791	sometimes people have to figure out how to turn their sound on	6/26/2023 4:10 PM
792	client's older phones that overheat	6/26/2023 4:09 PM
793	Clients that are fully versed in internet technology	6/26/2023 4:07 PM
794	None	6/26/2023 4:06 PM
795	camera, audio, headphone	6/26/2023 4:04 PM
796	None	6/26/2023 4:04 PM
797	Laptop	6/26/2023 4:03 PM
798	Work computer with camera and audio	6/26/2023 4:03 PM
799	occasional glitches in program	6/26/2023 4:03 PM
800	This is usual fine	6/26/2023 4:01 PM
801	None	6/26/2023 4:01 PM
802	Rarely	6/26/2023 4:00 PM
803	yes	6/26/2023 3:59 PM
804	camera lag times	6/26/2023 3:59 PM
805	Tech support for client and provider barriers when outside of a larger scale company	6/26/2023 3:58 PM
806	Client access to working cameras	6/26/2023 3:51 PM
807	Devices that don't work	6/26/2023 3:51 PM
808	computer, professional microphones and speakers	6/26/2023 3:51 PM
809	Access for elders	6/26/2023 3:49 PM
810	Yes, camera issues	6/26/2023 3:49 PM
811	None	6/26/2023 3:47 PM
812	Every now and then camera access	6/26/2023 3:47 PM
813	Not all pts have access to computer or smartphone or they can't use them.	6/26/2023 3:45 PM
814	None	6/26/2023 3:43 PM
815	Built in computer cameras	6/26/2023 3:42 PM
816	none	6/26/2023 3:41 PM
817	Lack of camera, lack of good audio quality	6/26/2023 3:39 PM
818	none	6/26/2023 3:37 PM
819	none	6/26/2023 3:36 PM
820	Sometimes	6/26/2023 3:36 PM
821	None	6/26/2023 3:35 PM
822	My front desk admin help trouble shoot 15 minutes before session incase they are having difficulty logging on. This always works. If I have problems with my camera I just restart my computer which it works. Camera malfunction rarely happens.	6/26/2023 3:35 PM
823	During covid we used telepresent robts in skilled nursing facilities. This worked well except internet and some tech issues	6/26/2023 3:31 PM
824	lower-income/older people tend to have more trouble with accessing or knowing how to use equipment	6/26/2023 3:30 PM
825	audio and camera	6/26/2023 3:29 PM

826	Access to quality camera	6/26/2023 3:28 PM
827	NA	6/26/2023 3:28 PM
828	Generally very few	6/26/2023 3:27 PM
829	Some patients lack high quality audio & video - does not prevent but degrades the quality of therapeutic interaction	6/26/2023 3:27 PM
830	NONE	6/26/2023 3:26 PM
831	Poor audio quality	6/26/2023 3:26 PM
832	Involve learning new skills.	6/26/2023 3:23 PM
833	Video equipment not always working; computer slow sometimes	6/26/2023 3:21 PM
834	None	6/26/2023 3:16 PM
835	No issues related to camera/audio access or other computer hardware	6/26/2023 3:14 PM
836	Camera disconnecting	6/26/2023 3:14 PM
837	Use my own computer. Spilled water on my computer. Almost had to spend 1500 for a new one out of pocket. None provided by my employer at this time.	6/26/2023 3:13 PM
838	Occasionally, there are computer glitches which ae almost easily adjusted.	6/26/2023 3:10 PM
839	Phone vs computer, computer preferred	6/26/2023 3:07 PM
840	NA	6/26/2023 3:07 PM
841	Patients not having resources or not knowing how to use them	6/26/2023 3:06 PM
842	none	6/26/2023 3:06 PM
843	N/A	6/26/2023 3:05 PM
844	Yes	6/26/2023 3:05 PM
845	Audio can randomly stop working, but that can be trouble shooted	6/26/2023 3:03 PM
846	Some clients with no computer or no camera or audio	6/26/2023 3:03 PM
847	None	6/26/2023 3:01 PM
848	patients try to use Zoom on their phones, which often does not work well	6/26/2023 3:01 PM
849	Audio equipment issues	6/26/2023 2:59 PM
850	IT support is lacking when camera/mic not working	6/26/2023 2:59 PM
851	tablets and phones that the clients use are difficult	6/26/2023 2:58 PM
852	One client had to terminate when his computer stopped working and he couldn't afford to fix it	6/26/2023 2:58 PM
853	None	6/26/2023 2:57 PM
854	no volume after downloading updates (patient's side)	6/26/2023 2:56 PM
855	sometimes an issue, but usually not very disruptive	6/26/2023 2:56 PM
856	Limited access to hardware/devices for patients from underserved populations	6/26/2023 2:54 PM
857	built in laptop camera	6/26/2023 2:53 PM
858	None	6/26/2023 2:52 PM
859	minimally	6/26/2023 2:52 PM
860	No barrier	6/26/2023 2:51 PM
861	Laptop or phone / Apple, no issues to date	6/26/2023 2:50 PM
862	Apple devices	6/26/2023 2:49 PM

863	Some of my senior citizens do not have up to day hardware or do not know how to use the telehealth platforms. We therefore consult by phone.	6/26/2023 2:49 PM
864	none	6/26/2023 2:48 PM
865	No problems	6/26/2023 2:47 PM
866	many clients have technical issues or cameras that do not work	6/26/2023 2:46 PM
867	Had to buy another lap top and Desk top to support online work	6/26/2023 2:46 PM
868	Camera or audio disconnect	6/26/2023 2:46 PM
869	computer illiteracy	6/26/2023 2:43 PM
870	Client having difficulty setting up their camera	6/26/2023 2:40 PM
871	none	6/26/2023 2:35 PM
872	None	6/26/2023 2:35 PM
873	Camera and audio capabilities is important	6/26/2023 2:34 PM
874	None	6/26/2023 2:32 PM
875	no problems	6/26/2023 2:31 PM
876	difficulties with audio	6/26/2023 2:30 PM
877	cost to obtain large monitor/computer, audio and visual equipment, and well integrated hardware	6/26/2023 2:28 PM
878	Computer malfunction such as audio or video trouble	6/26/2023 2:26 PM
879	PCs are trickier than Apple computers, iPads, iPhones and cameras/microphones seem to work less seamlessly with telehealth platforms	6/26/2023 2:26 PM
880	None	6/26/2023 2:25 PM
881	Better access	6/26/2023 2:25 PM
882	poor audio quality	6/26/2023 2:24 PM
883	MacBook Air has an awful camera	6/26/2023 2:23 PM
884	Apple Mac with built in camera and microphone	6/26/2023 2:23 PM
885	Standard desktop computer with high resolution camera	6/26/2023 2:22 PM
886	client's placement of camera/video, can't see what client is doing sometimes	6/26/2023 2:21 PM
887	None	6/26/2023 2:21 PM
888	n/a	6/26/2023 2:20 PM
889	needed new laptop, had to buy bigger monitor, speakers, different desk setup	6/26/2023 2:20 PM
890	Yes	6/26/2023 2:19 PM
891	We have experienced fact that some clients do not have software to paticipate in remote video.	6/26/2023 2:18 PM
892	cameras and microphone	6/26/2023 2:14 PM
893	No barriers	6/26/2023 2:12 PM
894	Laptop accessories	6/26/2023 2:11 PM
895	Clients' hardware has been an issue at times. We agree to not use cameras or opt for the telephone if necessary.	6/26/2023 2:11 PM
896	None	6/26/2023 2:09 PM
897	Most clients use their phones.	6/26/2023 2:09 PM

898	Patients' access to camera/desktop or laptop/tablet	6/26/2023 2:08 PM
899	None	6/26/2023 2:06 PM
900	Sometimes Hardware glitches	6/26/2023 2:05 PM
901	None	6/26/2023 2:05 PM
902	None so far.	6/26/2023 2:04 PM
903	audio or video issues	6/26/2023 2:04 PM
904	Laptop with aftermarjet camera/mic	6/26/2023 2:01 PM
905	all adequate	6/26/2023 2:00 PM
906	None	6/26/2023 1:58 PM
907	Apple	6/26/2023 1:58 PM
908	Mac desktop has been great. I also use a computer light.	6/26/2023 1:58 PM
909	This can be challenging for patients to have. I have to use a nice video camera to help the audio be better.	6/26/2023 1:58 PM
910	IPad	6/26/2023 1:57 PM
911	None	6/26/2023 1:57 PM
912	Updated computer - no video/audio problems	6/26/2023 1:57 PM
913	Na	6/26/2023 1:56 PM
914	some do not have computers	6/26/2023 1:55 PM
915	Connectivity of headphones and microphones	6/26/2023 1:55 PM
916	Need reliably strong computer.	6/26/2023 1:55 PM
917	Camera and audio access problems	6/26/2023 1:54 PM
918	none	6/26/2023 1:53 PM
919	N/A	6/26/2023 1:53 PM
920	No problem	6/26/2023 1:53 PM
921	Patient access/many people only have telephone	6/26/2023 1:52 PM
922	None	6/26/2023 1:51 PM
923	I have a Lenovo Yoga laptop, a ThinkPad Docking Station, two large ASUS monitors, Logi webcam, Irocks keyboard and Logotech mouse. Also an iPhone 14 with synchronized email, contacts, and photos.	6/26/2023 1:51 PM
924	None	6/26/2023 1:49 PM
925	Patients having difficulty understanding how to use camera; understanding how to access microphone; using chat feature; using phone when they need a computer for white board or worksheet sharing	6/26/2023 1:49 PM
926	no problem	6/26/2023 1:49 PM
927	No access	6/26/2023 1:48 PM
928	None currently	6/26/2023 1:47 PM
929	none so far	6/26/2023 1:47 PM
930	low income folx usually don't have computers and have to use their phones, which can be hard. Older folx can have a very hard time logging on if they are unfamiliar. Some folx need coaching and support to log on and that is nonbillable time, but is critical to ensure access.	6/26/2023 1:46 PM
931	some occasional glitching with audio (speakers/mic)	6/26/2023 1:46 PM

932	Yes	6/26/2023 1:45 PM
933	n/a	6/26/2023 1:45 PM
934	Patients do not have access to cameras	6/26/2023 1:45 PM
935	This is an occasional problem for patients. Phones seem to work well.	6/26/2023 1:44 PM
936	Microphone or camera	6/26/2023 1:42 PM
937	NA	6/26/2023 1:42 PM
938	Sometimes camera doesn’t work	6/26/2023 1:41 PM
939	None	6/26/2023 1:40 PM
940	none	6/26/2023 1:40 PM
941	client's inability to access needed equipment	6/26/2023 1:40 PM
942	in the past there have been times when access to a camera was an issue. Not recently	6/26/2023 1:40 PM
943	pts often unfamiliar w/ basic computer or mobile phone functions	6/26/2023 1:40 PM
944	reliable computer access for patients	6/26/2023 1:39 PM
945	there is now a built in uncertainty with every session due to frequent challenges with camera or audio access and losing session time due to troubleshooting on both ends, rebooting, etc.	6/26/2023 1:39 PM
946	Audio Issues	6/26/2023 1:38 PM
947	Cellular phone	6/26/2023 1:38 PM
948	Intermittent issue usually resolved by refreshing the page.	6/26/2023 1:37 PM
949	Occasional camera or audio delays or sync issues - typically resolved when restarting the meeting	6/26/2023 1:37 PM
950	Has worked well - no barriers	6/26/2023 1:36 PM
951	No problems (everyone has a smartphone)	6/26/2023 1:35 PM
952	No issues with a variety of devices	6/26/2023 1:35 PM
953	I use simple practice from my cell phone	6/26/2023 1:32 PM
954	None	6/26/2023 1:30 PM
955	clients having the proper technology such as a laptop	6/26/2023 1:30 PM
956	N/A	6/26/2023 1:30 PM
957	Patients have various levels or connectivity and skill	6/26/2023 1:27 PM
958	None	6/26/2023 1:27 PM
959	Some patients need guidance on allowing camera and/or audio	6/26/2023 1:25 PM
960	needing to restart computer d/t camera issues	6/26/2023 1:22 PM
961	Generally hardware is not a problem once set-up correctly	6/26/2023 1:21 PM
962	Home computer or laptop with Logitech camera, all provided by my agency.	6/26/2023 1:21 PM
963	Minimal to none	6/26/2023 1:20 PM
964	microphone connections	6/26/2023 1:20 PM
965	ipone	6/26/2023 1:19 PM
966	n/a	6/26/2023 1:18 PM
967	Client consistent access to reliable equipment	6/26/2023 1:18 PM
968	N/A	6/26/2023 1:18 PM

969	Expensive to have good setup ergonomically and visual/audio	6/26/2023 1:18 PM
970	One client has to do phone sessions because he doesn't have a camera	6/26/2023 1:18 PM
971	Clients' headphones not connecting to audio	6/26/2023 1:18 PM
972	My computer became "obsolete after 8 years; expensive to replace	6/26/2023 1:17 PM
973	Software and hard ware support expensive. I'm not a tech expert!	6/26/2023 1:17 PM
974	For older clients, they may not always have the hardware for telehealth or know how to use it. For confidentiality, if clients need to have their sessions in their cars or outside of their homes, often the quality of video is poor.	6/26/2023 1:17 PM
975	None, clients find it convenient that they can connect through their phone	6/26/2023 1:17 PM
976	Sometimes people don't have cameras on their computer and don't want to use their phone.	6/26/2023 1:16 PM
977	State computers have far more connectivity issues than my personal Apple laptop.	6/26/2023 1:16 PM
978	No problem on a MacBookPro running Chrome on a stand w good lighting and ear buds.	6/26/2023 1:16 PM
979	zoom on laptop	6/26/2023 1:15 PM
980	N/A	6/26/2023 1:15 PM
981	sometimes not having private spaces or needing to use a phone instead of a computer	6/26/2023 1:14 PM
982	none	6/26/2023 1:14 PM
983	Patient end equipment	6/26/2023 1:13 PM
984	Occasional hardware issues	6/26/2023 1:13 PM
985	yes, yes, and yes.	6/26/2023 1:13 PM
986	Not a problem. Most items required have affordable options	6/26/2023 1:13 PM
987	none	6/26/2023 1:12 PM
988	mac	6/26/2023 1:12 PM
989	Indigent clients do not have computers	6/26/2023 1:12 PM
990	Na	6/26/2023 1:12 PM
991	Camera equipment	6/26/2023 1:11 PM
992	none	6/26/2023 1:11 PM
993	yes	6/26/2023 1:10 PM
994	No computer or smartphone	6/26/2023 1:09 PM
995	Problems with using camera	6/26/2023 1:09 PM
996	I haven't had many difficulties, but I am tech savy.	6/26/2023 1:09 PM
997	None at present	6/26/2023 1:08 PM
998	Tech literacy of patients	6/26/2023 1:08 PM
999	Macbook Pro	6/26/2023 1:08 PM
1000	Most of my clients are economically disadvantaged, and many depend entirely on benefits. Client hardware is often marginal and subject to breaddowns.	6/26/2023 1:08 PM
1001	Sometimes	6/26/2023 1:06 PM
1002	none	6/26/2023 1:06 PM
1003	Clients who don’t have stands for phones or tablets	6/26/2023 1:06 PM
1004	Access to audio and camera	6/26/2023 1:05 PM
1005	None	6/26/2023 1:05 PM

1006	Some facilities do not have good tablets/laptops and have had to upgrade	6/26/2023 1:04 PM
1007	none	6/26/2023 1:04 PM
1008	none	6/26/2023 1:04 PM
1009	laptop with camera/audio	6/26/2023 1:04 PM
1010	access to camera	6/26/2023 1:04 PM
1011	NA	6/26/2023 1:04 PM
1012	Clients's cameras, audio, headphones not working	6/26/2023 1:04 PM
1013	n/a	6/26/2023 1:03 PM
1014	None	6/26/2023 1:03 PM
1015	technology not working (eg video or audio);	6/26/2023 1:03 PM
1016	device batteries die, or have poor internet reception because of hardware issues	6/26/2023 1:03 PM
1017	Audio can be an issue across platforms depending on what device people are using and whether they use headphones/are able to get their headphones to connect	6/26/2023 1:03 PM
1018	Audio and camera	6/26/2023 1:02 PM
1019	no headphones	6/26/2023 1:02 PM
1020	Apple computer	6/26/2023 1:02 PM
1021	uneven patient access to up-to-date equipment	6/26/2023 1:02 PM
1022	Any recently manufactures laptop or desktop will do it.	6/26/2023 1:02 PM
1023	Apple MacBook Air with built-in HD camera and no additional equipment	6/26/2023 1:01 PM
1024	Having inadequate equipment (e.g., computer)	6/26/2023 1:01 PM
1025	Cameras are sometime not functioning.	6/26/2023 1:01 PM
1026	n/a	6/26/2023 1:00 PM
1027	Clients not having access to video	6/26/2023 1:00 PM
1028	None	6/26/2023 12:59 PM
1029	Troubleshooting	6/26/2023 12:59 PM
1030	N/A	6/26/2023 12:59 PM
1031	None	6/26/2023 12:59 PM
1032	DSLR, lights	6/26/2023 12:59 PM
1033	Connection to audio is sometimes inconsistent	6/26/2023 12:59 PM
1034	None	6/26/2023 12:59 PM
1035	no issues	6/26/2023 12:59 PM
1036	HP PC 15 12th gen intelchip 16 GB Mem	6/26/2023 12:59 PM
1037	Access to phones or computers (especially very low income people, and in the case of some forensic settings, access to devices in a setting assuring privacy).	6/26/2023 12:59 PM
1038	Need IT help to address these issues	6/26/2023 12:59 PM
1039	Mac	6/26/2023 12:58 PM
1040	Audio is sometimes difficult. Video can be constrained by internet speed, negatively impacting quality of treatment.	6/26/2023 12:58 PM
1041	Audio or video working	6/26/2023 12:58 PM

1042	none	6/26/2023 12:58 PM
1043	None	6/26/2023 12:57 PM
1044	None	6/26/2023 12:57 PM
1045	Access to camera	6/26/2023 12:56 PM
1046	None	6/26/2023 12:56 PM
1047	reliable smart phone	6/26/2023 12:56 PM
1048	Audio difficulty but I have backup system	6/26/2023 12:56 PM
1049	Camera quality, laptop screen size	6/26/2023 12:56 PM
1050	some clients don't have access to equipment for other than phone appointments	6/26/2023 12:56 PM
1051	No access to computer	6/26/2023 12:56 PM
1052	Computer/phone access, application installation	6/26/2023 12:56 PM
1053	video and audio problems	6/26/2023 12:56 PM
1054	None	6/26/2023 12:55 PM
1055	n/a	6/26/2023 12:55 PM
1056	Mac	6/26/2023 12:55 PM
1057	None	6/26/2023 12:55 PM
1058	Reliable camera	6/26/2023 12:55 PM
1059	Equipment cost, camera cost,	6/26/2023 12:55 PM
1060	Inability to connect via audio or camera online at times, typically client end, occasionally Platform issue	6/26/2023 12:55 PM
1061	not all Ct's have reliable hardware, and often need to connect on phone. Some Cts may have hardware but opt to connect by phone so they can be "on the go;" this can sometimes pose an issue related to privacy and confidentiality or reliable access	6/26/2023 12:55 PM
1062	Client audio issues	6/26/2023 12:54 PM
1063	none	6/26/2023 12:54 PM
1064	quality of camera or audio	6/26/2023 12:54 PM
1065	ring lite, mic, headphones, computer built in camera	6/26/2023 12:54 PM
1066	camera going out	6/26/2023 12:54 PM
1067	None	6/26/2023 12:53 PM
1068	lighting	6/26/2023 12:53 PM
1069	n/a - I own a group practice and bought all the equip. for all	6/26/2023 12:53 PM
1070	Many clients do not/cannot afford computers	6/26/2023 12:52 PM
1071	laptop - MAC and a monitor	6/26/2023 12:52 PM
1072	Refusal to buy smartphones, devices too old, no tech knowledge	6/26/2023 12:52 PM
1073	Some vets have difficulty with the cameras on their phones not connecting, etc.	6/26/2023 12:52 PM
1074	None	6/26/2023 12:51 PM
1075	none	6/26/2023 12:51 PM
1076	none	6/26/2023 12:51 PM
1077	None	6/26/2023 12:51 PM
1078	Client unable to afford or use a computer	6/26/2023 12:51 PM

1079	sometimes clients don't have webcams	6/26/2023 12:51 PM
1080	iMac	6/26/2023 12:50 PM
1081	No barriers	6/26/2023 12:50 PM
1082	People not knowing how to use their device.	6/26/2023 12:50 PM
1083	none	6/26/2023 12:50 PM
1084	all good	6/26/2023 12:50 PM
1085	none	6/26/2023 12:50 PM
1086	Occasional disconnects	6/26/2023 12:50 PM
1087	clients struggling with the software	6/26/2023 12:49 PM
1088	None	6/26/2023 12:49 PM
1089	we bought what we need	6/26/2023 12:49 PM
1090	some folks have a hard time with computer equipment	6/26/2023 12:49 PM
1091	None	6/26/2023 12:49 PM
1092	Am in process of upgrading hardware for even faster speeds	6/26/2023 12:49 PM
1093	Sometimes private areas can be tough to access.	6/26/2023 12:48 PM
1094	access to computer audio/video	6/26/2023 12:48 PM
1095	Camera poor quality, needing new equipment, clients needing equipment	6/26/2023 12:48 PM
1096	none	6/26/2023 12:48 PM
1097	it issues at times	6/26/2023 12:48 PM
1098	none	6/26/2023 12:48 PM
1099	MAC laptop	6/26/2023 12:47 PM
1100	None	6/26/2023 12:47 PM
1101	NA	6/26/2023 12:47 PM
1102	None	6/26/2023 12:47 PM
1103	No	6/26/2023 12:47 PM
1104	Difficulty connecting to audio. Especially in populations that are not technologically savvy.	6/26/2023 12:47 PM
1105	Laptop built in	6/26/2023 12:46 PM
1106	easy	6/26/2023 12:46 PM
1107	Mac	6/26/2023 12:46 PM
1108	None	6/26/2023 12:46 PM
1109	Making sure client has Zoom installed (during pandemic shutdown)	6/26/2023 12:46 PM
1110	Certain facilities do not have or allow video connections	6/26/2023 12:46 PM
1111	Some patients have to borrow an iPad/Computer needed for cognitive testing - can't be done on the phone	6/26/2023 12:46 PM
1112	No access to cameras or audio equipment	6/26/2023 12:46 PM
1113	Most often it is the client’s microphone that causes a problem.	6/26/2023 12:46 PM
1114	One patient cannot get his camera to work	6/26/2023 12:45 PM
1115	none	6/26/2023 12:45 PM

1116	OK	6/26/2023 12:45 PM
1117	N/A	6/26/2023 12:45 PM
1118	N/A	6/26/2023 12:44 PM
#	**OTHER (PLEASE SPECIFY OR TYPE "NONE")**	**DATE**
1	None	7/24/2023 7:58 AM
2	None	7/24/2023 7:18 AM
3	None	7/24/2023 12:05 AM
4	none	7/23/2023 9:25 PM
5	None	7/23/2023 11:44 AM
6	I had to buy headphones and soundproof my home office more because I talk louder on video calls then phone calls	7/22/2023 10:25 PM
7	none	7/22/2023 5:37 PM
8	None	7/22/2023 2:36 PM
9	Patients who are older/ lower functioning having difficulties navigating technology	7/22/2023 11:14 AM
10	None	7/22/2023 9:54 AM
11	Minimal barriers overall; always able to overcome	7/22/2023 6:53 AM
12	None	7/22/2023 3:00 AM
13	In cases when an interpreter joins the session that’s add up in terms of technical issues: entering to doxy many time it takes longer to connect due to bad reception. Also, there are a lot of interruptions throughout the sessions what makes the communication even more frustrating	7/22/2023 12:49 AM
14	none	7/21/2023 5:51 PM
15	phone calls are also an option for some plans	7/21/2023 3:25 PM
16	Elderly patients not familiar with technology	7/21/2023 3:10 PM
17	None	7/21/2023 2:30 PM
18	none	7/21/2023 1:28 PM
19	None	7/21/2023 12:00 PM
20	None	7/21/2023 8:01 AM
21	None	7/21/2023 7:20 AM
22	None	7/21/2023 3:57 AM
23	Liability insurance companies are gauging customers with large charges to cover telework	7/20/2023 10:40 PM
24	None	7/20/2023 5:30 PM
25	None	7/20/2023 4:59 PM
26	Depending on the platform, for couples or family sessions, it needs to be turned to gallery mode or else it's distracting when it keeps changing videos for when each person talks.	7/20/2023 4:03 PM
27	none	7/20/2023 1:37 PM
28	none	7/20/2023 1:18 PM
29	None	7/20/2023 12:01 PM
30	When the client has issues connecting.	7/20/2023 11:29 AM
31	I answered no to telehealth so this should be a automatic skip question	7/20/2023 10:01 AM

32	none	7/20/2023 8:39 AM
33	none	7/20/2023 12:05 AM
34	None	7/19/2023 10:24 PM
35	None	7/19/2023 9:35 PM
36	None	7/19/2023 9:10 PM
37	none	7/19/2023 6:43 PM
38	NONE	7/19/2023 5:37 PM
39	My laptop is older and occasional freezes	7/19/2023 5:19 PM
40	None	7/19/2023 4:26 PM
41	None	7/19/2023 3:36 PM
42	Many of the barriers mentioned are not where the "Real" problem are. For those of us using technology every single day -the barriers come from the Insurance Payors who want to separate Telehealth from Office visits as somehow worth less in terms of reimbursements - as if the problems change or as if the Psychologist is providing lesser quality just because it is through the lens of a camera via internet. This is outdated thinking. The insurance payors are the burden and barrier.	7/19/2023 3:23 PM
43	none	7/19/2023 2:13 PM
44	none	7/19/2023 2:06 PM
45	None	7/19/2023 1:45 PM
46	None	7/19/2023 1:09 PM
47	none	7/19/2023 11:00 AM
48	NONE	7/19/2023 10:43 AM
49	none	7/19/2023 10:40 AM
50	NONE	7/19/2023 10:21 AM
51	None	7/19/2023 10:17 AM
52	lack of privacy at work or in home	7/19/2023 9:28 AM
53	Power shortage from PG & E, but I can switch to cellphone data	7/19/2023 9:12 AM
54	My elderly clients have struggled with the technology	7/19/2023 8:57 AM
55	None	7/19/2023 7:55 AM
56	None	7/19/2023 7:29 AM
57	None	7/19/2023 6:55 AM
58	$80/month extra cost w Secure Telehealth Co,	7/19/2023 4:36 AM
59	None	7/19/2023 2:52 AM
60	none	7/19/2023 12:03 AM
61	None	7/18/2023 10:40 PM
62	None	7/18/2023 9:59 PM
63	None	7/18/2023 8:52 PM
64	Concern about whether Facetime will be HIPAA acceptable, since it is the most natural platform for most clients	7/18/2023 5:32 PM
65	None	7/18/2023 5:02 PM
66	None	7/18/2023 3:57 PM

67	Had a couple of clients who had initial problems, but I changed to a new Telehealth provider and that seems to have taken care of the problem.	7/18/2023 3:34 PM
68	None	7/18/2023 3:18 PM
69	Out of state restrictions	7/18/2023 1:05 PM
70	None	7/18/2023 12:47 PM
71	No barriers	7/18/2023 12:44 PM
72	None	7/18/2023 12:25 PM
73	Access to free software/platforms for secure telehealth - cost is barrier basically to ensure security etc	7/18/2023 11:58 AM
74	none	7/18/2023 11:55 AM
75	None	7/18/2023 11:46 AM
76	none	7/18/2023 10:47 AM
77	none	7/18/2023 10:38 AM
78	none	7/18/2023 10:21 AM
79	After trying different platforms, I settled in zoom professional bc most people had become familiar w zoom over the pandemic. The other platforms were not as intuitive for patients for use.	7/18/2023 10:06 AM
80	none	7/18/2023 10:04 AM
81	None	7/18/2023 9:59 AM
82	None	7/18/2023 9:58 AM
83	none	7/18/2023 9:51 AM
84	none	7/18/2023 9:37 AM
85	None, significantly	7/18/2023 9:23 AM
86	None	7/18/2023 9:09 AM
87	wifi connection issues at times	7/18/2023 8:27 AM
88	None	7/18/2023 7:57 AM
89	None	7/18/2023 7:48 AM
90	none	7/18/2023 7:02 AM
91	none	7/18/2023 5:44 AM
92	glitches occasionally	7/18/2023 3:39 AM
93	none	7/18/2023 3:38 AM
94	Clients not thinking Telehealth will be effective	7/18/2023 1:28 AM
95	None	7/18/2023 12:09 AM
96	Clients don't know how to enable microphones or camera	7/17/2023 11:31 PM
97	Patient access and knowledge of technology	7/17/2023 10:39 PM
98	None	7/17/2023 10:31 PM
99	None	7/17/2023 10:07 PM
100	None	7/17/2023 9:26 PM
101	None	7/17/2023 9:18 PM
102	Additional photo studio type lights.	7/17/2023 8:49 PM

103	none	7/17/2023 8:45 PM
104	No barriers on my end. Have had a couple clients with difficulty with the technology aspect.	7/17/2023 8:30 PM
105	None	7/17/2023 8:09 PM
106	None	7/17/2023 8:05 PM
107	sometimes the connection fails, or the client cannot figure out how to problem solve the difficulties	7/17/2023 8:05 PM
108	None	7/17/2023 8:01 PM
109	Access for specific population such as elderly	7/17/2023 7:51 PM
110	None	7/17/2023 7:41 PM
111	None	7/17/2023 7:41 PM
112	none	7/17/2023 7:30 PM
113	NONE - Telehealth has allowed me to assist many clients in great need.	7/17/2023 7:25 PM
114	none	7/17/2023 7:17 PM
115	None	7/17/2023 7:07 PM
116	Patients must be supervised when utilizing computer equipment and there is not always enough staff available to oversee this. Also, this limits confidentiality even further	7/17/2023 6:58 PM
117	None	7/17/2023 6:53 PM
118	client not able to connect	7/17/2023 6:52 PM
119	none	7/17/2023 6:50 PM
120	none	7/17/2023 6:32 PM
121	None	7/17/2023 6:28 PM
122	Some of my patients aren’t “tech savvy” they don’t know how to adjust their camera or microphone	7/17/2023 6:23 PM
123	None	7/17/2023 6:21 PM
124	Headphones vs not headphones / type of headphones	7/17/2023 6:16 PM
125	none	7/17/2023 6:15 PM
126	None	7/17/2023 6:15 PM
127	none	7/17/2023 6:05 PM
128	One	7/17/2023 6:04 PM
129	Haven't experienced barriers	7/17/2023 6:03 PM
130	None	7/17/2023 5:41 PM
131	NONE	7/17/2023 5:41 PM
132	none	7/17/2023 5:31 PM
133	none	7/17/2023 5:26 PM
134	none of the above	7/17/2023 5:25 PM
135	none	7/17/2023 5:20 PM
136	None	7/17/2023 5:20 PM
137	n/a	7/17/2023 5:12 PM
138	sometimes difficult to insure privacy in client's settings	7/17/2023 4:58 PM

139	none	7/17/2023 4:55 PM
140	None	7/17/2023 4:54 PM
141	None	7/17/2023 4:45 PM
142	elderly not able to use technology	7/17/2023 4:37 PM
143	None	7/17/2023 4:36 PM
144	Platforms that are HIPAA compliant	7/17/2023 4:36 PM
145	NA	7/17/2023 4:23 PM
146	None	7/17/2023 4:12 PM
147	People don't have a computer; they don't know how to use ZOOM	7/17/2023 4:03 PM
148	None	7/17/2023 4:03 PM
149	None	7/17/2023 4:00 PM
150	Too Flat” for psychological e alto difficult to do malingering and deception and	7/17/2023 3:52 PM
151	None	7/17/2023 3:52 PM
152	If something goes wrong, clients can struggle to know how to troubleshoot if they are not tech savvy	7/17/2023 3:43 PM
153	None	7/17/2023 3:34 PM
154	None	7/17/2023 3:34 PM
155	None	7/17/2023 3:33 PM
156	Consistent, confidential space	7/17/2023 3:26 PM
157	none	7/17/2023 3:20 PM
158	None	7/17/2023 3:19 PM
159	None	7/17/2023 3:18 PM
160	More	7/17/2023 3:14 PM
161	seems impersonal	7/17/2023 3:06 PM
162	None	7/17/2023 3:06 PM
163	None	7/17/2023 2:59 PM
164	none	7/17/2023 2:58 PM
165	none	7/17/2023 2:56 PM
166	None	7/17/2023 2:54 PM
167	none	7/17/2023 2:49 PM
168	None	7/17/2023 2:48 PM
169	None	7/17/2023 2:48 PM
170	None	7/17/2023 2:46 PM
171	None	7/17/2023 2:45 PM
172	having affordable manpower to help run the telehealth zoom	7/17/2023 2:41 PM
173	None	7/17/2023 2:33 PM
174	none	7/17/2023 2:28 PM
175	None	7/17/2023 2:28 PM
176	none	7/17/2023 2:26 PM

177	None	7/17/2023 2:25 PM
178	none	7/17/2023 2:25 PM
179	None	7/17/2023 2:25 PM
180	None	7/17/2023 2:24 PM
181	None	7/17/2023 2:23 PM
182	None	7/17/2023 2:21 PM
183	Families only may have phone, not Ipad or laptop / computer.	7/17/2023 2:20 PM
184	none	7/17/2023 2:15 PM
185	none	7/17/2023 2:14 PM
186	mostly done through phone not computer	7/17/2023 2:12 PM
187	None	7/17/2023 2:12 PM
188	Lack of direct contact with clients	7/17/2023 2:12 PM
189	None	7/17/2023 2:10 PM
190	Clients of mine with ongoing COVID anxiety-those caregiving for partners with chronic/severe illness have continued anxiety and lack of action to address getting a new phone or computer. This is a separate issue from come who are unable to afford technology. My client's would benefit from a case manager who could help when they don't have adult children to do so.	7/17/2023 1:53 PM
191	none	7/17/2023 1:49 PM
192	privacy of space	7/17/2023 1:49 PM
193	Power outages need better hot spot cellular	7/17/2023 1:43 PM
194	none	7/17/2023 1:41 PM
195	Getting clients	7/17/2023 1:40 PM
196	None	7/17/2023 1:37 PM
197	none	7/17/2023 1:34 PM
198	None	7/17/2023 1:33 PM
199	I do not feel same level of connection to client.	7/17/2023 1:29 PM
200	None	7/17/2023 1:28 PM
201	None	7/17/2023 1:25 PM
202	Low income clients/patients may have difficulty due to poor technology access or weak internet connectivity	7/17/2023 1:25 PM
203	None	7/17/2023 1:25 PM
204	Desk and desk chair	7/17/2023 1:24 PM
205	None	7/17/2023 1:22 PM
206	Client privacy	7/17/2023 1:17 PM
207	My patients are all elderly. (Before the pandemic, all of my patients were seen in person.) Most of them struggle with the technology, including me. I am 77 years old; I go back before Xerox machines !	7/17/2023 1:12 PM
208	Some patients use phones and over quality is bad, hard to hear, patients don’t show up to own home appts, very depressed or anxious patients use it to enable them to not have to leave the house even for medical appts.	7/17/2023 1:12 PM
209	None	7/17/2023 1:11 PM

210	Harder to observe nuances in pt behavior and appearance. And much more	7/17/2023 1:11 PM
211	Some patients don't have enough computer literacy to figure out how to access the platform	7/17/2023 1:09 PM
212	None	7/17/2023 1:07 PM
213	None	7/17/2023 1:06 PM
214	none	7/17/2023 1:06 PM
215	none	7/17/2023 1:03 PM
216	None	7/17/2023 1:00 PM
217	none	7/17/2023 1:00 PM
218	None	7/17/2023 12:59 PM
219	referrals	7/17/2023 12:59 PM
220	Many people prefer in-person.	7/17/2023 12:58 PM
221	none	7/17/2023 12:57 PM
222	None	7/17/2023 12:57 PM
223	none	7/17/2023 12:55 PM
224	confidentiality	7/17/2023 12:54 PM
225	none	7/17/2023 12:51 PM
226	Not having enough privacy for patients.	7/17/2023 12:47 PM
227	None	7/17/2023 12:47 PM
228	no problems for me or the clients	7/17/2023 12:45 PM
229	None	7/17/2023 12:44 PM
230	None	7/17/2023 12:34 PM
231	Billing	7/17/2023 12:33 PM
232	None	7/17/2023 12:33 PM
233	None	7/17/2023 12:32 PM
234	If there is a power outage, or if internet is down (all internet in the area) there's issues. I have an external battery for such incidents but if Spectrum is down, then I have to move to phone call.	7/17/2023 12:32 PM
235	N/A	7/17/2023 12:28 PM
236	None	7/17/2023 12:26 PM
237	none	7/17/2023 12:25 PM
238	Most popular fee collection platforms (ie Venmo, Paypal) are not HIPAA compliant.	7/17/2023 12:23 PM
239	None	7/17/2023 12:21 PM
240	Having a confidential space can be a barrier for some individuals who are houseless or living in a shared space.	7/17/2023 12:16 PM
241	Client's lack of technical skill in using telehealth.	7/17/2023 12:14 PM
242	Haven’t run into many difficulties	7/17/2023 12:13 PM
243	Initially explaining process to new clients. Otherwise, none.	7/17/2023 12:13 PM
244	none.	7/17/2023 12:13 PM
245	none	7/17/2023 12:05 PM
246	None	7/17/2023 12:04 PM

247	None	7/17/2023 12:04 PM
248	None	7/17/2023 12:04 PM
249	None	7/17/2023 12:03 PM
250	none	7/17/2023 12:02 PM
251	none	7/17/2023 12:02 PM
252	None	7/17/2023 12:01 PM
253	Privacy issues at the client's end sometimes arise (e.g., spouse listening through the door).	7/17/2023 11:59 AM
254	None	7/17/2023 11:58 AM
255	None	7/17/2023 11:56 AM
256	adequate location of the client so as to have privacy.	7/17/2023 11:54 AM
257	an occasional connection issue but nothing that completely prevented a session	7/17/2023 11:54 AM
258	Technically getting paperwork back and forth	7/17/2023 11:53 AM
259	None	7/17/2023 11:50 AM
260	none	7/17/2023 11:47 AM
261	none	7/17/2023 11:45 AM
262	resistance from patients	7/17/2023 11:44 AM
263	none	7/17/2023 11:42 AM
264	none	7/17/2023 11:41 AM
265	Some clients struggle to find a private space	7/17/2023 11:40 AM
266	None	7/17/2023 11:37 AM
267	occasional lost reception	7/17/2023 11:33 AM
268	none	7/17/2023 11:31 AM
269	Client poor WiFi	7/17/2023 11:31 AM
270	I work in a group practice with very good tech support	7/17/2023 11:30 AM
271	None	7/17/2023 11:29 AM
272	None	7/17/2023 11:27 AM
273	None	7/17/2023 11:26 AM
274	None	7/17/2023 11:24 AM
275	none	7/17/2023 11:22 AM
276	none	7/17/2023 11:21 AM
277	none	7/17/2023 11:20 AM
278	none	7/17/2023 11:18 AM
279	Overall, periodic variety of connection problems	7/17/2023 11:17 AM
280	No barriers	7/17/2023 11:16 AM
281	None	7/17/2023 11:15 AM
282	none	7/17/2023 11:14 AM
283	none	7/17/2023 11:12 AM
284	none	7/17/2023 11:12 AM

285	I think people have generally figured out how to work telehealth stuff over the past few years. The frequency of barrier impeding sessions has dramatically decreased.	7/17/2023 11:12 AM
286	Clients having unstable internet	7/17/2023 11:11 AM
287	None	7/17/2023 11:11 AM
288	None	7/17/2023 11:09 AM
289	Employer	7/17/2023 11:09 AM
290	Private location (for client)	7/17/2023 11:09 AM
291	none	7/17/2023 11:08 AM
292	None	7/17/2023 11:08 AM
293	None	7/17/2023 11:08 AM
294	glitches in connecting	7/17/2023 11:08 AM
295	None	7/17/2023 11:07 AM
296	None	7/17/2023 11:07 AM
297	I feel very biased by the excellence provided by current employer	7/17/2023 11:07 AM
298	None	7/17/2023 11:05 AM
299	Clinicians who don’t know basic legal and ethical requirements	7/17/2023 11:02 AM
300	None	7/17/2023 11:01 AM
301	None	7/17/2023 11:00 AM
302	None	7/17/2023 11:00 AM
303	none	7/17/2023 10:59 AM
304	None	7/17/2023 10:57 AM
305	None	7/17/2023 10:57 AM
306	Teaching older patients how to use tech	7/17/2023 10:56 AM
307	none	7/17/2023 10:56 AM
308	None	7/17/2023 10:56 AM
309	The Medical Board that in 2006 determined that it was not legal.	7/17/2023 10:56 AM
310	none	7/17/2023 10:55 AM
311	None	7/17/2023 10:55 AM
312	Patient ability to understand and navigate platform, particularly among elderly patients	7/17/2023 10:55 AM
313	None	7/17/2023 10:54 AM
314	None	7/17/2023 10:53 AM
315	none	7/17/2023 10:53 AM
316	None	7/17/2023 10:53 AM
317	none	7/17/2023 10:52 AM
318	none	7/17/2023 10:52 AM
319	None	7/17/2023 10:52 AM
320	Testing cannot be done online.	7/17/2023 10:51 AM
321	None	7/17/2023 10:51 AM
322	None of the above. Although I have an active license, I choose at this point not to practice.	7/17/2023 10:51 AM

323	NONE	7/17/2023 10:50 AM
324	none	7/17/2023 10:50 AM
325	Loss of internet at times, especially during winter storms	7/17/2023 10:50 AM
326	Occasional problems with connectivity and platforms.	7/17/2023 10:50 AM
327	None	7/17/2023 10:49 AM
328	None.	7/17/2023 10:49 AM
329	None	7/17/2023 10:48 AM
330	None	7/17/2023 10:48 AM
331	None	7/17/2023 10:48 AM
332	none	7/17/2023 10:47 AM
333	inconsistent internet connection	7/17/2023 10:47 AM
334	Knowledge of how to use among older adults or all ages when unfamiliar platform.	7/17/2023 10:47 AM
335	none	7/17/2023 10:46 AM
336	none	7/17/2023 10:46 AM
337	technical difficulties on end of patient and provider	7/17/2023 10:46 AM
338	none	7/17/2023 10:46 AM
339	none	7/17/2023 10:46 AM
340	None	7/17/2023 10:45 AM
341	None	7/17/2023 10:45 AM
342	None	7/17/2023 10:44 AM
343	None	7/17/2023 10:44 AM
344	None	7/17/2023 10:44 AM
345	none	7/17/2023 10:44 AM
346	None	7/17/2023 10:44 AM
347	No barriers	7/17/2023 10:44 AM
348	telephone lnd line	7/17/2023 10:44 AM
349	None	7/17/2023 10:43 AM
350	none	7/17/2023 10:42 AM
351	none	7/17/2023 10:42 AM
352	Unable to take insurance due to low reimbursement rates	7/17/2023 10:42 AM
353	I cannot see the whole person at one time.	7/17/2023 10:42 AM
354	none	7/17/2023 10:42 AM
355	None	7/17/2023 10:40 AM
356	None	7/17/2023 10:40 AM
357	None	7/17/2023 10:40 AM
358	i havent worked the last few years, am renewing my license	7/17/2023 10:40 AM
359	none other than sometimes there is a freeze or slight delay when both are talking back and forth	7/17/2023 10:40 AM
360	prefer in person	7/17/2023 10:39 AM

361	telehealth has been going well with my practice	7/17/2023 10:39 AM
362	none	7/17/2023 10:38 AM
363	I've had clients phones overheat and turn off during video sessions.	7/17/2023 10:38 AM
364	none	7/17/2023 10:37 AM
365	So far, all of the law barriers have been manageable both for myself and for clients.	7/17/2023 10:37 AM
366	none	7/17/2023 10:36 AM
367	None	7/17/2023 10:36 AM
368	None	7/17/2023 10:36 AM
369	none	7/17/2023 10:36 AM
370	some older patients are not tech savvy	7/17/2023 10:36 AM
371	None	7/17/2023 10:35 AM
372	None	7/17/2023 10:35 AM
373	None	7/17/2023 10:35 AM
374	none	7/17/2023 10:34 AM
375	difficulty ensuring all communications are secure	7/17/2023 10:34 AM
376	None	7/17/2023 10:34 AM
377	None	7/17/2023 10:34 AM
378	Organizational preference for in-person visits	7/17/2023 10:34 AM
379	Client's difficulty with internet access, ability to utilize technology. I see many seniors that do not want to use telehealth	7/17/2023 10:33 AM
380	None	7/17/2023 10:33 AM
381	None.	7/17/2023 10:33 AM
382	None	7/17/2023 10:32 AM
383	none	7/17/2023 10:32 AM
384	none	7/17/2023 10:32 AM
385	None	7/17/2023 10:32 AM
386	None	7/17/2023 10:31 AM
387	At times patients have trouble logging in	7/17/2023 10:31 AM
388	None	7/17/2023 10:31 AM
389	None	7/17/2023 10:31 AM
390	Power outages	7/17/2023 10:30 AM
391	none	7/17/2023 10:30 AM
392	none	7/17/2023 10:30 AM
393	none	7/17/2023 10:29 AM
394	None	7/17/2023 10:29 AM
395	None	7/17/2023 10:29 AM
396	None	7/17/2023 10:29 AM
397	None	7/17/2023 9:45 AM

398	Should my client utilize their cellphones during video visits, it may have inconsistent connectivity or sessions are disrupted due to cellphone notifications, client traveling in their car, or client switching between cellphone provider and WiFi.	7/17/2023 7:09 AM
399	No Barriers	7/17/2023 5:25 AM
400	None	7/15/2023 6:57 PM
401	none	7/15/2023 4:25 PM
402	None	7/15/2023 3:35 PM
403	None	7/15/2023 10:49 AM
404	None on my side (provide service on-site at UCLA)	7/15/2023 10:30 AM
405	Only when internet goes down, occasional weird computer issue	7/15/2023 7:55 AM
406	None	7/14/2023 8:22 PM
407	No barriers	7/14/2023 4:18 PM
408	Client and clinician knowledge / comfort with the technology initial couple sessions, esp w clients over 40	7/14/2023 2:29 PM
409	NONE	7/14/2023 1:22 PM
410	None	7/14/2023 11:59 AM
411	None	7/14/2023 10:54 AM
412	None	7/14/2023 8:50 AM
413	None	7/14/2023 5:08 AM
414	I am not well versed in internet, and I needed to be physically with clients, and my treatment depended upon the vocal tones and body language.	7/13/2023 7:15 PM
415	Mostly use telephone.	7/13/2023 5:14 PM
416	none	7/13/2023 3:44 PM
417	none	7/13/2023 3:18 PM
418	None	7/13/2023 2:53 PM
419	NONE	7/13/2023 1:33 PM
420	none	7/13/2023 11:57 AM
421	Older or non-tech Davy clients needing hands on guidance to use the technology	7/13/2023 11:55 AM
422	California not participating in PsyPact is biggest barrier to my practice.	7/13/2023 11:03 AM
423	I have almost no real barriers as, over the last three and a half years, I've made continuous improvements to the technology I use and how I use it.	7/13/2023 8:29 AM
424	Generally none	7/13/2023 7:31 AM
425	none	7/13/2023 7:15 AM
426	low SES pts did not have equitable access to internet/technology	7/12/2023 10:09 PM
427	None	7/12/2023 6:19 PM
428	None	7/12/2023 5:45 PM
429	SCE power outages	7/12/2023 4:27 PM
430	Lack of comfort with the new platform of delivering services.	7/12/2023 3:57 PM
431	None	7/12/2023 3:57 PM
432	No big issues at all. Clients say that they like Telehealth	7/12/2023 3:25 PM

433	none	7/12/2023 2:53 PM
434	none	7/12/2023 2:47 PM
435	Sometimes some patients do not have a private space available to them at the time or poor boundaries whereas family members interrupt.	7/12/2023 1:43 PM
436	Clients not having private space for sessions	7/12/2023 1:28 PM
437	None	7/12/2023 1:13 PM
438	None	7/12/2023 1:04 PM
439	We don’t have a module the inmates can enter to do a zoom call with their clinician	7/12/2023 1:04 PM
440	None	7/12/2023 12:44 PM
441	Patient access to good WIFI and equipment such as cameras	7/12/2023 12:41 PM
442	n/a	7/12/2023 10:49 AM
443	None	7/12/2023 10:43 AM
444	None	7/12/2023 10:43 AM
445	none	7/12/2023 10:40 AM
446	none	7/12/2023 10:07 AM
447	Older clients struggling with the technnology	7/12/2023 8:14 AM
448	none	7/12/2023 7:16 AM
449	Patient cognitive issues figuring out access	7/12/2023 7:00 AM
450	No major barriers except of my internet is down or doxy isn’t working.	7/12/2023 6:33 AM
451	None	7/12/2023 4:44 AM
452	I treat only digitally challenged elders- only use FT	7/11/2023 10:25 PM
453	none	7/11/2023 9:33 PM
454	none	7/11/2023 8:28 PM
455	It’s going well, both for me and my patients.	7/11/2023 8:21 PM
456	None	7/11/2023 6:48 PM
457	None	7/11/2023 6:41 PM
458	None	7/11/2023 6:24 PM
459	None	7/11/2023 6:16 PM
460	None	7/11/2023 6:10 PM
461	Proprietary closed systems: Certain telehealth platforms are designed as closed systems, meaning they are built to work exclusively within a specific healthcare organization or network. These closed systems may not support interoperability or connectivity with external telehealth platforms, making it difficult to coordinate care or share patient information across different healthcare providers or settings.	7/11/2023 5:17 PM
462	none	7/11/2023 5:12 PM
463	None	7/11/2023 5:05 PM
464	I work in an assisted living and patient does not have a cell or computer	7/11/2023 5:00 PM
465	None	7/11/2023 4:46 PM
466	None	7/11/2023 2:38 PM
467	Providing EMDR remotely using YouTube video as my only option through COVID	7/11/2023 2:06 PM

468	None	7/11/2023 1:16 PM
469	Some clients have hearing problems	7/11/2023 1:03 PM
470	none	7/11/2023 12:56 PM
471	power outages	7/11/2023 12:56 PM
472	None	7/11/2023 12:46 PM
473	None	7/11/2023 12:44 PM
474	None	7/11/2023 12:37 PM
475	None	7/11/2023 12:24 PM
476	None	7/11/2023 12:19 PM
477	Client must have internet access and appropriate equipment in private area a	7/11/2023 12:16 PM
478	None	7/11/2023 11:59 AM
479	None	7/11/2023 11:44 AM
480	None	7/11/2023 11:32 AM
481	None	7/11/2023 11:03 AM
482	currently none	7/11/2023 10:53 AM
483	None	7/11/2023 10:35 AM
484	None	7/11/2023 10:33 AM
485	None	7/11/2023 10:29 AM
486	None	7/11/2023 10:24 AM
487	none	7/11/2023 10:14 AM
488	None	7/11/2023 10:09 AM
489	Needing up to date computers with fast connection and internet speed	7/11/2023 9:55 AM
490	None	7/11/2023 9:54 AM
491	NONE	7/11/2023 9:39 AM
492	Some clients want telephone only	7/11/2023 9:31 AM
493	Reluctance of parent from low SES background to allow a home visit to install a signal booster paid for the Medicaid flex funds.	7/11/2023 9:26 AM
494	none	7/11/2023 9:07 AM
495	None, mostly client internet issues	7/11/2023 8:59 AM
496	none	7/11/2023 8:53 AM
497	lighting, ability to see each other, sophistication about using tele	7/11/2023 8:44 AM
498	Any time I have to use the system of a big organization like DHCS, their state issued equipment and out of date technology make things difficult, but when I use a private system, like Zoom or Webex, I have zero problems.	7/11/2023 8:42 AM
499	None	7/11/2023 7:57 AM
500	None	7/11/2023 7:34 AM
501	Employer pushing for more in person visits	7/11/2023 7:09 AM
502	None	7/11/2023 6:38 AM
503	medicare patients not as interested	7/11/2023 6:33 AM
504	inconsistency in tech issues (video dropping, fr	7/11/2023 6:19 AM

505	none	7/11/2023 6:02 AM
506	None	7/11/2023 5:50 AM
507	No	7/11/2023 5:48 AM
508	Clients finding a private space.	7/11/2023 5:27 AM
509	Uncertain HIPPA compliance at times -- are they (client) recording this?	7/11/2023 5:01 AM
510	None	7/11/2023 4:27 AM
511	None	7/11/2023 3:39 AM
512	None	7/11/2023 12:15 AM
513	Lighting issues, external sounds	7/10/2023 11:35 PM
514	None	7/10/2023 11:29 PM
515	None	7/10/2023 11:18 PM
516	Confidentiality for client	7/10/2023 10:58 PM
517	None	7/10/2023 10:44 PM
518	My private practice is in an older building that has terrible internet service. It drives me crazy to have the screen freeze during a therapy session.	7/10/2023 10:13 PM
519	None	7/10/2023 9:45 PM
520	Freezing	7/10/2023 9:24 PM
521	none	7/10/2023 9:18 PM
522	none	7/10/2023 8:55 PM
523	None	7/10/2023 8:42 PM
524	None	7/10/2023 8:28 PM
525	None	7/10/2023 8:27 PM
526	?	7/10/2023 8:22 PM
527	None	7/10/2023 8:13 PM
528	I have only done crisi work on the phone. I prefer face to face.	7/10/2023 7:57 PM
529	Some clients prefer not to have video, so phone calls are the alternative	7/10/2023 7:55 PM
530	None	7/10/2023 7:46 PM
531	Clients are distracted	7/10/2023 7:38 PM
532	Some clients prefer, face-to-face	7/10/2023 7:35 PM
533	Occasional dropped calls on pt end or bad connection on pt end	7/10/2023 7:35 PM
534	Loss of internet and electricity due to wind and weather	7/10/2023 7:34 PM
535	None	7/10/2023 7:31 PM
536	Older patients aren't always comfortable with video and prefer telephone.	7/10/2023 7:26 PM
537	None	7/10/2023 7:25 PM
538	None	7/10/2023 7:24 PM
539	Only use telephone	7/10/2023 7:23 PM
540	None	7/10/2023 7:20 PM
541	None	7/10/2023 7:20 PM

542	Rarely, the screen will freeze but it comes back quickly	7/10/2023 7:08 PM
543	None	7/10/2023 7:06 PM
544	I enjoy telehealth very much	7/10/2023 6:55 PM
545	N/a	7/10/2023 6:40 PM
546	Weather conditions	7/10/2023 6:36 PM
547	None	7/10/2023 6:26 PM
548	Intermittent clarity issues (sound or picture) which I believe is due to client's broadband.	7/10/2023 6:26 PM
549	Distractions within patient's environment	7/10/2023 6:25 PM
550	For the Board of Psychology to recognize the need for Telehealth.	7/10/2023 6:16 PM
551	None	7/10/2023 6:15 PM
552	none	7/10/2023 6:13 PM
553	power outtages	7/10/2023 6:11 PM
554	None	7/10/2023 6:11 PM
555	none	7/10/2023 6:09 PM
556	None	7/10/2023 6:04 PM
557	None	7/10/2023 5:58 PM
558	not sure if the platform is safe and confidential	7/10/2023 5:56 PM
559	None	7/10/2023 5:51 PM
560	none	7/10/2023 5:50 PM
561	none	7/10/2023 5:49 PM
562	None	7/10/2023 5:44 PM
563	None	7/10/2023 5:39 PM
564	None	7/10/2023 5:39 PM
565	none	7/10/2023 5:38 PM
566	none	7/10/2023 5:34 PM
567	none	7/10/2023 5:22 PM
568	none	7/10/2023 5:18 PM
569	None	7/10/2023 5:17 PM
570	None	7/10/2023 5:15 PM
571	Seniors tend to have more difficulty with video	7/10/2023 5:00 PM
572	None	7/10/2023 4:59 PM
573	none	7/10/2023 4:41 PM
574	None	7/10/2023 4:33 PM
575	Culture of poverty (patients unable to access equipment or wifi)	7/10/2023 4:29 PM
576	I do not practise telehealth.	7/10/2023 4:29 PM
577	None	7/10/2023 4:25 PM
578	None	7/10/2023 4:23 PM
579	Internet dropping during sessions	7/10/2023 4:23 PM

580	none	7/10/2023 3:58 PM
581	None- most barriers since COVID have been eliminated.	7/10/2023 3:51 PM
582	None	7/10/2023 3:47 PM
583	none, it's been a fabulous way to reduce barriers to access and cost	7/10/2023 3:46 PM
584	None	7/10/2023 3:34 PM
585	none	7/10/2023 3:33 PM
586	None	7/10/2023 3:31 PM
587	None	7/10/2023 3:31 PM
588	none	7/10/2023 3:30 PM
589	Clients not have a private place for virtual sessions in the home	7/10/2023 3:27 PM
590	Access to a private space	7/10/2023 3:24 PM
591	None	7/10/2023 3:21 PM
592	None	7/10/2023 3:19 PM
593	none	7/10/2023 3:14 PM
594	none	7/10/2023 3:11 PM
595	None	7/10/2023 3:04 PM
596	None	7/10/2023 2:59 PM
597	none	7/10/2023 2:58 PM
598	None	7/10/2023 2:57 PM
599	None	7/10/2023 2:56 PM
600	none	7/10/2023 2:49 PM
601	None	7/10/2023 2:48 PM
602	None	7/10/2023 2:38 PM
603	none	7/10/2023 2:38 PM
604	None	7/10/2023 2:37 PM
605	None	7/10/2023 2:35 PM
606	None	7/10/2023 2:32 PM
607	patients who are less technologically savvy and may run into difficulties using the telehealth platform (Zoom embedded in MyChart)	7/10/2023 2:27 PM
608	None	7/10/2023 2:24 PM
609	Several clients that want to use phone as dislike computers	7/10/2023 2:20 PM
610	None	7/10/2023 2:08 PM
611	Clients who have poor internet connection or no internet connected computer and rely on their phones for teletherapy sessions. Not very frequent.	7/10/2023 2:07 PM
612	NONE	7/10/2023 2:06 PM
613	My clients prefer telephone	7/10/2023 2:06 PM
614	None	7/10/2023 2:01 PM
615	N/A	7/10/2023 1:53 PM
616	Security and privacy concerns	7/10/2023 1:52 PM

617	None	7/10/2023 1:48 PM
618	None	7/10/2023 1:47 PM
619	connection problems	7/10/2023 1:40 PM
620	None	7/10/2023 1:39 PM
621	none	7/10/2023 1:35 PM
622	Reimbursement	7/10/2023 1:35 PM
623	None	7/10/2023 1:26 PM
624	None	7/10/2023 1:26 PM
625	None	7/10/2023 1:25 PM
626	none	7/10/2023 1:24 PM
627	None	7/10/2023 1:24 PM
628	None	7/10/2023 1:23 PM
629	None	7/10/2023 1:20 PM
630	None	7/10/2023 1:18 PM
631	none	7/10/2023 1:16 PM
632	I’m going to experiment with zoom or google meets	7/10/2023 1:16 PM
633	Older clients struggling with the technology in general.	7/10/2023 1:14 PM
634	IT Support	7/10/2023 1:12 PM
635	None	7/10/2023 1:10 PM
636	Numerous technical problems occur each week often related to the poor quality of Clients phones, tablets, or laptops. I work with the very poor and their government phones lack capacity and ability for videoconferences. I work for an FQHC and have technical support as needed. We use Zoom and Doximity primarily and both function fairly well and consistently, not always. Dead zones are a problem for clients in rural areas of which there are many in Sonoma County. When reception is poor we stick to the phone sessions or when internet connection is poor we stick to phone sessions. I've been working from home for nearly three and a-half years and am now back at the office one day a week. I prefer working from home over live visits in my office.	7/10/2023 1:10 PM
637	When video freezes I use phone as audio portion so I don't miss any words.	7/10/2023 1:08 PM
638	none	7/10/2023 1:07 PM
639	none none	7/10/2023 1:07 PM
640	None	7/10/2023 1:07 PM
641	None	7/10/2023 1:04 PM
642	None	7/10/2023 1:01 PM
643	Patients forget apportionment, don’t show up, or are in inadequate setting (I.e. the mall, a park)	7/10/2023 1:01 PM
644	none	7/10/2023 12:57 PM
645	None	7/10/2023 12:55 PM
646	information and education about the legal and ethical requirements	7/10/2023 12:51 PM
647	None	7/10/2023 12:50 PM
648	none	7/10/2023 12:48 PM
649	None	7/10/2023 12:48 PM
650	None	7/10/2023 12:47 PM

651	It has been a challenge to obtain a HIPAA compliant platform as a non HIPAA entity (we are under FERPA), as the companies want a signed BAA that incorrectly indicates we are a covered entity under HIPAA.	7/10/2023 12:47 PM
652	none	7/10/2023 12:46 PM
653	Patients may have difficulty using the technology	7/10/2023 12:45 PM
654	Practicality of doing assessment	7/10/2023 12:45 PM
655	none	7/10/2023 12:44 PM
656	None	7/10/2023 12:43 PM
657	Only one interested client had to be referred to in person therapy. They were elderly and did not want to use the computer, nor wanted to learn how to. They wanted telephone sessions, which we do not provide, so we referred them to in person near their home.	7/10/2023 12:41 PM
658	None, I find it most efficient to use a landline with no Zoom. Please continue this effective option.	7/10/2023 12:39 PM
659	I use FaceTime	7/10/2023 12:37 PM
660	none	7/10/2023 12:37 PM
661	None	7/10/2023 12:34 PM
662	None	7/10/2023 12:29 PM
663	Not observing the patient in front of me.	7/10/2023 12:29 PM
664	internet connection on client end	7/10/2023 12:29 PM
665	None.	7/10/2023 12:28 PM
666	None	7/10/2023 12:28 PM
667	None	7/10/2023 12:28 PM
668	Non-English fluent service population	7/10/2023 12:28 PM
669	Essentially, none.	7/10/2023 12:26 PM
670	none	7/10/2023 12:24 PM
671	With a couple of my clients, they have poor WiFi, so we have periodic freezing.	7/10/2023 12:17 PM
672	Blurry screen	7/10/2023 12:15 PM
673	None	7/10/2023 12:14 PM
674	None	7/10/2023 12:14 PM
675	none	7/10/2023 12:13 PM
676	Sometimes patients struggle to find private space	7/10/2023 12:13 PM
677	None	7/10/2023 12:12 PM
678	none	7/10/2023 12:11 PM
679	None	7/10/2023 12:10 PM
680	Privacy-often they can’t be alone 100% of the time with siblings walking in to the room in middle of therapy	7/10/2023 12:09 PM
681	Older clients on Medicare are not that confident about using the internet so decline to be seen via telehealth.	7/10/2023 12:09 PM
682	none	7/10/2023 12:06 PM
683	Medical doctors no longer attempt to treat me by telehealth as I find it aversive.	7/10/2023 12:05 PM
684	None	7/10/2023 12:03 PM

685	none	7/10/2023 12:01 PM
686	None	7/10/2023 11:59 AM
687	At times patients may have some Wi-Fi issues but when the move their computer it helps	7/10/2023 11:59 AM
688	none	7/10/2023 11:58 AM
689	none	7/10/2023 11:58 AM
690	non	7/10/2023 11:57 AM
691	None	7/10/2023 11:55 AM
692	none	7/10/2023 11:55 AM
693	None	7/10/2023 11:54 AM
694	None	7/10/2023 11:49 AM
695	issues with wifi glitches	7/10/2023 11:48 AM
696	Only if client does not or cannot use zoom.	7/10/2023 11:48 AM
697	None	7/10/2023 11:45 AM
698	None	7/10/2023 11:44 AM
699	None	7/10/2023 11:42 AM
700	None	7/10/2023 11:41 AM
701	none	7/10/2023 11:39 AM
702	N/A	7/10/2023 11:39 AM
703	None	7/10/2023 11:37 AM
704	Appearance on telehealth. As an older person, I am told I look quite old.	7/10/2023 11:37 AM
705	None	7/10/2023 11:36 AM
706	None	7/10/2023 11:36 AM
707	None really. Occasional freezing	7/10/2023 11:34 AM
708	None	7/10/2023 11:34 AM
709	tech knowledge	7/10/2023 11:34 AM
710	Computer skills with my elderly clients and not having their personal lab tap	7/10/2023 11:34 AM
711	none	7/10/2023 11:33 AM
712	None	7/10/2023 11:32 AM
713	none	7/10/2023 11:32 AM
714	Logitech Brio camera, Sony headphones	7/10/2023 11:28 AM
715	None	7/10/2023 11:27 AM
716	none	7/10/2023 11:25 AM
717	one	7/10/2023 11:25 AM
718	None	7/10/2023 11:25 AM
719	None	7/10/2023 11:22 AM
720	client's meeting in more "untraditional" spaces online that could jeopardize their privacy	7/10/2023 11:22 AM
721	minimal, but sometimes client won't have good connectivity	7/10/2023 11:22 AM
722	None	7/10/2023 11:19 AM

723	none	7/10/2023 11:18 AM
724	Unexpected internet connection interruptions	7/10/2023 11:18 AM
725	None	7/10/2023 11:17 AM
726	none.	7/10/2023 11:17 AM
727	None	7/10/2023 11:14 AM
728	None	7/10/2023 11:12 AM
729	That barriers are mainly that the board does not allow me to use certain platforms that tend to perform better. I am limited to HIPAA compliant platforms which do not function as well as something like FaceTime	7/10/2023 11:12 AM
730	occasional freezing and/or loss of sync between audio and video, though usually easily fixed by refreshing.	7/10/2023 11:12 AM
731	None	7/10/2023 11:08 AM
732	none	7/10/2023 11:08 AM
733	none	7/10/2023 11:08 AM
734	None	7/10/2023 11:07 AM
735	none	7/10/2023 11:06 AM
736	Connection failures (rare) but persistent for more mountainous regions. Phone appts work extremely well	7/10/2023 11:06 AM
737	Older clientele, who do not know how to use these platforms and are afraid to learn	7/10/2023 11:04 AM
738	clients internet	7/10/2023 11:03 AM
739	None	7/10/2023 11:03 AM
740	none	7/10/2023 11:02 AM
741	None	7/10/2023 10:59 AM
742	none	7/10/2023 10:58 AM
743	none	7/10/2023 10:58 AM
744	Some clients do not have any computer access.	7/10/2023 10:58 AM
745	Do not believe telehealth is a good alternative for face to face	7/10/2023 10:58 AM
746	None	7/10/2023 10:58 AM
747	None	7/10/2023 10:56 AM
748	None	7/10/2023 10:56 AM
749	None	7/10/2023 10:55 AM
750	clients from other states where I am not licensed seeking help	7/10/2023 10:55 AM
751	none	7/10/2023 10:54 AM
752	none	7/10/2023 10:53 AM
753	Most of my clients are seniors/elderly and have difficulty understanding technology or affording it.	7/10/2023 10:53 AM
754	Limitation everywhere	7/10/2023 10:53 AM
755	None	7/10/2023 10:52 AM
756	NONE	7/10/2023 10:52 AM
757	None	7/10/2023 10:52 AM

758	None	7/10/2023 10:51 AM
759	none	7/10/2023 10:50 AM
760	none	7/10/2023 10:50 AM
761	None	7/10/2023 10:48 AM
762	None	7/10/2023 10:48 AM
763	None	7/10/2023 10:46 AM
764	Integrated EMR, billing telehealth services that are cost effective for small businesses or private practice	7/10/2023 10:46 AM
765	None	7/10/2023 10:44 AM
766	None	7/10/2023 10:44 AM
767	None	7/10/2023 10:44 AM
768	None	7/10/2023 10:44 AM
769	None	7/10/2023 10:44 AM
770	sometimes the connection ius not very good but we then try facetime or phone and it all has worked out. I have not ever had to cancel because of any techical issue	7/10/2023 10:43 AM
771	My or client’s lack of knowledge how to address tech problems	7/10/2023 10:42 AM
772	i use the telephone: dropped calls, poor cell service reception (e.g., if clients are outside), phone not charged	7/10/2023 10:42 AM
773	Many of my elderly patients do not feel comfortable using computers and request telephone appointments only, especially if it is difficult for them to be able to attend in person appointments for various reasons	7/10/2023 10:40 AM
774	Occasionally my or my patients’ zoom not great or telephone reception erratic.	7/10/2023 10:39 AM
775	None	7/10/2023 10:38 AM
776	None	7/10/2023 10:38 AM
777	none	7/10/2023 10:38 AM
778	none	7/10/2023 10:38 AM
779	None	7/10/2023 10:37 AM
780	none	7/10/2023 10:37 AM
781	Difficulties with practice across state lines when pts. travel outside of CA.	7/10/2023 10:36 AM
782	None	7/10/2023 10:36 AM
783	None	7/10/2023 10:36 AM
784	None	7/10/2023 10:35 AM
785	none	7/10/2023 10:34 AM
786	Sometimes using technology by elderly has been challenging	7/10/2023 10:33 AM
787	none	7/10/2023 10:33 AM
788	Video connection can be blurry at times	7/10/2023 10:33 AM
789	None	7/10/2023 10:32 AM
790	None	7/10/2023 10:32 AM
791	None	7/10/2023 10:32 AM
792	none, rare instances of problems with connectivity	7/10/2023 10:31 AM

793	None	7/10/2023 10:30 AM
794	None	7/10/2023 10:30 AM
795	none	7/10/2023 10:29 AM
796	Only power outages	7/10/2023 10:28 AM
797	None	7/10/2023 10:28 AM
798	None	7/10/2023 10:28 AM
799	Privacy	7/10/2023 10:28 AM
800	None	7/10/2023 10:28 AM
801	People sometimes have difficulty getting the horizontal or vertical settings right for video.	7/10/2023 10:28 AM
802	none	7/10/2023 10:26 AM
803	None	7/10/2023 10:25 AM
804	None	7/10/2023 10:25 AM
805	none	7/10/2023 10:25 AM
806	Some older patients are intimidated by the internet, so they rather not approach any providers for services. Some do not know how to use the internet . All they can use is the telephone. However, their hearing is not that good.	7/10/2023 10:24 AM
807	none	7/10/2023 10:23 AM
808	some patients need additional training in using the technology	7/10/2023 10:23 AM
809	N/A	7/10/2023 10:22 AM
810	none	7/10/2023 10:22 AM
811	patient's lack of privacy at home	7/10/2023 10:22 AM
812	None	7/10/2023 10:21 AM
813	none	7/10/2023 10:21 AM
814	None	7/10/2023 10:21 AM
815	Technical Support	7/10/2023 10:20 AM
816	None	7/10/2023 10:19 AM
817	none	7/10/2023 10:17 AM
818	None	7/10/2023 10:16 AM
819	none	7/10/2023 10:15 AM
820	Work in a prison, inmates do not have access to telecare programs	7/10/2023 10:15 AM
821	Safe quiet space	7/10/2023 10:15 AM
822	none	7/10/2023 10:15 AM
823	Few. 5G has helped and most people have access to mobile device, even those who access state and federal funding for healthcare. The greater issue to access is tech literacy. It is important that Providers themselves are tech literate in order to guide their patients in the event of a software issue. I have found this is a nice collaborative and cooperative opportunity to work together. Outages are rare, and robust EHRs create stability in this medium.	7/10/2023 10:15 AM
824	None	7/10/2023 10:14 AM
825	none	7/10/2023 10:12 AM
826	Privacy issues for the client	7/10/2023 10:12 AM
827	None	7/10/2023 10:11 AM

828	None	7/10/2023 10:10 AM
829	None	7/10/2023 10:10 AM
830	none	7/10/2023 10:10 AM
831	Pt. access or capacity to use telehealth audio-visual technology	7/10/2023 10:10 AM
832	None	7/10/2023 10:09 AM
833	None	7/10/2023 10:08 AM
834	None	7/10/2023 10:08 AM
835	None	7/10/2023 10:08 AM
836	None	7/10/2023 10:07 AM
837	None	7/10/2023 10:07 AM
838	older adults who are not used to technology	7/10/2023 10:07 AM
839	My clients are primarily homeless, they often have a hard time finding a private place to conduct a telehealth sessions.	7/10/2023 10:07 AM
840	none	7/10/2023 10:06 AM
841	Some difficulties with interpreters contacting via telehealth	7/10/2023 10:06 AM
842	None	7/10/2023 10:05 AM
843	None	7/10/2023 10:05 AM
844	None	7/10/2023 10:05 AM
845	None	7/10/2023 10:05 AM
846	none	7/10/2023 10:04 AM
847	None	7/10/2023 10:04 AM
848	None	7/10/2023 10:04 AM
849	None	7/10/2023 10:03 AM
850	Clients' lack of technical skills	7/10/2023 10:03 AM
851	none	7/10/2023 10:02 AM
852	Privacy	7/10/2023 10:02 AM
853	Not having California be under PSYPACT	7/10/2023 10:02 AM
854	none	7/10/2023 10:01 AM
855	None	7/10/2023 10:01 AM
856	Time from their work schedules	7/10/2023 10:00 AM
857	None	7/10/2023 10:00 AM
858	None	7/10/2023 10:00 AM
859	Lack of training	7/10/2023 10:00 AM
860	none	7/10/2023 10:00 AM
861	none	7/10/2023 9:59 AM
862	None	7/10/2023 9:59 AM
863	none except lack of certainty about reimbursement from 3rd party carriers including CMS	7/10/2023 9:59 AM
864	None	7/10/2023 9:59 AM
865	None	7/10/2023 9:58 AM

866	None	7/10/2023 9:58 AM
867	None	7/10/2023 9:58 AM
868	None	7/10/2023 9:57 AM
869	none	7/10/2023 9:57 AM
870	None	7/10/2023 9:57 AM
871	N/A	7/10/2023 9:57 AM
872	NONE	7/10/2023 9:57 AM
873	None	7/10/2023 9:57 AM
874	No	7/10/2023 9:56 AM
875	None	7/10/2023 9:56 AM
876	None	7/10/2023 9:56 AM
877	None	7/10/2023 9:56 AM
878	Poor FaceTime connection	7/10/2023 9:56 AM
879	none	7/10/2023 9:56 AM
880	None	7/10/2023 9:55 AM
881	none	7/10/2023 9:55 AM
882	None	7/10/2023 9:55 AM
883	none	7/10/2023 9:55 AM
884	n/a	7/10/2023 9:55 AM
885	None	7/10/2023 9:55 AM
886	none	7/10/2023 9:54 AM
887	None	7/10/2023 9:54 AM
888	none	7/10/2023 9:54 AM
889	None	7/10/2023 9:54 AM
890	None	7/10/2023 9:53 AM
891	None	7/10/2023 9:53 AM
892	Occasional frozen connections	7/10/2023 9:53 AM
893	Using cell phones for video conferencing and on the cell network (not Wi-Fi)	7/10/2023 9:53 AM
894	Patients not having the knowledge of how to sign on	7/10/2023 9:52 AM
895	None	7/10/2023 9:52 AM
896	None	7/10/2023 9:52 AM
897	None	7/10/2023 9:52 AM
898	None	7/10/2023 9:52 AM
899	None	7/10/2023 9:52 AM
900	None	7/10/2023 9:52 AM
901	None	7/10/2023 9:52 AM
902	None	7/10/2023 9:51 AM
903	none	7/10/2023 9:51 AM

904	None	7/10/2023 9:51 AM
905	None	7/10/2023 9:51 AM
906	None	7/10/2023 9:51 AM
907	None	7/10/2023 9:50 AM
908	Patients wanted in person	7/10/2023 9:50 AM
909	None	7/10/2023 9:50 AM
910	None	7/10/2023 9:50 AM
911	None	7/10/2023 9:50 AM
912	No barriers	7/10/2023 9:50 AM
913	none	7/10/2023 9:50 AM
914	None	7/10/2023 9:49 AM
915	none	7/10/2023 9:49 AM
916	none	7/10/2023 8:54 AM
917	None	7/10/2023 8:51 AM
918	none	7/10/2023 7:35 AM
919	NONE	7/9/2023 2:45 PM
920	none	7/8/2023 3:38 PM
921	Client who prefers in-person therapy	7/8/2023 3:05 PM
922	None	7/8/2023 1:04 PM
923	none	7/7/2023 4:39 PM
924	none	7/6/2023 5:45 PM
925	telehealth has been a very smooth process.	7/6/2023 4:18 PM
926	None	7/6/2023 11:19 AM
927	None	7/6/2023 10:55 AM
928	None	7/6/2023 6:33 AM
929	Occasional technological difficulties (mostly client challenges with software or hardware).	7/5/2023 3:35 PM
930	some older folks struggle to use the technology	7/5/2023 1:40 PM
931	none	7/5/2023 1:39 PM
932	none	7/5/2023 1:28 PM
933	employer (the state) doesn't allow telehealth for psychologists. Psychiatrists, however, have been providing telehealth since before the pandemic...stupid double standards.	7/5/2023 10:53 AM
934	Power outages	7/5/2023 10:22 AM
935	None	7/5/2023 10:04 AM
936	Privacy, comfort, reducing distractions.	7/4/2023 2:26 PM
937	Client in vehicle traveling while in session and losing signal	7/4/2023 8:16 AM
938	None	7/4/2023 6:39 AM
939	none	7/3/2023 10:44 PM
940	Limitations with clients out of state - When will Ca join PSYPACT?	7/3/2023 9:01 PM
941	Unsure of Telehealth Platform to utilize	7/3/2023 7:44 PM

942	None	7/3/2023 6:36 PM
943	Patient doesn't have a smartphone or a computer	7/3/2023 1:14 PM
944	none	7/3/2023 1:00 PM
945	none	7/3/2023 10:18 AM
946	none	7/3/2023 7:49 AM
947	Some "Clients" not having access to a good quality internet	7/2/2023 5:24 PM
948	None	7/2/2023 3:53 PM
949	none	7/2/2023 10:25 AM
950	None	7/2/2023 10:23 AM
951	none	7/2/2023 10:21 AM
952	None	7/1/2023 7:01 PM
953	none	7/1/2023 6:15 PM
954	none	7/1/2023 5:44 PM
955	None	7/1/2023 2:38 PM
956	None	7/1/2023 11:21 AM
957	Neuropsychological assessment can not be conducted through only telemedicine. When utilitized, it's in conjunction with in-person sessions.	6/30/2023 10:37 PM
958	Internet interruptions of Zoom meetings	6/30/2023 5:22 PM
959	none	6/30/2023 5:22 PM
960	none	6/30/2023 4:55 PM
961	Patient's don't always have access to computer for assessments	6/30/2023 3:21 PM
962	None	6/30/2023 1:45 PM
963	The client not being able to have privacy	6/30/2023 1:05 PM
964	none	6/30/2023 12:48 PM
965	None	6/30/2023 12:36 PM
966	None	6/30/2023 12:29 PM
967	For those patients not technologically oriented, I help them or have them talk to VSee (which keeps their confidentiality and the patient name is not needed)	6/30/2023 12:16 PM
968	none	6/30/2023 11:43 AM
969	older patients will need help accessing the platform or won't know how to log on/log off if the platform is not working well. I find they do better if there's an adult child/caregiver to assist.	6/30/2023 11:06 AM
970	None	6/30/2023 10:11 AM
971	none	6/30/2023 9:45 AM
972	none	6/30/2023 9:17 AM
973	Poor technical knowledge, unable to troubleshoot	6/30/2023 7:42 AM
974	California BBS not being part of PsyPact so many of our clients who are now going on vacation , traveling for work or living a “digital nomad” lifestyle then have to stop services because they go out of CA state lines but also can’t find another provider because they do not permanently live in that state	6/30/2023 5:50 AM
975	none	6/29/2023 10:53 PM
976	None.	6/29/2023 10:13 PM

977	none	6/29/2023 7:10 PM
978	none	6/29/2023 7:04 PM
979	None	6/29/2023 6:31 PM
980	none	6/29/2023 5:47 PM
981	NONE	6/29/2023 5:42 PM
982	None	6/29/2023 4:25 PM
983	Power outages	6/29/2023 1:44 PM
984	insurance coverage sometimes	6/29/2023 12:56 PM
985	None	6/29/2023 12:21 PM
986	none	6/29/2023 12:19 PM
987	none	6/29/2023 12:13 PM
988	None	6/29/2023 11:33 AM
989	none	6/29/2023 11:18 AM
990	none	6/29/2023 10:52 AM
991	None	6/29/2023 10:42 AM
992	none	6/29/2023 10:36 AM
993	None	6/29/2023 10:09 AM
994	NONE	6/29/2023 9:52 AM
995	None	6/29/2023 9:06 AM
996	None	6/29/2023 8:43 AM
997	NA	6/29/2023 8:29 AM
998	none	6/29/2023 7:54 AM
999	Sometimes I lose an internet connection for unknown reasons, so I and the client need to log off and rejoin the teletherapy session.	6/29/2023 1:40 AM
1000	Assessment validity	6/29/2023 12:29 AM
1001	None	6/28/2023 10:45 PM
1002	Rarely any problems	6/28/2023 10:42 PM
1003	none	6/28/2023 10:39 PM
1004	none	6/28/2023 10:13 PM
1005	None	6/28/2023 8:22 PM
1006	None	6/28/2023 6:23 PM
1007	For the clients I see, save occasional poor connections, they have verbalized a preference for telehealth.	6/28/2023 6:20 PM
1008	Many elderly do not understand how to use links for telehealth and it takes time for clinicians to explain or help walk them through the set up.	6/28/2023 4:51 PM
1009	At times the reception is poor	6/28/2023 4:40 PM
1010	increasing concern re denials of insurance coverage for OON mental health services provided via telehealth, a barrier that impacts some of my disabled patients	6/28/2023 4:05 PM
1011	none	6/28/2023 3:27 PM
1012	Prefer to see people in person.	6/28/2023 3:24 PM

1013	some client's unfamiliarity with technology has in the past contributed to difficulties such as downloading apps or knowing how to click on a link or turn on audio	6/28/2023 2:07 PM
1014	None for me; my clients all have good access but I do not work with disadvantaged populations	6/28/2023 2:01 PM
1015	N/A	6/28/2023 1:57 PM
1016	None	6/28/2023 1:23 PM
1017	access to privacy for sessions (primarily pandemic issue)	6/28/2023 12:30 PM
1018	None	6/28/2023 12:15 PM
1019	access to confidential space to attend virtual therapy	6/28/2023 12:14 PM
1020	None	6/28/2023 11:53 AM
1021	privacy for clients	6/28/2023 11:20 AM
1022	none	6/28/2023 11:15 AM
1023	none	6/28/2023 11:13 AM
1024	none	6/28/2023 11:03 AM
1025	None	6/28/2023 10:51 AM
1026	Clients having limited privacy at home	6/28/2023 10:45 AM
1027	none	6/28/2023 10:29 AM
1028	none	6/28/2023 10:19 AM
1029	None	6/28/2023 9:56 AM
1030	NONE	6/28/2023 9:44 AM
1031	none	6/28/2023 9:34 AM
1032	none	6/28/2023 9:19 AM
1033	Voice isolation technology makes it hard to hear older patients	6/28/2023 8:58 AM
1034	NONE	6/28/2023 8:55 AM
1035	None	6/28/2023 8:53 AM
1036	none	6/28/2023 8:23 AM
1037	None	6/28/2023 7:28 AM
1038	None	6/28/2023 6:34 AM
1039	None	6/28/2023 6:15 AM
1040	Nature of video conferencing in general	6/27/2023 10:57 PM
1041	None	6/27/2023 10:52 PM
1042	None	6/27/2023 10:45 PM
1043	none.	6/27/2023 10:27 PM
1044	none	6/27/2023 10:04 PM
1045	None	6/27/2023 9:47 PM
1046	none	6/27/2023 9:21 PM
1047	none	6/27/2023 9:17 PM
1048	Sometimes clients are not very computer savvy and can't figure out how to, eg. turn on cameras	6/27/2023 9:17 PM

1049	some clients need help first time tutorial on how to use screen sharing and turn on camera and sound etc.	6/27/2023 9:10 PM
1050	none	6/27/2023 8:44 PM
1051	none	6/27/2023 8:42 PM
1052	No problems, barriers, for me. Some clients occasionally had speed or location problems that caused interrupted coverage..	6/27/2023 7:58 PM
1053	I can't remember any specifics. It always gets worked out.	6/27/2023 7:50 PM
1054	none	6/27/2023 7:01 PM
1055	None	6/27/2023 6:39 PM
1056	Areas that are more rural have very limited internet options, none good.	6/27/2023 6:09 PM
1057	none	6/27/2023 6:04 PM
1058	none-- but I am privileged to work at a Community College that provides all these.	6/27/2023 5:30 PM
1059	tech issue with picture and sound	6/27/2023 5:16 PM
1060	None	6/27/2023 4:54 PM
1061	None	6/27/2023 4:49 PM
1062	No internet service in patient's home.	6/27/2023 4:39 PM
1063	PG and E outages	6/27/2023 4:35 PM
1064	none	6/27/2023 4:19 PM
1065	technical glitches in even high quality systems	6/27/2023 4:19 PM
1066	my work site (state hospital) does not have a telehealth practice	6/27/2023 4:14 PM
1067	freezing, distortion, loss of connection on the part of either party (sometimes hard to know which end), as well as softer problems of poor lighting and/or sound on clients' part	6/27/2023 4:08 PM
1068	None	6/27/2023 4:05 PM
1069	Glitches in video transmission and freezing	6/27/2023 4:04 PM
1070	None	6/27/2023 4:01 PM
1071	none	6/27/2023 3:54 PM
1072	None	6/27/2023 3:41 PM
1073	None	6/27/2023 3:21 PM
1074	none	6/27/2023 3:17 PM
1075	None	6/27/2023 3:12 PM
1076	none	6/27/2023 3:12 PM
1077	enon	6/27/2023 3:06 PM
1078	Patients sometimes have issues logging on for video sessions	6/27/2023 2:57 PM
1079	Comfort with telehealth	6/27/2023 2:55 PM
1080	none	6/27/2023 2:42 PM
1081	n/a	6/27/2023 2:41 PM
1082	none	6/27/2023 2:18 PM
1083	none	6/27/2023 2:15 PM
1084	None	6/27/2023 1:55 PM
1085	Patient's not being technically savvy	6/27/2023 1:52 PM

1086	Batteries dying mid-session, especially if client is on the phone	6/27/2023 1:51 PM
1087	Client may not have a privacy during a session	6/27/2023 1:43 PM
1088	none	6/27/2023 1:36 PM
1089	I primarily do neurofeedback which mostly requires in-person	6/27/2023 1:28 PM
1090	None other	6/27/2023 1:27 PM
1091	Mainly barriers are on patient's end.	6/27/2023 1:15 PM
1092	older users have more trouble with tech/phone often best	6/27/2023 1:11 PM
1093	none	6/27/2023 1:08 PM
1094	none	6/27/2023 12:51 PM
1095	none	6/27/2023 12:50 PM
1096	occasional glitches	6/27/2023 12:48 PM
1097	No barriers	6/27/2023 12:46 PM
1098	Occasional technical issues due to weather or poor internet connections.	6/27/2023 12:39 PM
1099	I'm 84 and getting used to the technology has been uphill.	6/27/2023 12:38 PM
1100	none	6/27/2023 12:37 PM
1101	none	6/27/2023 12:35 PM
1102	none	6/27/2023 12:30 PM
1103	Sometimes there are just tehnical difficulties	6/27/2023 12:21 PM
1104	general intimidation for me and my older adult clients.	6/27/2023 12:20 PM
1105	many clients, especially older persons, lack knowledge of tech	6/27/2023 12:17 PM
1106	certain tests administration	6/27/2023 12:16 PM
1107	When people travel temporarily outside of state	6/27/2023 12:12 PM
1108	Telehealth can work on a phone but it is not ideal	6/27/2023 12:09 PM
1109	none	6/27/2023 12:07 PM
1110	none	6/27/2023 12:00 PM
1111	computer literacy issues especially for elderly caregivers; lack of privacy in crowded home for a private telehealth appointment	6/27/2023 11:52 AM
1112	age related technology competency (geriatric patients)	6/27/2023 11:36 AM
1113	none	6/27/2023 11:29 AM
1114	Location/privacy for clients' sessions, sometimes on their end	6/27/2023 11:26 AM
1115	none	6/27/2023 11:25 AM
1116	None	6/27/2023 11:25 AM
1117	None	6/27/2023 11:22 AM
1118	None	6/27/2023 11:11 AM
1119	I am no longer in CA but I maintain a CA license. I am licensed in another state that is part of PsyPact. Unfortunately, my former clients who are in CA can not continue to see me. Clients who moved out of CA into Psypact states have found me and we have continued services.	6/27/2023 11:07 AM
1120	none	6/27/2023 11:06 AM
1121	I have not used telehealth, I am about to retire and I do not intend using it!	6/27/2023 11:05 AM

1122	NONE	6/27/2023 11:02 AM
1123	internet "freezing" during sessions	6/27/2023 11:00 AM
1124	Clients with less confidence with technology, making initiation of services frustrating	6/27/2023 10:59 AM
1125	None	6/27/2023 10:58 AM
1126	None	6/27/2023 10:57 AM
1127	none - mainly the state of California not allowing out of resident telework.	6/27/2023 10:34 AM
1128	none	6/27/2023 10:31 AM
1129	None	6/27/2023 10:30 AM
1130	Access to private space	6/27/2023 10:20 AM
1131	none	6/27/2023 10:10 AM
1132	None	6/27/2023 10:07 AM
1133	Some clients are not tech savvy.	6/27/2023 10:07 AM
1134	N/A	6/27/2023 10:02 AM
1135	Age of pt has been a factor in understanding and having familiarity with technology	6/27/2023 10:01 AM
1136	Skype background info demands	6/27/2023 10:00 AM
1137	Patient issues with connectivity on computer	6/27/2023 9:56 AM
1138	some internet connections can be troublesome for some patients	6/27/2023 9:45 AM
1139	Cellular connection inadequate in areas or at times	6/27/2023 9:39 AM
1140	None	6/27/2023 9:37 AM
1141	None	6/27/2023 9:37 AM
1142	Some clients with low income do not have devices.	6/27/2023 9:36 AM
1143	none	6/27/2023 9:32 AM
1144	none	6/27/2023 9:29 AM
1145	None	6/27/2023 9:27 AM
1146	Some clients have difficulties with understanding technology which limits our ability to do video telehealth visits.	6/27/2023 9:08 AM
1147	clients access	6/27/2023 9:05 AM
1148	N/A	6/27/2023 9:00 AM
1149	none	6/27/2023 8:38 AM
1150	none	6/27/2023 8:37 AM
1151	Older clients' limited computer skills	6/27/2023 8:33 AM
1152	Client lack of access to consistent technology	6/27/2023 8:31 AM
1153	None	6/27/2023 8:18 AM
1154	phone/audio only in managed care office	6/27/2023 8:12 AM
1155	None	6/27/2023 8:03 AM
1156	None	6/27/2023 7:58 AM
1157	lack of parental support in set-up	6/27/2023 7:41 AM
1158	Lower reimbursement from insurance	6/27/2023 7:38 AM
1159	Occasional connection issues	6/27/2023 7:34 AM

1160	Banning FaceTime (free) in favor of paid platforms. Don’t we get gouged enough by the insurance companies?	6/27/2023 7:31 AM
1161	None	6/27/2023 7:11 AM
1162	None	6/27/2023 7:04 AM
1163	None	6/27/2023 6:58 AM
1164	Poor internet connectivity	6/27/2023 6:35 AM
1165	none	6/27/2023 6:35 AM
1166	none	6/27/2023 6:14 AM
1167	some patients do not have smart phones or know how to connect to a computer	6/27/2023 5:52 AM
1168	None	6/27/2023 5:50 AM
1169	None experienced	6/27/2023 5:43 AM
1170	Some older clients are not technologically able to make use of telehealth.	6/27/2023 5:42 AM
1171	No available to offer services to my patients if I am out of state	6/27/2023 5:37 AM
1172	None	6/27/2023 5:21 AM
1173	none	6/27/2023 4:59 AM
1174	My understanding is that new changes recently went into effect regarding insurance reimbursement for telehealth services. I don't take insurance, but many of my clients submit superbills. It's my understanding that with the recent legislative changes, insurance companies are no longer required to provide the same reimbursement for telehealth services as in person services, which will affect my patients ability to receive reimbursement, and therefore to afford and access therapy services.	6/27/2023 4:53 AM
1175	Occasional glitches	6/27/2023 4:39 AM
1176	None	6/27/2023 3:12 AM
1177	None	6/27/2023 1:41 AM
1178	None	6/27/2023 1:14 AM
1179	None. Occasionally, patients have connection issues, but none that have been barriers to our work	6/27/2023 1:01 AM
1180	None	6/26/2023 11:38 PM
1181	none	6/26/2023 11:34 PM
1182	None	6/26/2023 11:31 PM
1183	None	6/26/2023 11:27 PM
1184	Out of state licence barriers	6/26/2023 11:26 PM
1185	Problems with poor internet connections	6/26/2023 11:22 PM
1186	none	6/26/2023 11:16 PM
1187	Clients, especially children/teens, are not given sufficient privacy for individual therapy via telehealth in their homes	6/26/2023 11:12 PM
1188	none	6/26/2023 11:11 PM
1189	Older folks not knowing how to navigate technology (e.g., difficulty finding email to click on zoom link to get to zoom meeting)	6/26/2023 11:08 PM
1190	None	6/26/2023 11:08 PM
1191	None	6/26/2023 10:58 PM
1192	None	6/26/2023 10:54 PM

1193	Clients moving and State Boards making continuation of care very hard, including CA BOP	6/26/2023 10:52 PM
1194	Older adults and less tech savvy clients have difficulty using new systems. Most would prefer a simple to use platform such as zoom or webex.	6/26/2023 10:45 PM
1195	None	6/26/2023 10:39 PM
1196	None	6/26/2023 10:35 PM
1197	None	6/26/2023 10:33 PM
1198	Patients moving to other places (e.g., for college in a different state)	6/26/2023 10:32 PM
1199	none	6/26/2023 10:30 PM
1200	None	6/26/2023 10:29 PM
1201	none	6/26/2023 10:28 PM
1202	I do not see anything wrong with having telehealth	6/26/2023 10:27 PM
1203	none	6/26/2023 10:18 PM
1204	None	6/26/2023 10:16 PM
1205	none	6/26/2023 10:06 PM
1206	None	6/26/2023 10:01 PM
1207	none	6/26/2023 9:51 PM
1208	None	6/26/2023 9:50 PM
1209	None	6/26/2023 9:47 PM
1210	None	6/26/2023 9:45 PM
1211	Some clients lack confidence and ability to make use of equipment.	6/26/2023 9:41 PM
1212	I am very unhappy with having to do teletherapy, and never wanted it in the first place	6/26/2023 9:37 PM
1213	Patient’s lack of tech orientation.	6/26/2023 9:36 PM
1214	MAIN PROBLEM IS NO PERSONAL CONTACT	6/26/2023 9:27 PM
1215	none	6/26/2023 9:25 PM
1216	None	6/26/2023 9:15 PM
1217	None	6/26/2023 9:10 PM
1218	None	6/26/2023 9:10 PM
1219	none	6/26/2023 9:08 PM
1220	None	6/26/2023 9:07 PM
1221	I use Doxy and it is usually good	6/26/2023 9:04 PM
1222	Audio quality	6/26/2023 9:03 PM
1223	Frequently have technical issues using Doxy.me. Some older clients have limited experience with telehealth using iphones, ipads, computers.	6/26/2023 9:00 PM
1224	none	6/26/2023 8:54 PM
1225	None	6/26/2023 8:50 PM
1226	None	6/26/2023 8:50 PM
1227	none	6/26/2023 8:49 PM
1228	none.	6/26/2023 8:47 PM
1229	None.	6/26/2023 8:46 PM

1230	Older clients need help learning zoom technology	6/26/2023 8:46 PM
1231	I have Medicare pts and they all eventually learn or we use phone	6/26/2023 8:39 PM
1232	I have had great experiences with telehealth	6/26/2023 8:34 PM
1233	None	6/26/2023 8:34 PM
1234	None	6/26/2023 8:33 PM
1235	None	6/26/2023 8:31 PM
1236	Sometimes differing phone platforms limit what programs can be used	6/26/2023 8:31 PM
1237	Not being able to see clients when they travel or relocate out of state	6/26/2023 8:30 PM
1238	clients may not want telehealth, prefer in-person appt	6/26/2023 8:30 PM
1239	Patients slow internet	6/26/2023 8:26 PM
1240	None	6/26/2023 8:20 PM
1241	None	6/26/2023 8:15 PM
1242	None	6/26/2023 8:14 PM
1243	none	6/26/2023 8:14 PM
1244	Patients have no skill to navigate technology	6/26/2023 8:08 PM
1245	None	6/26/2023 8:02 PM
1246	none	6/26/2023 8:01 PM
1247	None	6/26/2023 8:00 PM
1248	Lack of tech knowledge to troubleshoot	6/26/2023 7:57 PM
1249	None	6/26/2023 7:56 PM
1250	I have not seen any barriers	6/26/2023 7:55 PM
1251	none	6/26/2023 7:49 PM
1252	Patients lack of access to devices with cameras, mainly phone visits have taken place for this reason	6/26/2023 7:48 PM
1253	Occasional crashes of unclear origin; one power outage; sometimes connection is unstable for unknown reasons	6/26/2023 7:46 PM
1254	None	6/26/2023 7:43 PM
1255	none	6/26/2023 7:39 PM
1256	None	6/26/2023 7:35 PM
1257	Client's devices running out of battery	6/26/2023 7:32 PM
1258	None	6/26/2023 7:31 PM
1259	None	6/26/2023 7:27 PM
1260	Not comfortable with Zoom.	6/26/2023 7:21 PM
1261	none	6/26/2023 7:17 PM
1262	Not all psychological assessments / tests can be administered remotely	6/26/2023 7:16 PM
1263	Infrequent client lack of bandwidth	6/26/2023 7:15 PM
1264	None	6/26/2023 7:13 PM
1265	None	6/26/2023 7:12 PM
1266	None	6/26/2023 7:10 PM

1267	None	6/26/2023 7:07 PM
1268	General virtual errors	6/26/2023 6:56 PM
1269	None	6/26/2023 6:56 PM
1270	Power outages (planned and unplanned)	6/26/2023 6:55 PM
1271	No barriers	6/26/2023 6:51 PM
1272	Patient Privacy - especially when trying to make appointments on lunch breaks and before/after class or job.	6/26/2023 6:50 PM
1273	None	6/26/2023 6:47 PM
1274	None	6/26/2023 6:44 PM
1275	Supervisor preconception about telework	6/26/2023 6:43 PM
1276	none	6/26/2023 6:41 PM
1277	None	6/26/2023 6:41 PM
1278	none	6/26/2023 6:37 PM
1279	bad lighting	6/26/2023 6:37 PM
1280	Not appropriate for client	6/26/2023 6:37 PM
1281	Lack of technical skills by user	6/26/2023 6:35 PM
1282	None	6/26/2023 6:30 PM
1283	None	6/26/2023 6:30 PM
1284	I am a Medicare provider and many seniors simply do not have the knowledge or the desire to have the up to date equipment, and to acquire the knowledge to to video teletherapy and this is a problem because Medicare is ending our ability to do audio only therapy. I can tell you right now, ending audio teletherapy is going to immediately deny access to mental health services because patients are homebound and won't buy and learn the equipment for teletherapy. PLEASE UNDERSTAND that when Medicare eliminates audio only therapy they will deny mental health access to isolated seniors who need mental health treatment the most.	6/26/2023 6:30 PM
1285	None	6/26/2023 6:29 PM
1286	None	6/26/2023 6:28 PM
1287	None	6/26/2023 6:26 PM
1288	none	6/26/2023 6:25 PM
1289	none	6/26/2023 6:24 PM
1290	elderly patients confused by telehealth platform	6/26/2023 6:22 PM
1291	unsure, works most of the time but there could be issues with internet speed or "dead zones", where internet has difficulty being consistent. Also notice cell phone data works better than "wifi" if cell phone is being used.	6/26/2023 6:21 PM
1292	none	6/26/2023 6:19 PM
1293	None	6/26/2023 6:17 PM
1294	None	6/26/2023 6:16 PM
1295	none	6/26/2023 6:15 PM
1296	None.	6/26/2023 6:14 PM
1297	None	6/26/2023 6:13 PM
1298	None	6/26/2023 6:10 PM
1299	Na	6/26/2023 6:09 PM

1300	none	6/26/2023 6:09 PM
1301	none	6/26/2023 6:09 PM
1302	n/a	6/26/2023 6:08 PM
1303	None	6/26/2023 6:07 PM
1304	None	6/26/2023 6:06 PM
1305	none	6/26/2023 6:05 PM
1306	None	6/26/2023 6:03 PM
1307	none	6/26/2023 6:03 PM
1308	Privacy at home	6/26/2023 6:01 PM
1309	None	6/26/2023 5:59 PM
1310	None	6/26/2023 5:57 PM
1311	None	6/26/2023 5:56 PM
1312	Dropped connections, especially with rural clients	6/26/2023 5:56 PM
1313	None	6/26/2023 5:53 PM
1314	None	6/26/2023 5:52 PM
1315	Patient Hearing difficulties	6/26/2023 5:52 PM
1316	None	6/26/2023 5:52 PM
1317	None	6/26/2023 5:51 PM
1318	None	6/26/2023 5:49 PM
1319	None, unless a patient has no access to a computer, tablet, or smartphone.	6/26/2023 5:48 PM
1320	None	6/26/2023 5:44 PM
1321	some clients can't use their internet effectively	6/26/2023 5:43 PM
1322	None	6/26/2023 5:41 PM
1323	NONE	6/26/2023 5:38 PM
1324	None	6/26/2023 5:33 PM
1325	None	6/26/2023 5:33 PM
1326	Some patients are not tech savvy and struggle to understand concepts of video links and therefore request phone calls instead.	6/26/2023 5:31 PM
1327	None	6/26/2023 5:29 PM
1328	HIPPA has put so many firewalls up that my computer crashes	6/26/2023 5:29 PM
1329	None	6/26/2023 5:23 PM
1330	Some people I have seen very much struggle to deal with the mechanics/basics of internet usage.	6/26/2023 5:23 PM
1331	none	6/26/2023 5:22 PM
1332	None	6/26/2023 5:21 PM
1333	Internet provider issues, such as no access in the area temporarily due to provider maintenance, repair, or equipment replacement.	6/26/2023 5:19 PM
1334	None	6/26/2023 5:16 PM
1335	Not knowing how to use technology	6/26/2023 5:15 PM
1336	when clients are on phones the video is obstructed when they receive messages/phone calls	6/26/2023 5:15 PM

	or phone become too heated and shut down.	
1337	None	6/26/2023 5:14 PM
1338	Clients being unable to find privacy	6/26/2023 5:13 PM
1339	none	6/26/2023 5:12 PM
1340	None	6/26/2023 5:11 PM
1341	None	6/26/2023 5:09 PM
1342	None	6/26/2023 5:08 PM
1343	none	6/26/2023 5:08 PM
1344	Patients sometimes aren't technologically savvy which makes troubleshooting difficult.	6/26/2023 5:07 PM
1345	Many seniors are not technologically savvy	6/26/2023 5:07 PM
1346	City wide Power outage	6/26/2023 5:01 PM
1347	none	6/26/2023 5:01 PM
1348	None	6/26/2023 5:00 PM
1349	None	6/26/2023 5:00 PM
1350	Broken connection or loss of sound when client gets a phone call client	6/26/2023 5:00 PM
1351	client difficulties using tech.	6/26/2023 4:58 PM
1352	none	6/26/2023 4:55 PM
1353	None	6/26/2023 4:55 PM
1354	Patients not having access or not knowing how to operate telehealth mediums	6/26/2023 4:53 PM
1355	None	6/26/2023 4:51 PM
1356	none	6/26/2023 4:49 PM
1357	None	6/26/2023 4:48 PM
1358	none	6/26/2023 4:48 PM
1359	none	6/26/2023 4:47 PM
1360	The user has to be willing to work through a process to gain access to a HIPAA compliant platform. If it was as easy as Facetime, that would be great	6/26/2023 4:45 PM
1361	I work with older clients and some are super technology savvy... and some not so much	6/26/2023 4:45 PM
1362	none	6/26/2023 4:44 PM
1363	none	6/26/2023 4:44 PM
1364	None	6/26/2023 4:43 PM
1365	picture freezing	6/26/2023 4:42 PM
1366	None	6/26/2023 4:42 PM
1367	None	6/26/2023 4:40 PM
1368	none	6/26/2023 4:34 PM
1369	Height of laptop-having to prop it up so I am visible and comfortable	6/26/2023 4:34 PM
1370	none	6/26/2023 4:33 PM
1371	The largest barrier in Telehealth platforms was formerly an issue with multi-user video calls. This was fixed in the last couple of years, but originally the platforms would only allow one or two linked users. Today since so much is online it would be useful to again expand the capacity of systems for multi-user use as in multi-clinician portal access or sharing and	6/26/2023 4:32 PM

	communicating. Today there are several different HIPAA compliant texting applications but these are separate from my Simple Practice medical records system and video calls.	
1372	Clients with very rural homes and limited or uncertain wireless access	6/26/2023 4:30 PM
1373	None	6/26/2023 4:29 PM
1374	none	6/26/2023 4:28 PM
1375	None	6/26/2023 4:23 PM
1376	none	6/26/2023 4:23 PM
1377	None	6/26/2023 4:22 PM
1378	none	6/26/2023 4:22 PM
1379	no barrier really.	6/26/2023 4:22 PM
1380	none	6/26/2023 4:19 PM
1381	Once in a while our connection is lost and we have to reestablish it	6/26/2023 4:19 PM
1382	none	6/26/2023 4:17 PM
1383	Sometimes clients are unable to connect with the link I have sent	6/26/2023 4:17 PM
1384	poor connectivity at times	6/26/2023 4:17 PM
1385	the other problem is people who do not use technology or will not and only want phone therapy. they also will not come it or cannot but are only comfortable with a phone or have no service where they are. they are often afraid of EMFs or do not have a computer or do not know who to use one.	6/26/2023 4:10 PM
1386	Occasional wifi problems. Not often	6/26/2023 4:09 PM
1387	None	6/26/2023 4:08 PM
1388	None	6/26/2023 4:06 PM
1389	Children and teens who have difficulty focusing or building rapport when not in person	6/26/2023 4:06 PM
1390	Private spaces	6/26/2023 4:04 PM
1391	none	6/26/2023 4:04 PM
1392	None	6/26/2023 4:03 PM
1393	None	6/26/2023 4:01 PM
1394	Payor/insurance coverage concerns	6/26/2023 4:01 PM
1395	None	6/26/2023 4:00 PM
1396	None	6/26/2023 4:00 PM
1397	Some clients struggle to find privacy and quiet space for telehealth sessions	6/26/2023 3:58 PM
1398	none	6/26/2023 3:57 PM
1399	None	6/26/2023 3:57 PM
1400	knowlege of computer technology, especially in older clients	6/26/2023 3:57 PM
1401	None	6/26/2023 3:56 PM
1402	None	6/26/2023 3:52 PM
1403	none. I use the Zoom HIPPA-compliant platform. I've had no problems.	6/26/2023 3:50 PM
1404	None	6/26/2023 3:49 PM
1405	None	6/26/2023 3:49 PM
1406	none	6/26/2023 3:47 PM

1407	None	6/26/2023 3:47 PM
1408	missing pertinent issues due to limitations in viewing consumer's presentation (e.g., hygiene, ETOH odors, off screen coaching) - I provide mental health evaluations so these are important issues for me to observe in person	6/26/2023 3:47 PM
1409	None	6/26/2023 3:47 PM
1410	None	6/26/2023 3:46 PM
1411	None	6/26/2023 3:45 PM
1412	none	6/26/2023 3:44 PM
1413	None	6/26/2023 3:43 PM
1414	None	6/26/2023 3:43 PM
1415	Clients who don’t have access to computers or phones or who live in rural areas without reception	6/26/2023 3:42 PM
1416	Really none- we some problems with people linking up to video but not often.	6/26/2023 3:42 PM
1417	none	6/26/2023 3:41 PM
1418	none	6/26/2023 3:40 PM
1419	Generally works except for occasional technical glitches.	6/26/2023 3:40 PM
1420	none	6/26/2023 3:39 PM
1421	lack of comfort with video & technology (especially with elder clients); privacy issues when clients at home with others	6/26/2023 3:39 PM
1422	none	6/26/2023 3:36 PM
1423	none	6/26/2023 3:35 PM
1424	None	6/26/2023 3:35 PM
1425	unknown	6/26/2023 3:31 PM
1426	None	6/26/2023 3:30 PM
1427	private space--I have seen people in their cars because it was their only private space	6/26/2023 3:30 PM
1428	None	6/26/2023 3:28 PM
1429	none	6/26/2023 3:27 PM
1430	None	6/26/2023 3:27 PM
1431	none	6/26/2023 3:26 PM
1432	Ability to conduct family sessions online. Often secure platforms only allow for 2 geographical locations/screens at a time	6/26/2023 3:26 PM
1433	None	6/26/2023 3:26 PM
1434	None	6/26/2023 3:26 PM
1435	NONE	6/26/2023 3:26 PM
1436	my limited ability in technology	6/26/2023 3:26 PM
1437	Tech issues, platform issues, Internet issues - all occasional	6/26/2023 3:24 PM
1438	None	6/26/2023 3:23 PM
1439	none	6/26/2023 3:23 PM
1440	None	6/26/2023 3:20 PM
1441	None	6/26/2023 3:20 PM

1442	none	6/26/2023 3:18 PM
1443	Clear guidelines and clear support from APA and state psych. associations. Frequent clear update on CA law and ethics on telehealth practice.	6/26/2023 3:18 PM
1444	none	6/26/2023 3:17 PM
1445	none	6/26/2023 3:16 PM
1446	None	6/26/2023 3:16 PM
1447	None	6/26/2023 3:16 PM
1448	None	6/26/2023 3:15 PM
1449	None	6/26/2023 3:14 PM
1450	Needing to identify client location to ensure in the state and location in case of emergency;	6/26/2023 3:14 PM
1451	None	6/26/2023 3:13 PM
1452	No direct line/voicemail box.	6/26/2023 3:13 PM
1453	none	6/26/2023 3:10 PM
1454	None	6/26/2023 3:10 PM
1455	price of EHR's and capacity to integrate clinical outcome measures is prohibitive. finding reasonably prices system that consumers can use easily requires that theis platforms be truly optimized for mobile devices and that is not always the case. Everything is piecemeal so you have to have several tabs open to get work done and communicate in HIPAA compliant and secured ways. 2-3 tabs/services max for all work would be ideal (encompasing text messaging, phone calling and documentation/clinical measures).	6/26/2023 3:09 PM
1456	none	6/26/2023 3:07 PM
1457	none	6/26/2023 3:07 PM
1458	None	6/26/2023 3:06 PM
1459	none	6/26/2023 3:06 PM
1460	Has worked well with few problems	6/26/2023 3:05 PM
1461	none	6/26/2023 3:05 PM
1462	None	6/26/2023 3:05 PM
1463	None	6/26/2023 3:04 PM
1464	none	6/26/2023 3:03 PM
1465	none	6/26/2023 3:03 PM
1466	People’s knowledge of how to turn on cameras and audio	6/26/2023 3:03 PM
1467	Some browsers don't work as well with Telehealth platform	6/26/2023 3:03 PM
1468	None	6/26/2023 3:01 PM
1469	None	6/26/2023 3:00 PM
1470	patient comfort	6/26/2023 3:00 PM
1471	Client wasn’t able to sign on	6/26/2023 2:59 PM
1472	None	6/26/2023 2:57 PM
1473	None	6/26/2023 2:56 PM
1474	None	6/26/2023 2:56 PM
1475	None	6/26/2023 2:56 PM
1476	none	6/26/2023 2:56 PM

1477	none	6/26/2023 2:56 PM
1478	Limited access to safe, private settings where patients can have access to telehealth sessions/services	6/26/2023 2:54 PM
1479	None	6/26/2023 2:53 PM
1480	I primarily use telephone only. Many of my patients do not have broadband access or are not tech savvy.	6/26/2023 2:52 PM
1481	none	6/26/2023 2:51 PM
1482	Ease of use for patients	6/26/2023 2:51 PM
1483	None	6/26/2023 2:51 PM
1484	Random power or wifi outages	6/26/2023 2:51 PM
1485	none	6/26/2023 2:51 PM
1486	Spotty wi fi	6/26/2023 2:50 PM
1487	none	6/26/2023 2:50 PM
1488	None	6/26/2023 2:50 PM
1489	Main barrier is on the client end	6/26/2023 2:50 PM
1490	None	6/26/2023 2:50 PM
1491	none	6/26/2023 2:49 PM
1492	Insurance changes restrict access for high need patients.	6/26/2023 2:49 PM
1493	none	6/26/2023 2:48 PM
1494	None	6/26/2023 2:47 PM
1495	None	6/26/2023 2:46 PM
1496	Connection issues with Bluetooth headsets like AirPods	6/26/2023 2:46 PM
1497	NA	6/26/2023 2:46 PM
1498	none	6/26/2023 2:44 PM
1499	Limited testing options	6/26/2023 2:43 PM
1500	None	6/26/2023 2:42 PM
1501	clients have poor internet access or phone access.	6/26/2023 2:42 PM
1502	none	6/26/2023 2:41 PM
1503	None	6/26/2023 2:41 PM
1504	There have been no obstacles. My patients really like it.	6/26/2023 2:40 PM
1505	the occasional sound problem	6/26/2023 2:40 PM
1506	None	6/26/2023 2:40 PM
1507	None	6/26/2023 2:39 PM
1508	None	6/26/2023 2:37 PM
1509	Seniors or other clients who are not internet savvy	6/26/2023 2:36 PM
1510	none	6/26/2023 2:35 PM
1511	None	6/26/2023 2:35 PM
1512	None	6/26/2023 2:35 PM
1513	technical skills, some older adults don't have the knowledge to be able to fix any issues if they	6/26/2023 2:34 PM

	come up.	
1514	None	6/26/2023 2:33 PM
1515	none	6/26/2023 2:33 PM
1516	Technophobia	6/26/2023 2:33 PM
1517	none	6/26/2023 2:32 PM
1518	none	6/26/2023 2:31 PM
1519	none	6/26/2023 2:30 PM
1520	None	6/26/2023 2:30 PM
1521	None	6/26/2023 2:29 PM
1522	Limits to ability to use platforms and methods that reflect a client's specific needs or asks	6/26/2023 2:29 PM
1523	Inability to send text reminders from the video link- many clients prefer text appt reminders versus email	6/26/2023 2:28 PM
1524	Occasional freezes, usually due to clients' wi-fi connection, but mostly what is lost is the flesh and blood body language stuff, all 5 senses.	6/26/2023 2:28 PM
1525	None	6/26/2023 2:26 PM
1526	Air conditioning in spaces needed for privacy	6/26/2023 2:26 PM
1527	In addition to internet specific/platform issues, problems with PG&E have cropped up over the last few years due to greater inclement weather and fires	6/26/2023 2:26 PM
1528	None	6/26/2023 2:25 PM
1529	None	6/26/2023 2:24 PM
1530	None	6/26/2023 2:24 PM
1531	none	6/26/2023 2:24 PM
1532	none	6/26/2023 2:23 PM
1533	None	6/26/2023 2:23 PM
1534	Must educate clients on finding appropriate space for therapy via audio/video. Once that has been done it seems fine	6/26/2023 2:23 PM
1535	none. Surprisingly efficient	6/26/2023 2:22 PM
1536	none	6/26/2023 2:21 PM
1537	none	6/26/2023 2:21 PM
1538	None	6/26/2023 2:21 PM
1539	None	6/26/2023 2:21 PM
1540	Lack of my own knowledge and client knowledge of how to use	6/26/2023 2:21 PM
1541	None	6/26/2023 2:20 PM
1542	none	6/26/2023 2:19 PM
1543	none	6/26/2023 2:17 PM
1544	None	6/26/2023 2:16 PM
1545	none	6/26/2023 2:16 PM
1546	none	6/26/2023 2:15 PM
1547	none	6/26/2023 2:14 PM
1548	none	6/26/2023 2:13 PM

1549	None	6/26/2023 2:13 PM
1550	none	6/26/2023 2:12 PM
1551	None	6/26/2023 2:11 PM
1552	Pts having difficulty signing on, poor quality of audio and/or video due not having sufficient service	6/26/2023 2:11 PM
1553	None	6/26/2023 2:11 PM
1554	Once in a great while the client doesn't know how to use the computer well. Again, the telephone is very useful.	6/26/2023 2:11 PM
1555	None	6/26/2023 2:10 PM
1556	none	6/26/2023 2:10 PM
1557	None	6/26/2023 2:09 PM
1558	Initially teaching elderly patients how to use FaceTime or other platforms	6/26/2023 2:09 PM
1559	Nonr	6/26/2023 2:08 PM
1560	phone vs. computer screen	6/26/2023 2:07 PM
1561	None	6/26/2023 2:06 PM
1562	None	6/26/2023 2:06 PM
1563	None	6/26/2023 2:06 PM
1564	I think it is too impersonal.	6/26/2023 2:06 PM
1565	Health insurance limitations	6/26/2023 2:06 PM
1566	None	6/26/2023 2:06 PM
1567	None	6/26/2023 2:04 PM
1568	None	6/26/2023 2:03 PM
1569	none	6/26/2023 2:02 PM
1570	None	6/26/2023 2:02 PM
1571	Work site doesn’t support it	6/26/2023 2:01 PM
1572	none	6/26/2023 2:00 PM
1573	none	6/26/2023 2:00 PM
1574	None	6/26/2023 1:59 PM
1575	None	6/26/2023 1:58 PM
1576	no	6/26/2023 1:58 PM
1577	I don’t feel like I have the support of the board or the state and providing services to clients like this. The clients get something out of it, but I’m not sure how much longer I can do it.	6/26/2023 1:58 PM
1578	none	6/26/2023 1:57 PM
1579	Sometimes iPhone	6/26/2023 1:57 PM
1580	None	6/26/2023 1:57 PM
1581	None	6/26/2023 1:57 PM
1582	Client's internet	6/26/2023 1:56 PM
1583	none	6/26/2023 1:55 PM
1584	Patient connectivity and access	6/26/2023 1:55 PM
1585	Generally works well, however.	6/26/2023 1:55 PM

1586	None	6/26/2023 1:55 PM
1587	None	6/26/2023 1:54 PM
1588	None	6/26/2023 1:54 PM
1589	none	6/26/2023 1:54 PM
1590	None	6/26/2023 1:53 PM
1591	None	6/26/2023 1:52 PM
1592	none	6/26/2023 1:52 PM
1593	Patient access to computer -- I work with many elderly and disabled who can only use audio (telephone)	6/26/2023 1:52 PM
1594	No barriers it works well	6/26/2023 1:51 PM
1595	None	6/26/2023 1:51 PM
1596	None	6/26/2023 1:51 PM
1597	None	6/26/2023 1:49 PM
1598	None	6/26/2023 1:49 PM
1599	patients inappropriately taking visits while driving, not dressed appropriately; more likely to drink/smoke while at home; distracted by home tasks, responsibilities; working simultaneously	6/26/2023 1:49 PM
1600	none	6/26/2023 1:48 PM
1601	None	6/26/2023 1:48 PM
1602	none	6/26/2023 1:47 PM
1603	None	6/26/2023 1:47 PM
1604	None	6/26/2023 1:47 PM
1605	good lighting that doesn't give me a migraine	6/26/2023 1:47 PM
1606	none	6/26/2023 1:46 PM
1607	Video and audio freeze up often, and stop the virtual session	6/26/2023 1:46 PM
1608	None	6/26/2023 1:46 PM
1609	Out of state clients interested in services	6/26/2023 1:46 PM
1610	none	6/26/2023 1:45 PM
1611	Difficult to provide confidential setting, as unclear whether others are in the room	6/26/2023 1:45 PM
1612	Zoom sometimes freezes	6/26/2023 1:45 PM
1613	None	6/26/2023 1:44 PM
1614	I work with a variety of cases successfully, and I do trauma work.	6/26/2023 1:44 PM
1615	privacy, some times clients need to blur their background or speak quietly due to not having as much privacy	6/26/2023 1:42 PM
1616	None	6/26/2023 1:42 PM
1617	None	6/26/2023 1:41 PM
1618	None	6/26/2023 1:41 PM
1619	Sometimes patients prefer phone for their own reasons which is not as effective as video/eye to eye contact	6/26/2023 1:41 PM
1620	none	6/26/2023 1:41 PM
1621	None	6/26/2023 1:40 PM

1622	none	6/26/2023 1:40 PM
1623	none	6/26/2023 1:40 PM
1624	as a provider, my ability is enhanced however client's are often unable to utilize telehealth for lack of access	6/26/2023 1:40 PM
1625	none	6/26/2023 1:40 PM
1626	Older adults can only do phone as they are not computer savvy	6/26/2023 1:39 PM
1627	none	6/26/2023 1:38 PM
1628	sometimes connection is poor	6/26/2023 1:38 PM
1629	None	6/26/2023 1:38 PM
1630	electrical power	6/26/2023 1:38 PM
1631	None	6/26/2023 1:37 PM
1632	None	6/26/2023 1:37 PM
1633	Patient’s fear of computers	6/26/2023 1:37 PM
1634	none	6/26/2023 1:37 PM
1635	None	6/26/2023 1:37 PM
1636	N/A	6/26/2023 1:37 PM
1637	None	6/26/2023 1:36 PM
1638	None	6/26/2023 1:36 PM
1639	Health plans	6/26/2023 1:35 PM
1640	None	6/26/2023 1:35 PM
1641	none	6/26/2023 1:35 PM
1642	none	6/26/2023 1:35 PM
1643	Inability of patients to use computer or manage platform	6/26/2023 1:35 PM
1644	Not as conducive for children	6/26/2023 1:33 PM
1645	Technical barriers tend to be more so on the side of clients. Lack of technical skills, poor WiFI, etc	6/26/2023 1:33 PM
1646	none	6/26/2023 1:33 PM
1647	none	6/26/2023 1:32 PM
1648	none	6/26/2023 1:32 PM
1649	None	6/26/2023 1:32 PM
1650	general computer issues that arise--slow wifi, frozen screen, glitches that result in losses of time interacting with client	6/26/2023 1:32 PM
1651	none	6/26/2023 1:31 PM
1652	None	6/26/2023 1:31 PM
1653	none	6/26/2023 1:31 PM
1654	None	6/26/2023 1:30 PM
1655	None	6/26/2023 1:30 PM
1656	None	6/26/2023 1:30 PM
1657	None.	6/26/2023 1:30 PM

1658	none	6/26/2023 1:30 PM
1659	None	6/26/2023 1:30 PM
1660	None	6/26/2023 1:29 PM
1661	None	6/26/2023 1:29 PM
1662	none	6/26/2023 1:29 PM
1663	none	6/26/2023 1:28 PM
1664	None	6/26/2023 1:27 PM
1665	none	6/26/2023 1:27 PM
1666	None	6/26/2023 1:26 PM
1667	Whether services can continue when clients are traveling to other states	6/26/2023 1:26 PM
1668	None	6/26/2023 1:25 PM
1669	External noise	6/26/2023 1:25 PM
1670	None	6/26/2023 1:24 PM
1671	None	6/26/2023 1:24 PM
1672	equipment or connection glitches periodically interrupt	6/26/2023 1:24 PM
1673	Patients multitasking during appointments; not being able to see pat’s body language	6/26/2023 1:24 PM
1674	None	6/26/2023 1:23 PM
1675	Just getting tech to function properly, on time	6/26/2023 1:23 PM
1676	None	6/26/2023 1:22 PM
1677	difficult when 2 people working from home, internet service poor	6/26/2023 1:22 PM
1678	none	6/26/2023 1:22 PM
1679	None	6/26/2023 1:22 PM
1680	lack of cost effective HIPAA compliant platforms	6/26/2023 1:21 PM
1681	None	6/26/2023 1:21 PM
1682	Computer literacy	6/26/2023 1:21 PM
1683	None	6/26/2023 1:21 PM
1684	Occasional digital disruptions but for the most part none.	6/26/2023 1:21 PM
1685	none, am in process of retiring	6/26/2023 1:20 PM
1686	Technological knowledge	6/26/2023 1:20 PM
1687	A small number of my patients (who are generally older adults) aren't comfortable with the video so they use audio only (telephone).	6/26/2023 1:20 PM
1688	Having clients use software correctly	6/26/2023 1:19 PM
1689	none	6/26/2023 1:18 PM
1690	One woman is legally blind, uses the phone to call in for sessions. Her phone is failing and she reports being unable to afford a new phone	6/26/2023 1:18 PM
1691	None	6/26/2023 1:17 PM
1692	none	6/26/2023 1:17 PM
1693	non	6/26/2023 1:17 PM
1694	None	6/26/2023 1:17 PM

1695	None	6/26/2023 1:17 PM
1696	None	6/26/2023 1:16 PM
1697	None	6/26/2023 1:16 PM
1698	None	6/26/2023 1:16 PM
1699	wireless keyboards, mouse.	6/26/2023 1:16 PM
1700	none	6/26/2023 1:15 PM
1701	When clients are out of town and want to be seen. We need to join the interstate reciprocity	6/26/2023 1:15 PM
1702	Sometimes the connection is delayed	6/26/2023 1:15 PM
1703	none	6/26/2023 1:15 PM
1704	Phone zoom	6/26/2023 1:15 PM
1705	none no cameras fax is secure (efax corporate) chrome computer	6/26/2023 1:15 PM
1706	none	6/26/2023 1:14 PM
1707	none	6/26/2023 1:14 PM
1708	none	6/26/2023 1:13 PM
1709	None	6/26/2023 1:13 PM
1710	Consumers are not technology savvy, do not have the mean to have a reliable device such as phone with internet. It would be nice if there was a place where they can go to learn and also have access just like anyone else to a cell with internet.	6/26/2023 1:13 PM
1711	None	6/26/2023 1:12 PM
1712	None	6/26/2023 1:12 PM
1713	None	6/26/2023 1:12 PM
1714	power outages during poor weather	6/26/2023 1:12 PM
1715	Older indigent clients do bot know how to navigate the internet	6/26/2023 1:12 PM
1716	None	6/26/2023 1:11 PM
1717	California not being a PSYPACT state	6/26/2023 1:11 PM
1718	none	6/26/2023 1:10 PM
1719	Limits of working with with people not in person	6/26/2023 1:09 PM
1720	None	6/26/2023 1:09 PM
1721	None	6/26/2023 1:09 PM
1722	No problems. My clients love telehealth.	6/26/2023 1:09 PM
1723	none	6/26/2023 1:09 PM
1724	None	6/26/2023 1:09 PM
1725	None.	6/26/2023 1:09 PM
1726	None at present	6/26/2023 1:08 PM
1727	Clients internet, power outages	6/26/2023 1:07 PM
1728	Risk/reality of invalid, nonstandardized testing/assessments.	6/26/2023 1:07 PM
1729	None	6/26/2023 1:07 PM
1730	None	6/26/2023 1:06 PM
1731	None	6/26/2023 1:06 PM

1732	Insurance companies don’t always cover telehealth	6/26/2023 1:06 PM
1733	none	6/26/2023 1:06 PM
1734	None	6/26/2023 1:06 PM
1735	None	6/26/2023 1:05 PM
1736	none	6/26/2023 1:05 PM
1737	None	6/26/2023 1:05 PM
1738	None	6/26/2023 1:05 PM
1739	Patient unable to log into their helathcare account to access the video visit platform	6/26/2023 1:05 PM
1740	None	6/26/2023 1:05 PM
1741	None	6/26/2023 1:04 PM
1742	CA not being part of PsyPact	6/26/2023 1:04 PM
1743	none	6/26/2023 1:04 PM
1744	none	6/26/2023 1:04 PM
1745	None	6/26/2023 1:04 PM
1746	none	6/26/2023 1:04 PM
1747	occasional connection issues due to computer or Wifi	6/26/2023 1:04 PM
1748	NONE	6/26/2023 1:04 PM
1749	none	6/26/2023 1:04 PM
1750	none	6/26/2023 1:04 PM
1751	none	6/26/2023 1:04 PM
1752	n/a	6/26/2023 1:03 PM
1753	None	6/26/2023 1:03 PM
1754	None	6/26/2023 1:03 PM
1755	none	6/26/2023 1:03 PM
1756	patient having a private space for telehealth sessions	6/26/2023 1:03 PM
1757	lack of private space can be an issue when seeing clients at home	6/26/2023 1:03 PM
1758	None	6/26/2023 1:02 PM
1759	none	6/26/2023 1:02 PM
1760	poor video resolution, hard to read micro expressions	6/26/2023 1:02 PM
1761	HIPAA Compliance is a serious concern.	6/26/2023 1:02 PM
1762	None	6/26/2023 1:01 PM
1763	None	6/26/2023 1:01 PM
1764	none	6/26/2023 1:01 PM
1765	None	6/26/2023 1:01 PM
1766	California's lack of participation in PSYPACT.	6/26/2023 1:01 PM
1767	I do not provide clinical services as I am not in an administrative position. The one concern I have heard is about language access. (interpreters). As a result our system worked with a contractor to support language access and telehealth.	6/26/2023 1:01 PM
1768	none	6/26/2023 1:01 PM

1769	Not having a private space for telehealth sessions (e.g., not having childcare during session or living in multigenerational homes)	6/26/2023 1:01 PM
1770	None	6/26/2023 1:01 PM
1771	None	6/26/2023 1:01 PM
1772	patient requesting in person care	6/26/2023 1:00 PM
1773	none	6/26/2023 1:00 PM
1774	None	6/26/2023 1:00 PM
1775	clients with slow internet speed	6/26/2023 1:00 PM
1776	None	6/26/2023 1:00 PM
1777	None	6/26/2023 1:00 PM
1778	Patients having poor internet connection making the visit often freeze or drop.	6/26/2023 1:00 PM
1779	none	6/26/2023 1:00 PM
1780	legal restrictions, board limitations	6/26/2023 1:00 PM
1781	I don't have any barriers to telehealth - I also employ a full-time IT technician.	6/26/2023 1:00 PM
1782	none	6/26/2023 12:59 PM
1783	None	6/26/2023 12:59 PM
1784	CA Not being part of psypact	6/26/2023 12:59 PM
1785	None	6/26/2023 12:59 PM
1786	None	6/26/2023 12:59 PM
1787	None of these are technical barriers they are the cost of doing business.	6/26/2023 12:59 PM
1788	None	6/26/2023 12:59 PM
1789	None	6/26/2023 12:59 PM
1790	n/a	6/26/2023 12:59 PM
1791	For children and teens ensuring their privacy in s protected is sometimes challenging.	6/26/2023 12:59 PM
1792	Learned about VPN and use it for protection along with modem protection.	6/26/2023 12:59 PM
1793	None	6/26/2023 12:58 PM
1794	None	6/26/2023 12:58 PM
1795	None	6/26/2023 12:58 PM
1796	None	6/26/2023 12:58 PM
1797	None	6/26/2023 12:58 PM
1798	None	6/26/2023 12:58 PM
1799	None	6/26/2023 12:58 PM
1800	none	6/26/2023 12:58 PM
1801	none	6/26/2023 12:58 PM
1802	Low income elderly patients do not know how to access Zoom secure platform	6/26/2023 12:58 PM
1803	none	6/26/2023 12:58 PM
1804	None	6/26/2023 12:57 PM
1805	Clients confused about how to log on	6/26/2023 12:57 PM
1806	Privacy	6/26/2023 12:57 PM

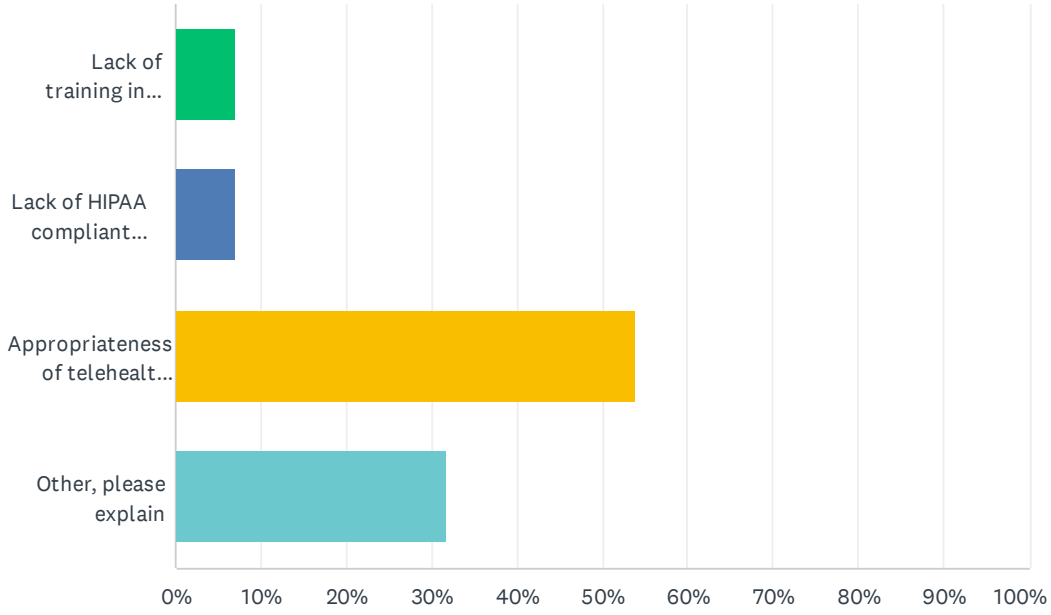
1807	None	6/26/2023 12:57 PM
1808	Ability for the client to have a private loc	6/26/2023 12:57 PM
1809	None	6/26/2023 12:57 PM
1810	None	6/26/2023 12:57 PM
1811	none	6/26/2023 12:57 PM
1812	None	6/26/2023 12:56 PM
1813	Privacy, especially when trying to book a conference room at work.	6/26/2023 12:56 PM
1814	None	6/26/2023 12:56 PM
1815	None	6/26/2023 12:56 PM
1816	None	6/26/2023 12:56 PM
1817	Infrequent glitches in video continuity	6/26/2023 12:56 PM
1818	none	6/26/2023 12:56 PM
1819	Finding private place to conduct a session, sometimes having to use a car.	6/26/2023 12:56 PM
1820	None	6/26/2023 12:56 PM
1821	None	6/26/2023 12:56 PM
1822	None	6/26/2023 12:56 PM
1823	None	6/26/2023 12:55 PM
1824	None	6/26/2023 12:55 PM
1825	none	6/26/2023 12:55 PM
1826	None	6/26/2023 12:55 PM
1827	none	6/26/2023 12:54 PM
1828	none	6/26/2023 12:54 PM
1829	none	6/26/2023 12:54 PM
1830	None	6/26/2023 12:54 PM
1831	none	6/26/2023 12:54 PM
1832	None	6/26/2023 12:54 PM
1833	Patient access to strong internet signal	6/26/2023 12:54 PM
1834	Speed updated: No longer an issue	6/26/2023 12:54 PM
1835	none	6/26/2023 12:53 PM
1836	None	6/26/2023 12:53 PM
1837	None	6/26/2023 12:53 PM
1838	None	6/26/2023 12:53 PM
1839	none	6/26/2023 12:53 PM
1840	None	6/26/2023 12:53 PM
1841	relationship building/maintaining, the actual clinical work, slower progress on some issues	6/26/2023 12:53 PM
1842	None	6/26/2023 12:52 PM
1843	none	6/26/2023 12:52 PM
1844	none	6/26/2023 12:52 PM

1845	None	6/26/2023 12:52 PM
1846	none	6/26/2023 12:52 PM
1847	Lack of privacy inside the home	6/26/2023 12:52 PM
1848	Working with partner facilities to ensure that the equipment is properly deployed	6/26/2023 12:52 PM
1849	none	6/26/2023 12:52 PM
1850	None	6/26/2023 12:51 PM
1851	none	6/26/2023 12:51 PM
1852	none	6/26/2023 12:51 PM
1853	None	6/26/2023 12:51 PM
1854	Clients finding a private place for sessions; background noise on either end	6/26/2023 12:51 PM
1855	None	6/26/2023 12:51 PM
1856	private space for clients to take calls	6/26/2023 12:51 PM
1857	Frustrating when pt is out of state and I'm unable to provide care	6/26/2023 12:51 PM
1858	None	6/26/2023 12:50 PM
1859	none	6/26/2023 12:50 PM
1860	none	6/26/2023 12:50 PM
1861	Haven't had any, secured quality/reputable equipment and traveling hot spot	6/26/2023 12:50 PM
1862	None	6/26/2023 12:50 PM
1863	none	6/26/2023 12:50 PM
1864	Most barriers were access to smart phones or having internet access	6/26/2023 12:50 PM
1865	elderly unfamiliar with using their equipment	6/26/2023 12:49 PM
1866	None	6/26/2023 12:49 PM
1867	None	6/26/2023 12:49 PM
1868	Ensuring people have access to private place to conduct therapy	6/26/2023 12:49 PM
1869	None	6/26/2023 12:49 PM
1870	ESET	6/26/2023 12:49 PM
1871	those folks ask to use phones	6/26/2023 12:49 PM
1872	Elderly people have difficulty with technology. Facetime would be easier but not HIPAA compliant.	6/26/2023 12:49 PM
1873	None	6/26/2023 12:49 PM
1874	None	6/26/2023 12:49 PM
1875	None	6/26/2023 12:48 PM
1876	no body language to speak of	6/26/2023 12:48 PM
1877	Private space to conduct session	6/26/2023 12:48 PM
1878	none	6/26/2023 12:48 PM
1879	None	6/26/2023 12:48 PM
1880	Some clients difficulty using the platform	6/26/2023 12:48 PM
1881	None	6/26/2023 12:48 PM
1882	none	6/26/2023 12:48 PM

1883	none	6/26/2023 12:48 PM
1884	None	6/26/2023 12:47 PM
1885	none	6/26/2023 12:47 PM
1886	None	6/26/2023 12:47 PM
1887	none	6/26/2023 12:47 PM
1888	Rarely a problem	6/26/2023 12:47 PM
1889	interruptions within patient's home from other people or they are in bed and won't get up, and lack of privacy	6/26/2023 12:47 PM
1890	None	6/26/2023 12:47 PM
1891	None	6/26/2023 12:47 PM
1892	Inability to connect with client properly for quality service.	6/26/2023 12:47 PM
1893	Occasional broadband slowness	6/26/2023 12:47 PM
1894	I prefer in person myself !	6/26/2023 12:47 PM
1895	Population of focus; not conducive	6/26/2023 12:47 PM
1896	None	6/26/2023 12:47 PM
1897	None	6/26/2023 12:47 PM
1898	none	6/26/2023 12:46 PM
1899	None. Maybe bad connection but its minor	6/26/2023 12:46 PM
1900	none	6/26/2023 12:45 PM
1901	None	6/26/2023 12:45 PM
1902	none	6/26/2023 12:45 PM
1903	None	6/26/2023 12:45 PM
1904	none	6/26/2023 12:45 PM
1905	None	6/26/2023 12:45 PM
1906	Being licensed	6/26/2023 12:45 PM
1907	none	6/26/2023 12:45 PM
1908	None	6/26/2023 12:45 PM
1909	None	6/26/2023 12:44 PM
1910	none	6/26/2023 12:44 PM
1911	None	6/26/2023 12:44 PM

Q6 What are the practice barriers to telehealth?

Answered: 3,669 Skipped: 777



ANSWER CHOICES	RESPONSES	
Lack of training in telehealth	7.09%	260
Lack of HIPAA compliant technology	7.14%	262
Appropriateness of telehealth for certain client populations (e.g., clients undergoing psychological assessments, clients with safety concerns, etc.)	53.91%	1,978
Other, please explain	31.86%	1,169
TOTAL		3,669

#	OTHER, PLEASE EXPLAIN	DATE
1	Clients who do kot create appropriate private space.	7/24/2023 7:58 AM
2	none so far	7/23/2023 7:40 PM
3	I have gotten past the lack of training and lack of tech competence I had to work out during the pandemic, but now I just don't think the quality of care is the same as in person.	7/22/2023 10:25 PM
4	Before the pandemic, our agency did not consider telehealth as a direction we would pursue, so we didn't receive training. However, we were unknowingly participating in telehealth occasionally, such as when a client was on vacation and out of the state/area and we did phone sessions because there was a clinical need for continuity during the vacation/university break (e.g., a big life event was occurring for which the client needed support). Now, we are stricter about not offering these sessions to those who are out of state, but it seems contrary to best care for client. So our practice in these situations seems more governed by legal complexities than best care of client.	7/22/2023 4:55 PM
5	None as I have been able to address and overcome practice barriers	7/22/2023 6:53 AM

6	I don't believe there are current barriers. There are many more barriers in attempting to get patients into the office consistently.	7/21/2023 3:25 PM
7	equal access to telehealth software/hardware. Support from my organization in whether it is effective or not.	7/21/2023 1:48 PM
8	Have not seen or experienced those barriers as the field have been keeping up by getting psychological measures normed for remote work. Safety concerns much like your office in person have you report it but you can't physically restrain someone until help arrives if they were a danger.	7/21/2023 12:05 PM
9	I will only provide telehealth to former patients I have worked with since 1993	7/21/2023 12:00 PM
10	Interstate barriers to out of state licensed providers.	7/21/2023 7:14 AM
11	Clt equipment	7/21/2023 6:54 AM
12	It's harder (but not impossible) to do measurement based care via telehealth and also to draw out diagrams with the client in session (what I would normally do on a whiteboard)	7/20/2023 5:37 PM
13	none	7/20/2023 3:27 PM
14	None - I felt quite comfortable with the practice. I had very, very good security. Wasn't always sure about my patients. So was discreet in discussion. That may have limited what they could talked about and/or reveal.	7/20/2023 12:55 PM
15	I imagine all of the above, IF I was providing telehealth. This again should be a skip question unless you are asking about barriers to starting a new telehealth practice (which the question wording does not seem to imply).	7/20/2023 10:01 AM
16	None	7/19/2023 9:35 PM
17	The biggest barrier is the inability to practice across state lines. It's very disruptive to treatment when we have to pause if a patient is temporarily out of state. It would be extremely helpful if CA could join Psypact.	7/19/2023 9:10 PM
18	Majority of my patients prefer face to face sessions (as do I)	7/19/2023 6:43 PM
19	The Insurance Payors, including Medicare, who place a lower value on services provided via telehealth. So many disabled, mentally ill, single parents, working parents, or disabled providers need the use of Telehealth as an accessible form of healthcare. APA should spend their time making sure we are paid well - Survey that.	7/19/2023 3:23 PM
20	I have a personal belief it is not adequate	7/19/2023 2:13 PM
21	I wish that licenses were allowed across states--it is NORMAL for my age specialty (15-25) to be in 3+ states in a course of a year: one state with family (summer break), one state for college, and another state for an internship or J-term, etc. It is not good care to have to change therapists 3x per year... I think the state-model of licensure is antiquated and should be a national license	7/19/2023 2:06 PM
22	none	7/19/2023 11:00 AM
23	none	7/19/2023 10:40 AM
24	I had great experience with telehealth since COVID. I wish CA was part of the psych pact. We are legging behind clients needs across states that can create ethical and clinical issues. I hope some consideration would be given to cross state teletherapy	7/19/2023 10:32 AM
25	patients living in communal settings with no privacy, discomfort/unfamiliarity with tech in some older patients, expense of some platforms to get Business Associate Agreements, power outages when weather disrupts service	7/19/2023 9:28 AM
26	Psychodrama group therapy-still did it thrupandemic but tricky. Bipolar, OCD, Trauma Recovery-tough to go deep.	7/19/2023 4:36 AM
27	I do forensic work and don't see any barriers.	7/19/2023 2:52 AM
28	If the pt is comfortable with the platform.	7/18/2023 10:37 PM
29	In my practice I offer both telehealth and in person. It works well	7/18/2023 10:25 PM

30	It's much harder to control the therapeutic environment using telehealth than seeing people in person.	7/18/2023 4:29 PM
31	None	7/18/2023 3:57 PM
32	NONE	7/18/2023 1:56 PM
33	None - here specifically	7/18/2023 1:34 PM
34	Control of privacy	7/18/2023 1:17 PM
35	Out of state restrictions	7/18/2023 1:05 PM
36	Hippa compliance codes are the biggest barriers	7/18/2023 12:44 PM
37	Lack of "presence" and "direct contact" with client which hinders listening, communication, and assessment skills.	7/18/2023 12:43 PM
38	Older patients have difficulty with technology	7/18/2023 12:39 PM
39	Not being able to see the full person physically to help assess mood, anxiety, etc.	7/18/2023 11:55 AM
40	So far, the only barriers I can identify are if I worked with outpatient severe mental illness, such as unmedicated schizophrenia, which I do not. Telehealth works just as well for safety assessment and planning as in-person, considering we cannot physically force a person to stay in-session anyway and we would have to call for emergency intervention just the same. The only potential drawback to telehealth for self-injurious behavior is not being able to see if a person has obvious cuts, bruises or scars...but then again, most clients who self-harm do it in hidden places anyway.	7/18/2023 11:46 AM
41	The appropriateness for certain populations is certainly a problem- particularly kids and suicidal individuals. I found it much more difficult to develop a solid therapeutic bond w new patients, as well. They couldn't "feel" my interpersonal style. I had to focus much more closely on their tone and subtle facial cues. Doing telehealth is much more of a mental strain for me as a psychologist and I don't feel as satisfied w my work.	7/18/2023 10:06 AM
42	None	7/18/2023 9:59 AM
43	lack of environment control (beer in coffee cup, another in room off camera, etc)	7/18/2023 9:51 AM
44	I cannot mark more than one ... Lack of training especially for work with certain clients, e.g., children and youth; appropriateness of telehealth for certain clients is also a barrier. Difficulty establishing strong therapeutic alliance with new clients via telehealth.	7/18/2023 9:37 AM
45	lack of reciprocity among states(particularly for the client in another state) even though we take the same exams. It seems a bit behind the times and other professions to not have state reciprocity yet. I've only encountered one client in the course of the pandemic who was not appropriate /comfortable with Telehealth and needed to refer him out as I was only providing Telehealth. And some new referrals that new right off the bat their preference was in person, but not more than one current client.	7/18/2023 9:23 AM
46	None	7/18/2023 9:09 AM
47	N/A	7/18/2023 7:57 AM
48	n/a	7/18/2023 7:45 AM
49	Children and telehealth don't mix	7/18/2023 7:35 AM
50	Unsuitable for young children, family groups severe chemically dependent persons	7/18/2023 3:39 AM
51	It is not just certain client populations to consider for appropriateness as each potential client needs to be assessed based on their own unique needs and preferences.	7/17/2023 11:40 PM
52	Elderly clients aren't comfortable with technology	7/17/2023 11:31 PM
53	Accessible, easy to use technology for elderly clients.	7/17/2023 10:39 PM
54	Youth clients can be harder to work with via telehealth, though with preparation can still be quite useful.	7/17/2023 9:50 PM
55	None for me	7/17/2023 9:47 PM

56	Zoom inconsistency	7/17/2023 9:07 PM
57	None really. It must be available for lower income, lower functioning, lower educated patients… even facetime	7/17/2023 8:21 PM
58	Complications with family's ability to navigate technology	7/17/2023 8:09 PM
59	Not "the best for certain "in depth" long term Psychotherapy treatment modalities.	7/17/2023 8:05 PM
60	Lack of real in person connection	7/17/2023 8:01 PM
61	When using telephone, technology is less HIPPA compliant	7/17/2023 7:42 PM
62	None. I became board certified as a TeleHealth Provider when Telehealth was just beginning.	7/17/2023 7:41 PM
63	The BOP, insurance companies and arcane laws are the barriers	7/17/2023 7:41 PM
64	Telehealth has been useful for pre-established clients and returning clients who i have rapport already established. However, there were only mild issues with new clients in terms of assessing needs given I collaborated carefully with their primary care doctor or psychiatrist who referred to my practice.	7/17/2023 7:25 PM
65	Much information is distorted or lost, visually. Auditory is actually much better for emotional connection. Of course, so much more data is available in office. Where and if the client is having eye contact, body color, breath, etc.	7/17/2023 6:52 PM
66	none	7/17/2023 6:50 PM
67	I have not found many barriers. I've been pleasantly surprised at how much is available to support telehealth. I am concerned about therapists not using HIPPA compliant technology.	7/17/2023 6:45 PM
68	Not being able to be with the client in person. Makes quite a difference.	7/17/2023 6:38 PM
69	Patient engagement in tasks other than psychotherapy - “just” finishing up on something, driving	7/17/2023 6:32 PM
70	Access to populations such as nursing homes who must just rely on others to bring them devices & set them up.	7/17/2023 6:16 PM
71	some use cellphones / smartphones	7/17/2023 6:09 PM
72	None	7/17/2023 6:04 PM
73	Pt's having access	7/17/2023 6:03 PM
74	Some patients require in-person therapy because telehealth has not been effective for them. I assess the severity of mental health issues and I recommend accordingly. Highly anxious patients, severely depressed, and active substance abusers are recommended for in-person therapy.	7/17/2023 5:41 PM
75	Not as much as I had thought. It has helped a lot to get therapy to those who would not go otherwise.	7/17/2023 5:31 PM
76	None	7/17/2023 5:28 PM
77	the lack of PsyPact access makes it impossible for me to work with clients who move out of state	7/17/2023 5:26 PM
78	None	7/17/2023 5:20 PM
79	n/a	7/17/2023 5:12 PM
80	I am an inactive psychologist at this time. I have used telehealth in the past. I think it's appropriate only for certain clients and populations, who are not high risk and have adequate tech skills	7/17/2023 4:58 PM
81	none	7/17/2023 4:55 PM
82	All of the above	7/17/2023 4:54 PM
83	None	7/17/2023 4:45 PM
84	None in my work, which is entirely assessment based (forensic and police/public safety)	7/17/2023 4:32 PM

85	Limited ability to see visual cues to emotional content	7/17/2023 4:18 PM
86	some potential clients only want to meet in the office	7/17/2023 3:58 PM
87	I do not experience problems with barriers.	7/17/2023 3:52 PM
88	For myself and other clinicians, there don't seem to be many barriers. Prior to the pandemic, no one knew how to do this. Now it's old hat	7/17/2023 3:51 PM
89	None	7/17/2023 3:34 PM
90	I prefer in person therapy as do many of my clients	7/17/2023 3:20 PM
91	None	7/17/2023 3:17 PM
92	I learn so much about a client by being in their presence	7/17/2023 3:06 PM
93	none	7/17/2023 2:57 PM
94	It helps improve access to care and lowers no-show rates dramatically but sometimes I worry that some patients use it to as a means of avoidance of leaving the house. Also groups can be tricky to run on telehealth (e.g., if one person has a bad connection it can be distracting for everyone else), but we have done many fairly successfully.	7/17/2023 2:48 PM
95	None	7/17/2023 2:45 PM
96	There are some advantages to being in person and having a more face to face contact	7/17/2023 2:37 PM
97	x	7/17/2023 2:33 PM
98	Lack of knowledge of legal/ethical statutes.	7/17/2023 2:25 PM
99	NONE	7/17/2023 2:25 PM
100	Clients need privacy at home for session	7/17/2023 2:21 PM
101	I conduct some assessments via telehealth and my no shoe rate has been zero so there are advantages too!	7/17/2023 2:20 PM
102	Therapeutically client interaction is somewhat attenuated through computer as a transitional object. Reciprocal transactions of positive regard is lost via computer screen.	7/17/2023 2:15 PM
103	OCHP transitioned into telehealth quickly during COVID-19 and updated the office internet in order to provide continuous care.	7/17/2023 1:53 PM
104	I have not experienced practical barriers at this time	7/17/2023 1:49 PM
105	Concern about the future of insurance coverage for telehealth services.	7/17/2023 1:34 PM
106	I usually require that Chemical Dependency, High Conflict Couples, Severe Mental Health issues where medication compliance is a problem, and high-risk patients to be in person only.	7/17/2023 1:29 PM
107	None	7/17/2023 1:28 PM
108	None, I still offer in-person sessions and insist on in-person for certain populations. Overall reduces barriers to access.	7/17/2023 1:25 PM
109	None	7/17/2023 1:25 PM
110	1. Lack of ability to practice across state lines. People moved all over the place, leaving their CA residency. 2. Lack of insurance reimbursement.	7/17/2023 1:20 PM
111	As a practitioner and a manager in behavioral health the practice of tele health has really lulled providers into a sense that this is great as while they may only be looking at their own satisfaction. I do not find pts or providers are as attentive, and the quality assurance issues that come with this practice are questionable at best. Yes it has a place, but more pts. Should receive in person service. The board should also consider stringent requirements for PA, intern, etc. to see pts in person. The learning, supervision etc. that occurred during Covid times was questionable at best.	7/17/2023 1:11 PM
112	Not interested in conducting telehealth sessions	7/17/2023 1:03 PM
113	None. I feel telehealth is very beneficial and the wave of the future. Currently, I am on a pause	7/17/2023 12:59 PM

	from offering services because my parents died. However, I am applying for a full-time 100% remote position in August, and I am grateful to be doing work via telehealth.	
114	None, after the initial set-up and learning curve. Actually, prefer telepsychology to in-person services.	7/17/2023 12:58 PM
115	I don't really experience barriers; telehealth is usually a resolution to a barrier rather than a barrier itself	7/17/2023 12:57 PM
116	Eventually when additional psychedelics are legal I would not feel comfortable providing treatment to someone in an altered state of consciousness	7/17/2023 12:57 PM
117	I have not encountered any serious, non-technological barriers. Patients who wish to see me in person may do so. Most patients prefer the telehealth platform for the convenience and because they are older and find the access more beneficial.	7/17/2023 12:50 PM
118	So far, my experience has been that we are able to accomplish as effective service delivery via telehealth as we can via in-person. In fact, sometimes we are able to reach many more folks. In my work with youth and their families, this often makes it easier to bring in important family members who are at a distance. Very powerful.	7/17/2023 12:33 PM
119	I've noticed that only my inner child work doesn't work as well over telehealth. But everything else works great	7/17/2023 12:29 PM
120	Concerns of disconnection due internet.	7/17/2023 12:22 PM
121	It seems clients don't take telehealth as seriously as in person sessions. I've had clients meet in their cars, attempt to have session while driving, in bed, while vaping, while putting on makeup, etc.	7/17/2023 12:17 PM
122	Income disparity in access to technology; elderly patients occasionally can't manage technology or don't have access to newer tech	7/17/2023 12:16 PM
123	We do need to take extra steps to assure we know the location of the client and that it is confidential on their end. Also, the initial set up takes a little bit more time (to make sure they know how to access the site).	7/17/2023 12:13 PM
124	useful to see patients with eating disorders in personal	7/17/2023 12:07 PM
125	I don't think there are barriers. Most people prefer it.	7/17/2023 12:03 PM
126	n/a	7/17/2023 12:02 PM
127	none, as long as you are experienced and seasoned	7/17/2023 12:02 PM
128	clients traveling out of the state but still requesting sessions	7/17/2023 12:01 PM
129	Both lack of training and inappropriateness for certain populations	7/17/2023 11:58 AM
130	none	7/17/2023 11:57 AM
131	none	7/17/2023 11:54 AM
132	It's exhausting	7/17/2023 11:53 AM
133	N/A	7/17/2023 11:50 AM
134	I have had experienced no barriers from my end. Occasionally my clients may not have good internet, but this is intermittent only.	7/17/2023 11:47 AM
135	some patients are unsure that their insurance will continue to pay for telehealth after the pandemic. Some patients are sick of telemedicine after pandemic and insist on in person services so I refer	7/17/2023 11:45 AM
136	None that I have found. Clients prefer it.	7/17/2023 11:44 AM
137	patient resistance	7/17/2023 11:44 AM
138	Consistency, engagement, and delayed rapport building	7/17/2023 11:37 AM
139	none	7/17/2023 11:35 AM
140	Patients often struggle to find private and appropriate environments for telehealth	7/17/2023 11:35 AM

	appointments, or try to connect while driving.	
141	Sessions don't flow as well due to glitches, and full body language is not observable.	7/17/2023 11:32 AM
142	Some methodologies like EMDR	7/17/2023 11:32 AM
143	Difficult at times to read body language	7/17/2023 11:31 AM
144	No significant barriers	7/17/2023 11:26 AM
145	Work with school aged and young adolescents is more challenging remotely, also work with larger families.	7/17/2023 11:20 AM
146	I haven't identified barriers per se.	7/17/2023 11:20 AM
147	I do psych assessments only. They are almost always appropriate for my clients and often they would not show up otherwise, but there is concern about addressing skepticism by the attorneys and courts now.	7/17/2023 11:19 AM
148	none	7/17/2023 11:19 AM
149	I strongly dislike telehealth and do not intend to use it.	7/17/2023 11:18 AM
150	none	7/17/2023 11:17 AM
151	Inability to observe all behavioral cues	7/17/2023 11:17 AM
152	Just connection problems/breaks in contact on either end --	7/17/2023 11:17 AM
153	None for me	7/17/2023 11:15 AM
154	I think this question is too vague. Do you mean for me or for others? I have plenty of training and provide it to others through consult. I use HIPAA compliant technology and have setup dozens of therapists on these systems and provide consultation on appropriateness or finding workarounds (in most cases there are plenty).	7/17/2023 11:12 AM
155	Clients who have unstable internet or who have difficulty navigating on the computer	7/17/2023 11:11 AM
156	Privacy on both ends; the therapist and the client. As well as disruptions on the clients end.	7/17/2023 11:11 AM
157	Employer doesn’t allow	7/17/2023 11:09 AM
158	none	7/17/2023 11:08 AM
159	Medicare reimbursement decrease.	7/17/2023 11:08 AM
160	None	7/17/2023 11:08 AM
161	both Lack of HIPAA tech and lack of coverage for rural locations	7/17/2023 11:07 AM
162	Not many.	7/17/2023 11:05 AM
163	We need norms for neuropsych measures used in telehealth	7/17/2023 11:03 AM
164	None, as I provide teletherapy for adults without safety concerns	7/17/2023 11:01 AM
165	None	7/17/2023 11:00 AM
166	None apply. I have adjusted well as have my clients.	7/17/2023 11:00 AM
167	Lack of in person empathy	7/17/2023 11:00 AM
168	none	7/17/2023 10:59 AM
169	None	7/17/2023 10:57 AM
170	Uncertainty related to shifting of CA telehealth rules as pandemic concerns have eased	7/17/2023 10:57 AM
171	None	7/17/2023 10:56 AM
172	Politics.	7/17/2023 10:56 AM
173	Allowing for more accessibility to patients given that distance is now less of a barrier due to telehealth	7/17/2023 10:56 AM

174	In a jail setting	7/17/2023 10:55 AM
175	I find Telehealth very effective. Particularly for clients with mobility or health issues who find it difficult to attend in person sessions.	7/17/2023 10:55 AM
176	None	7/17/2023 10:54 AM
177	Sharing required documents	7/17/2023 10:53 AM
178	none	7/17/2023 10:52 AM
179	None	7/17/2023 10:52 AM
180	Nothing	7/17/2023 10:51 AM
181	No practice barriers. However, I have availed myself of the services of another psychologist via telehealth. My experiences were very positive.	7/17/2023 10:51 AM
182	NONE	7/17/2023 10:50 AM
183	None	7/17/2023 10:48 AM
184	screen fatigue	7/17/2023 10:47 AM
185	I have not found any barriers. Nowadays, I let new clients know that I only do telehealth and let them decide.	7/17/2023 10:47 AM
186	Not proper delivery of services. Only useful with well established clients.	7/17/2023 10:46 AM
187	Adequate backup in mental health services such as acute hospitalization	7/17/2023 10:46 AM
188	None	7/17/2023 10:45 AM
189	The client has a hard time with the technology because they are not computer literate and/or they English Language learners and may not be able to read the instructions for logging on to the platform.	7/17/2023 10:45 AM
190	None	7/17/2023 10:44 AM
191	office visits are superior to tele-health for patients and providers (therapy and assessment is richer and more meaningful and effective)	7/17/2023 10:44 AM
192	I work for a state university and students having a private space is the most significant barrierthey have to accessing services.	7/17/2023 10:44 AM
193	affordability of HIPAA compliant technology	7/17/2023 10:44 AM
194	I do not do assessments; nor do I accept clients with safety concerns or those who feel they would best benefit from face to face support.	7/17/2023 10:44 AM
195	none	7/17/2023 10:42 AM
196	BOP	7/17/2023 10:42 AM
197	I don't see any practice barriers. In fact, quite the opposite.	7/17/2023 10:42 AM
198	Some insurance companies attempts to pay at a lower rate	7/17/2023 10:42 AM
199	the elderly population	7/17/2023 10:42 AM
200	For teens - privacy in their home, distractions while on video, not prioritizing the session online versus if it were in person	7/17/2023 10:41 AM
201	High cost of HIPAA compliant technology	7/17/2023 10:41 AM
202	None	7/17/2023 10:40 AM
203	Not seeing entire body for best reading body language.	7/17/2023 10:40 AM
204	What I think is that it takes more time and effort to do telehealth than in person therapy and assessment	7/17/2023 10:40 AM
205	None.	7/17/2023 10:40 AM

206	No practice barriers	7/17/2023 10:40 AM
207	I still prefer to meet in person a couple of sessions before transitioning to telehealth.	7/17/2023 10:40 AM
208	The main barrier for me is connectivity issues. Sometimes it is the lack of strength of signal, and other times it is that SimplePractice throttles the signal going through their portal. The result is that there are short (or long) breaks in connection, which makes it very challenging to have the flow of conversation and are anxiety provoking for me when I am performing my job because it is a major interruption.	7/17/2023 10:39 AM
209	none of these should be an barrier as I have completed all these telehealth training. But access to more telehealth related training/courses will be helpful.	7/17/2023 10:39 AM
210	none	7/17/2023 10:38 AM
211	client diagnoses of SPMI and inability to properly visually assess clients' symptoms; inability to deescalate a challenging situation by phone or telehealth as effectively as is possible in person	7/17/2023 10:37 AM
212	None that I have encountered. The platform I use is HIPAA compliant and I don't treat any populations that are inappropriate for telehealth.	7/17/2023 10:36 AM
213	no practice barriers to the population I serve (adults with mild to moderate impairment in functioning, usually with a psychiatrist to provide med support.)	7/17/2023 10:36 AM
214	I would like more options to conduct psychological evaluations via telehealth	7/17/2023 10:36 AM
215	None	7/17/2023 10:35 AM
216	Having forms cimpleted, such as HIPPA, informed consent, practice policies etc.	7/17/2023 10:35 AM
217	Telehealth is more tiring for me, and feels distancing	7/17/2023 10:34 AM
218	cost of HIPAA compliant technology	7/17/2023 10:34 AM
219	The biggest problem is that I have some court cases that I have I'm not allowed even though the client has a case in California to rope them in via telephone because they're in another state and there's no reciprocity between California and other states	7/17/2023 10:34 AM
220	All of the above since it would not allow me to select more than one	7/17/2023 10:33 AM
221	None.	7/17/2023 10:33 AM
222	None	7/17/2023 10:32 AM
223	none	7/17/2023 10:32 AM
224	n/a	7/17/2023 10:32 AM
225	It is a very nice platform to facilitate sessions; however, with some population especially kids, it is hard to make emotional connection.	7/17/2023 10:32 AM
226	Ensuring confidentiality	7/17/2023 10:31 AM
227	Cross-state licensure limitations, insufficient internet speed/bandwidth	7/17/2023 10:31 AM
228	N/A	7/17/2023 10:29 AM
229	This is a poorly designed survey - there shouldn't be forced choice here of barriers. I don't experience any of the above barriers.	7/17/2023 10:28 AM
230	None noted. Client population is comfortable with the platform.	7/17/2023 9:45 AM
231	Select out certain client populations	7/17/2023 5:25 AM
232	none	7/15/2023 4:25 PM
233	I have not encountered consistent barriers	7/15/2023 7:55 AM
234	Patients that have more severe problems, for which face-to-face treatment only would be suitable.this would be only a small percentage. Otherwise teletherapy is an excellent platform and very effective	7/14/2023 8:22 PM

235	The flexibility required in the clinician is an extension of the psychological flexibility a skilled psychotherapist must have to deal with patients, in person, or via telehealth. Making the adjustment to teletherapy requires only subtle shifts in clinical skills, making, as is so often the case in life in general, Experience the best teacher. Seeing the patient's head, neck and shoulders, increasing the degree of atunement to speech patterns and subtle changes in facial expression sufficiently make up for what may be lost in a non-person-to-person environment, such as overall body language. I believe there is an equivalent trade off of advantages and disadvantages to interacting with patients intheir own home or work environment vs. in your office.	7/14/2023 4:18 PM
236	Both 1 & 2 - see previous answer to Q 5	7/14/2023 2:29 PM
237	I have not experienced barriers. There were kinks in the beginning, but smooth now.	7/14/2023 1:22 PM
238	None	7/14/2023 12:33 PM
239	Lack of privacy for patients during their sessions, especially for adolescents.	7/14/2023 11:59 AM
240	None	7/14/2023 8:50 AM
241	All the above	7/13/2023 7:18 PM
242	Patients do not want telehealth	7/13/2023 3:18 PM
243	Some clients using substances during sessions	7/13/2023 11:55 AM
244	The California Board of Psychology refusing to allow CA to participate in PsyPact is the biggest obstacle and continues to hurt my ability to practice	7/13/2023 11:03 AM
245	None	7/13/2023 9:45 AM
246	None	7/12/2023 4:27 PM
247	Having to become comfortable and competent with the new platform as more and more people request the delivery of services in such a manner.	7/12/2023 3:57 PM
248	None	7/12/2023 3:57 PM
249	Licensing issues. We need advocacy to allow Californians to see clients from across the US.	7/12/2023 2:53 PM
250	Lack of tekehealth in correctional settings	7/12/2023 1:04 PM
251	Unable to see clients while they are in states with anti-telehealth laws, CA is not part of Psypact but that would REALLY help!	7/12/2023 11:40 AM
252	concerns about ability to offer telehealth when clients live part-time in other states/countries.	7/12/2023 11:33 AM
253	None	7/12/2023 10:43 AM
254	All of the above can be barriers, but I'm not able to select more than one option.	7/12/2023 10:36 AM
255	none	7/12/2023 10:07 AM
256	none	7/12/2023 7:16 AM
257	I find it challenging to do play therapy via telehealth.	7/12/2023 6:33 AM
258	Digital challenges to my older clients.	7/11/2023 10:25 PM
259	I’m partly disabled at present, would likely not want to go back to my office if I can make this work until I retire!	7/11/2023 8:21 PM
260	I think it is in the best interest of the client to be able to travel or be in different states and still be able to be seen via telehealth.	7/11/2023 6:03 PM
261	None	7/11/2023 5:30 PM
262	NA	7/11/2023 5:13 PM
263	My own preference for in-person practice, and experience that many people prefer in-person services despite appreciating the convenience that telehealth offers.	7/11/2023 5:12 PM
264	Unable to assess fully the patient's energy.	7/11/2023 2:24 PM

265	Clients' possible hesitancy to use electronic media	7/11/2023 1:03 PM
266	Child clients who require active play therapy and sensory processing disorder clients who need sensory-motor treatment require in-person services.	7/11/2023 11:45 AM
267	setups are good. the key issue is being able to reach outside of California through psypact. We need to join that group just like most states have	7/11/2023 11:42 AM
268	None	7/11/2023 11:32 AM
269	I would not see a suicidal person or someone in severe crisis over time. But that was true before telehealth, as my practise is part time. I think seeing someone in that much duress would be harder to manage on telehealth.	7/11/2023 11:14 AM
270	I don't think there are any significant barriers. It doesn't work for all populations, but it's worked for me. I've also taken CE's on it.	7/11/2023 10:53 AM
271	All of the above.	7/11/2023 10:46 AM
272	FaceTime should be compliant bc the elderly population can use it easily and have trouble with other platforms.	7/11/2023 10:40 AM
273	Geriatric clients experiencing difficulties with technology.	7/11/2023 10:09 AM
274	Clients prefer in-person therapy	7/11/2023 9:54 AM
275	The majority of my client base gives every indication that they are agreeable to telehealth. I've had in the past two to three clients who've asked for face-to-face interviews.	7/11/2023 9:39 AM
276	We find that youth are burned out on telehealth (e.g. virtual school during COVID-19) and prefer in person. Also, intakes are more challenging through telehealth.	7/11/2023 9:31 AM
277	no practice barriers	7/11/2023 9:07 AM
278	if it is determined that a switch to in-person would be helpful, there could be barriers	7/11/2023 8:44 AM
279	Conducting assessments in the prison setting. I have done both in person and via Telehealth and I find Telehealth to be much more difficult to get a deep insight into the case. However, some populations, e.g., the younger tech savvy population, is often more comfortable using technology, and therefore are easier to connect with over Telehealth.	7/11/2023 8:42 AM
280	Lack of knowledge on behalf of providers and clients, especially regarding issues such as being out of state and/or out of country.	7/11/2023 8:40 AM
281	No barriers to speak of.	7/11/2023 8:13 AM
282	As a clinician i think I’m better at my job when I have in person contact with patients.	7/11/2023 7:57 AM
283	Some clients prefer in-person. Also, I offer somatic expressive work, which is best done in person, tho' I do guide it via telehealth as well.	7/11/2023 7:45 AM
284	None that I can think of. I see only the benefits.	7/11/2023 7:26 AM
285	Employer buy in	7/11/2023 7:09 AM
286	There are some people who only want face to face sessions	7/11/2023 7:06 AM
287	I would say it’s difficult to do psych assessment for those that require certain types of testing that need to be administered in person.	7/11/2023 6:43 AM
288	n/a	7/11/2023 6:33 AM
289	None	7/11/2023 5:50 AM
290	No very comfortable	7/11/2023 5:48 AM
291	Some seniors are not comfortable with telegraphy.	7/11/2023 5:27 AM
292	Insurance coverage	7/11/2023 3:39 AM
293	Youth might be better for in-person therapy.	7/11/2023 2:00 AM
294	None	7/11/2023 12:15 AM

295	More training is always helpful. By in large, I think telehealth works well. I've encountered few barriers.	7/10/2023 11:42 PM
296	Offering group sessions via telehealth is challenging due to size and video platform; slow internet speed; interruptions if trying to find privacy when people are present in the home.	7/10/2023 11:35 PM
297	Form adoption: Needing to move all business practices to remote work.	7/10/2023 11:32 PM
298	None	7/10/2023 11:29 PM
299	Both lack of HIPAA compliant technology and appropriateness of telehealth for certain client populations	7/10/2023 9:23 PM
300	My telehealth clients use audio only, not video. They appreciate the saving of time and convenience. We are not experiencing barriers. Some of them come to the office from time to time, when their schedule allows it.	7/10/2023 9:18 PM
301	none	7/10/2023 8:55 PM
302	None of the above. The practice barriers outlined above are easily addressed by (1) existing and available training; (2) use of HIPAA compliant platforms; (3) thorough assessment of patients prior to engagement in telehealth.	7/10/2023 8:42 PM
303	NA	7/10/2023 8:36 PM
304	Perceived regulations (ex. that we cannot provide services in this manner) and perceived lack of technological resources (ex. that apps such as Google or FaceTime are inherently in violation of HIPAA, or that we need to produce a business agreement with Zoom).	7/10/2023 8:28 PM
305	Primarily older patients struggling with appropriate camera locations	7/10/2023 8:07 PM
306	In my experience, certain groups of children are not good candidates for telehealth	7/10/2023 7:55 PM
307	None	7/10/2023 7:46 PM
308	na	7/10/2023 7:44 PM
309	Same response previous question	7/10/2023 7:35 PM
310	Making sure a very few pts are only focused on the session and not something else in their house	7/10/2023 7:35 PM
311	Privacy can sometimes be an issue for clients	7/10/2023 7:34 PM
312	6-1...I fortunately had had previous CE training in Costa Mesa, Ca. Suggest this training become available. 6-2...found on internet the necessary INFORMED CONSENT for Teleheath Services, plus mailed all regular/required paperwork with a request for copies of identification cards, i.e., (insursnce/drivers license) that would have been presented when I was in my office, along with a large self- addressed envelope for their easy return to me. 6-3 other than children, and of course psychological assessments requiring testing material use, I believe populations who are not fearful of computer/phone use GREATLY BENEFIT from Telehealth Services. I provided a step-by- step direction sheet to use to gain access to the doxy.me platform. Benefitting populations could include the older adult, or the physically disabled, depressed,anxious, PTSD, bipolar, lack of travel ability (no auto, or public trans, etc), and/or low on funds persons IMPORTANT: Prior to accepting for telehealth services each phoning, potential client MUST BE assessed FOR SAFETY and referred, with my help, to the appropriate services.	7/10/2023 7:31 PM
313	None	7/10/2023 7:29 PM
314	None	7/10/2023 7:25 PM
315	I would be concerned if insurance stops covering telehealth. It improves patient access to care.	7/10/2023 7:21 PM
316	No comment.	7/10/2023 7:20 PM
317	None	7/10/2023 7:06 PM
318	Can't be effective with couples, who need to loom at ea h other; not a scree n.	7/10/2023 6:44 PM
319	1. Working with young children and teens who might not be so motivated to participate in	7/10/2023 6:36 PM

	treatment. 2. Privacy concerns.	
320	Lack of training and access to HIPAA compliant technology both issues.	7/10/2023 6:26 PM
321	I have stopped seeing children and teens with attention problems; not easily engaged over internet; often too distracted by factors outside of therapist's control or awareness.	7/10/2023 6:25 PM
322	none	7/10/2023 6:13 PM
323	Can't see the whole person. Subtle nuances in movement may not be able to be detected.	7/10/2023 5:55 PM
324	None	7/10/2023 5:51 PM
325	Sometimes client has difficulties with finding privacy	7/10/2023 5:51 PM
326	Can’t think of any	7/10/2023 5:51 PM
327	What to do when a patient moves out of state because California does not participate in the multi-state telehealth agreement	7/10/2023 5:49 PM
328	Client is high risk, minor has possible listening parents, acute trauma lends to face to face.	7/10/2023 5:44 PM
329	Appropriateness of telehealth for certain ages (younger children).	7/10/2023 5:37 PM
330	Not much	7/10/2023 5:27 PM
331	I have taken my own training in telehealth and have found HIPAA compliant technology. This mode should be made more accessible and also reimburseable by insurance.	7/10/2023 5:04 PM
332	Cannot realistically do some modalities such as play therapy	7/10/2023 4:59 PM
333	No barriers encountered	7/10/2023 4:54 PM
334	I do not personally experience barriers but I did seek out extensive training in telehealth practices and stay up to date.	7/10/2023 4:33 PM
335	The threat that insurances will not reimburse for telehealth	7/10/2023 4:29 PM
336	Questions do not apply	7/10/2023 4:29 PM
337	1.Lack of licensure reciprocity between California and other states 2. Appropriateness for certain populations: neuropsychological assessment, children	7/10/2023 4:25 PM
338	None	7/10/2023 4:23 PM
339	Poor internet connection outside of office or home.	7/10/2023 4:23 PM
340	None for me.	7/10/2023 4:19 PM
341	I am a retired licensed psychologist but still got the survey sent to me although I let the Board know of my retirement. I never used telehealth while practicing. In retirement, I accessed it a few times, the provider was good, but the process of getting connected was cumbersome	7/10/2023 3:39 PM
342	Young children	7/10/2023 3:30 PM
343	A few pts (mostly seniors) have issues getting on telehealth platforms	7/10/2023 3:25 PM
344	Difficult to have the same experience if the mood, quality of the silences as would be if we're in the same room.	7/10/2023 3:21 PM
345	Patients access to internet and computers	7/10/2023 3:11 PM
346	None, really, although more acceptance as a widespread format and training to that end would help.	7/10/2023 3:04 PM
347	Interstate license reciprocity for Psychologists.	7/10/2023 2:59 PM
348	none	7/10/2023 2:58 PM
349	If I'm working from home, reducing noise from outside my office (leaf blowers, others talking.	7/10/2023 2:58 PM
350	all of the above.	7/10/2023 2:53 PM
351	none really	7/10/2023 2:49 PM

352	No issues	7/10/2023 2:48 PM
353	Clients are comfortable and forthcoming --arguably more focused and less defensive, thereby, making rapid progress.	7/10/2023 2:34 PM
354	None	7/10/2023 2:29 PM
355	I haven’t found any, but I don’t treat children.	7/10/2023 2:24 PM
356	No barriers. It is easier access for working clients who can step out to a quiet room or to their car during their "lunch" break.	7/10/2023 2:22 PM
357	It would be nice to have some portion of practice be face-to-face.	7/10/2023 2:14 PM
358	Quick internet access for my clients	7/10/2023 2:11 PM
359	1-Clients undergoing psychological or learning disability assessment with me. 2- Clients wanting in person sessions	7/10/2023 2:10 PM
360	Some clients don't have privacy in their homes so rely on using their phones or tablets outside their homes (e.g., they sit in their car, either in their driveway or drive to a secluded place.) Not a huge barrier.	7/10/2023 2:07 PM
361	None, I work for a corporation with departments of IT and professional development specifically focused on telehealth.	7/10/2023 2:06 PM
362	I have no problems It is such a good addition to have the option of telehealtb for clients who need	7/10/2023 2:06 PM
363	none so far	7/10/2023 2:05 PM
364	While it can be very useful, especially for those who do not have access, it can also be used as a quick fix for those who want a simple process and do not want to make the commitment to in person therapy. Psychotherapy outcome is mostly based on the therapeutic alliance and telehealth therapy lessens that alliance.	7/10/2023 1:52 PM
365	Lack of training and appropriateness (this should be a multiple response question)	7/10/2023 1:49 PM
366	None	7/10/2023 1:48 PM
367	Reimbursement - laws regarding where provider is located and client. I’m in FL and clients are in CÁ as I am a CA provider	7/10/2023 1:35 PM
368	Interaction with children through therapy games Evaluations, due to proprietary nature of materials Biofeedback	7/10/2023 1:33 PM
369	none	7/10/2023 1:29 PM
370	With children pts, play therapy is obviously harder. Therapist.com has some interactive internet-based therapy games, but they are limited. There needs to be more: more interactive games, more interactive worksheets, more interactive books, for more child therapy topics. Also, other websites/organizations that provide this service for low cost.	7/10/2023 1:27 PM
371	None Fear of insurances stop paying for services provided over tele health	7/10/2023 1:26 PM
372	Clients struggling to have privacy in their home/space	7/10/2023 1:25 PM
373	The lack of reciprocity between states (in some instances)	7/10/2023 1:24 PM
374	Most patients prefer not coming into the office and have adjusted to Zoom and Doximity video conference sessions. Some prefer phone over video. (20%)	7/10/2023 1:10 PM
375	I only have patients who are fine with telehealth and prefer it.	7/10/2023 1:08 PM
376	none	7/10/2023 1:07 PM
377	None	7/10/2023 1:07 PM
378	None	7/10/2023 1:02 PM
379	Differences between in person and Telehealth	7/10/2023 1:01 PM
380	All three of the above. Lack of training in providing same quality of clinical care over telehealth.	7/10/2023 12:52 PM

	Lack of HIPAA compliant tech options that are affordable for use in private practice. And appropriateness of fit for clients who at times need an in person treatment option.	
381	clients not ensuring private places to conduct their sessions	7/10/2023 12:48 PM
382	I have encountered no barriers other than some individuals strongly preferring to be seen in person. However, most everyone I speak with is open to working virtually.	7/10/2023 12:48 PM
383	Insuring confidentiality on clients end	7/10/2023 12:47 PM
384	None	7/10/2023 12:43 PM
385	It appears to me that more people in need of psychological support could be helped if the State of California and/or the Board of Psychology could post contact information for Psychologists who provide telehealth (with some info about specialization). For example, I specialize in geriatrics (with payment through Medicare) and that specialization is appropriate for various Californians in significant need of psychological services. Yet some individuals may not know they have such an option from a very experienced Psychologist (without the difficulty for an elderly person of having to arrange a way to leave their home and somehow get to an in-person appointment).	7/10/2023 12:39 PM
386	some people need help from family to know how to connect, or they need to borrow someone's computer	7/10/2023 12:37 PM
387	Some clients over-rely on the ease of telehealth, at the expense of in-person services. From my experience, telehealth is not as effective when working with children and when doing exposure work (i.e., ERP).	7/10/2023 12:31 PM
388	from time to time, client internet connnections are not strong (e.g., in an area that has "iffy" WIFI service)	7/10/2023 12:29 PM
389	None for me.	7/10/2023 12:28 PM
390	I have had no real barriers because I was able to address even those with BPD diagnosis.	7/10/2023 12:26 PM
391	No barriers, I have learned to use Telehealth, My platform is HIPAA certified (Doxy.me). I only see people who are appropriate to this modality. It has allowed many people who are not mobile or live in remote areas to access psychotherapy.	7/10/2023 12:26 PM
392	Technical issues that are hard to resolve (as they often are on the client's end).	7/10/2023 12:17 PM
393	none	7/10/2023 12:15 PM
394	The organization I work for is not willing to allow it.	7/10/2023 12:12 PM
395	none for my practice	7/10/2023 12:11 PM
396	None	7/10/2023 12:09 PM
397	Some insurance plans do no cover telehealth, and some do not cover out-of-state telehealth for providers who practice in more than one state	7/10/2023 12:09 PM
398	I have used Zoom personally as a member of a meditation group that worked well, and for interaction with family but not as a psychologist with patients.	7/10/2023 12:05 PM
399	Any regulations that restrict my access, including what insurance companies allow... The latter doesn't affect me, but could others.	7/10/2023 12:01 PM
400	Not able to provide services to people outside the State, even those that live in California but are traveling.	7/10/2023 12:00 PM
401	None	7/10/2023 12:00 PM
402	Inability to continue sessions with clients traveling out of state temporarily.	7/10/2023 12:00 PM
403	I think it should be a case by case basis. If you feel a patient would do better in person then that is the priority. You may need to refer to someone who is doing face to face.	7/10/2023 11:59 AM
404	none for my practice	7/10/2023 11:55 AM
405	No barriers. I find it to be wonderful for my clients and I.	7/10/2023 11:51 AM

406	Misses human touch handshake etc.	7/10/2023 11:44 AM
407	Psych testing cannot be done & need more psych to do these in person testing	7/10/2023 11:41 AM
408	N/A	7/10/2023 11:39 AM
409	Age bias. My appearance seems to make me look quite old. I was told I need a social media makeover to soften my appearance.	7/10/2023 11:37 AM
410	Aging clients sometimes struggle with video telehealth and benefit from telehealth phone.	7/10/2023 11:36 AM
411	Ensuring confidentiality	7/10/2023 11:34 AM
412	If clients move out of state, but want to keep working with you, and there are no risk issues that would indicate telehealth isn't a good choice for them, but you cannot continue working with them because the laws around interstate telehealth.	7/10/2023 11:31 AM
413	Focus and interpersonal connection	7/10/2023 11:28 AM
414	No barriers	7/10/2023 11:26 AM
415	na	7/10/2023 11:22 AM
416	Treating tic disorders, I'm not always able to see client's full body. That is modified by listing the tics and then pointing the camera at them. Also Treating certain children with ADHD hyperactive type do not respond well to video calls.	7/10/2023 11:22 AM
417	Having patients have an "ideal" setting that mimics the office conditions where for instance they don't have interruptions from family members while in session or they feel they have as much privacy as they would have in the office.	7/10/2023 11:18 AM
418	All of the above are relevant factors/barriers.	7/10/2023 11:17 AM
419	None. No barriers to provide quality tele-health psychotherapy	7/10/2023 11:17 AM
420	I have not found the above areas to be a problem but can see they where they could be a problem if the provider did not make appropriate arrangements to address all of the above concerns prior to practicing telehealth. For myself I choose to obtain my patients through platforms that assist in and provide ways to address the above concerns.	7/10/2023 11:17 AM
421	Not as effective	7/10/2023 11:14 AM
422	No significant barriers. However, 100% telehealth not really a good fit for psychologists. Some patients need onsite services.	7/10/2023 11:13 AM
423	The amount of time it took to research what is considered to be “secure” enough to satisfy our requirements, and stay up to date on security issues, and standards of care specific to video sessions has been substantial. Trying to find straight-forward info from the BOP has been challenging.	7/10/2023 11:12 AM
424	reluctance of insurance companies (including Medicare) to fully embrace telehealth as being very effective and for some people even preferable to in-office visits	7/10/2023 11:12 AM
425	None	7/10/2023 11:08 AM
426	None	7/10/2023 11:08 AM
427	None	7/10/2023 11:07 AM
428	I am a neuropsychologist, so there are limitations on the testing I can administer.	7/10/2023 11:06 AM
429	Some patients prefer face-to-face sessions, which i am happy to offer too.	7/10/2023 11:06 AM
430	Patient unfamiliarity	7/10/2023 11:06 AM
431	Insurance reimbursement	7/10/2023 11:05 AM
432	With zoom, I find the information they provide to be confusing whether they are Hyppa compliant at different levels	7/10/2023 11:04 AM
433	None, really. I think the necessity of quickly adapting to telehealth care delivery during the pandemic has made it a viable option moving forward as long as insurance covers it.	7/10/2023 11:02 AM

434	client preference	7/10/2023 11:02 AM
435	Reimbursement rates	7/10/2023 11:01 AM
436	None	7/10/2023 10:59 AM
437	The loss of more intimate connection; decreased sense of accountability when on screen versus in-person; more frequent environmental distractions	7/10/2023 10:58 AM
438	none	7/10/2023 10:58 AM
439	Patient accessing telehealth in secure way	7/10/2023 10:58 AM
440	None	7/10/2023 10:58 AM
441	N/a	7/10/2023 10:54 AM
442	For the outpatient population I serve, there hasn't really been any problems. Some clients prefer in-person, but it's not because they cannot access telehealth. Privacy in the home is sometimes an issue, but usually this can be worked out.	7/10/2023 10:52 AM
443	I only do psychotherapy with individuals and couples. May be difficult with families	7/10/2023 10:52 AM
444	Internet stability	7/10/2023 10:51 AM
445	none	7/10/2023 10:50 AM
446	None	7/10/2023 10:49 AM
447	Not many. However, the appropriateness for psychological assessments is concerning. When working with minors, parental lack of boundaries (aka listening in and making the child feel unsafe to disclose).	7/10/2023 10:49 AM
448	Client need	7/10/2023 10:48 AM
449	None	7/10/2023 10:46 AM
450	Licensing restrictions to state which makes it hard to keep track and ensure clients are in the right state before I can conduct the session. Clients, though informed, will still forget to mention when they travel outside the jurisdiction.	7/10/2023 10:45 AM
451	Not able to be part of PSYPACT	7/10/2023 10:44 AM
452	None	7/10/2023 10:44 AM
453	Elderly clients do not have access to computers or are unfamiliar with how to use computers for telehealth sessions.	7/10/2023 10:44 AM
454	none. see above	7/10/2023 10:43 AM
455	Sometimes miss the energy of doing therapy in-person	7/10/2023 10:39 AM
456	I only use it for therapy	7/10/2023 10:38 AM
457	All of the above.	7/10/2023 10:37 AM
458	Zoom burnout for clients; especially kiddos	7/10/2023 10:36 AM
459	May go off line on occasion.	7/10/2023 10:35 AM
460	None	7/10/2023 10:35 AM
461	couples or families	7/10/2023 10:34 AM
462	Hard to treat younger children- maintaining focus, concentration.Little harder to make connection with new child clients.	7/10/2023 10:33 AM
463	I wish CA would join the network of states that allows providers to practice in multiple states.	7/10/2023 10:32 AM
464	Not an option for psychological assessments and not the best for little kids.	7/10/2023 10:31 AM
465	Sometimes client not be savvy with technology or lack availability to telehealth technology	7/10/2023 10:30 AM
466	Working with other states to allow common licensure, working across state lines and	7/10/2023 10:29 AM

	internationally in an easy way, short and longer term	
467	lack of training and HIPPA-compliant technology. It also costs more for the HIPPA-compliant tech.	7/10/2023 10:29 AM
468	None	7/10/2023 10:28 AM
469	None	7/10/2023 10:28 AM
470	Some people are annoyed with my initial plan to use HIPAA compliant platforms and would rather use WhatsApp as it seems to always work as a backup.	7/10/2023 10:28 AM
471	each of these is a barrier, primarily appropriateness and lack of training, also there is a mystery around the risks and whether we will be supported by the Board when there are safety concerns	7/10/2023 10:27 AM
472	My practice, primarily child custody evaluations for the court, requires home visits/observations.	7/10/2023 10:26 AM
473	None	7/10/2023 10:25 AM
474	no major barriers- i believe the access to care outweighs any problems.	7/10/2023 10:25 AM
475	Health system wanting to limit telehealth availability	7/10/2023 10:22 AM
476	Clients expect to be able to move around and continue to see me and express frustration that telehealth has many barriers between states. We need to be part of psypact. Our culture and our technology have moved beyond the expectation that there are should be restrictions and differences at state borders.	7/10/2023 10:21 AM
477	California needs to join Psypact. So many other states are members and their clinicians are able to practice across state lines with other psypact states. This represents a competitive disadvantage for CA clinicians.	7/10/2023 10:21 AM
478	No barriers for my work	7/10/2023 10:20 AM
479	None	7/10/2023 10:19 AM
480	none	7/10/2023 10:18 AM
481	Most of my clients live in rural areas and are over 60 years of age and uncomfortable/unskilled in using internet technology	7/10/2023 10:17 AM
482	Appropriateness as above, and also the testing protocols that are needed but for which protocols have not been developed	7/10/2023 10:16 AM
483	None, telehealth is very accessible for me and other therapists I've spoken to. Some clients prefer in person	7/10/2023 10:15 AM
484	I work with seniors, and for patients who are hard of hearing and also visually impaired, we need to meet in person.	7/10/2023 10:15 AM
485	After solely using Telehealth since 2020, the greatest barrier is use of 3D space for Psychological /Neuropsychological testing. The other huge barrier is Insurance Payors who reduce payments for Telehealth visits, as if there is a lesser quality service delivered or expenses are less. Robust EHRs, and home office infrastructures can create commensurate office rental costs. We need to work on the Payors to treat telehealth with parity.	7/10/2023 10:15 AM
486	Preference	7/10/2023 10:12 AM
487	Limits face to face contact.	7/10/2023 10:11 AM
488	For my testing clients, in-person is best for a number of reasons (validity, reliability etc.). I also work with the elderly. In terms of therapy, about 50% perfer in-person and the other 1/2 prefer the flexibility of telehealth (esp. for those who cannot drive).	7/10/2023 10:11 AM
489	clients unable to use the telehealth technology, especially Spanish speaking clients	7/10/2023 10:10 AM
490	Complicated and changing regulations or limitations related to telehealth	7/10/2023 10:10 AM
491	In forensic evaluations, sometimes people appear to be reading from printed material that I cannot see	7/10/2023 10:09 AM

492	none like it a lot and works great for many clients who cannot come into the office for time constraints or medical health reasons or are in college in different area, etc	7/10/2023 10:08 AM
493	None	7/10/2023 10:07 AM
494	Too expensive	7/10/2023 10:07 AM
495	Poor or no internet connection at times	7/10/2023 10:03 AM
496	A free-for-all marketplace (even though Zoom is now dominant) without clear guidelines.	7/10/2023 10:03 AM
497	Some people feel disconnected.	7/10/2023 10:02 AM
498	none that I notice.	7/10/2023 10:01 AM
499	Interstate licensing issues when patients who started treatment in California move to other states either due to attending college out of state, having jobs that require interstate travel, or transfer to a job in another state	7/10/2023 10:01 AM
500	None	7/10/2023 10:00 AM
501	None that I know of	7/10/2023 10:00 AM
502	None	7/10/2023 10:00 AM
503	Not as good as in person for psychotherapy	7/10/2023 10:00 AM
504	Working with children and not being able to do art therapy or play	7/10/2023 9:59 AM
505	None	7/10/2023 9:58 AM
506	I have no obstacles; in fact the conveniences outweighs - particularly for heavily dense traffic (like Los Angeles)+ for the elderly and immune compromised population.	7/10/2023 9:58 AM
507	None- it’s been very efficient and I can see clients from further distance	7/10/2023 9:57 AM
508	personal interruptions in the home on both sides	7/10/2023 9:57 AM
509	NO ISSUE FOR ME	7/10/2023 9:57 AM
510	N/A	7/10/2023 9:57 AM
511	None experienced.	7/10/2023 9:57 AM
512	N/A	7/10/2023 9:56 AM
513	With adolescence it can be challenging. Sometimes they will not engage in therapy as they do in office and are to distracted on their phones.	7/10/2023 9:56 AM
514	None	7/10/2023 9:55 AM
515	Clients may read texts or emails during session	7/10/2023 9:55 AM
516	None	7/10/2023 9:55 AM
517	I wish I knew better skills about how to utilize virtual games/whiteboard/etc to better engage with clients.	7/10/2023 9:55 AM
518	some clients are not seeking telehealth and will need to be seen by another provider	7/10/2023 9:54 AM
519	I do not think it is as effective as in person tx unless a prior in person therapeutic relationship exists	7/10/2023 9:54 AM
520	I limit my practice to clients with whom telehealth is appropriate. I don't accept clients if I'm worried that the telehealth visits will be insufficient for their needs.	7/10/2023 9:54 AM
521	Younger Children	7/10/2023 9:54 AM
522	When patients go out of town to another state, even for a short time, I can't see them on tele health	7/10/2023 9:53 AM
523	cannot see patients when they travel to other states for work or vacation.	7/10/2023 9:53 AM
524	Rapport building and body language interpretation is absent	7/10/2023 9:53 AM

525	Inability to provide services across state lines.	7/10/2023 9:52 AM
526	None, access has increased.	7/10/2023 9:52 AM
527	None	7/10/2023 9:52 AM
528	N/A	7/10/2023 9:51 AM
529	privacy concerns	7/10/2023 9:51 AM
530	n/a	7/10/2023 9:51 AM
531	fear that we are doing something wrong that we are unaware of and that the board will get us for	7/10/2023 9:51 AM
532	Expenses	7/10/2023 9:51 AM
533	None	7/10/2023 9:50 AM
534	It has revolutionized access to care. No barriers.	7/10/2023 9:50 AM
535	Na	7/10/2023 9:50 AM
536	Being unable to provide services to individuals residing in another state who do not have access to the specific services I offer. I am one of a few psychologists in the U.S. who is trained in my specialty, and many individuals throughout the country are unable to access the services they need because CA does not engage in PSYPACT.	7/10/2023 9:50 AM
537	none	7/10/2023 9:49 AM
538	Providing telehealth to minors who would benefit from in-person services	7/10/2023 9:49 AM
539	none	7/10/2023 9:49 AM
540	None - I will not engage in telehealth with clients that prefer in person or that require significant neuropsychological assessment	7/10/2023 8:54 AM
541	There is so much you can miss on telehealth: bodily movements, projections, etc.	7/10/2023 8:51 AM
542	Insurance coverage for telehealth	7/10/2023 7:35 AM
543	Cost of HIPAA compliant technology	7/9/2023 9:13 PM
544	NONE THAT HAVE IMPACTED MY PRACTICE TO DATE	7/9/2023 2:45 PM
545	Cognitive patients who do not have assistance to sign on at home.	7/7/2023 6:02 PM
546	None	7/6/2023 5:45 PM
547	Telehealth platforms do not all offer screen share and patients sometimes have trouble remembering their passwords. I like having Facetime as a backup but I know that the auth to use it as a backup is going to expire at the end of this year. This REALLY needs to be put into permanent practice. It is necessary to have a reliable backup that patients are extremely comfortable with to ensure good care.	7/6/2023 4:18 PM
548	Most of the barriers I have run into are related to navigating interjurisdictional practice and even just trying to find clear information on the requirements/laws of different states. This usually comes up when a client is preparing to move or traveling for a few months and we are trying to discern whether we can continue to meet in the midst of that change. I am grateful for the allotment given within CA law, but I have discovered that some states are very stringent/provide no time allotment per calendar year and this limits continuity of care in some cases.	7/6/2023 11:19 AM
549	I don't understand. "Barriers" for patients or for providers? I passed through much anxiety on my way to greater digital competence, and my technical support also improved over 3 years. VSee is the HIPAA-compliant technology used at LifeStance.	7/6/2023 8:14 AM
550	None	7/5/2023 8:23 PM
551	Lack of real time assistance for patients requiring technological assistance	7/5/2023 4:45 PM
552	My employer, the CA Department of State Hospitals, is afraid of staff abusing telehealth and telework, so no one gets the opportunity. Oh, excuse me, unless you're a psychiatrist of	7/5/2023 10:53 AM

	course. Apparently they're believed to be more professional and responsible than the rest of us, ha!	
553	Blunting of ability to make use of body language	7/5/2023 10:22 AM
554	In groups it can be difficult if some have cameras on and some don't. The ones who don't cite difficulties getting video to work. I have seen people make multiple attempts to log into a VA Video Connect session, only to finally give up and join by phone. Not being able to see them is a barrier.	7/4/2023 6:11 PM
555	High absenteeism, distractibility, interruptions.	7/4/2023 2:26 PM
556	none	7/4/2023 11:35 AM
557	I have not found any barriers to telehealth	7/4/2023 6:39 AM
558	Limitations with clients out of state - When will Ca join PSYPACT?	7/3/2023 9:01 PM
559	Unsure of Telehealth Platform or Platforms to utilize for Telehealth plus HIPAA compliant email, messaging, etc.	7/3/2023 7:44 PM
560	none-beneficial	7/3/2023 11:31 AM
561	I se 30 couples/week online and it’s been 99% successful, no safety issues	7/3/2023 7:59 AM
562	none noted	7/3/2023 7:49 AM
563	Telehealth is an important vehicle to increase accessibility to treatment.	7/2/2023 8:24 PM
564	For public sector patients, access to stable resources to participate in Telehealth	7/2/2023 7:13 PM
565	None	7/2/2023 4:58 PM
566	None, I use DOXY and it works well with the population I see	7/2/2023 3:53 PM
567	none	7/2/2023 1:28 PM
568	All the above answers (quality HIPPA compliant tech that interfaces with EHR systems, lack of training, appropriateness for certain populations), but also for clinicians as persons, scheduling Telehealth must also balance hours required to be on screen for Telehealth as well as documentation, which must take into account personal health conditions exacerbated (e.g. migraines from screen use). Clients also seem to quit more "easily" via Telehealth by just sending an email and refusing to return. This has been a clinic wide experience.	7/2/2023 1:09 PM
569	I have not had any.	7/2/2023 10:49 AM
570	none	7/2/2023 10:25 AM
571	I use HIPAA compliant technology. Maybe 5% or less of patients prefer in person. Most prefer videoconferencing. Sometimes patient does not have a private place to conduct session.	7/1/2023 8:58 PM
572	None	7/1/2023 8:10 PM
573	Minimal barriers, my system and resources are great	7/1/2023 7:01 PM
574	Some clients want to use their phones only. They are elderly and not able to figure out zoom on their computers.	7/1/2023 6:15 PM
575	Cerner patient portal is very unreliable, often will shut down before session is complete. FaceTime option was used in these cases but is not HIPAA compliant.	7/1/2023 4:44 PM
576	None	6/30/2023 5:22 PM
577	none	6/30/2023 4:55 PM
578	None	6/30/2023 2:22 PM
579	All of the above	6/30/2023 12:48 PM
580	There are no practice barriers, though there could be enhanced training.	6/30/2023 11:43 AM
581	I think telehealth can be right for anyone, an not having the option is often a barrier to care for many.	6/30/2023 11:21 AM

582	I feel I am able to do my job well over the internet	6/30/2023 10:11 AM
583	Not being able to see the person entirely. Also, the patient is in a space with more distractions around them. Focus and attention to the sessions are not quite the same.	6/30/2023 9:45 AM
584	I don’t feel like there is a practice barrier	6/30/2023 5:50 AM
585	One of my specialty is younger child (0-5); however, I am not aware the way to do telehealth with this population because I usually do play therapy. Therefore, I choose not to serve this population currently in my practice because I need to stay 100% telehealth for personal and family reasons.	6/29/2023 3:20 PM
586	Telehealth itself is, to me, less helpful than in person in general. However it's great as an adjunct.	6/29/2023 2:31 PM
587	none	6/29/2023 12:56 PM
588	senior pts	6/29/2023 11:28 AM
589	None	6/29/2023 10:42 AM
590	None	6/29/2023 10:09 AM
591	NONE	6/29/2023 9:52 AM
592	Not good for working with young children	6/29/2023 9:06 AM
593	NA	6/28/2023 10:42 PM
594	none experienced	6/28/2023 10:39 PM
595	I have not experienced any barriers as of yet.	6/28/2023 10:13 PM
596	Impoverished individuals may not have access to a smart device to handle teams/zoom or have access to confidential space in multigenerational homes	6/28/2023 9:09 PM
597	I'm confused by this question. For me, there are no practice barriers to telehealth. I've been trained in it, I used HIPAA compliant technology and I only provide telehealth services to patients who are appropriate for it (not actively psychotic, can navigate the platform easily, etc.). If you're asking about practice barriers to telehealth in general, maybe some providers aren't trained in it, but I'm not sure.	6/28/2023 8:59 PM
598	Insurance companies mandating only certain telehealth services, instead of allowing providers to use their own HIPAA compliant telehealth platform.	6/28/2023 8:22 PM
599	Some neuropsychological assessment measures.	6/28/2023 6:23 PM
600	patients not having access to stable internet or private location to have a telehealth session	6/28/2023 4:45 PM
601	You miss out on twine non verbals and on the “felt sense” of the other	6/28/2023 4:40 PM
602	We just found out that for Native American clients being seen in our IHS/Tribal agency, some insurance will no longer pay for telehealth since the end of the pandemic.	6/28/2023 4:30 PM
603	I have not experienced barriers other than occasional clients preferring in-person sessions. I have been able to address safety issues by contacting services local to the patient when necessary.	6/28/2023 4:13 PM
604	For the vast majority of our referrals telehealth has no obstacles and to the contrary provides tx access to folks who otherwise would not have access. I have successfully administered testing via the hippa compliant telehealth platform my practice uses. There are pts for whom telehealth is contraindicated but this is discovered typically at intake and these folks are referred to in person tx. I train my staff in telehealth best practices if they don’t come with that as part of their hx. Almost all of my new hires have extensive telehealth experience given the pandemic. My practice provides HIPPA compliant tech embedded in our EHR. This is widely available. Also, there are free platforms such as Doxy.me that make HIPPA video tech readily available.	6/28/2023 3:56 PM
605	Client without privacy at home.	6/28/2023 3:27 PM
606	prefer to see clients in person	6/28/2023 3:24 PM

607	In a society that is becoming increasingly interconnected, providing services to marginalized individuals under a state license rather than a national license is becoming an increasing problem. It is, in my opinion, significantly out of date. We need a national license.	6/28/2023 1:23 PM
608	Client access to broadband & adequate technology	6/28/2023 1:15 PM
609	Regulation limitations are confusing and conflicting, which I believe limits providers being comfortable with offering telehealth and also limits clients inquiring about services (eg. clients assuming they will have a treatment gap because we can't meet while they travel)	6/28/2023 12:30 PM
610	Na	6/28/2023 12:14 PM
611	There have been times when it has been difficult to conduct Telehealth sessions with a patient who is not particularly technologically savvy. There has only been one instance with one patient with whom I cannot conduct Telehealth due to this. The only other barrier to Telehealth I have observed is that connectivity can at times be an issue. For example, sometimes connectivity is such an issue when I have been using Sessions by Psychology Today, that I have had to switch platforms mid-session to Zoom.	6/28/2023 11:53 AM
612	adolescents	6/28/2023 11:42 AM
613	In my opinion, being in the same room with a client is more effective. This is especially true for initial assessments and getting to know a new client.	6/28/2023 11:15 AM
614	Many patients and I simply prefer to meet live. Telehealth option is terrific for those who are ill, can't get to the office due to time constraints that day, or who now live in another county but want to continue care.	6/28/2023 10:55 AM
615	Clients sometimes don't have privacy when meeting via telehealth which might interfere with speaking honestly. Clients can be more distracted and it can feel more difficult to establish a therapeutic alliance (therapy feels more connected in person).	6/28/2023 10:45 AM
616	Board of Psychology and APA creating unrealistic comparisons with the AMA HIPAA standards. With the possible exception of a few forensic or domestic violence cases, the majority of cases I deal with have minimal risk of being of interest to hackers. Electronic payment methods have removed the security risk from me even keeping credit card data. The hypothetical “hacker” might be a hysterical over reaction to an adolescent problem as well as a few motivated criminals. The motivated criminal is as capable of penetrating locked doors and land lines as they are computer systems. Instead of taking their information from computer techies on the potential of hacking, the APA should have a complete investigation of all methods available to motivated criminals. They might find the potential for hacking is greater for a criminal who purchases listening devices from a “Spy Store” or on eBay. They might find devices that enable an angry spouse to sit in their car and overhear every word of their spouses therapy. They might learn that the motivated criminal is not limited by encryption or expensive HIPAA approved closed circuit systems. My hope is that by getting a balanced understanding of the vulnerability of record data a more realistic approach to telehealth will result. I would like to see studies addressing how much safer data is per dollar using expensive equipment compared with the anonymity of releasing every telehealth method. Who knows? There might be a flood of hackers breaking into telehealth sessions asking “Is your refrigerator running?”	6/28/2023 9:45 AM
617	I do not know of any practice barriers.	6/28/2023 8:23 AM
618	All of the above, especially training. Working with children I no longer do	6/28/2023 8:16 AM
619	Changes within the system I work in terms of what type of form is approved at the time	6/28/2023 7:49 AM
620	Patient’s Commitment	6/28/2023 2:19 AM
621	So far it has been working out for me. Telehealth allows me to see clients outside my county.	6/27/2023 10:56 PM
622	The in-person experience remains preferred way of providing service.	6/27/2023 10:27 PM
623	Lack of access to a good HIPPA compliant patient portal option.	6/27/2023 10:04 PM
624	Technical glitches	6/27/2023 9:25 PM
625	There are none. We know how to use telehealth, we have HIPPA compliant technology, and is appropriate with all clients unless they are not technical saavy enough to use telehealth (which is rare).	6/27/2023 9:10 PM

626	Telehealth is not appropriate for all clients; however, it's wonderful for many clients.	6/27/2023 8:47 PM
627	The politics of suggesting that the Covid epidemic is over. Someone dies every three minutes worldwide due to Covid as of today.	6/27/2023 8:44 PM
628	N/A	6/27/2023 8:24 PM
629	Receiving referrals from locations where clients typically prefer to meet in person.	6/27/2023 8:19 PM
630	I was able to pay for a Zoom plan that included a BAA. So, am compliant. Obviously, clients who can't use a computer very well had some problems. We worked them out. Some clients had to use phone telehealth because of technical inexperience, location, or illness. We had to pay attention to the additional codes to use in billing. But then that became automatic.	6/27/2023 7:58 PM
631	Enough supervisors qualified to train grad students and trainees overall, lack of resources for secure platforms for email, phone, and video by the practicum sites…	6/27/2023 6:39 PM
632	really none. I've done assessments, etc through telehealth.	6/27/2023 6:06 PM
633	1) Concerns issue may not pay 2) concern that some patients would benefit more from in person treatment - they should have both options whenever possible	6/27/2023 5:34 PM
634	These should have been boxes that allowed for multiple selections, not single-choice buttons; when we first had to start Telehealth services rapidly, all three were practice barriers that we had to overcome.	6/27/2023 5:30 PM
635	Client's inability to understand technology	6/27/2023 5:19 PM
636	tech	6/27/2023 5:16 PM
637	Difficult to work with young children	6/27/2023 5:07 PM
638	None	6/27/2023 4:49 PM
639	none	6/27/2023 4:19 PM
640	appropriateness, as listed in above answer, as well as lower level of connection due to patient distraction, lack of felt confidentiality due to variety of patient settings even with best practices, diminished interpersonal connection due to loss of true eye contact, physical proximity and body language cues	6/27/2023 4:19 PM
641	None	6/27/2023 4:05 PM
642	It is not as connected and does not feel as effective. Also, for group and couples work it is hard to have others interact over zoom	6/27/2023 3:54 PM
643	California's consistent refusal to join PsyPact is one of the barriers to telehealth (and to providing good quality care to those across state lines that need it).	6/27/2023 3:29 PM
644	Licensure in other states	6/27/2023 3:19 PM
645	Routine access to location-sharing info would be nice, but I'm unaware of any system that's implemented it. In one case with a client who was suicidal and not in the same city I'm located in, texting 911 proved useless. That should definitely be fixed. (The client is fine now, but no thanks to emergency services.)	6/27/2023 3:12 PM
646	few, if any	6/27/2023 2:42 PM
647	I have had no barriers with my pts	6/27/2023 2:41 PM
648	I believe that some clients opt for telehealth because of the convenience, but that they might actually benefit more from in-person sessions (due to the heightened emotional intensity; the possibilities for en vivo exposures; etc.).	6/27/2023 2:12 PM
649	HIPAA-compliant tech is easy to find, just sometimes confusing to set up - need a BAA and it can be pricy to pay for it.	6/27/2023 1:51 PM
650	clients cancel more often	6/27/2023 1:36 PM
651	None	6/27/2023 1:05 PM
652	n/a	6/27/2023 12:53 PM

653	none so far	6/27/2023 12:52 PM
654	none	6/27/2023 12:50 PM
655	N/A	6/27/2023 12:39 PM
656	In neuropsych evals, certain tests cannot be given, e.g., motor/sensory tests, or manipulation tests like Block Design. We use substitutes.	6/27/2023 12:33 PM
657	can't think of any	6/27/2023 12:30 PM
658	California not joining PSYC Pact is a huge concern when clients move. California needs to get on board!!!!	6/27/2023 12:21 PM
659	All of the above- won't let me check multiple	6/27/2023 11:52 AM
660	For my practice and clientele, I have not run into practice-related barriers in using telehealth. If anything, it has provided clients with an option that increases ease of session attendance and a sense of safety. The more acute the safety concerns, the less comfortable I would feel accepting a client in a telehealth format.	6/27/2023 11:33 AM
661	Lack of training in telehealth for practice, and appropriateness of telehealth for certain client populations	6/27/2023 11:26 AM
662	Licensure laws that prohibit cross-state practice and California's failure to join a state consortium (e.g. Psypact) to permit such practice.	6/27/2023 11:25 AM
663	Some clients prefer in-person. Some lack privacy at home.	6/27/2023 11:25 AM
664	I believe in tele health. Many patients prefer this method of therapy.	6/27/2023 11:22 AM
665	CA is not a part of psypact	6/27/2023 11:07 AM
666	NONE	6/27/2023 11:02 AM
667	Clients with limited access to technology	6/27/2023 11:01 AM
668	Proper assessment of major illness and behaviors	6/27/2023 10:58 AM
669	None	6/27/2023 10:57 AM
670	I am a licensed psychologist in TX and CA and I have a PsyPact license. I am physically located in TX and all of my in person work in in Texas, but in order to see clients who travel to or live in CA when they are not in school in TX, I had to reinstate my CA license. CA not participating in Psypact is a major challenge for clients who live/travel in multiple states.	6/27/2023 10:50 AM
671	lack of affordable Telehealth technology, and materials	6/27/2023 10:48 AM
672	None	6/27/2023 10:35 AM
673	People being scared of telehealth - mainly employeers. Also, employers are reluctant to hire out of california clinicians. I'm an expat.	6/27/2023 10:34 AM
674	Clients traveling	6/27/2023 10:32 AM
675	less than 10% of the time internet can cut in and out either for me as the provider or the patient which can be disruptive at times	6/27/2023 10:29 AM
676	None	6/27/2023 10:29 AM
677	N/A	6/27/2023 10:16 AM
678	I don't experience any barriers in the practice of telehealth. I can imagine that those practicing in areas with spotty internet would be challenged	6/27/2023 10:10 AM
679	My practice doesn't encounter any notable barriers	6/27/2023 10:02 AM
680	People traveling out of state	6/27/2023 9:47 AM
681	some internet connections by clients can be troublesome	6/27/2023 9:45 AM
682	None. I use telephone, very effective	6/27/2023 9:37 AM
683	Those who do not think it is as good as other forms of therapy	6/27/2023 9:28 AM

684	None	6/27/2023 9:27 AM
685	N/A	6/27/2023 9:25 AM
686	cosgt	6/27/2023 9:05 AM
687	Clients having session in the car or in public areas because it is convenient to have the session via video on their phone.	6/27/2023 9:00 AM
688	Ridiculous rules about inter-state practice and conflicting state laws. When an established client who is a resident where I have a license (which is both CA and NY) travels temporarily to another jurisdiction, it's impractical to the point of absurdity to make them take a break from therapy or find another therapist for their short stay elsewhere, or to make us get a temporary license where they are. We have the technology to provide continuous care to folks who travel a lot for their jobs. WHY are we creating such barriers to that?	6/27/2023 8:56 AM
689	when intakes get booked by triage, they do not have the time to think thru options such as - why book a video appointment with an elder that has no smart phone nor computer? Or a visually impaired patient?	6/27/2023 8:52 AM
690	patients resistant to requests to provide their location information and/or turn on their cameras, patients who conduct care while driving or (especially in group context) with others present/non-private setting	6/27/2023 8:47 AM
691	just testing	6/27/2023 8:44 AM
692	Corporate inertia and manged health care priorities	6/27/2023 8:38 AM
693	Telehealth alters and limits the therapeutic relationship.	6/27/2023 8:33 AM
694	Clients who live with multiple people sometimes have problems finding confidential space to access telehealth.	6/27/2023 8:23 AM
695	I'm finding telehealth, for me Zoom sessions, has been very effective snd my clients prefer this to driving in traffic and searching for parking at my office. I still do 1 day in office for those who do not have privacy in their home.	6/27/2023 8:11 AM
696	I have had no issues at all.	6/27/2023 8:04 AM
697	No barriers for the population I work with. Pleasantly surprised and my ability to empathize and connect very well through telehealth which was triggered by the covid pandemic.	6/27/2023 7:53 AM
698	none	6/27/2023 7:38 AM
699	Most clients are happy with telehealth. I have occasionally had new clients call who prefer in person.	6/27/2023 7:34 AM
700	The more HIPPA compliant the more costly.	6/27/2023 7:31 AM
701	None	6/27/2023 7:21 AM
702	Not being able to provide continuity of care of client crossed state lines unless get a temporary license	6/27/2023 6:51 AM
703	None in particular	6/27/2023 6:45 AM
704	None	6/27/2023 6:35 AM
705	insurance companies not completely embracing this type of service despite client requests to have this service available.	6/27/2023 6:29 AM
706	As housing in CA is becoming extremely high , I could provide services from another state where affordability is better , however, as I am not allowed to do that, for me, is not doable.	6/27/2023 5:37 AM
707	None	6/27/2023 5:21 AM
708	I would assume a barrier -- not for me -- is if a family is >30m away and it's a high risk situation.	6/27/2023 5:21 AM
709	inferior service to client due to lack of subtle physiological coregulation and social exposure effects of in-person meetings.	6/27/2023 5:19 AM

710	changes to insurance reimbursement for telehealth services	6/27/2023 4:53 AM
711	Expensive telehealth options (ex- Simple Practice EMR software is extra for telehealth component, bringing the monthly fee to 70 dollars or more	6/27/2023 4:40 AM
712	Clients having a private place to conduct session	6/27/2023 4:23 AM
713	Hard of hearing pts struggled with the audio, older pts struggled with setting it up, low ses didn't have access to reliable technology, if any.	6/27/2023 1:41 AM
714	Lack of ability to practice with clients traveling out of state clients via psypact	6/27/2023 1:14 AM
715	None. At this point, every therapist is familiar with and comfortable with telehealth.	6/27/2023 1:01 AM
716	Patients assuming they can login and conduct sessions in dangerous and inappropriate conditions (e.g., driving a car, at the gym, while working).	6/27/2023 12:11 AM
717	Inability to practice across state lines	6/26/2023 11:31 PM
718	Clients long n multiple states and needing on going care but state licensing barriers	6/26/2023 11:26 PM
719	Both lack of training (especially for therapy with kids); and appropriateness. Many rental offices still do not provide adequate Internet for multiple providers to do telehealth simultaneously. Survey would not let me select more than one answer	6/26/2023 11:12 PM
720	none	6/26/2023 11:11 PM
721	difficult for the cognitively impaired to participate.	6/26/2023 11:01 PM
722	mostly issues with internet connections - sound gets poor. Sometimes clients are challenged with finding a private place.	6/26/2023 11:00 PM
723	Sometimes telehealth just doesn't seem like the best fit for the kind of intense trauma work I do.	6/26/2023 10:50 PM
724	patients do not know how to access internet; patients prefer face to face	6/26/2023 10:42 PM
725	none	6/26/2023 10:40 PM
726	None	6/26/2023 10:35 PM
727	Financials	6/26/2023 10:29 PM
728	With clients who are a good distance and prefer telehealth it is important to meet them in person on occasion.	6/26/2023 10:29 PM
729	The essential quality of psychotherapy is relationship and relationship requires physical presence.	6/26/2023 10:28 PM
730	Clients having low comfort with technology and using teleheath platforms, clients internet issues	6/26/2023 10:18 PM
731	clients without access to technology	6/26/2023 10:06 PM
732	Older adults having challenges with technology	6/26/2023 10:05 PM
733	None. Telehealth has been great for me, even as a somatic and EMDR therapist	6/26/2023 9:52 PM
734	None	6/26/2023 9:47 PM
735	Sometimes privacy, especially with adolescents. I prefer to do EMDR in person, at least initially, though there are some effective techniques that allow for video sessions. I don't think I would be comfortable doing telehealth psychotherapy for someone who is actively suicidal.	6/26/2023 9:39 PM
736	i don't find many barriers to it. Possible lack of privacy for college students.	6/26/2023 9:38 PM
737	Cannot compare to the quality of in person therapy in terms of clinically satisfactory therapeutic working relationships and effective human connections	6/26/2023 9:37 PM
738	none	6/26/2023 9:25 PM
739	Other	6/26/2023 9:15 PM
740	None	6/26/2023 9:07 PM

741	Language could be a problem. I have had to use a translator several times.	6/26/2023 9:04 PM
742	The requirement that both patient and psychologist must physically be in California. Many folks have homes, family and business out of state.	6/26/2023 9:03 PM
743	With California choosing not to join psypact, continuity of care issues arise as clients move and travel around the US. This impacts telemental health treatment and ultimately acts as a barrier to care	6/26/2023 9:03 PM
744	Lower Medicare/government based fee for service payments for Telehealth, despite it being just as effective and complicated as in office services.	6/26/2023 8:53 PM
745	This is not specific to telehealth, but not being a psych pact state is a huge barrier. Not being able to see clients when they are out of state for short periods (e.g., 6 week internships) is unfortunately.	6/26/2023 8:46 PM
746	I have not had any issues- have multiple HIPPA compliant platforms I've used	6/26/2023 8:34 PM
747	There is so much telehealth now that clients equate it with something like a Dr. Phil show. More clients are becoming dissatisfied with the relational distance of telehealth, preferring to have a more genuine and rich in-person experience.	6/26/2023 8:34 PM
748	The move to telehealth is an unfortunate byproduct of the pandemic that will surely speed the colonization of the profession by exploitative tech interests that will undermine and dilute the sacredness of the work of real psychotherapists.	6/26/2023 8:33 PM
749	None	6/26/2023 8:30 PM
750	None	6/26/2023 8:26 PM
751	Patients prefer to come to the office	6/26/2023 8:08 PM
752	None	6/26/2023 8:00 PM
753	None	6/26/2023 7:56 PM
754	N/A	6/26/2023 7:55 PM
755	Being in the room with a person is a different psychological experience. there is no telehealth platform that can adequately compete with in person experience	6/26/2023 7:39 PM
756	Clients sometimes have difficulty navigating to telehealth sites.	6/26/2023 7:36 PM
757	Not being able to work across state lines when clients travel; often they still want the support, perhaps more so because they are with family.	6/26/2023 7:32 PM
758	Seems very unnatural. You can only see what the client wants you to see -- they choose their setting. My usual practice is a housecall practice, and I'm amazed how much pertinent observations I gather, which allows me to do a better job of helping my clients.	6/26/2023 7:31 PM
759	Some seniors are not comfortable with telehealth.	6/26/2023 7:19 PM
760	Organization supporting HIPAA concerns due to financial limitations or adequately training support staff on HIPAA compliant communications and services.	6/26/2023 7:19 PM
761	n/a	6/26/2023 7:18 PM
762	Too much can be missed when you don't see a client in person. Boundaries, verbal and physical cues, safety, confidentiality. I absolutely believe tele health is not in the best interest of many children/teens who already suffered because of the pandemic and social isolation.	6/26/2023 7:17 PM
763	One client had an old computer with a broken camera. She was too poor to get a new camera or new computer. We had telephone sessions on a landline.	6/26/2023 7:13 PM
764	Reimbursement rate for Medicare In 2024. If Medicare implements a facility reimbursement rate for telehealth from those in private practice, I will stop accepting new Medicare telehealth clients and reduce frequency of sessions over time for current clients.	6/26/2023 7:06 PM
765	It's been no problem to me,	6/26/2023 7:04 PM
766	None that I'm aware if	6/26/2023 7:00 PM

767	None	6/26/2023 6:51 PM
768	Difficulty maintaining attention with children. Difficulty modeling and doing ER/P for patients with ocd. Difficulty doing interoceptive exposure.	6/26/2023 6:51 PM
769	None	6/26/2023 6:47 PM
770	None	6/26/2023 6:44 PM
771	Organizational support, reimbursement, flexibility in scheduling	6/26/2023 6:43 PM
772	NA our organization has a great telehealth system and our pts love it	6/26/2023 6:41 PM
773	Telehealth across the state lines	6/26/2023 6:39 PM
774	Some of my elderly clients are not able to use computers but can accept phone calls	6/26/2023 6:37 PM
775	Senior citizens who don't have the equipment or the knowledge to use the equipment even if they could afford it.	6/26/2023 6:30 PM
776	Difficulty of therapeutic activities that might be interactive or "hands on" and difficult to do over video, client distractions/privacy	6/26/2023 6:29 PM
777	Nothing	6/26/2023 6:28 PM
778	Clients who are willing to use telehealth, not being proficient with hardware.	6/26/2023 6:27 PM
779	Older adults who have limited or no knowledge in technology or have no access to a computer or smartphone	6/26/2023 6:26 PM
780	California not being a part of PsyPact. This is a terrible disservice to both licensed psychologists in the state (CA being one of about 8 states that doesn't belong to PsyPact of have legislation in progress to do so) and a disservice to Californians	6/26/2023 6:25 PM
781	NONE	6/26/2023 6:19 PM
782	None that I am aware of	6/26/2023 6:17 PM
783	There have been no barriers. I see clients who prefer telehealth now. I spent 35 years in a traditional office setting.	6/26/2023 6:16 PM
784	Doesn't work well with client's with certain eating disorders.	6/26/2023 6:15 PM
785	None so far	6/26/2023 6:09 PM
786	If used when appropriately, none. Benefits: clients save on finances related to transportation, childcare, as well as a reduction in taking time off work.	6/26/2023 6:08 PM
787	None	6/26/2023 6:07 PM
788	None	6/26/2023 6:06 PM
789	Telehealth therapy is a very poor substitute for real face-to-face therapy.	6/26/2023 6:05 PM
790	I found telehealth more exhausting mentally and physically on the part of the psychologists.	6/26/2023 6:05 PM
791	Non	6/26/2023 6:04 PM
792	Psychological assessments	6/26/2023 5:56 PM
793	None	6/26/2023 5:56 PM
794	We are all trained now after covid. Sometimes it is difficult to walk the clients through the process and doxy drops mor calls than zoom, but zoom is not totally HIPAA compliment and require clients to down load app.	6/26/2023 5:56 PM
795	I provide psychotherapy by phone, audio only. It is working fine. For some clients it is occasional, due to their busy work schedule. For one client is is regular due to distance of my office to her workplace and her work schedule. Having the flexibility to do telephone therapy enables clienta in need to access services.	6/26/2023 5:52 PM
796	None	6/26/2023 5:49 PM
797	After over 3 years of providing 100% Telehealth psychological services in a large HMO setting,	6/26/2023 5:48 PM

	the only barrier to Telehealth that I have encountered is recent desire of my HMO employer to offer more in-person visits ADMITTEDLY IN PART due to higher reimbursement rates (from Medicare and other entities) for in-person visits than for Telehealth appointments and group therapy sessions.	
798	some clients don't use the internet effectively	6/26/2023 5:43 PM
799	I don't think telehealth is as good as in person.	6/26/2023 5:42 PM
800	NONE	6/26/2023 5:38 PM
801	I think telehealth has expanded accessibility for patients.	6/26/2023 5:33 PM
802	Some clients simply prefer in person sessions. Also, unable to offer hypnotherapy without in person sessions.	6/26/2023 5:31 PM
803	Way too much sitting.	6/26/2023 5:29 PM
804	None	6/26/2023 5:23 PM
805	It works great for me!	6/26/2023 5:18 PM
806	I personally find none. I use the HIPAA compliant zoom and psychology today platforms. I work for Teladoc and PATH.	6/26/2023 5:16 PM
807	None	6/26/2023 5:14 PM
808	Patient preference for in-person work.	6/26/2023 5:11 PM
809	I think teletherapy should include some face to face contact if possible	6/26/2023 5:09 PM
810	Effectiveness of EMDR telehealth protocols for some clients.	6/26/2023 5:05 PM
811	Healthcare plans will not accept me on their panel if I provide only telehealth, despite its demand by clients and importance to underserved populations	6/26/2023 5:01 PM
812	very easy for clients to be unengaged. Lacks intimacy.	6/26/2023 5:01 PM
813	Patients are not always aware of the conditions needed when doing telehealth health for confidentiality, etc., and providers have to educate clients about the use of telehealth regularly.	6/26/2023 5:01 PM
814	None	6/26/2023 5:00 PM
815	None	6/26/2023 5:00 PM
816	Talking over each other b/c pacing conversation can be different on video platform. Poor sound quality	6/26/2023 5:00 PM
817	Difficulty or inability to administer some assessments.	6/26/2023 4:58 PM
818	none	6/26/2023 4:55 PM
819	California is not psypact—when clients move the work is over	6/26/2023 4:55 PM
820	Lack of training, HIPAA compliant tech, educating clients. (Question should allow for more than one barrier)	6/26/2023 4:51 PM
821	Aside from the initial adjustment period, I haven't encountered any barriers.	6/26/2023 4:48 PM
822	none	6/26/2023 4:47 PM
823	All of the above could be a barrier, but in my experience, usually don't stop the use. Some clients have their mind set on physical contact, so they are not appropriate. Traditional psychological assessment obviously requires in person sessions, but more assessment is being enabled on line by companies like Pearson.So, the technology has improved a lot in the last 2-3 years, but as noted in the previous questions, improvement would still help. Clinicians wanting to use telehealth have to accept the need for HIPAA compliant methods.	6/26/2023 4:45 PM
824	I have had clients blossom under telehealth... it is the right medium for their therapy. For busy parents who are caregivers (to children or adults) telehealth provides consistency. However.... I worry about providing telehealth for PTSD because of the tendency of clients to dissociate and not being in the same room makes dissociation more of an issue. (So I did take some training on this to help me learn to reduce dissociation.... which has helped.)	6/26/2023 4:45 PM

825	Clients lacking private space for appointments	6/26/2023 4:43 PM
826	No barriers.	6/26/2023 4:42 PM
827	Some (less then 20%) prefer in person, but for the majority of my clients, telehealth is preferred and is irreplaceable in increasing access to care	6/26/2023 4:40 PM
828	None	6/26/2023 4:37 PM
829	All of the above. Limiting training especially around ethics, Clients not appropriate of inadequate ability to connect, information loss when providing telehealth	6/26/2023 4:34 PM
830	No major barriers so far	6/26/2023 4:25 PM
831	working with eating disorders (getting an accurate presentation as well as inability to do weights)	6/26/2023 4:23 PM
832	None	6/26/2023 4:20 PM
833	A small percentage of the clients who request an appointment are only interested in in-person sessions	6/26/2023 4:19 PM
834	I feel confident in my practice having done extensive training on best practices and how to ensure local safety plans are in place for each patient.	6/26/2023 4:18 PM
835	lack of real contact	6/26/2023 4:17 PM
836	Clients fail to have privacy in their homes at times, need to educate clients on privacy.	6/26/2023 4:17 PM
837	People not having good internet or who are so limited in mobility and technology comfort they only want to use a phone. I find I can be very effective using telehealth and it allows me to see people in remote areas who could not come in.	6/26/2023 4:10 PM
838	Clients from lower income homes do not always have the knowledge to use telehealth	6/26/2023 4:07 PM
839	None	6/26/2023 4:06 PM
840	Interstate issues and ensuring compliance	6/26/2023 4:04 PM
841	Technological literacy varies by age but I generally have no issues with telehealth in my practice.	6/26/2023 4:04 PM
842	None	6/26/2023 4:03 PM
843	No barriers	6/26/2023 4:03 PM
844	These 3 are important but with proper planning and training are not barriers	6/26/2023 4:01 PM
845	Understanding legalities	6/26/2023 4:00 PM
846	Clients get distracted or try to multitask during visits making for a less effective experience. Other clients should clinically be seen in person, and are not appropriate for telehealth.	6/26/2023 4:00 PM
847	Some pts are reluctant to download apps or intimidated by the technology.	6/26/2023 3:58 PM
848	Younger children have difficulty with digital interactions	6/26/2023 3:58 PM
849	none.	6/26/2023 3:57 PM
850	n/a	6/26/2023 3:56 PM
851	There are no practical barriers. I take care in gaining compliance and informing patients of their rights and risks.	6/26/2023 3:51 PM
852	having an office to use or a quiet space at home to use	6/26/2023 3:47 PM
853	none	6/26/2023 3:44 PM
854	None	6/26/2023 3:43 PM
855	Missing out on somatic ques of activation that cannot be seen on the screen (i.e., shaking feet or legs, hand wringing, tapping, etc.)	6/26/2023 3:43 PM
856	Computer access issues to older population but it does not happened often	6/26/2023 3:42 PM

857	We sometimes have difficulty getting people to complete consent forms and testing for the remote visits.	6/26/2023 3:42 PM
858	None.	6/26/2023 3:40 PM
859	It is a less embodied experience and therefore a less saturated experience of therapist and patient presence.	6/26/2023 3:40 PM
860	none	6/26/2023 3:39 PM
861	Patients' unfamiliarity with technology.	6/26/2023 3:39 PM
862	I think most barriers get easier with time and practice. I have received considerable training and have appropriate technology since onset of COVID. There are some issues in point #3 above where certain situations or populations would be less ideal for telehealth.	6/26/2023 3:39 PM
863	some patients cannot find the privacy within reach of wifi, to use telehealth.	6/26/2023 3:38 PM
864	Telehealth has been a huge asset to my clinical practice as a neuropsychologists. It allows me to have feedback appointments to discuss recommendations with the patient when transportation is restricted (e.g., cannot drive due to neurological condition, no car or means of transportation, no child care). It was helpful in providing equitable service to individuals of lower SES. The loss in reimbursement is severely detrimental to mental health of Californians.	6/26/2023 3:36 PM
865	In my opinion telehealth is not as beneficial as in person for most patients	6/26/2023 3:35 PM
866	It is the providers job to determine/assess if a patient is a good fit for telehealth. I see kids so certain ages I will not see under telehealth and will have to explain why to parent, enough though the parent may be persistent otherwise. Could be out of convenience for them but I may suggest alternating in-person sessions with child and telehealth with parent for parent training.	6/26/2023 3:35 PM
867	Scheduling and tech, lots can go wrong	6/26/2023 3:31 PM
868	trauma treatment protocols using touch	6/26/2023 3:31 PM
869	None	6/26/2023 3:30 PM
870	Some patients don’t have reliable internet service, but the access to care far outways this as a barrier.	6/26/2023 3:30 PM
871	I had a therapy client who likely had deficit-syndrome schizophrenia who had difficulty with eye contact and who had feelings of paranoia about telehealth (required at beginning of pandemic), so he discharged. Other than that, most people have preferred telehealth, and participation has increased, particularly among those with depression or driving-related anxiety	6/26/2023 3:30 PM
872	Insurance not always compensating the same for telehealth be vs in person	6/26/2023 3:29 PM
873	No barriers	6/26/2023 3:28 PM
874	none that I have seen	6/26/2023 3:26 PM
875	I don’t think telehealth works for certain clients, but you must use your clinical judgment.	6/26/2023 3:26 PM
876	NONE - if anything sometimes elderly population needs a little extra help to get up and running on telehealth and then they are usually very happy to have the flexibility - especially if they are a caregiver and cannot leave the home.	6/26/2023 3:26 PM
877	not all clients can afford or access good secure internet access and many need help to understand the technicality of the connection... it is not appropriate for every one	6/26/2023 3:23 PM
878	I have not encountered serious barriers	6/26/2023 3:19 PM
879	While all three above exist, all trainers point out that the shortcomings in all three areas. This is why I am undecided.	6/26/2023 3:18 PM
880	Lack of contracts to provide treatment to folks with Medi-Cal outside of the inpatient medical hospital setting - thus being unable to provide continued care for these patients	6/26/2023 3:17 PM
881	The question is not clear. What are the practice barriers I have, or the practice barriers in general? I obtained training in telehealth a couple of years prior to the pandemic to have more	6/26/2023 3:17 PM

	flexibility in meeting clients' needs and to be able to do so in an ethical and effective manner. I have always utilized technology that allows for HIPAA compliance. I do think there are some clients who benefit more from in person services and I personally enjoy meeting with clients in person.	
882	Insurance approval for telehealth	6/26/2023 3:16 PM
883	Hands on work such as emdr, play therapy, family therapy involving movement or sculpting; assessments	6/26/2023 3:15 PM
884	I do not believe there are practice barriers for talk therapy BUT there are barriers for certain therapy modalities and for completing certain aspects of comprehensive assessment.	6/26/2023 3:14 PM
885	None	6/26/2023 3:13 PM
886	Elders can’t access technology	6/26/2023 3:12 PM
887	Some insurance companies requiring in person, institutions requiring providers be on site despite patients being at home.	6/26/2023 3:10 PM
888	All of the above to start. Additionnaly, I am a group practice owner and companies like BetterHealth, Path, GrowTherapy and Headway are killing my capacity to keep clinicians because of their often illegal and unethical practices. They report that they are NOT a group practice, that they don't take any fees or split fees with the clinicians, but they offer credentialling, EHR and billing services for free?? Most clinicians don't even realize the ethical conundrums they are walking into contracting with them.	6/26/2023 3:09 PM
889	none	6/26/2023 3:07 PM
890	none	6/26/2023 3:05 PM
891	Unpredictable glitches, interuptions	6/26/2023 3:05 PM
892	None	6/26/2023 3:03 PM
893	Both the 3rd bullet point (appropriateness for certain populations), but also unclear guidance on whether it's ok to continue providing telehealth when a patient travels out of state short-term (for a work trip or a vacation). And also certain modalities work better in-person, like EMDR	6/26/2023 3:03 PM
894	None	6/26/2023 3:01 PM
895	all of these	6/26/2023 3:01 PM
896	I am fine and pts seem to like it, avoiding traffic.	6/26/2023 3:01 PM
897	None	6/26/2023 3:00 PM
898	I don't find it as effective as in person, however it is a great resource if a client can't come in to the office in person.	6/26/2023 2:59 PM
899	Ease of making materials accessible for telehealth (measures, worksheets, protocols)	6/26/2023 2:59 PM
900	Inability to provide care across state lines disrupts continuity of care for clients who travel. Please join PsyPact and encourage your sister body, the BBS, to join interstate compacts for their licensees.	6/26/2023 2:56 PM
901	As a Gottman therapist, it is sometimes difficult to assess pulse/ox levels via telehealth. Also sometimes need to share screen to display intervention content, which can be tricky depending on the size of the client's screen.	6/26/2023 2:56 PM
902	None	6/26/2023 2:53 PM
903	lack of access to affordable high speed internet for clients	6/26/2023 2:51 PM
904	None	6/26/2023 2:50 PM
905	File transfers	6/26/2023 2:49 PM
906	I do not experience difficulties other than insurance limitations on sessions. Kaiser is a problem and does not provide enough adequate sessions for their patient's.	6/26/2023 2:49 PM
907	none	6/26/2023 2:48 PM

908	None	6/26/2023 2:47 PM
909	I don't see children with telehealth as it is too difficult to do play therapy.	6/26/2023 2:47 PM
910	It’s important to still meet in person for the first session and intermittently afterwards.	6/26/2023 2:46 PM
911	Never having met clients in person places a barrier to intimacy for me.	6/26/2023 2:44 PM
912	None other than clients having poor or less than optimal internet or phone service.	6/26/2023 2:42 PM
913	None	6/26/2023 2:40 PM
914	Client refusing to display themselves fully on the camera because they did not want to see themselves on their screen (zoom dysphoria)	6/26/2023 2:40 PM
915	None	6/26/2023 2:39 PM
916	None	6/26/2023 2:37 PM
917	I do not see these as barriers. They just need to be resolved before embarking on telehealth therapy.	6/26/2023 2:35 PM
918	I prefer to conduct the majority of my practice in person, due to believing that it is the most effective way to practice psychotherapy. I think we lose a lot by doing telehealth. And I think a lot of clients are having trouble finding providers who are willing to see them in person, which is a shame. My impression is that many therapists are turning to telehealth because it is more convenient or easier for them, not necessarily because it is better for the clients.	6/26/2023 2:35 PM
919	Our company had Telehealth prior to Covid and streamed right into full telehealth for years afterwards; I do not think there are more barriers to telehealth than there are to coming into an office; in fact, for some who have mobility or time challenges, telehealth makes services easier to access. I even do EMDR which I thought would be hard over telehealth; there are differences, but it is still possible to do very effective EMDR therapy via telehealth.	6/26/2023 2:35 PM
920	Difficulty providing continuity of care for college kids or adults who travel across state lines.	6/26/2023 2:33 PM
921	It has been a positive exprience	6/26/2023 2:32 PM
922	none for my work	6/26/2023 2:31 PM
923	patient access to internet; preference for F2F	6/26/2023 2:30 PM
924	None, why are you fishing for more barriers?	6/26/2023 2:29 PM
925	I have not found any barriers, thankfully	6/26/2023 2:29 PM
926	None	6/26/2023 2:29 PM
927	Barriers to meeting a client's specific needs and providing accessible care. For example, having to explain how I become unlicensed if a client travels across state lines temporarily or permanently, when a client continues to need and benefit from telehealth care that was already being provided.	6/26/2023 2:29 PM
928	See Prior - the 5 senses body language communications	6/26/2023 2:28 PM
929	N/A	6/26/2023 2:24 PM
930	Beginning with Covid, we transitioned to telehealth seamlessly and quickly became aware of a significant increase in breadth, consistency, and efficacy of services I provided.	6/26/2023 2:24 PM
931	While research has shown that remote neuropsych testing yields similar results to in-person, traditional testing methods, it appears that for certain cases, (medical legal) remote testing is perceived to be "inadequate"	6/26/2023 2:24 PM
932	Privacy. Sometimes teenagers I am working with fear their parents are listening to their sessions.	6/26/2023 2:23 PM
933	So far telehealth has been very productive and successful.	6/26/2023 2:23 PM
934	No barriers	6/26/2023 2:23 PM
935	A few- appropriate to populations (I work with traumatic brain injury clients- some of whom don't do well with technology so an easy platform (browser based) or help to set up from family	6/26/2023 2:23 PM

	member is needed. In talking with colleagues, many don't know about having a signed Business Associate Agreement with your platform provider. Some don't know about back up plans if technology fails during session... and others don't have an telehealth specific informed consent (I do, but have given guidance to those who don't).	
936	Thus far, none.	6/26/2023 2:21 PM
937	Have not had any barriers due to the niche I am in	6/26/2023 2:21 PM
938	Confused by regulations.	6/26/2023 2:21 PM
939	none	6/26/2023 2:19 PM
940	It's simply not best practice no matter how much we want it to be.	6/26/2023 2:19 PM
941	All of the above	6/26/2023 2:19 PM
942	Private location to participate in telehealth	6/26/2023 2:17 PM
943	None	6/26/2023 2:16 PM
944	None	6/26/2023 2:13 PM
945	None	6/26/2023 2:13 PM
946	None	6/26/2023 2:11 PM
947	Elderly patients need more training in computer technology in order to participate with telehealth services	6/26/2023 2:09 PM
948	Lack of FREE HIPPA-compliant technology. I'm already paying for Zoom for other business purposes and hesitate to pay for another platform.	6/26/2023 2:09 PM
949	Patient's access to technology	6/26/2023 2:08 PM
950	Children don’t do well with telehealth	6/26/2023 2:08 PM
951	I find no particular barriers with my client population, but I don't see kids.	6/26/2023 2:07 PM
952	Privacy for the patient	6/26/2023 2:07 PM
953	Zoom employees and zendesk employees lack or training in responding to immediate practitioner telehealth concerns is distrurbing.	6/26/2023 2:07 PM
954	None that I can identify.	6/26/2023 2:06 PM
955	Clients who travel, spend extended time out of state, etc. and having to research continually evolving policies about whether I am able to provide services when they are outside of CA	6/26/2023 2:04 PM
956	n/a	6/26/2023 2:04 PM
957	None	6/26/2023 2:03 PM
958	none	6/26/2023 2:02 PM
959	None	6/26/2023 2:02 PM
960	Don’t do Psych evals or any testing theough telehealth. Nor do I see clients under 13 years.	6/26/2023 2:01 PM
961	nothing has been a problem so far	6/26/2023 2:00 PM
962	The client chooses not to show their face due to their poor hygiene or home environment.	6/26/2023 1:58 PM
963	All telehealth	6/26/2023 1:58 PM
964	Worries that insurance will not cover telehealth. Difficulty making clients understand how telehealth affects licensure regulations (e.g., they forget to tell me when they go out of state, they know that it’s ridiculous that I can’t see them). Feeling at the board and the state have not caught up with the technology and needs of patients	6/26/2023 1:58 PM
965	None	6/26/2023 1:57 PM
966	Some patients indicated that they were too nervous (autistic) or that a part of therapy was also need to get away from stressful home - i.e., telehealth not for them. (3 out of 50)	6/26/2023 1:57 PM

967	None	6/26/2023 1:57 PM
968	none... except when clients do not have email or internet	6/26/2023 1:55 PM
969	Some clients don’t want to be “seen”, concerns about their appearance. One is technologically challenged and cannot get online by herself - would have to involve husband and that wouldn’t be a good idea. We have used the telephone but that is not as effective.	6/26/2023 1:55 PM
970	Clients not being aware they cannot be in a car driving. Otherwise I think telehealth has been great.	6/26/2023 1:54 PM
971	Some psychological tests/help with certain tests not appropriate	6/26/2023 1:54 PM
972	All clients have a choice if it meets their needs or not. If not, I refer out. Many prefer telephone therapy bc the free feel more free.	6/26/2023 1:52 PM
973	distractions in locations where clients access sessions	6/26/2023 1:52 PM
974	None	6/26/2023 1:51 PM
975	All of the above are barriers for some people and especially in some geographic regions where Internet connections are erratic. My work is primary consulting with behavioral health organizations and governmental entities, and I don't experience any major barriers to telehealth especially since COVID necessitated their widespread use.	6/26/2023 1:51 PM
976	Cannot easily practice across state lines.	6/26/2023 1:48 PM
977	Telehealth is not real psychotherapy. Face to face is how we were trained to practice	6/26/2023 1:48 PM
978	none	6/26/2023 1:46 PM
979	some clients do not respond well to telehealth sessions, the live connection in office is compromised	6/26/2023 1:46 PM
980	I'm not sure that I do really experience practice barriers, overall	6/26/2023 1:46 PM
981	Not exactly on topic, but the University where I teach is rigid about providing teaching over Zoom. In-person only, even when teachers and students prefer a hybrid approach.	6/26/2023 1:46 PM
982	Some clients prefer in-person sessions.	6/26/2023 1:46 PM
983	When conduct neuropsychological assessment on older adults the patients will often need the assistance of a family member to get set up including completeing online paperwork and getting connected to Zoom, etc .. Otherwise no barriers in fact most patients perfer telehealth...	6/26/2023 1:46 PM
984	CA not being part of Psypact has been and extraordinary barrier. Specifically when there are suitable clients in psypact states that would greatly benefit from services I provide.	6/26/2023 1:46 PM
985	California not having joined PsyPact.	6/26/2023 1:44 PM
986	I work with a variety of cases successfully, and I do trauma work. The only problem is when I am doing forensic work, and I need to know that the parent is not listening to an interview with the child.	6/26/2023 1:44 PM
987	Patient having access to technology if low income	6/26/2023 1:41 PM
988	none	6/26/2023 1:41 PM
989	I find it difficult with kids who already have attention issues. Also most kids do not want to be on telehealth because of their experience during covid.	6/26/2023 1:41 PM
990	none	6/26/2023 1:40 PM
991	None of these are barriers. Training is simple. There's plenty of HIPAA-compliant providers. There are some interventions I wouldn't do on telehealth, such as assessments. Otherwise the benefits far outweigh the barriers.	6/26/2023 1:40 PM
992	NA	6/26/2023 1:39 PM
993	None	6/26/2023 1:39 PM
994	poor reception. clients are distracted in the back ground.	6/26/2023 1:39 PM

995	Clinician fatigue, less effective connection with patients on video as opposed to in person	6/26/2023 1:38 PM
996	Patients are of course, in two dimensions and the reading of expressions a body language is somewhat limited.	6/26/2023 1:38 PM
997	Older clients have difficulty with computers, internet, and software. They are more amenable to use of audio-only phone services.	6/26/2023 1:38 PM
998	Have had more access and availability using telehealth than I ever have in the past.	6/26/2023 1:37 PM
999	Some patients prefer in-person therapy. Also, most therapy has advantages in person. For example, as a therapist I am looking at a client's entire body during in-person therapy, tracking breathing, foot movement, hand fidgeting, etc., which is inhibited during telehealth	6/26/2023 1:37 PM
1000	The fact that states, such as CA, have no intention to join interstate pacts that allow mental health professionals to provide telehealth to clients who travel a lot for work, live in another state for long periods of time (e.g. bi-coastal living) causes a lot of feelings of frustration, anxiety, and abandonment in clients. And it often disrupts the treatment progress for clients when clinicians are forced to put their therapy care on hold or forced to terminate completely while in another state.	6/26/2023 1:37 PM
1001	Telehealth has generally worked very well for an outpatient level of care. There are some clients who prefer in-person sessions who I then don't see.	6/26/2023 1:36 PM
1002	Health plans	6/26/2023 1:35 PM
1003	All of the above unfortunately	6/26/2023 1:35 PM
1004	Barriers are when California residents work online and may move to other states temporarily, often months, and I am restricted to provide services which most patients don't understand and are frustrated	6/26/2023 1:35 PM
1005	I am a part time San Francisco VA employee. I log in from Berkeley and lead one therapy group. The VA provides equipment for those who need it. Some of the veterans have trouble logging in or don't have proficiency. The VA provides lots of support, but it may not always be enough.	6/26/2023 1:35 PM
1006	I'm not sure what the practice barriers are to telehealth. Of course some client populations might not be appropriate for telehealth, but that is part of the initial screening process. I have not found any difficulty accessing training or HIPAA compliant technology.	6/26/2023 1:34 PM
1007	Not being able to see the whole person as you would in person means we might be missing some somatic signals	6/26/2023 1:33 PM
1008	There have been no barriers for me.	6/26/2023 1:33 PM
1009	I do not experience practice barriers to telehealth	6/26/2023 1:33 PM
1010	none	6/26/2023 1:32 PM
1011	It's harder connecting and staying engaged for both clients and clinicians when we are online. Zoom fatigue is also a challenge.	6/26/2023 1:32 PM
1012	None	6/26/2023 1:32 PM
1013	Not sure this counts as a barrier as you are requesting and I know this isn't a popular opinion but I have significant concerns about our professions ability to deliver as much quality of care online as we did in person and I'm not sure the general public knows how much of a difference there is in the two approaches. I am fully supportive of people having increased access to therapy--any is better than none, for sure. However, the demands placed on providers to deal with very difficult mental health issues online is enormous (I think clinicians will burn out faster on telehealth)--and doing so with the lack of non-verbals, ability to only see face (at best) rather than whole body, glitches at important moments, clients being distracted and interrupted, client lack of privacy which results in clients trying to do sessions from cars, closets, bathrooms, clients 'jumping' quickly from work or childcare duties to therapy sessions without time to process or absorb learning that is occurring in therapy, etc all seem to create difficulties far beyond what occurred in in-person sessions. I do think that telehealth works well for the 'worried well'--those who need some coaching or minor tune ups but for more significant issues (of which there are many), this form of treatment has significant concerns in my	6/26/2023 1:32 PM

	opinion. I think there are clinical questions that are more difficult to work through online--like really 'knowing' if you have a connection with the client, working through and dealing with dangerous or suicidal clients, working with clients who have more trouble with verbal communication as telehealth demands clients to be more verbal in many ways, clinicians also need to be more verbal to communicate care and support (rather than leaning in, for example, in an in person session). We see many in person sessions at our group practice and we often get calls from clients who have said they have 'tried telehealth' but it didn't work for them. I'm interested in how we could make it work better for these people but I'm also concerned that perhaps we are trying to make something work for people online who really need to be seen in person--because that's where human connection can really be nurtured--through both verbal and non verbal connection.	
1014	I mostly have experienced benefits	6/26/2023 1:31 PM
1015	Lack of resources to use video or a computer	6/26/2023 1:29 PM
1016	some accommodations are not granted for virtual assessment, even if the assessments themselves are fully valid and reliable for telehealth administration. This is particularly relevant for ADHD and pre-adoption evaluation, in my case. I also agree with the "appropriateness of telehealth for certain client populations" so I do not work with clients with eating disorders, and other such diagnoses that, ethically, one may not be able to assess as thoroughly virtually	6/26/2023 1:29 PM
1017	Difficult with younger kids!	6/26/2023 1:28 PM
1018	Telehealth is impersonal and not as effective as in person therapy.	6/26/2023 1:28 PM
1019	Loss of non-verbal behavior information except head and possibly shoulders.	6/26/2023 1:27 PM
1020	I haven't found many barriers	6/26/2023 1:27 PM
1021	No significant practical practice barriers. Obviously, there are some limitations to conducting sessions virtually, but that is more of a quality of care issue	6/26/2023 1:27 PM
1022	None	6/26/2023 1:26 PM
1023	I don’t have any barriers myself, but all of those could be	6/26/2023 1:25 PM
1024	Potential lower reimbursement rates from insurance	6/26/2023 1:24 PM
1025	N/a	6/26/2023 1:24 PM
1026	telehealth provides access to people who do not. the limitation is that you have to help people set up the technology or guide them to get on the video. After setting up, 95% of my clients find it better than in-person meetings.	6/26/2023 1:24 PM
1027	I believe one connects better in person. Picking up nuance in feeling, communication and neurosis. But when needed tele health does a sufficient job	6/26/2023 1:23 PM
1028	None	6/26/2023 1:22 PM
1029	Just when patients are travelling and need support and laws prevent this or when I am travelling and a patient needs support and I can't provide it based on where I am located.	6/26/2023 1:22 PM
1030	Remote Forensic interviews in jails are not accessible due to firewall and internet barriers.	6/26/2023 1:21 PM
1031	NA. I’ve had excellent experience with telehealth.	6/26/2023 1:21 PM
1032	Both lack of training for older populations and appropriateness due to safety concerns.	6/26/2023 1:21 PM
1033	All of these are issues. It should not be used unless there is no other option and reimbursement should not be the same as in person.	6/26/2023 1:20 PM
1034	Lack of good technology knowledge on the part of the consumer, but it can be readily resolved.	6/26/2023 1:18 PM
1035	None	6/26/2023 1:17 PM
1036	None	6/26/2023 1:17 PM
1037	non	6/26/2023 1:17 PM
1038	Its accessibility to all client types	6/26/2023 1:17 PM

1039	Clients traveling and not understanding the rules between state lines. CA being a PsyPact state would be beneficial.	6/26/2023 1:17 PM
1040	None	6/26/2023 1:16 PM
1041	NONE	6/26/2023 1:16 PM
1042	Client and psychologist need strong stable wifi/internet connection	6/26/2023 1:16 PM
1043	Need for us to join the interstate reciprocity groups	6/26/2023 1:15 PM
1044	As I do some somatic interventions these are often best done in person. However I have become more creative in terms of doing it online over the past two years.	6/26/2023 1:15 PM
1045	none refer on if not willing to telehealth	6/26/2023 1:15 PM
1046	They lack the information and ability to utilize this platform. Employers should have the apps that they used in all languages.	6/26/2023 1:13 PM
1047	I'm not finding many. Except for the severely mentally ill where telehealth wouldn't be appropriate.	6/26/2023 1:13 PM
1048	client not have access to a private place with appropriate internet. sometimes telehealth acts as another layer of avoidance and it can be difficult to enhance exposure to emotional content that in person might be more confrontation.	6/26/2023 1:12 PM
1049	Na	6/26/2023 1:12 PM
1050	Inappropriate for children under age 8 for developmental reasons	6/26/2023 1:11 PM
1051	Couples therapy can be difficult when there are pulse oximeters to measure hear rate or other things like video tape sessions that you cannot do so easily/readily. I only work with adults for telehealth.	6/26/2023 1:11 PM
1052	California not being a PSYPACT state places barriers in terms of public safety entities recruiting job candidates from out of state. Candidates need pre-employment psychological evaluations to get hired on and therefore I can only evaluate such people if they are in California or another state for which I am licensed.	6/26/2023 1:11 PM
1053	Not being able to practice across state lines - huge barrier	6/26/2023 1:10 PM
1054	None	6/26/2023 1:10 PM
1055	None	6/26/2023 1:09 PM
1056	No, practice issues for telehealth.	6/26/2023 1:09 PM
1057	CA's consistent refusal to join PsyPact has been a significant barrier to telehealth and clients with marginalized identities getting access to culturally competent care.	6/26/2023 1:09 PM
1058	No barriers for me and my practice. Occasional technical issues as listed above. After troubleshooting, if I was not able to resolve the issue with the client (regarding broadband issue or Zoom)- we have been able to switch to a phone call to finish the session. It has been a great convenience for me and my clients. I have been able to provide services to clients outside of Los Angeles county.	6/26/2023 1:09 PM
1059	Billing - some client's don't want to use venmo, zelle, etc.	6/26/2023 1:08 PM
1060	It is important to establish clear agreements with clients as to expectations and confidentiality of sessions	6/26/2023 1:08 PM
1061	Full compliance with HIPAA technology is sometimes uncertain due to client's inability or limited motivation to clarify their security protections, beyond the provider's ability to ascertain. Some clients have safety concerns that render telehealth communications limited or impossible. Telehealth communications--especially phone-only--are often distant on a relational level to the extent that they are ineffective or even counterproductive, for example when the interpersonal distance is such that it reinforces some clients' sense of security in isolation.	6/26/2023 1:08 PM
1062	Very difficult to catch every nuance with couples therapy I try to do only in person for couples	6/26/2023 1:07 PM
1063	NA	6/26/2023 1:06 PM

1064	Insurance Coverage, client preference for in person	6/26/2023 1:06 PM
1065	FaceTime works the best but it’s not HIPPA compliant	6/26/2023 1:06 PM
1066	There is no substitute for face to face contact. I did well on zoom, with some good work done, but it’s better than nothing in most cases	6/26/2023 1:06 PM
1067	noe	6/26/2023 1:05 PM
1068	none	6/26/2023 1:05 PM
1069	None.	6/26/2023 1:05 PM
1070	None, my organization does a great job at minimizing barriers to telehealth and offers in person services for needed things like assessments and for Patients who want it.	6/26/2023 1:05 PM
1071	lack of clarity regarding rules and regulations when the patient or I are traveling. can I still provide services if they are visiting, say, Hawaii, and for how long?	6/26/2023 1:05 PM
1072	Mechanisms for Technology and HIPAA compliance is starting to grow with Telehealth. Trust Liability offers certification in Telehealth. It’s important for it to be considered a viable and helpful means of service	6/26/2023 1:05 PM
1073	None	6/26/2023 1:04 PM
1074	Loss of in person intangibles like presence, limbic resonance, oxytocin	6/26/2023 1:04 PM
1075	Haven't found barriers	6/26/2023 1:04 PM
1076	some therapy approaches are difficult with telehealth, e.g., gestalt 'empty chair' work and family therapy	6/26/2023 1:04 PM
1077	I have found no barriers other than concerns that insurance will not pay for a much needed approach that telehealth has allowed for patients who cannot drive to office (age-related); sickness (their own or their children); or other issues. I find some patients move between in-office and telehealth based on illness of self or family member; contagiousness to me and others; car issues, etc. It has reduced missed sessions due to life events that pre-use of telehealth would have led to missed needed therapy.	6/26/2023 1:04 PM
1078	none	6/26/2023 1:04 PM
1079	None, possibly due to the population I work with, no issues with telehealth.	6/26/2023 1:03 PM
1080	those who are socially isolated and would benefit from personal contact	6/26/2023 1:03 PM
1081	N/a	6/26/2023 1:02 PM
1082	None	6/26/2023 1:02 PM
1083	None. This is an incredibly leading question. Not all candidates are ideal for telemedicine but not all candidates are perfect fit for the therapist either.	6/26/2023 1:02 PM
1084	A potential barrier is California's lack of participation in psypact, which would allow cross-state practice via telehealth. This would have helped me maintain continuity with patients who had to move--for job or school--to other states during treatment.	6/26/2023 1:02 PM
1085	cumbersome billing requirements and undependable EOB reports from UBH, Anthem and Medicare.	6/26/2023 1:02 PM
1086	The above can all be accounted for (e.g. specific trainings, HIPPAA compliant tech, assessment for contraindications, etc). However, California's decision not to be included in PSYPACT prevents patient care continuity in a more and more mobile culture.	6/26/2023 1:01 PM
1087	Initially, our system had to provide trainings and supports and also ensure providers were using county-issued devises and not personal devises for telehealth.	6/26/2023 1:01 PM
1088	Telehealth feels like "therapy light." As in, you can't go as deep due to many factors including distractions...the cat jumping on the client's lap. Interuptions from the client's kid or spouse...one client thought it would be OK to cook dinner while in therapy (um, no. please stop).	6/26/2023 1:01 PM
1089	The difficulty of conducting a tele health practice from home, the issue of finding an	6/26/2023 1:01 PM

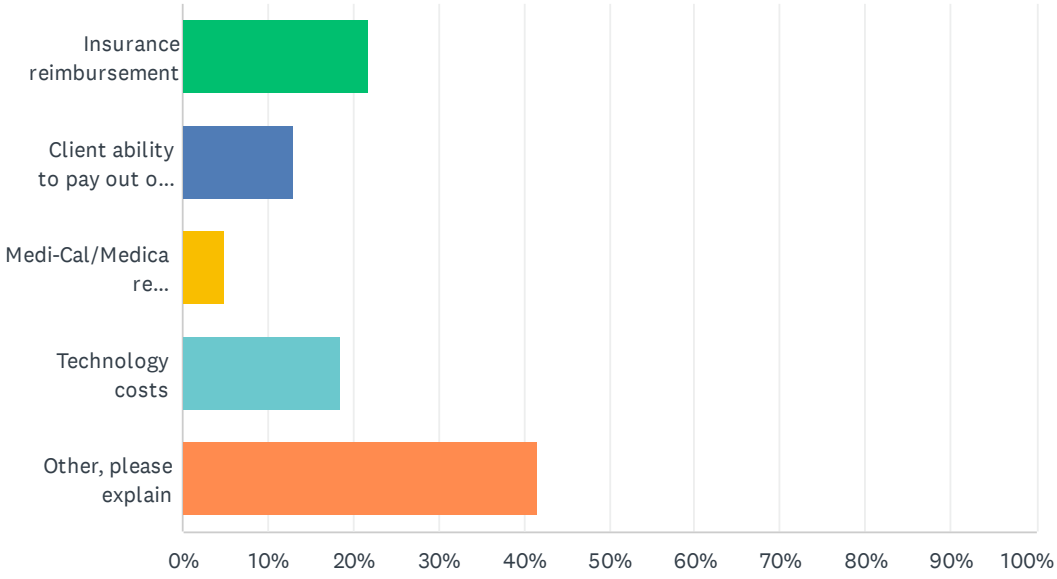
	appropriate isolated sound proof office space dedicated to therapeutic practice	
1090	Working with patients while only being located within state.	6/26/2023 1:00 PM
1091	Lack of adequate software to conduct telehealth intake screening and ongoing monitoring.	6/26/2023 1:00 PM
1092	Not being part of Psypact	6/26/2023 12:59 PM
1093	Insurance companies make it extremely difficult for people to get reimbursed with telehealth	6/26/2023 12:59 PM
1094	Clients who are unable to use on-line platforms: unwilling to do so, don't have equipment, unreliable wifi, fears of failure, "too old to learn" (client's quote).	6/26/2023 12:59 PM
1095	These are not barriers I select clients that are appropriate of this type of care.	6/26/2023 12:59 PM
1096	Technical issues	6/26/2023 12:59 PM
1097	Overreaching restrictions from licensing boards - especially practice across state lines. Telehealth has made obvious the outdated, restrictive nature of state-by-state licensure. If we cared about access, all states would join Psypact	6/26/2023 12:59 PM
1098	Willingness of some settings (for example, courts requiring evaluations of low-income people on an out-patient basis) not being willing to provide the equipment /space to support low-income people I fulfilling the requirement.	6/26/2023 12:59 PM
1099	Having to get verbal consent for telehealth with each session. It is not a good way to have to start a session.	6/26/2023 12:58 PM
1100	None	6/26/2023 12:57 PM
1101	Lack of privacy for some clients, resulting in meeting with me while in their cars, public settings, etc.	6/26/2023 12:57 PM
1102	Research that shows that telehealth is as effective as in-person psychotherapy. It's outrageous to me that this assumption is made without evidence, as I don't believe the two are equal.	6/26/2023 12:57 PM
1103	Patient access, provider access, lack of guidance e.g. PSYPACT	6/26/2023 12:57 PM
1104	Isolation for the practitioner, lack of community	6/26/2023 12:57 PM
1105	Clients with safety concerns are not appropriate for telehealth.	6/26/2023 12:56 PM
1106	Lack of research/training in telehealth for specific populations/presenting concerns. Lack of interstate licensure agreements.	6/26/2023 12:56 PM
1107	initially lack of training, but then I received training	6/26/2023 12:56 PM
1108	Minimal	6/26/2023 12:55 PM
1109	None	6/26/2023 12:55 PM
1110	Possibly testing	6/26/2023 12:55 PM
1111	All of the above!	6/26/2023 12:55 PM
1112	None	6/26/2023 12:54 PM
1113	None	6/26/2023 12:54 PM
1114	None	6/26/2023 12:54 PM
1115	There have been no issues in this area	6/26/2023 12:54 PM
1116	lack of in person familiarity	6/26/2023 12:54 PM
1117	I have not noticed any barriers in my practice	6/26/2023 12:54 PM
1118	I see couples. Sometimes they aren't sitting close enough to each other to both be fully on camera... I ask them to move.	6/26/2023 12:54 PM
1119	Difficult with children	6/26/2023 12:54 PM
1120	None	6/26/2023 12:53 PM

1121	None	6/26/2023 12:53 PM
1122	Client space and privacy	6/26/2023 12:53 PM
1123	I think lack of HIPAA technology, appropriateness for clients, client's access to technology	6/26/2023 12:53 PM
1124	N/A	6/26/2023 12:53 PM
1125	None	6/26/2023 12:52 PM
1126	Patients requesting in person care but not enough to make it feasible to rent office space	6/26/2023 12:52 PM
1127	Primarily logistical concerns, such as ensuring that trained personnel are available to move the equipment from patient to patient	6/26/2023 12:52 PM
1128	California NOT participating in PsyPact, having to terminate or pause therapy if someone moves out of state, even temporarily, for reasons like taking care of a dying parent.	6/26/2023 12:52 PM
1129	Appropriateness for some clients and lack of ability to develop strong relationship with patients that is needed to do depth work. Lack of ability to perceive non-verbal communications over screen versus in person.	6/26/2023 12:52 PM
1130	none	6/26/2023 12:51 PM
1131	none	6/26/2023 12:51 PM
1132	None	6/26/2023 12:51 PM
1133	N/A	6/26/2023 12:51 PM
1134	I really struggle with the EHR of one of the telehealth companies that I work for.	6/26/2023 12:51 PM
1135	CA not honoring PSYPACT is my primary barrier.	6/26/2023 12:50 PM
1136	Fewer referrals. Competing with Big Therapy companies (BetterHelp, TalkSpace, etc)	6/26/2023 12:50 PM
1137	older adults have trouble with the technology	6/26/2023 12:50 PM
1138	None	6/26/2023 12:49 PM
1139	Telehealth has worked far better than I imagined. Patients prefer and even groups and family sessions run well and appear effective (preliminary research data support effectiveness of telehealth services). a main benefit is better attendance- improved continuity of care	6/26/2023 12:49 PM
1140	I work primarily with children and teens. Telehealth is often not preferred by this population after so much online learning during the pandemic.	6/26/2023 12:49 PM
1141	None, thus far, and we administer psychological evaluations.	6/26/2023 12:49 PM
1142	California not joining PsyPact is a big barrier to access, because sometimes people move to another state and want to retain access to their therapist, or want to do couples therapist with a long distance partner.	6/26/2023 12:49 PM
1143	increasing distance from patients.	6/26/2023 12:48 PM
1144	None	6/26/2023 12:48 PM
1145	Many clinicians do not have the level of sophistication with the technology to use it responsibly.	6/26/2023 12:48 PM
1146	Children and teens request in-person sessions for psychotherapy.	6/26/2023 12:48 PM
1147	None	6/26/2023 12:47 PM
1148	privacy for client	6/26/2023 12:47 PM
1149	NA	6/26/2023 12:47 PM
1150	Therapeutic alliance	6/26/2023 12:47 PM
1151	Older population 85 plus at times struggle with internet platforms and prefer phone.	6/26/2023 12:47 PM
1152	None	6/26/2023 12:47 PM

1153	See above	6/26/2023 12:47 PM
1154	None	6/26/2023 12:47 PM
1155	None for my area of practice	6/26/2023 12:47 PM
1156	facetime is not hipaa compliant, but many or my lower educated, poorer clients do not have the technology or access to do zoom	6/26/2023 12:47 PM
1157	Lack of privacy for clients living with family members.	6/26/2023 12:47 PM
1158	Elderly populations sometimes struggle with the technological aspects. Privacy for the patient in their home is sometimes an issue.	6/26/2023 12:47 PM
1159	none	6/26/2023 12:46 PM
1160	I don't want to. I am a neuropsychologist and I can't do a good job via telehealth. I need to see the person face to face.	6/26/2023 12:46 PM
1161	None.	6/26/2023 12:46 PM
1162	N/a	6/26/2023 12:46 PM
1163	for cognitive testing it can be difficult to use telemedicine to see patients with hearing difficulties and those who need an interpreter	6/26/2023 12:46 PM
1164	lack of training of cognitive/neuro tests in telehealth format	6/26/2023 12:46 PM
1165	Lack of trans-state credentialing.	6/26/2023 12:46 PM
1166	None	6/26/2023 12:45 PM
1167	There is no provision for those not licensed.	6/26/2023 12:45 PM
1168	Person not comfortable and wanting in-person	6/26/2023 12:45 PM
1169	None	6/26/2023 12:44 PM

Q7 What are the financial barriers to telehealth?

Answered: 3,421 Skipped: 1,025



ANSWER CHOICES	RESPONSES	
Insurance reimbursement	21.78%	745
Client ability to pay out of pocket expense	13.10%	448
Medi-Cal/Medicare reimbursement	4.94%	169
Technology costs	18.65%	638
Other, please explain	41.54%	1,421
TOTAL		3,421

#	OTHER, PLEASE EXPLAIN	DATE
1	N/a	7/24/2023 8:08 AM
2	None of the above applies to me; I’m accruing hours at present without being compensated monetarily	7/24/2023 8:08 AM
3	I would say "Client ability to pay out of pocket" but I do not think this financial barrier is specific to telehealth but in general when it comes to MH treatment.	7/24/2023 7:18 AM
4	none so far	7/23/2023 7:40 PM
5	None. I learned how to use Venmo	7/22/2023 10:25 PM
6	none	7/22/2023 5:37 PM
7	Our services are covered by college student service fees so we don't face these barriers	7/22/2023 4:55 PM
8	n/a	7/22/2023 3:13 PM
9	None really	7/22/2023 11:30 AM
10	None as the benefits of using Telehealth overcome any financial barriers for both myself and	7/22/2023 6:53 AM

	my clients	
11	None	7/22/2023 3:00 AM
12	Medi-cal reimburses these claims and even patients with very low income tend to have cell phones, which allows for easy access.	7/21/2023 3:25 PM
13	none	7/21/2023 1:28 PM
14	No financial barriers I've experienced. In fact, improves finances by extending my reach beyond me immediate locale.	7/21/2023 12:05 PM
15	Phone telehealth allows me to provide services in situations where there is a lack of privacy . It allows for more immediate responses as well	7/21/2023 12:00 PM
16	None	7/21/2023 6:54 AM
17	None - telehealth creates more access and less financial barriers	7/21/2023 3:57 AM
18	none	7/20/2023 3:27 PM
19	unsure - I work at a community mental health agency funded by Medi-Cal/Medicare reimbursement and I do not think rates for telehealth vs face-to-face has impacted our capacity to see clients.	7/20/2023 3:18 PM
20	I am unaware of any.	7/20/2023 2:17 PM
21	none	7/20/2023 1:37 PM
22	So far, insurance reimbursement is equivalent for telehealth vs in office care. If that changes, and there is a difference, then insurance reimbursement could be a problem.	7/20/2023 1:18 PM
23	N/A	7/20/2023 10:01 AM
24	Client internet speed	7/20/2023 9:09 AM
25	none	7/20/2023 8:39 AM
26	None	7/19/2023 10:24 PM
27	None	7/19/2023 9:35 PM
28	none	7/19/2023 6:43 PM
29	n/a	7/19/2023 3:52 PM
30	The barriers are not financial	7/19/2023 2:13 PM
31	None. Insurance reimburses, my company handles tech costs, and medi reimburses.	7/19/2023 2:06 PM
32	None	7/19/2023 1:09 PM
33	none	7/19/2023 11:00 AM
34	uncertainty/lack of clarity with insurance through pandemic about waivers and telehealth coverage - uncertainty/lack of clarity about the future plans for telehealth coverage	7/19/2023 10:40 AM
35	Some clients may not have a computer to use for sessions via Zoom and use their phones.	7/19/2023 9:19 AM
36	None	7/19/2023 7:55 AM
37	None	7/19/2023 7:29 AM
38	None	7/19/2023 6:55 AM
39	None in my area of work.	7/19/2023 2:52 AM
40	Hippa compliant platform has a fee as does using credit card for payment	7/19/2023 12:12 AM
41	None	7/18/2023 10:37 PM
42	None	7/18/2023 10:25 PM
43	None for me	7/18/2023 8:52 PM

44	none	7/18/2023 8:00 PM
45	None, I am a contractor with the Navy so there are no insurance issues.	7/18/2023 5:02 PM
46	So far, this has not been a problem.	7/18/2023 4:29 PM
47	some clients do not have access to computer or appropriate smart phone	7/18/2023 3:24 PM
48	None	7/18/2023 1:12 PM
49	None	7/18/2023 12:44 PM
50	Lower income clients, lower educational level, clients without adequate computer skills, or lack of computer equipment can hinder access to telehealth sessions.	7/18/2023 12:43 PM
51	tech costs, cannot do insurance as small private practice, too burdensome, cost of software, clients thus not willing to pay out of pocket, limits access both ways	7/18/2023 11:58 AM
52	No financial barriers at this time	7/18/2023 11:55 AM
53	None. As of now, all of my insurance networks accept telehealth just the same. I do not accept MediCal so I don't know about that.	7/18/2023 11:46 AM
54	none	7/18/2023 10:49 AM
55	I don't know of any financial barriers with the patients I see.	7/18/2023 10:21 AM
56	Technology costs, time spent maintaining secure network. Also, I am much more mentally fatigued after doing telehealth. This leads to eye strain (where I can’t see properly after a few hours) and headaches. Consequently, I had to cut back in my patient hours and this has affected my income. I also bc of the strain on my vision, concentration, and headaches, I have fallen very much behind on my other computer related admin tasks for my private practice like insurance billing, financial record keeping, etc. This has lead to insurance denials and the need for me to file appeals for payment, which of course takes time that I am not compensated for	7/18/2023 10:06 AM
57	none	7/18/2023 10:04 AM
58	None	7/18/2023 9:59 AM
59	none currently in my practice	7/18/2023 9:58 AM
60	keeping up with industry regulations and best practices takes time	7/18/2023 9:51 AM
61	It is most cost effective than in person in my experience. Saves client gas and me rent	7/18/2023 9:23 AM
62	None	7/18/2023 9:09 AM
63	No problems thus far	7/18/2023 9:07 AM
64	1, 2, and 3 above	7/18/2023 9:05 AM
65	none for my practice	7/18/2023 8:27 AM
66	N/A	7/18/2023 7:57 AM
67	none	7/18/2023 7:02 AM
68	I cannot think of many I utilize Pay Pal for co payment prior to each session	7/18/2023 3:39 AM
69	No noticeable financial differences from face to face contact, except telehealth can reduce expenses of high cost office leases and related set up of private practice vs working from a confidential space in a home office. The home office also can support practitioner self care practices.	7/18/2023 2:59 AM
70	None	7/18/2023 12:09 AM
71	It's actually improved accessibility as clients can more easily find an hour to meet when they don't have to drive and park	7/17/2023 11:31 PM
72	I have not yet experienced any financial barriers	7/17/2023 10:07 PM
73	Insurer reluctance	7/17/2023 9:47 PM
74	None	7/17/2023 9:26 PM

75	As long as coverage mandated during COVID continues, there will be no barrier.	7/17/2023 9:18 PM
76	Mone	7/17/2023 9:07 PM
77	most insurance has paid for either office or telehealth and that would be the only barrier if some insurance does not pay	7/17/2023 8:45 PM
78	None	7/17/2023 8:21 PM
79	Distant-type treatment has not been considered for the treatment modality provided at this Practice.	7/17/2023 8:05 PM
80	i am not reimbursed by client directly	7/17/2023 8:05 PM
81	None	7/17/2023 8:01 PM
82	No significant issues	7/17/2023 7:54 PM
83	None	7/17/2023 7:53 PM
84	None that I experience.	7/17/2023 7:41 PM
85	None observed	7/17/2023 7:31 PM
86	none	7/17/2023 7:30 PM
87	Most of my clients pay per session and receive and invoice to submit to insurance. I don't see many medical clients so I have helped clients get reimbursed as much as possible.	7/17/2023 7:25 PM
88	Patients love telehealth. L ess driving time and ofen will Tell me that they can tell me things that would find more difficult if they were seeing me in person	7/17/2023 7:17 PM
89	State's lack of funding for DSH patients to utilize telehealth	7/17/2023 6:58 PM
90	None that I have experienced.	7/17/2023 6:45 PM
91	None	7/17/2023 6:32 PM
92	I don't take insurance. My clients are self-pay so I don't have reimbursement issues.	7/17/2023 6:32 PM
93	None for me my employers handles billing	7/17/2023 6:23 PM
94	None	7/17/2023 6:15 PM
95	None	7/17/2023 6:04 PM
96	Some insurance companies have reduced payment for telehealth sessions.	7/17/2023 5:41 PM
97	None for our clientele	7/17/2023 5:36 PM
98	Nothing different from regular private practice	7/17/2023 5:31 PM
99	None	7/17/2023 5:28 PM
100	can't think of any at the moment	7/17/2023 5:26 PM
101	none	7/17/2023 5:25 PM
102	na	7/17/2023 4:57 PM
103	none	7/17/2023 4:55 PM
104	None	7/17/2023 4:45 PM
105	None	7/17/2023 4:32 PM
106	At the current time, I accept clients from Kaiser Permanente only and assess if they are appropriate for Telehealth. Some clients without insurance pay me out of pocket.	7/17/2023 4:12 PM
107	all of the above	7/17/2023 4:03 PM
108	None	7/17/2023 3:52 PM
109	None. My clients love it	7/17/2023 3:51 PM

110	none really	7/17/2023 3:38 PM
111	None	7/17/2023 3:34 PM
112	I have not encountered any in my practice.	7/17/2023 3:26 PM
113	non	7/17/2023 3:20 PM
114	none. Seems very financially lucrative at the cost of standard of care	7/17/2023 3:06 PM
115	I was working for Kaiser .	7/17/2023 3:06 PM
116	Should be reimbursed at the same rate as for in person services while understanding that not all services are appropriate for telehealth	7/17/2023 3:02 PM
117	licensing issues with patients traveling out of state - more mobility of population	7/17/2023 2:56 PM
118	none	7/17/2023 2:48 PM
119	Within the VA, I do not encounter these thankfully. But we do have a cumbersome system of setting up special "clinics" for telehealth visits in the scheduling system, which is unnecessarily complicated and annoying.	7/17/2023 2:48 PM
120	None for me	7/17/2023 2:46 PM
121	None	7/17/2023 2:45 PM
122	I see no real barriers	7/17/2023 2:37 PM
123	none	7/17/2023 2:25 PM
124	None	7/17/2023 2:24 PM
125	Insurance companies have been notoriously awful at assisting with out of network reimbursement for clients. They seem to make it a practice to deny superbills with all relevant information (e.g. CPT codes, diagnosis, NPI #, tax ID, dates, location codes)	7/17/2023 2:21 PM
126	None	7/17/2023 2:21 PM
127	N/A, paid by state funds.	7/17/2023 2:20 PM
128	None	7/17/2023 2:15 PM
129	None	7/17/2023 2:12 PM
130	I wanted to click on insurance reimbursement, but I wanted to elaborate a bit. Currently, and since Covid hit, insurance has covered telehealth treatment. But, if they decide to no longer cover it, that would certainly be a very large barrier for many of my clients.	7/17/2023 2:12 PM
131	All of the above.	7/17/2023 2:10 PM
132	none	7/17/2023 2:01 PM
133	It is unfortunate that telehealth is reimbursing at a lower rate. For our office, we provide in person and telehealth, so we have the same business costs as a traditional practice model.	7/17/2023 1:53 PM
134	None	7/17/2023 1:49 PM
135	not sure as I did not bill as telehealth during pandemic.	7/17/2023 1:29 PM
136	None	7/17/2023 1:28 PM
137	if want other hipaa compliant technology other than zoom or google suite	7/17/2023 1:27 PM
138	None	7/17/2023 1:25 PM
139	None	7/17/2023 1:21 PM
140	Not seeing a drawback here financially. I don’t do my own billing so not certain.	7/17/2023 1:12 PM
141	Currently, only insurance reimbursement is a problem (Medicare). But if the rates decrease, especially with a change in the Place of Service, it'll be a BIG problem!	7/17/2023 1:09 PM
142	Affording a home with enough space to conduct telehealth sessions from a private office	7/17/2023 1:08 PM

143	None	7/17/2023 1:07 PM
144	None	7/17/2023 1:06 PM
145	None	7/17/2023 12:59 PM
146	None.	7/17/2023 12:58 PM
147	Unknown	7/17/2023 12:57 PM
148	I've found telehealth to be more accessible because a client does not need a car, gas, or to pay for parking. In LA traffic is awful so it also reduces time constraints	7/17/2023 12:57 PM
149	None	7/17/2023 12:57 PM
150	None	7/17/2023 12:56 PM
151	All of the above could be true for one or another particular patient. However, I have not encountered many significant problems and most of the patients I see are positive about the telehealth encounters.	7/17/2023 12:50 PM
152	no barriers	7/17/2023 12:45 PM
153	Insurance too	7/17/2023 12:33 PM
154	Na	7/17/2023 12:32 PM
155	You have to follow up that they paid through paypal or whatever. But you have to do this with in person people also, if they want to pay that way.	7/17/2023 12:31 PM
156	None	7/17/2023 12:29 PM
157	N/A	7/17/2023 12:28 PM
158	none	7/17/2023 12:28 PM
159	Collecting from out of pocket clients	7/17/2023 12:25 PM
160	None	7/17/2023 12:25 PM
161	All of the above	7/17/2023 12:23 PM
162	No barriers	7/17/2023 12:22 PM
163	Worry that insurance will stop covering telehealth which will lead to decreased accessibility for clients	7/17/2023 12:21 PM
164	it's easy for clients to forget to pay	7/17/2023 12:18 PM
165	Insurance reimbursement is an issue and most individuals cannot afford to pay out of pocket. Also this limits people who don't have means for internet and tech decives.	7/17/2023 12:17 PM
166	Costs to potential clients for tech access	7/17/2023 12:16 PM
167	Some insurance will not pay out of state coverage for providers who are licensed in that state but their private practice is in a different state.	7/17/2023 12:16 PM
168	Not accessing patients insurance	7/17/2023 12:13 PM
169	None	7/17/2023 12:13 PM
170	nothing as of now	7/17/2023 12:12 PM
171	patients having a computer with a camera	7/17/2023 12:07 PM
172	None reported	7/17/2023 12:04 PM
173	None	7/17/2023 12:04 PM
174	None	7/17/2023 12:03 PM
175	There are none.	7/17/2023 12:03 PM
176	n/a	7/17/2023 12:02 PM

177	none	7/17/2023 12:02 PM
178	n/A	7/17/2023 12:02 PM
179	None perceived - working at HMO	7/17/2023 11:58 AM
180	none	7/17/2023 11:57 AM
181	None. It decreases the overhead cost overall.	7/17/2023 11:57 AM
182	None	7/17/2023 11:56 AM
183	I have not experienced financial barriers	7/17/2023 11:54 AM
184	none uniques to telehealth	7/17/2023 11:54 AM
185	None	7/17/2023 11:53 AM
186	N/A	7/17/2023 11:50 AM
187	None	7/17/2023 11:50 AM
188	none	7/17/2023 11:45 AM
189	some insurances, Anthem, pay less per session since the pandemic and telehealth	7/17/2023 11:45 AM
190	None. The insurance plans that am a provider for cover it.	7/17/2023 11:44 AM
191	patient resistance	7/17/2023 11:44 AM
192	None	7/17/2023 11:42 AM
193	None	7/17/2023 11:37 AM
194	None	7/17/2023 11:32 AM
195	None at this time. I have heard Medicare and other providers may stop paying in the future.	7/17/2023 11:32 AM
196	I don't think there are any financial barriers.	7/17/2023 11:30 AM
197	none that I'm aware of	7/17/2023 11:30 AM
198	can patient afford computer and where can they get private internet access	7/17/2023 11:30 AM
199	None	7/17/2023 11:29 AM
200	None	7/17/2023 11:29 AM
201	NA	7/17/2023 11:28 AM
202	n/a	7/17/2023 11:27 AM
203	none that I am aware of	7/17/2023 11:22 AM
204	Payment for telehealth platforms	7/17/2023 11:19 AM
205	none	7/17/2023 11:19 AM
206	Again, I have no intention of using it.	7/17/2023 11:18 AM
207	Nons	7/17/2023 11:17 AM
208	none	7/17/2023 11:17 AM
209	It’s actually lower cost for all.	7/17/2023 11:15 AM
210	None	7/17/2023 11:15 AM
211	NA	7/17/2023 11:13 AM
212	Clients who feel challenged by using technology and who cannot afford good internet	7/17/2023 11:11 AM
213	None	7/17/2023 11:11 AM
214	None	7/17/2023 11:10 AM

215	None	7/17/2023 11:09 AM
216	None. Clients' insurance covers telehealth sessions.	7/17/2023 11:08 AM
217	NA	7/17/2023 11:08 AM
218	None	7/17/2023 11:07 AM
219	Lack of sufficient compensation by insurers. I'm exploring work with CA company for expanding my patient base throughout the state and will rely heavily on telehealth, but not if reimbursements are non-existant	7/17/2023 11:07 AM
220	None	7/17/2023 11:05 AM
221	none	7/17/2023 11:03 AM
222	None	7/17/2023 11:01 AM
223	None	7/17/2023 11:00 AM
224	None.	7/17/2023 11:00 AM
225	None	7/17/2023 11:00 AM
226	none	7/17/2023 10:59 AM
227	None	7/17/2023 10:57 AM
228	none	7/17/2023 10:56 AM
229	None	7/17/2023 10:56 AM
230	The Medical	7/17/2023 10:56 AM
231	I don't take insurance. I am not experiencing any barriers.	7/17/2023 10:55 AM
232	None	7/17/2023 10:55 AM
233	None	7/17/2023 10:55 AM
234	At this time insurance is not a barrier. However, it is my understanding that insurance companies are considering requiring regular in person sessions to augment Telehealth. This will be a barrier for homebound clients.	7/17/2023 10:55 AM
235	I don't know	7/17/2023 10:54 AM
236	none	7/17/2023 10:53 AM
237	none	7/17/2023 10:52 AM
238	None	7/17/2023 10:52 AM
239	None	7/17/2023 10:51 AM
240	None	7/17/2023 10:51 AM
241	None	7/17/2023 10:51 AM
242	I don't take insurance, so N/A	7/17/2023 10:50 AM
243	Harder to collect fees after sessions than when receiving a check meeting in person.	7/17/2023 10:50 AM
244	Less compensation	7/17/2023 10:49 AM
245	Same as in person barriers	7/17/2023 10:49 AM
246	All of the above	7/17/2023 10:49 AM
247	N/A	7/17/2023 10:48 AM
248	none	7/17/2023 10:47 AM
249	none	7/17/2023 10:46 AM
250	N/A	7/17/2023 10:46 AM

251	None	7/17/2023 10:45 AM
252	Client inability to have quality software on their end. We can do our best to provide quality on the professional end but clients may not be properly equipped or have faulty computers or phones.	7/17/2023 10:45 AM
253	None	7/17/2023 10:44 AM
254	NA	7/17/2023 10:44 AM
255	Financial barriers to telehealth are typically same as in person - financial.	7/17/2023 10:44 AM
256	The CA Board. As much of the country is joining the Psypact group, and making specialized therapy services available across state lines, CA seems to be uninterested which is severely hurting providers in the state. I have had clients in other states finding me online and wanting the specialized assessments we offer for ADHD, but I am unable to provide that.	7/17/2023 10:44 AM
257	I do not accept Medi-Cal/Medicare. I have for some time and do now provide some pro bono services for clients who might otherwise not be able to afford sessions. My clients pay out of pocket and I provide billing statements for insurance; however these companies vary greatly in their willingness to reimburse for telehealth.	7/17/2023 10:44 AM
258	For play therapy, we may need telehealth outposts, outfitted with toys and internet. It does not always work in home where there are competing demands for caregiver attention, poor internet, and low access to supplies. We also need this cost to be reimbursed.	7/17/2023 10:43 AM
259	None	7/17/2023 10:43 AM
260	None	7/17/2023 10:42 AM
261	none	7/17/2023 10:42 AM
262	Getting paid for services	7/17/2023 10:42 AM
263	none	7/17/2023 10:42 AM
264	N/a Kaiser still covers telehealth appts	7/17/2023 10:41 AM
265	i don't know	7/17/2023 10:40 AM
266	Unclear or changing direct or client reimbursement policies	7/17/2023 10:40 AM
267	How to collect co-pays, especially with the ones who have an account through their employment...fees for square, etc. are so high!	7/17/2023 10:40 AM
268	Almost all of my clients have coverage that equally covers telehealth and in-person. However, I do have one client that only has coverage for in-person sessions.	7/17/2023 10:39 AM
269	none.	7/17/2023 10:39 AM
270	none	7/17/2023 10:38 AM
271	Not a problem, usually get insurance company approval prior to appointment	7/17/2023 10:38 AM
272	I haven't found any of these to apply with my clients.	7/17/2023 10:37 AM
273	n/a	7/17/2023 10:37 AM
274	So far, no cost barriers have been an issue for clients. All have had access to computer, internet service, and cost-free software for telehealth meetings.	7/17/2023 10:37 AM
275	None	7/17/2023 10:36 AM
276	None	7/17/2023 10:36 AM
277	None that I have encountered.	7/17/2023 10:36 AM
278	I some instances, but not all, insurance reimbursement is a problem. Kaiser is a problem. But most PPO's will reimburse. I have to keep up with their requirements, though, and the patients need to advise me if they are not getting reimbursed since I am entirely fee for service.	7/17/2023 10:36 AM
279	Have not noticed any	7/17/2023 10:35 AM

280	none	7/17/2023 10:34 AM
281	None	7/17/2023 10:34 AM
282	None	7/17/2023 10:34 AM
283	elderly patients have difficulty, also easily distracted	7/17/2023 10:34 AM
284	None.	7/17/2023 10:33 AM
285	None	7/17/2023 10:32 AM
286	None	7/17/2023 10:32 AM
287	None reported.	7/17/2023 10:32 AM
288	N/A	7/17/2023 10:32 AM
289	None	7/17/2023 10:31 AM
290	None so far	7/17/2023 10:31 AM
291	none	7/17/2023 10:31 AM
292	None	7/17/2023 10:31 AM
293	None	7/17/2023 10:31 AM
294	none	7/17/2023 10:30 AM
295	None	7/17/2023 10:30 AM
296	Currently none, but I expect there to be issues if insurance stops reimbursing pschyotherapy conducted via telehealth	7/17/2023 10:30 AM
297	none	7/17/2023 10:29 AM
298	None	7/17/2023 10:29 AM
299	N/A	7/17/2023 10:29 AM
300	None	7/17/2023 10:28 AM
301	All of these	7/17/2023 10:28 AM
302	There are no financial barriers.	7/17/2023 9:45 AM
303	None	7/16/2023 11:58 AM
304	Cl access to technology	7/16/2023 8:00 AM
305	None	7/16/2023 7:39 AM
306	none, it is very cheap	7/15/2023 10:30 PM
307	none	7/15/2023 4:25 PM
308	None	7/15/2023 8:58 AM
309	I have not encountered specific barriers	7/15/2023 7:55 AM
310	None	7/14/2023 10:00 PM
311	None	7/14/2023 8:22 PM
312	These are also not that different from the steady increase in reimbursement issues in our profession.	7/14/2023 4:18 PM
313	Higher fees for more secure platform, etc, along with greater ease of use for the consumer, particularly as psychologist in private practice, which larger businesses generally afford. One solution might be to, as with purchasing insurance, have a group purchase option that lowers everyone’s cost	7/14/2023 2:29 PM
314	None I do not do my billing	7/14/2023 1:22 PM

315	None	7/14/2023 10:54 AM
316	None	7/14/2023 10:50 AM
317	None	7/14/2023 8:50 AM
318	None. We offer free student college services. Barrier may be students access to confidential technology	7/13/2023 7:18 PM
319	none	7/13/2023 3:44 PM
320	none	7/13/2023 3:18 PM
321	None noted.	7/13/2023 2:53 PM
322	None. I experience telehealth as less expensive than a brick and mortar practice	7/13/2023 11:03 AM
323	None	7/13/2023 9:45 AM
324	So far, no real financial barriers. Yes, there are "costs of doing business" for technology, etc. But no real barriers as such.	7/13/2023 8:29 AM
325	currently there are no financial barriers that I can think of	7/12/2023 10:44 PM
326	I have experienced no financial barriers.	7/12/2023 6:19 PM
327	Unsure as I work for an agency who deals with all insurance issues.	7/12/2023 4:27 PM
328	None really. Some insurers wave the copayment making the service more appealing to clients.	7/12/2023 3:57 PM
329	None	7/12/2023 3:57 PM
330	None	7/12/2023 3:25 PM
331	All the above. Reimbursement, out of pocket expense, technology cost (though this one is less of an issue because good hardware can be purchased at a fairly reasonable price if one pays attention to sales) and internet can become expensive depending on carrier and where one lives.	7/12/2023 2:47 PM
332	None at the practices I've worked at. Some prefer this format over in-person sessions.	7/12/2023 2:17 PM
333	Telehealth restrictions pre-Covid were almost prohibitive. Covid opened up the door to telehealth proving the great effectiveness for most all my patients.	7/12/2023 1:43 PM
334	More on client end - lack of access to software, equipment, private space for sessions	7/12/2023 1:28 PM
335	None that I know of	7/12/2023 11:40 AM
336	Nothing experienced	7/12/2023 11:33 AM
337	None for our practice.	7/12/2023 10:43 AM
338	None	7/12/2023 10:27 AM
339	none	7/12/2023 10:07 AM
340	My company works outside of insurance/fee for service, so I am unaware of the financial barriers experienced in the larger population.	7/12/2023 9:30 AM
341	None	7/12/2023 8:54 AM
342	none	7/12/2023 7:16 AM
343	This has not been an issue in my practice.	7/12/2023 7:00 AM
344	None	7/12/2023 6:33 AM
345	none	7/12/2023 6:17 AM
346	None	7/12/2023 4:44 AM
347	none	7/11/2023 11:37 PM
348	I only treat MediCare clients. I do not want to contend with the	7/11/2023 10:25 PM

349	I bill the same	7/11/2023 10:21 PM
350	So far, so good.	7/11/2023 8:21 PM
351	None	7/11/2023 6:48 PM
352	None	7/11/2023 6:24 PM
353	none	7/11/2023 6:16 PM
354	Some insurance companies do not want to pay for telehealth services across state lines, even if it is in the best interest of the client.	7/11/2023 6:03 PM
355	None - telehealth makes aspects of practice much more affordable.	7/11/2023 5:12 PM
356	No financial barriers	7/11/2023 3:46 PM
357	I have yet to encounter this with assessments, but as I move into intervention I am concerned that there will be clients who do not have good hardware / wifi for their end of the connection	7/11/2023 2:34 PM
358	none	7/11/2023 2:24 PM
359	None	7/11/2023 1:02 PM
360	None. I do not take insurance.	7/11/2023 12:56 PM
361	none	7/11/2023 12:46 PM
362	Insurance reimbursement rates for in network providers are not sustainable for business costs in California.	7/11/2023 11:45 AM
363	none	7/11/2023 11:42 AM
364	Most people pay regularly, their fee or their copay. Some people need nudging more. Seeing them in person, those people would probably pay more regularly in sessions.	7/11/2023 11:14 AM
365	None for me	7/11/2023 10:53 AM
366	None	7/11/2023 10:09 AM
367	Clients prefer in-person therapy	7/11/2023 9:54 AM
368	I've found no difference between the financial arrangements I made when I conducted face-to-face interviews and those I make now doing telehealth interviews.	7/11/2023 9:39 AM
369	Currently Medi-Cal is paying. If we go to "must be seen in person every 6 months," this may become a barrier.	7/11/2023 9:31 AM
370	no financial barriers	7/11/2023 9:07 AM
371	None	7/11/2023 9:05 AM
372	For my clients, none	7/11/2023 8:59 AM
373	none	7/11/2023 8:56 AM
374	i havent experienced issues	7/11/2023 8:44 AM
375	None.	7/11/2023 8:40 AM
376	having private in home office space	7/11/2023 8:29 AM
377	N/A It is great	7/11/2023 8:19 AM
378	Increased demand on provider for structured billing sent remotely can result in delayed or forgotten payments compared to when client pays during in-person visit	7/11/2023 7:59 AM
379	None	7/11/2023 7:57 AM
380	none	7/11/2023 7:45 AM
381	None	7/11/2023 7:26 AM
382	None	7/11/2023 7:19 AM

383	N/A	7/11/2023 7:17 AM
384	N/ a	7/11/2023 7:09 AM
385	No significant barriers	7/11/2023 7:06 AM
386	unknown	7/11/2023 7:02 AM
387	There were not really financial barriers, except for the cost of the platform. In general, when we don't have to travel, we save on travel time and mileage payouts.	7/11/2023 5:53 AM
388	None	7/11/2023 5:50 AM
389	Nobe	7/11/2023 5:48 AM
390	None	7/11/2023 4:27 AM
391	None encountered	7/11/2023 4:11 AM
392	Medicare has been paying for telehealth but has started to insist on seeing patients once a month in person. Some patients cannot easily get to an office, this is a way of limiting Medicare patients access to therapy, which is not geared towards subscribers' needs but rather is geared towards cutting costs for insurance companies so they can reap higher profits.	7/11/2023 12:15 AM
393	None	7/10/2023 11:43 PM
394	I haven't encountered financial barriers.	7/10/2023 11:42 PM
395	None	7/10/2023 11:35 PM
396	None	7/10/2023 11:29 PM
397	not sure	7/10/2023 10:09 PM
398	None	7/10/2023 9:37 PM
399	None, it has saved me the overhead costs of being in a physical space and made it easier for my patients to access me across the county	7/10/2023 9:37 PM
400	all of the above. insurance reimbursement, client ability to pay out of pocket, and increased technology costs as it is a cost per service, not a one stop shop for everything.	7/10/2023 9:34 PM
401	None, currently	7/10/2023 9:18 PM
402	None	7/10/2023 9:08 PM
403	Tech has actually significantly reduced financial barriers for my clients	7/10/2023 8:46 PM
404	None of the above. Telehealth actually decreases financial barriers by cutting travel time, transportation and related expenses, and rent while expanding a licensed clinician's potential client base from local/county to statewide population. Telehealth also allows clinicians to be more flexible with scheduling, thereby decreasing lost income from cancellations.	7/10/2023 8:42 PM
405	None	7/10/2023 8:37 PM
406	NA	7/10/2023 8:36 PM
407	None	7/10/2023 8:27 PM
408	None really	7/10/2023 8:23 PM
409	None	7/10/2023 8:13 PM
410	I don't do it, so I don't know	7/10/2023 7:57 PM
411	If insurance was not reimbursing for the services, some clients would lose access because they could not afford full fee service	7/10/2023 7:55 PM
412	None	7/10/2023 7:46 PM
413	Payments via mail or Zelle	7/10/2023 7:38 PM
414	None	7/10/2023 7:35 PM

415	None	7/10/2023 7:35 PM
416	With a few minor/initial glitches that were worked out, none of the above have persisted.	7/10/2023 7:31 PM
417	Occasionally run into insurance reimbursement issues and have to waste uncompensated time with Medicare and managed care. But this also happens with non tele -health.	7/10/2023 7:29 PM
418	None	7/10/2023 7:25 PM
419	No comment.	7/10/2023 7:20 PM
420	None	7/10/2023 7:06 PM
421	None	7/10/2023 6:44 PM
422	I work for the VA	7/10/2023 6:40 PM
423	No barriers for me - I have an insurance based practice and I have had no insurance provider deny coverage for this modality.	7/10/2023 6:26 PM
424	None	7/10/2023 6:15 PM
425	none	7/10/2023 6:13 PM
426	The prevailing view is that insurance companies, including Medicare, are going to reimburse Telehealth services at a lower rate than they already do. This will severely impact the numbers of providers to individuals who need services via Telehealth.	7/10/2023 6:09 PM
427	None	7/10/2023 5:51 PM
428	None	7/10/2023 5:51 PM
429	None	7/10/2023 5:51 PM
430	None	7/10/2023 5:44 PM
431	Nine	7/10/2023 5:39 PM
432	Same as for in-person care	7/10/2023 5:38 PM
433	No major financial barriers	7/10/2023 5:27 PM
434	none	7/10/2023 5:18 PM
435	Hospital keeps threatening to not continue to support it	7/10/2023 5:17 PM
436	None	7/10/2023 4:54 PM
437	Possibly technology cost, but most people can even use a cell phone if needed.	7/10/2023 4:33 PM
438	Questions do not apply	7/10/2023 4:29 PM
439	None in my practice	7/10/2023 4:25 PM
440	Difficulty and/or reimbursed by certain insurances and non-Noridian Medicare	7/10/2023 4:23 PM
441	I don’t know because I’ve never done ten telehealth sessions	7/10/2023 4:23 PM
442	None that apply to me, but would think that medi-cal/medicare reimbursement would be most problematic.	7/10/2023 4:19 PM
443	It’s economical	7/10/2023 4:07 PM
444	none	7/10/2023 3:58 PM
445	None	7/10/2023 3:57 PM
446	Flaky telehealth companies with ridiculously complicated "templates" for registering patient visits. Also quesiness as a seasoned professional of 43 years in practice as to who is reading the so-called confidential notes I am forced to complete in same over developed templates. Do they have the right to make us share PHI on these templates when we have no idea who is reading them?	7/10/2023 3:52 PM
447	Some insurances are paying slightly less for virtual services vs. brick and mortar locations. I	7/10/2023 3:51 PM

	strongly disagree since many providers still maintain both. In other words, our expenses remain the same or slightly more when maintaining two offices.	
448	none	7/10/2023 3:46 PM
449	None	7/10/2023 3:42 PM
450	n/a	7/10/2023 3:39 PM
451	None this far	7/10/2023 3:39 PM
452	None	7/10/2023 3:38 PM
453	none	7/10/2023 3:33 PM
454	None	7/10/2023 3:30 PM
455	Currently this works but if the insurance companies stopped reimbursing for telehealth sessions this would be a significant barrier	7/10/2023 3:24 PM
456	None	7/10/2023 3:21 PM
457	None	7/10/2023 3:19 PM
458	None.	7/10/2023 3:04 PM
459	I see none that don’t exist for office practice. Unfortunately, the reason is that insurance reimbursements are spare for both locations.	7/10/2023 2:59 PM
460	none	7/10/2023 2:58 PM
461	No real barriers, it's another expense and one needs to learn about the platform. I work with elders and some are not so keen on learning about technology.	7/10/2023 2:58 PM
462	Haven’t had any problems	7/10/2023 2:57 PM
463	Not sure	7/10/2023 2:56 PM
464	It could be more financially reasonable for patients	7/10/2023 2:51 PM
465	none really	7/10/2023 2:49 PM
466	No issues	7/10/2023 2:48 PM
467	I don't experience any	7/10/2023 2:28 PM
468	None	7/10/2023 2:22 PM
469	No Barriers	7/10/2023 2:22 PM
470	Monthly fees for HIPAA compliant platform; making sure insurance companies will continue to reimburse tele-health therapy.	7/10/2023 2:14 PM
471	None	7/10/2023 2:08 PM
472	None I've encountered except for clients not having good internet connections for financial reasons.	7/10/2023 2:07 PM
473	none	7/10/2023 2:06 PM
474	I haven’t had any reimbursement issues My billing service bills insurance or clients as indicated and I am rembursed	7/10/2023 2:06 PM
475	n/a	7/10/2023 2:05 PM
476	N/a. I work for a health care organization	7/10/2023 2:01 PM
477	N/A	7/10/2023 2:01 PM
478	None	7/10/2023 1:53 PM
479	None	7/10/2023 1:47 PM
480	Restricted practice due to question #6 reasons	7/10/2023 1:33 PM

481	none	7/10/2023 1:29 PM
482	I worked at a Federally Qualified Health Clinic. I don't know what the financial barriers are. i'm just a provider.	7/10/2023 1:27 PM
483	none	7/10/2023 1:24 PM
484	None	7/10/2023 1:18 PM
485	none, for me	7/10/2023 1:16 PM
486	None	7/10/2023 1:10 PM
487	I have not heard of any problems getting reimbursed for Medical or Medicare patients who are 99% of the people I work with.	7/10/2023 1:10 PM
488	I am only fee for service.	7/10/2023 1:08 PM
489	none	7/10/2023 1:07 PM
490	Same as private practice in person, if the client doesn’t show you don’t get paid	7/10/2023 1:07 PM
491	Unsure	7/10/2023 1:04 PM
492	None	7/10/2023 1:02 PM
493	none	7/10/2023 1:02 PM
494	none	7/10/2023 12:57 PM
495	minimal	7/10/2023 12:48 PM
496	None	7/10/2023 12:47 PM
497	I work directly for a company so payment comes from them.	7/10/2023 12:43 PM
498	None	7/10/2023 12:41 PM
499	None, management is now making in office or video enabled sessions a requirement	7/10/2023 12:40 PM
500	It does not work for clients who don't have access to the internet	7/10/2023 12:38 PM
501	none	7/10/2023 12:37 PM
502	Some EAPs are requiring in person availability for referrals	7/10/2023 12:35 PM
503	None	7/10/2023 12:34 PM
504	problems in how the internet serves some areas	7/10/2023 12:29 PM
505	None reported. I do not do billing.	7/10/2023 12:28 PM
506	None	7/10/2023 12:28 PM
507	Minimal so far, but unclear how this will change since the end of the crisis response to the pandemic	7/10/2023 12:28 PM
508	None	7/10/2023 12:26 PM
509	If any, having a client tested for substances.	7/10/2023 12:26 PM
510	none	7/10/2023 12:26 PM
511	I have clients whose insurance charges a higher copay for in-person and a lower one for telehealth--I think the copay should be consistent for any method of service.	7/10/2023 12:17 PM
512	none	7/10/2023 12:15 PM
513	None	7/10/2023 12:14 PM
514	None	7/10/2023 12:14 PM
515	none	7/10/2023 12:13 PM
516	None	7/10/2023 12:12 PM

517	none	7/10/2023 12:11 PM
518	none	7/10/2023 12:07 PM
519	n/a	7/10/2023 12:06 PM
520	I am a provider for Stanford University and use the internet for communication, but I'd rather talk on the phone or in person.	7/10/2023 12:05 PM
521	Finances are not a factor.	7/10/2023 12:03 PM
522	None	7/10/2023 12:00 PM
523	have not experienced this	7/10/2023 12:00 PM
524	None	7/10/2023 11:59 AM
525	None for me	7/10/2023 11:58 AM
526	none	7/10/2023 11:55 AM
527	None	7/10/2023 11:54 AM
528	Paying for monthly fees.	7/10/2023 11:51 AM
529	None	7/10/2023 11:48 AM
530	None	7/10/2023 11:45 AM
531	Now that the COVID emergence provisions have lifted, it is unclear if all insurance plans will continue to cover teletherapy and, if so, if they will pay less for these services as they did in the past.	7/10/2023 11:45 AM
532	none	7/10/2023 11:44 AM
533	N/A	7/10/2023 11:39 AM
534	None	7/10/2023 11:37 AM
535	Collecting from a contract company.	7/10/2023 11:37 AM
536	Some patients only want in person creating financial concerns	7/10/2023 11:37 AM
537	none for me	7/10/2023 11:34 AM
538	None	7/10/2023 11:34 AM
539	none	7/10/2023 11:32 AM
540	none	7/10/2023 11:30 AM
541	None	7/10/2023 11:28 AM
542	none	7/10/2023 11:27 AM
543	None	7/10/2023 11:26 AM
544	none	7/10/2023 11:25 AM
545	I'm not aware of what these would be.	7/10/2023 11:25 AM
546	none	7/10/2023 11:23 AM
547	None, I have found payment per Paypal, VNMO etc a breeze	7/10/2023 11:22 AM
548	I did not encounter significant financial barrier. If anything is clients preferred meeting on line to save commute time and gasoline experiences at times when the gas prices are high.	7/10/2023 11:22 AM
549	N/A	7/10/2023 11:20 AM
550	None	7/10/2023 11:19 AM
551	none	7/10/2023 11:18 AM
552	No financial barriers to provide quality tele-health psychotherapy. I work for Kaiser Permanente	7/10/2023 11:17 AM

	and tele-health psychotherapy has been provided at no cost to the consumer (no copay for video or telephone appointments).	
553	All of the above	7/10/2023 11:14 AM
554	For some patients all of the above but the additional technology coasts plus having to maintain an office does add up.	7/10/2023 11:13 AM
555	N/A	7/10/2023 11:12 AM
556	All of the above, but recently the recognition of telehealth and common use of it has made it easier to navigate.	7/10/2023 11:12 AM
557	No barriers regarding financial to date	7/10/2023 11:09 AM
558	None	7/10/2023 11:08 AM
559	Patient contact stability with short term contracts	7/10/2023 11:08 AM
560	None. Improved access to care for pts	7/10/2023 11:07 AM
561	None	7/10/2023 11:06 AM
562	None	7/10/2023 10:59 AM
563	none	7/10/2023 10:58 AM
564	none	7/10/2023 10:58 AM
565	None really	7/10/2023 10:58 AM
566	Don't use telehealth	7/10/2023 10:58 AM
567	Geriatric populations who live alone aren't able to gain access to technology either because of costs or they don't know how to operate the technology (computers) or tele platforms. I need to arrange in-person sessions.	7/10/2023 10:58 AM
568	None	7/10/2023 10:56 AM
569	none	7/10/2023 10:55 AM
570	none	7/10/2023 10:55 AM
571	Some of the financial barriers are that too many others claim to be therapists and have very little clinic training or ethical/legal licensure requirements. Then they charge similar if not less. I am losing money because there are very little regulations on these "providers" and they use Telehealth to entice people.	7/10/2023 10:54 AM
572	Face to face only	7/10/2023 10:53 AM
573	None	7/10/2023 10:52 AM
574	NONE	7/10/2023 10:52 AM
575	None	7/10/2023 10:52 AM
576	None	7/10/2023 10:51 AM
577	none	7/10/2023 10:50 AM
578	none	7/10/2023 10:50 AM
579	None	7/10/2023 10:49 AM
580	All the above issues. Specifically insurance.	7/10/2023 10:49 AM
581	None	7/10/2023 10:48 AM
582	None I do phone sessions only at this time	7/10/2023 10:48 AM
583	None. I think telehealth makes therapy more accessible to clients who can’t travel or have limited resources to travel to sessions.	7/10/2023 10:45 AM
584	None	7/10/2023 10:44 AM

585	Some clients are not afford to investing computers and high-speed internet.	7/10/2023 10:44 AM
586	none. Except now that the emergency os over I can no longer work across state lines. I have tried to get licensed in Texas and Florida but the process is too complex for me as an older not good tech person.	7/10/2023 10:43 AM
587	Haven't experienced any with my client populations	7/10/2023 10:42 AM
588	N/A	7/10/2023 10:39 AM
589	None	7/10/2023 10:39 AM
590	None	7/10/2023 10:39 AM
591	Fee for service only	7/10/2023 10:38 AM
592	None so far	7/10/2023 10:38 AM
593	Pt's do not want to do it. They prefer direct contact	7/10/2023 10:38 AM
594	Insurance reimbursement, technology costs	7/10/2023 10:37 AM
595	none that I am aware of with my clients	7/10/2023 10:36 AM
596	None	7/10/2023 10:35 AM
597	none	7/10/2023 10:34 AM
598	Not significant	7/10/2023 10:33 AM
599	None	7/10/2023 10:32 AM
600	None	7/10/2023 10:32 AM
601	None	7/10/2023 10:32 AM
602	N/A	7/10/2023 10:31 AM
603	None	7/10/2023 10:30 AM
604	I haven't had an financial barriers.	7/10/2023 10:29 AM
605	None	7/10/2023 10:28 AM
606	None	7/10/2023 10:28 AM
607	None	7/10/2023 10:28 AM
608	none	7/10/2023 10:26 AM
609	None	7/10/2023 10:25 AM
610	none	7/10/2023 10:25 AM
611	Examinee ability to pay for laptops, iPads, etc	7/10/2023 10:25 AM
612	none	7/10/2023 10:23 AM
613	none	7/10/2023 10:23 AM
614	N/A	7/10/2023 10:22 AM
615	None	7/10/2023 10:22 AM
616	I am not sure. I haven't experienced significant barriers to financial aspects. The barriers I see is the continuity of care for those who move and being able to maintain Telehealth services when out of state. Clients would prefer to maintain same provider rather than find new provider when they are appropriate for telehealth services.	7/10/2023 10:21 AM
617	CA was incredibly shortsighted by not joining Psypact. I am a specialist in an underrepresented area of practice. I continually turn away patients because they do not reside in a state where I am licensed.	7/10/2023 10:21 AM
618	My personal belief is that I'm more effective face to face	7/10/2023 10:21 AM

619	All of the above	7/10/2023 10:20 AM
620	None	7/10/2023 10:19 AM
621	online fill out assessment measures for Spanish speaking clients	7/10/2023 10:18 AM
622	none	7/10/2023 10:18 AM
623	N/A	7/10/2023 10:17 AM
624	N/A	7/10/2023 10:17 AM
625	none for my med legal practice	7/10/2023 10:16 AM
626	none	7/10/2023 10:15 AM
627	No real barriers	7/10/2023 10:12 AM
628	none	7/10/2023 10:12 AM
629	None	7/10/2023 10:10 AM
630	None	7/10/2023 10:10 AM
631	Maintaining office hours that are not necessary to telehealth	7/10/2023 10:10 AM
632	None.	7/10/2023 10:09 AM
633	None	7/10/2023 10:08 AM
634	none	7/10/2023 10:08 AM
635	none	7/10/2023 10:08 AM
636	None	7/10/2023 10:07 AM
637	None	7/10/2023 10:07 AM
638	None in my field	7/10/2023 10:06 AM
639	None	7/10/2023 10:05 AM
640	none	7/10/2023 10:05 AM
641	Harder to collect co-pay when the client is not seen in person. They need reminders and more urging to make co-payments.	7/10/2023 10:05 AM
642	none	7/10/2023 10:03 AM
643	None	7/10/2023 10:03 AM
644	none	7/10/2023 10:01 AM
645	I don’t think there are any financial barriers that are unique to telehealth	7/10/2023 10:01 AM
646	None	7/10/2023 10:00 AM
647	None	7/10/2023 9:59 AM
648	None	7/10/2023 9:58 AM
649	Not sure I only do forensic evaluations so there has not been any of these barriers	7/10/2023 9:58 AM
650	None	7/10/2023 9:58 AM
651	None	7/10/2023 9:57 AM
652	If insurance denies for out-of-network	7/10/2023 9:57 AM
653	NO ISSUE----YET1	7/10/2023 9:57 AM
654	N/A	7/10/2023 9:57 AM
655	None experienced.	7/10/2023 9:57 AM
656	None	7/10/2023 9:56 AM

657	None	7/10/2023 9:56 AM
658	None so far	7/10/2023 9:56 AM
659	If I surwbce decreases payment or prohibits Telehealth that will limit treatment for remote patients, or patients who have problems with transportation	7/10/2023 9:56 AM
660	N/A, telehealth has less financial and time barriers than in person	7/10/2023 9:56 AM
661	None	7/10/2023 9:56 AM
662	None	7/10/2023 9:56 AM
663	None for this client population. I'm in private practice.	7/10/2023 9:56 AM
664	Monthly expense for good platforms like I use with Doxy.med	7/10/2023 9:56 AM
665	None	7/10/2023 9:55 AM
666	none	7/10/2023 9:55 AM
667	None	7/10/2023 9:55 AM
668	As long as private & public insurers continue paying for telehealth services, none.	7/10/2023 9:55 AM
669	none	7/10/2023 9:54 AM
670	none	7/10/2023 9:54 AM
671	Scheduling, technology consistency	7/10/2023 9:54 AM
672	None	7/10/2023 9:54 AM
673	None Thus Far	7/10/2023 9:54 AM
674	none	7/10/2023 9:53 AM
675	None that I've encountered thus far	7/10/2023 9:53 AM
676	None	7/10/2023 9:52 AM
677	None	7/10/2023 9:52 AM
678	Patients wanting to return to in person	7/10/2023 9:52 AM
679	None	7/10/2023 9:52 AM
680	i have been impressed with telehealth and believe it has widened access to services	7/10/2023 9:51 AM
681	If families' don't have reliable technology/internet.	7/10/2023 9:51 AM
682	none	7/10/2023 9:51 AM
683	None, its the opposite. Client barriers to paying for gas and parking at a hospital.	7/10/2023 9:50 AM
684	None	7/10/2023 9:49 AM
685	none	7/10/2023 9:49 AM
686	None	7/10/2023 9:49 AM
687	None at the moment but may be insurance reimbursement in the future if the climate changes	7/10/2023 8:54 AM
688	None	7/10/2023 8:51 AM
689	There are no apparent financial barriers, based on the population that I serve.	7/9/2023 8:26 AM
690	none	7/8/2023 3:38 PM
691	None	7/8/2023 3:05 PM
692	none	7/7/2023 4:39 PM
693	insurance/EAP companies reimbursement, client ability to pay out of pocket, technology costs	7/7/2023 9:45 AM
694	I have yet to experience any barriers	7/6/2023 10:55 AM

695	None	7/5/2023 8:23 PM
696	Not an issue for me. CSU Northridge does not charge a fee for counseling enrolled students. This is covered by a mandatory health fee in addition to tuition.	7/5/2023 2:25 PM
697	none	7/5/2023 1:39 PM
698	My employer seems to believe there's all sorts of tech costs. But do they ever acknowledge how allowing us to do telehealth frees office space, reduces power needs on site in our worse-than-a-prison working conditions, increases morale and productivity, and increases scheduling flexibility between clinicians and patients, etc.? No. No, no, no, no, no. They'd rather treat a bunch of highly educated, independently licensed professionals that they think very little of us. The state forces us into an ineffective union then laugh as own mental health falls apart in this insanely broken system in which HQ gets to turn a blind eye to all the local hospital problems by saying all permissions are managed at the local level. So even though local management has the resources to set up telehealth, they'll never allow it for complete bullshit reasons. The state is saving a hell of a lot of money with all the vacancies at the state hospitals and other mental health agencies and yet they're still too hard up to give us the slightest cost of living salary increase after taking money away from us during the pandemic, promising to give us back pay of that money if the state ended up with excess funding the following year and even though that's exactly what happened, we've never had the 10% pay cut returned OR PAID ESSENTIAL WORKER HAZARD PAY promised to us 2 freaking years ago. So you want to know what I think about the financial barriers to telehealth? It's a bunch of made up bullshit.	7/5/2023 10:53 AM
699	None	7/5/2023 10:04 AM
700	None at VA	7/4/2023 6:11 PM
701	none	7/4/2023 11:35 AM
702	No problem for me	7/4/2023 7:49 AM
703	I have not found any barriers to telehealth	7/4/2023 6:39 AM
704	Same as therapy in general, which is a combination of insufficient reimbursement from insurance providers, insufficient out of network benefits for mental health, and difficulty affording out of network providers.	7/3/2023 10:44 PM
705	none	7/3/2023 9:01 PM
706	Future laws-rules allowing or not allowing Telehealth reimbursement.	7/3/2023 7:44 PM
707	none noted	7/3/2023 7:49 AM
708	Some clients are resistant due to lack of trust in the results of Telehealth	7/2/2023 5:24 PM
709	None	7/2/2023 4:58 PM
710	None noted	7/2/2023 3:53 PM
711	none	7/2/2023 1:28 PM
712	N/A	7/2/2023 11:57 AM
713	None for me.	7/2/2023 10:49 AM
714	None	7/2/2023 10:23 AM
715	none	7/2/2023 10:21 AM
716	none so far	7/1/2023 8:58 PM
717	None	7/1/2023 8:10 PM
718	Some clients are starting to get denied for online services	7/1/2023 7:01 PM
719	During Covid there were no barriers. Not sure what is going to happen now.	7/1/2023 6:15 PM
720	None	7/1/2023 4:44 PM
721	Some clients do not have the funds to purchase devices and software capable of running the telehealth applications.	7/1/2023 11:21 AM

722	I don’t think these apply because clients ability to pay out of pocket would exist if I was in person as well	7/1/2023 9:20 AM
723	none	6/30/2023 10:37 PM
724	None	6/30/2023 5:22 PM
725	None at present. People from high-cost areas are accessing services from providers in lower-cost-of-living areas.	6/30/2023 5:22 PM
726	none	6/30/2023 4:55 PM
727	none	6/30/2023 2:22 PM
728	None	6/30/2023 1:05 PM
729	All of the above	6/30/2023 12:48 PM
730	None	6/30/2023 12:29 PM
731	none	6/30/2023 11:43 AM
732	Nothing that I am experiencing	6/30/2023 10:11 AM
733	None. I think this is more cost effective for patients. They do not need access to transportation and often do not have to take time off work.	6/30/2023 9:45 AM
734	none	6/30/2023 9:17 AM
735	none	6/29/2023 10:53 PM
736	I have not experienced any financial barriers.	6/29/2023 8:29 PM
737	n/a	6/29/2023 5:47 PM
738	none	6/29/2023 5:01 PM
739	I do not directly experience financial barriers to telehealth.	6/29/2023 4:56 PM
740	None	6/29/2023 4:25 PM
741	None	6/29/2023 2:31 PM
742	Insurance reimbursement and client ability to pay out of pocket expense. Several of my patients are post partum with a newborn. They are unable to leave the baby and/or it's too hard to leave for a period of time - insurance would cover 100% if in person but only a percent for telehealth. This discriminates against women in the post partum period that don't have options or ability for childcare early on. Telehealth allows access at vulnerable times.	6/29/2023 11:07 AM
743	both out-of-pocket expense AND technology costs	6/29/2023 10:52 AM
744	None	6/29/2023 10:09 AM
745	NONE	6/29/2023 9:52 AM
746	N/a	6/29/2023 1:21 AM
747	None	6/29/2023 12:29 AM
748	NA	6/28/2023 10:42 PM
749	none experienced	6/28/2023 10:39 PM
750	For me, none of the above.	6/28/2023 10:13 PM
751	None	6/28/2023 6:23 PM
752	N/A	6/28/2023 6:20 PM
753	all of the above are barriers; way too many to consider offering telehealth more often	6/28/2023 5:16 PM
754	none	6/28/2023 4:45 PM
755	I have insurance reimbursement and have experienced no financial barriers that I wouldn’t face	6/28/2023 4:13 PM

	providing in-person.	
756	We are reimbursed by all major insurance companies as well as Medicare. Tech costs are part of our business which has quadrupled since the pandemic. Out of pocket expenses has not been a barrier for our insurance based pts. They typically can afford their co-pay. Because our business is thriving we can offer a far lower rate for self pay pts yet this is still an obstacle for some.	6/28/2023 3:56 PM
757	collecting copay/fees options	6/28/2023 3:49 PM
758	None	6/28/2023 1:52 PM
759	Overall, it's very difficult to work with insurances and people want to use their insurances	6/28/2023 1:23 PM
760	Even w Fed subsidized broadband, most Medi-Cal clients/families are unaware & believe they can't afford broadband	6/28/2023 1:15 PM
761	Collecting client payments	6/28/2023 12:36 PM
762	I have not experienced any financial barriers to Telehealth. Although I have not had this situation arise, I imagine that it is possible that I could work with someone who does not have internet access as they cannot afford it.	6/28/2023 11:53 AM
763	no major problems	6/28/2023 11:42 AM
764	none	6/28/2023 11:15 AM
765	none	6/28/2023 11:03 AM
766	Both options 1 & 3 equally, really.	6/28/2023 10:51 AM
767	none	6/28/2023 9:34 AM
768	None	6/28/2023 8:53 AM
769	none	6/28/2023 8:23 AM
770	All of the above. We are only able to see clients who have insurance willing to cover	6/28/2023 8:16 AM
771	None	6/28/2023 7:49 AM
772	None	6/27/2023 11:48 PM
773	Not an issue so far.	6/27/2023 10:56 PM
774	None	6/27/2023 10:52 PM
775	None	6/27/2023 10:45 PM
776	Administrative costs for private practitioners	6/27/2023 9:25 PM
777	I imagine it is difficult for some, but I have seen it's financially easier for clients to access telehealth. They save on gas money, less time off work, no sitter issues.	6/27/2023 9:17 PM
778	I'm an intern. I don't have any financial barriers.	6/27/2023 9:10 PM
779	Same as in-person financial barriers except transportation-related financial barriers are removed.	6/27/2023 8:47 PM
780	It is unknown to me what insurance reimbursement occurs today. I would like to know what insurance companies have changed their coverage of psychotherapy since the political recognition of Covid being "over."	6/27/2023 8:44 PM
781	Adequate equipment and access by low income patients	6/27/2023 8:35 PM
782	So far, payment for telehealth has continued. Both Medicare and private insurance. Start-up technology costs were there for me at the beginning, but not exorbitant.	6/27/2023 7:58 PM
783	I don't take insurance, so wouldn't know about that.	6/27/2023 7:50 PM
784	none	6/27/2023 7:01 PM
785	Hopefully insurance panels won't discontinue this option	6/27/2023 5:41 PM

786	Insufficient community college budget to allow for appropriate ratio of therapists to enrolled students-- this forces limiting students to very brief episodes of care (similar to insurance plans limiting numbers of sessions due to cost).	6/27/2023 5:30 PM
787	N/A	6/27/2023 5:19 PM
788	all of the above, restrictions on telehealth and supervision	6/27/2023 5:17 PM
789	none	6/27/2023 5:16 PM
790	None	6/27/2023 4:49 PM
791	none - actually cheaper for clients because they don't have to pay for gas or parking by seeing me in person	6/27/2023 4:19 PM
792	no different from in person as of now	6/27/2023 4:19 PM
793	my work site (state hospital) does not have a telehealth practice	6/27/2023 4:14 PM
794	None	6/27/2023 4:05 PM
795	N/A	6/27/2023 3:55 PM
796	none	6/27/2023 3:54 PM
797	Receiving electronic payment	6/27/2023 3:41 PM
798	None for me.	6/27/2023 3:21 PM
799	I'm employed by a healthcare company that handles billing	6/27/2023 3:19 PM
800	None	6/27/2023 3:12 PM
801	Insurance reimbursement is not currently a problem, but has been in the past, and could be in the future.	6/27/2023 3:12 PM
802	none	6/27/2023 3:06 PM
803	Client travel to other states or students moving for school which leads to them having to terminate treatment before it is completed and they are ready.	6/27/2023 2:41 PM
804	none	6/27/2023 2:18 PM
805	N/A	6/27/2023 2:07 PM
806	No different than for an office based practice	6/27/2023 1:42 PM
807	none	6/27/2023 1:36 PM
808	None since I work for Kaiser and their telehealth service is free.	6/27/2023 1:27 PM
809	Since the pandemic, insurers have covered therapy payments for "not in person" therapy. This is critical. Prior to this, many people were shut out of therapy if they did not have transportation, lived in underserved areas of the state, or were ill and could not easily leave home/hospital.	6/27/2023 1:11 PM
810	None, much more affordable than renting an expensive office in SF or Marin	6/27/2023 1:05 PM
811	n/a	6/27/2023 12:53 PM
812	none so far with my population	6/27/2023 12:52 PM
813	none	6/27/2023 12:50 PM
814	none	6/27/2023 12:49 PM
815	If insurers continue to cover Telehealth there is not a problem I am aware of. Costs are similar to in-person	6/27/2023 12:48 PM
816	No barriers	6/27/2023 12:46 PM
817	none, in fact it is win win for patient and practitioner in most cases.	6/27/2023 12:38 PM
818	none	6/27/2023 12:35 PM

819	No financial barriers; I bill my usual rate for med-legal evals and am paid the same as in-person work.	6/27/2023 12:33 PM
820	None	6/27/2023 12:21 PM
821	For now it seems okay. I really hope it doesn't change. If a sick/disabled client can't make it into the office, I'm still conducting an hour of therapy in the office	6/27/2023 12:20 PM
822	0	6/27/2023 11:59 AM
823	lifting of covid policy and exceptions that previously allowed telehealth to be reimbursed no longer being the same	6/27/2023 11:52 AM
824	None that I've experienced	6/27/2023 11:50 AM
825	N/A	6/27/2023 11:47 AM
826	n/a. I don't take insurance. work on an out-of-pocket, sliding scale basis.	6/27/2023 11:36 AM
827	None of note	6/27/2023 11:33 AM
828	Currently insurance has been reimbursing appropriately, but there's concern that they won't always continue to do so.	6/27/2023 11:25 AM
829	I see no financial barriors to telehealth.	6/27/2023 11:22 AM
830	Some insurance companies insist on practitioner having a physical address.	6/27/2023 11:15 AM
831	Na	6/27/2023 11:07 AM
832	none that are specific to telehealth so far	6/27/2023 11:05 AM
833	I do not know as I have not used it.	6/27/2023 11:05 AM
834	NONE	6/27/2023 11:02 AM
835	None	6/27/2023 11:01 AM
836	none	6/27/2023 10:50 AM
837	None	6/27/2023 10:37 AM
838	None	6/27/2023 10:35 AM
839	None	6/27/2023 10:31 AM
840	None	6/27/2023 10:07 AM
841	I have not encountered issues here, but have heard some insurers will not pay for virtual services.	6/27/2023 10:07 AM
842	none	6/27/2023 10:02 AM
843	Many pts cannot afford newer technology which would favor telehealth platforms	6/27/2023 10:01 AM
844	None	6/27/2023 9:37 AM
845	None	6/27/2023 9:37 AM
846	none	6/27/2023 9:32 AM
847	None	6/27/2023 9:28 AM
848	None	6/27/2023 9:19 AM
849	Clients who do not want to have telehealth sessions.	6/27/2023 9:19 AM
850	I don't handle the billing	6/27/2023 8:57 AM
851	Potential loss of parity by insurance due to the end of the PHE resulting in clients having to pay out of pocket for care. If Medicare puts the restriction back in place that will force psychologists to meet with a telehealth client within 6 months of commencing treatment and once yearly afterward, all of the psychologists who have moved 100% online or who see	6/27/2023 8:56 AM

	clients in other states will be unable to serve Medicare recipients. I predict that this will result in the sudden denial of services to far too many people.	
852	none that i can hink of for me - i am just a frontline provider (employee) so I don't have to think about billing / etc	6/27/2023 8:52 AM
853	none for me	6/27/2023 8:47 AM
854	There are none	6/27/2023 8:44 AM
855	Individual practice: construction of professional website tahe includes payment gate. Quotes for constuction up to 30k.	6/27/2023 8:38 AM
856	Uncertainty whether Medicare reimbursement for telehealth will continue post-Covid.	6/27/2023 8:33 AM
857	None	6/27/2023 8:24 AM
858	None	6/27/2023 8:04 AM
859	No barriers. In fact I helps with my patients with disabilities.	6/27/2023 7:53 AM
860	None for me	6/27/2023 7:51 AM
861	Most insurance covers telehealth	6/27/2023 7:42 AM
862	So far reimbursement has been the same for telehealth from insurances. I hope it stays the same.	6/27/2023 7:34 AM
863	I have had no financial barriers	6/27/2023 7:24 AM
864	N/a	6/27/2023 6:51 AM
865	This hasn't been a problem in my practice	6/27/2023 6:49 AM
866	None	6/27/2023 6:45 AM
867	n.a.	6/27/2023 6:35 AM
868	Need to make this a permanent option without any reduction in reimbursement as this type for service has proven very effective and more desirable for most clients.	6/27/2023 6:29 AM
869	none	6/27/2023 6:14 AM
870	None experienced	6/27/2023 5:43 AM
871	All of the above.	6/27/2023 5:42 AM
872	None	6/27/2023 5:21 AM
873	Have not experienced any financial barriers.	6/27/2023 5:21 AM
874	Platform (BetterHealth) does not pay fair wage.	6/27/2023 5:01 AM
875	N/a	6/27/2023 1:41 AM
876	None	6/27/2023 1:14 AM
877	Concerns that insurance will change reimbursement or not reimburse at all, creating barriers to services.	6/27/2023 1:01 AM
878	None	6/27/2023 12:33 AM
879	No difference financially	6/27/2023 12:15 AM
880	I mainly do supervision and teaching so none	6/26/2023 11:27 PM
881	Stately licensing fees for other states	6/26/2023 11:26 PM
882	I can make more money working directly with the insurance companies, rather than getting paid by teleheLth companies like Path.	6/26/2023 11:22 PM
883	There's always the consideration of cost, especially for those of us who do not accept the non-living wage paid by insurance, though this does not differ in Telehealth compared with in person work.	6/26/2023 11:16 PM

884	Wanted to say tech cost for clients can be a barrier; and as a provider, paying for sufficiently reliable internet service, router, wifi extender. If I were doing both in person and telehealth, I'd have to pay more for an office with internet and the selection would be more limited	6/26/2023 11:12 PM
885	none	6/26/2023 11:11 PM
886	none identified	6/26/2023 11:00 PM
887	None	6/26/2023 10:59 PM
888	N/a	6/26/2023 10:54 PM
889	None at this time	6/26/2023 10:50 PM
890	N/A	6/26/2023 10:42 PM
891	none	6/26/2023 10:40 PM
892	Insurance reducing reimbursement rates to providers for telehealth and encouraging members to use telehealth by waiving co-pays thereby reducing provided reimbursement by sometimes as much as 50%	6/26/2023 10:39 PM
893	No barriers	6/26/2023 10:28 PM
894	None	6/26/2023 10:18 PM
895	N.A.	6/26/2023 10:05 PM
896	None	6/26/2023 10:01 PM
897	I'm private pay, so I don't know what insurance reimbursement is.	6/26/2023 9:52 PM
898	None	6/26/2023 9:47 PM
899	N/A	6/26/2023 9:39 PM
900	Board of Psychology not allowing psychologists to practice out of state.	6/26/2023 9:38 PM
901	"Convenient" teletherapy diminishing motivation for making the effort to attend in person therapy sessions contributes to clients' learned helplessness and exaggerated sense of entitlement	6/26/2023 9:37 PM
902	There are no financial barriers within the VA system	6/26/2023 9:14 PM
903	None	6/26/2023 9:10 PM
904	None	6/26/2023 9:07 PM
905	No financial barriers	6/26/2023 9:03 PM
906	None	6/26/2023 9:00 PM
907	potential loss of insurance reimbursement requiring some in person visits in the future	6/26/2023 8:59 PM
908	currently no barriers as insurance is covering services and folks seem to have technology to use (often phone)	6/26/2023 8:56 PM
909	Professional/licensing restrictions regarding telehealth across state lines	6/26/2023 8:56 PM
910	None	6/26/2023 8:50 PM
911	I believe that some insurance coverage will end for Telehealth	6/26/2023 8:49 PM
912	None. It cuts down on therapist overhead and when clients are appropriate many report preferring telehealth and being at home or in a comfortable location while meeting with therapist	6/26/2023 8:47 PM
913	no barriers, better servicing of clients	6/26/2023 8:39 PM
914	None that I am aware of	6/26/2023 8:34 PM
915	Some clients do not have the internet capacity and/or the equipment. Many elderly clients get confused and so prefer to phone-in and have a telehealth contact; and then end the contact rather soon given how impersonal it seems to them.	6/26/2023 8:34 PM

916	i would have to say vertually none as can use phone or video platform	6/26/2023 8:33 PM
917	None	6/26/2023 8:30 PM
918	Telehealth is a LOT more accessible financially if there is sufficient connectivity and at least a mobile phone	6/26/2023 8:28 PM
919	None	6/26/2023 8:26 PM
920	None	6/26/2023 8:26 PM
921	Unknown	6/26/2023 8:23 PM
922	Telehealth contracts with companies often don't pay close to what insurance or private pay reimburse.	6/26/2023 8:20 PM
923	None	6/26/2023 8:08 PM
924	N/a	6/26/2023 8:02 PM
925	None	6/26/2023 7:56 PM
926	N/A	6/26/2023 7:55 PM
927	I have not experienced financial barriers, but am concerned that if insurance reimbursement to clients disappears, this will create a barrier to my ability to offer treatment.	6/26/2023 7:46 PM
928	None	6/26/2023 7:43 PM
929	none	6/26/2023 7:39 PM
930	None- it's cheaper than renting an office, and I don't have to use any gas to travel to work.	6/26/2023 7:32 PM
931	None	6/26/2023 7:27 PM
932	Relying on agency to supply adequate equipment.	6/26/2023 7:19 PM
933	None	6/26/2023 7:19 PM
934	n/a	6/26/2023 7:18 PM
935	none	6/26/2023 7:17 PM
936	I'm concerned insurance companies will stop paying for telehealth, now that the pandemic us officially ended.	6/26/2023 7:13 PM
937	N/A	6/26/2023 7:09 PM
938	None	6/26/2023 7:04 PM
939	None	6/26/2023 6:56 PM
940	None	6/26/2023 6:47 PM
941	NA	6/26/2023 6:41 PM
942	none	6/26/2023 6:37 PM
943	Not many major financial barriers	6/26/2023 6:36 PM
944	It’s much better in terms of cost for me and clients in terms of travel, office expenses and lost time with clients looking for parking or transit delays.	6/26/2023 6:28 PM
945	None that I have yet encountered.	6/26/2023 6:26 PM
946	None-	6/26/2023 6:25 PM
947	n/a	6/26/2023 6:24 PM
948	na	6/26/2023 6:22 PM
949	NA	6/26/2023 6:21 PM
950	some uncertainty regarding whether insurance will continue to cover telehealth.	6/26/2023 6:21 PM

951	None I work for a hospital	6/26/2023 6:17 PM
952	There have been no barriers.	6/26/2023 6:16 PM
953	None	6/26/2023 6:14 PM
954	None so far	6/26/2023 6:09 PM
955	Clients having a computer, or know how to use one	6/26/2023 6:09 PM
956	None	6/26/2023 6:09 PM
957	Medi-Cal pays nothing if Medicare pays; in other words Medi-cal does not function as a supplemental carrier, e.g. when Medicare pays they then send claims to Anthem Blue Cross or United Healthcare who pay something in addition to what Medicare pays. It's a disincentive to accept patients. who have Medicare and Medi-Cal.	6/26/2023 6:09 PM
958	None observed. Benefits: clients save on finances related to transportation, childcare, as well as a reduction in taking time off work.	6/26/2023 6:08 PM
959	Able to see person and observe person	6/26/2023 6:07 PM
960	None	6/26/2023 6:06 PM
961	?	6/26/2023 6:05 PM
962	In the bay area, and with the client population I work with, I don't think telehealth creates any additional financial barriers.	6/26/2023 6:05 PM
963	none	6/26/2023 6:03 PM
964	All of the above.	6/26/2023 5:59 PM
965	I have found telehealth to work extremely well for all of my clients. I could foresee that its reliance on a smart device and internet access could be an obstacle (financially or geographically) for some clients, however.	6/26/2023 5:57 PM
966	None	6/26/2023 5:56 PM
967	None	6/26/2023 5:56 PM
968	This is figured out	6/26/2023 5:56 PM
969	really the problem isn't financial for me. Reimbursement seems the same as long as you have billing staff.	6/26/2023 5:55 PM
970	None	6/26/2023 5:53 PM
971	None, at this time. Insurance companies have been reimbursing for telephone visits.	6/26/2023 5:52 PM
972	None	6/26/2023 5:49 PM
973	It is my understanding from my HMO employer that in-person individual and group therapy sessions will be eligible for higher rates of reimbursement per appointment from Medicare and other reimbursing entities.	6/26/2023 5:48 PM
974	NONE	6/26/2023 5:38 PM
975	I have not experienced financial barriers	6/26/2023 5:38 PM
976	None	6/26/2023 5:33 PM
977	Insurance reimbursement needs to remain comparable to in person. In general insurance companies ought to evaluate reimbursement so there are more providers who provide services.	6/26/2023 5:33 PM
978	n/a	6/26/2023 5:31 PM
979	Insurance reimbursement has dropped and technology costs have sky rocketed	6/26/2023 5:29 PM
980	None	6/26/2023 5:23 PM
981	None	6/26/2023 5:21 PM
982	none	6/26/2023 5:20 PM

983	None	6/26/2023 5:20 PM
984	For my clients thus far, none.	6/26/2023 5:19 PM
985	All of the above	6/26/2023 5:15 PM
986	Technology costs for the patient	6/26/2023 5:14 PM
987	technology cost are minimal overall. Insurance seems to be okay paying	6/26/2023 5:12 PM
988	N/A	6/26/2023 5:11 PM
989	I haven't experienced any financial barriers.	6/26/2023 5:09 PM
990	none	6/26/2023 5:08 PM
991	None.	6/26/2023 5:07 PM
992	Cost of telehealth platforms that are HIPAA compliant and client friendly	6/26/2023 5:07 PM
993	none	6/26/2023 5:05 PM
994	I'm not aware of financial barriers	6/26/2023 5:04 PM
995	Healthcare plans will not accept me on their panel if I provide only telehealth, despite its demand by clients and importance to underserved populations	6/26/2023 5:01 PM
996	not aware of any	6/26/2023 5:01 PM
997	None. I do not accept Medi/Medi patients, so this is a non issue.	6/26/2023 5:00 PM
998	None	6/26/2023 5:00 PM
999	None	6/26/2023 5:00 PM
1000	Insurers reimburse but less.	6/26/2023 4:58 PM
1001	none	6/26/2023 4:55 PM
1002	None	6/26/2023 4:55 PM
1003	N/A I work for a university counseling center	6/26/2023 4:52 PM
1004	None	6/26/2023 4:51 PM
1005	I don’t take insurance for this reason. Would consider taking insurance if reimbursement was adequate.	6/26/2023 4:51 PM
1006	Most of my clients pay a co-pay that they can afford via a HIPAA-compliant credit card app, Ivy Pay.	6/26/2023 4:51 PM
1007	none	6/26/2023 4:49 PM
1008	None	6/26/2023 4:48 PM
1009	I find it less of a financial burden because I can do it from a private space in my home.	6/26/2023 4:48 PM
1010	none	6/26/2023 4:47 PM
1011	unsure how to answer	6/26/2023 4:47 PM
1012	Really... I don't see financial barriers and I work in a semi-rural community with a lot of poverty. I also work with elderly people on a limited income. Everyone has a phone or computer.... I cannot say that I have seen a single issue.	6/26/2023 4:45 PM
1013	None	6/26/2023 4:42 PM
1014	I have not experienced this too much	6/26/2023 4:41 PM
1015	None, cheaper than coming in person	6/26/2023 4:40 PM
1016	None	6/26/2023 4:37 PM
1017	I have not needed to deal with any of the above	6/26/2023 4:36 PM

1018	none	6/26/2023 4:34 PM
1019	no financial barriers	6/26/2023 4:28 PM
1020	Client pays out of pocket via card	6/26/2023 4:25 PM
1021	None	6/26/2023 4:23 PM
1022	None	6/26/2023 4:19 PM
1023	I haven't found any real financial barriers, considering I do not have to pay rent for a larger, in-person facility	6/26/2023 4:19 PM
1024	none	6/26/2023 4:17 PM
1025	Some insurance plans do not cover telehealth, or the copay is higher, or they require use of their platform - Teledoc for in house providers only.	6/26/2023 4:17 PM
1026	Client's ability to pay or willingness to pay for broadband to have good broadband for the telehealth.	6/26/2023 4:15 PM
1027	None	6/26/2023 4:08 PM
1028	None in my work	6/26/2023 4:07 PM
1029	None	6/26/2023 4:06 PM
1030	N/a	6/26/2023 4:06 PM
1031	None	6/26/2023 4:03 PM
1032	Somewhat barriers because medical won’t pay for day treatment in addiction groups unless in person.	6/26/2023 4:03 PM
1033	None	6/26/2023 4:01 PM
1034	Both private insurance and medical/medicare All costs are a concern	6/26/2023 4:01 PM
1035	None	6/26/2023 4:00 PM
1036	N/A my place of employment handles these aspects	6/26/2023 4:00 PM
1037	none	6/26/2023 3:57 PM
1038	none. it's cheaper than office rent	6/26/2023 3:57 PM
1039	None..my patients find it very easy to use and appreciate not having to drive and look for a space to park and have privacy	6/26/2023 3:51 PM
1040	none	6/26/2023 3:51 PM
1041	I don't see any financial barriers. I accept insurance and code the sessions as Telehealth. My private-pay clients pay me via Zelle.	6/26/2023 3:50 PM
1042	none	6/26/2023 3:47 PM
1043	No problems with reimbursement all private pay	6/26/2023 3:47 PM
1044	None	6/26/2023 3:46 PM
1045	I am worried that insurance reimbursement will stop.	6/26/2023 3:45 PM
1046	none	6/26/2023 3:44 PM
1047	None	6/26/2023 3:43 PM
1048	Cost is additional, but not prohibitive.	6/26/2023 3:43 PM
1049	Approvals	6/26/2023 3:42 PM
1050	none.	6/26/2023 3:42 PM
1051	None, if patients can afford the treatment.	6/26/2023 3:40 PM
1052	none	6/26/2023 3:39 PM

1053	There has always been financial barriers working with insurance companies regards how service is delivered. If anything telehealth is a complexity because you are using a electronic device to conduct therapy or evaluations. Insurance companies need to recognize the value of service and consider more reimbursement.	6/26/2023 3:35 PM
1054	none	6/26/2023 3:31 PM
1055	Again, I work for Kaiser, so they provide the financial support for telehealth services.	6/26/2023 3:30 PM
1056	For med-legal work, sometimes the defense attorney refuses to allow telehealth. I'm not sure why, because unless there is a potential for a need for physical presence (e.g., to assess malodorousness or gait), telehealth is very suited for psychological interventions.	6/26/2023 3:30 PM
1057	not many	6/26/2023 3:29 PM
1058	None	6/26/2023 3:29 PM
1059	None. I am an independent contractor for QTC and I perform disability evaluations for Veterans for combat stress.	6/26/2023 3:28 PM
1060	None	6/26/2023 3:26 PM
1061	None	6/26/2023 3:26 PM
1062	NONE	6/26/2023 3:26 PM
1063	More an issue for the clients. It can be prohibitively expensive to have a device and have reliable secure internet	6/26/2023 3:23 PM
1064	I don't know if all the insurance companies are going to continue covering it.	6/26/2023 3:23 PM
1065	None	6/26/2023 3:20 PM
1066	I have not encountered any as yet	6/26/2023 3:19 PM
1067	I am undecided. See previous point.	6/26/2023 3:18 PM
1068	None	6/26/2023 3:17 PM
1069	Again, the question is not clear to me. I see clients both out of pocket and via a couple of panels. The panels are paying the same for telehealth as in person so that question does not make sense. My understanding is that is required under California parity law. Technology costs are a factor for therapists. This is also true for some clients as well who may not have access to high quality internet services.	6/26/2023 3:17 PM
1070	None	6/26/2023 3:16 PM
1071	None	6/26/2023 3:15 PM
1072	None	6/26/2023 3:15 PM
1073	The increasing cost of telehealth and record keeping systems that are convenient and effective	6/26/2023 3:14 PM
1074	None	6/26/2023 3:10 PM
1075	Screening more difficult by Zoom	6/26/2023 3:10 PM
1076	all of the above. #1 covid medical telehealth provider status was FRAUD and I lost a bunch of $$ trying to help. I was also not supported by CPA consultation as they recommended simply forgetting about it, though lawyers did see the fraud and falseness in what happened. Tech costs are also prohibitive to find services that both cover HIPAA compliance and data security.	6/26/2023 3:09 PM
1077	none	6/26/2023 3:07 PM
1078	None that I know of	6/26/2023 3:05 PM
1079	None	6/26/2023 3:05 PM
1080	None	6/26/2023 3:03 PM
1081	None, insurance reimburses the same rate and clients pay the same cash pay rate whether or not it's telehealth or in person	6/26/2023 3:03 PM

1082	The needed notifications instilling enough urgency regarding clients' missed sessions (maybe a way to click an interactive box saying "I acknowledge my next scheduled session for 1pm on..." so less last minute excuses are used when sessions get missed).	6/26/2023 3:03 PM
1083	None	6/26/2023 3:01 PM
1084	If they reduce payments for telehealth, I won't be happy.	6/26/2023 3:01 PM
1085	None	6/26/2023 3:00 PM
1086	I don’t know of any	6/26/2023 2:59 PM
1087	none	6/26/2023 2:58 PM
1088	None	6/26/2023 2:57 PM
1089	None	6/26/2023 2:55 PM
1090	Patients from underserved areas lack access to technology and appropriate settings for telehealth treatment.	6/26/2023 2:54 PM
1091	None	6/26/2023 2:53 PM
1092	None at this point	6/26/2023 2:52 PM
1093	none	6/26/2023 2:52 PM
1094	Lack of computer?	6/26/2023 2:51 PM
1095	?	6/26/2023 2:51 PM
1096	Client discomfort with technology	6/26/2023 2:51 PM
1097	none	6/26/2023 2:50 PM
1098	None	6/26/2023 2:50 PM
1099	None	6/26/2023 2:50 PM
1100	none	6/26/2023 2:49 PM
1101	none	6/26/2023 2:48 PM
1102	TH not always preferred modality	6/26/2023 2:48 PM
1103	I have not experienced any. Thus, it saves me on gas and car wear and tear. It also saves my clients on parking fees.	6/26/2023 2:47 PM
1104	None	6/26/2023 2:46 PM
1105	None	6/26/2023 2:46 PM
1106	Not sure if any at this time.	6/26/2023 2:46 PM
1107	none	6/26/2023 2:44 PM
1108	None	6/26/2023 2:42 PM
1109	none for me	6/26/2023 2:42 PM
1110	None	6/26/2023 2:40 PM
1111	None that I have experienced. I imagine that some clients may not be able to afford the devices or internet-capabilities needed to participate in telehealth services	6/26/2023 2:40 PM
1112	None	6/26/2023 2:37 PM
1113	none	6/26/2023 2:36 PM
1114	None	6/26/2023 2:35 PM
1115	These last few questions presume these barriers exist. Right now I have none of the above.	6/26/2023 2:35 PM
1116	none	6/26/2023 2:33 PM

1117	N/a	6/26/2023 2:32 PM
1118	Telehealth has improved the financial barriers	6/26/2023 2:32 PM
1119	none	6/26/2023 2:31 PM
1120	none for my work	6/26/2023 2:31 PM
1121	n/a	6/26/2023 2:30 PM
1122	So far at least for insured patients we have encountered few financial barriers. However, we do have concerns that insurers may start to balk or reduce reimubursement for telehealth in the future which would pose problems and reduce access.	6/26/2023 2:30 PM
1123	thankfully all insurance providers recognize Telehealth	6/26/2023 2:29 PM
1124	None	6/26/2023 2:29 PM
1125	Worries that changes will occur to insurance plans or board requirements, that suddenly stop reimbursements, wait times for payment, or ability to receive payment.	6/26/2023 2:29 PM
1126	None for me	6/26/2023 2:28 PM
1127	None	6/26/2023 2:25 PM
1128	None	6/26/2023 2:24 PM
1129	No apparent barriers so far. As long as telehealth is accepted, a large number of older clients with chronic issues in remote areas can be served.	6/26/2023 2:24 PM
1130	Not at this time.	6/26/2023 2:23 PM
1131	None	6/26/2023 2:23 PM
1132	No barriers	6/26/2023 2:23 PM
1133	I don't take insurance so those barriers exist anyway. I am a community provider for the VA and they have paid for telehealth (audio/video). With Covid, most payers did allow reimbursement for telehealth. I have found telehealth to be very beneficial because it's easier for both client and psychologist to schedule with no travel required.	6/26/2023 2:23 PM
1134	none for me	6/26/2023 2:22 PM
1135	Patient's inability to navigate on computer	6/26/2023 2:22 PM
1136	none encountered yet	6/26/2023 2:22 PM
1137	none	6/26/2023 2:21 PM
1138	This far, none	6/26/2023 2:21 PM
1139	N/A	6/26/2023 2:20 PM
1140	none	6/26/2023 2:19 PM
1141	All of the above	6/26/2023 2:19 PM
1142	Client access to private space	6/26/2023 2:18 PM
1143	Reimbursement from self-pay clients has been a challenge.	6/26/2023 2:18 PM
1144	None	6/26/2023 2:16 PM
1145	None	6/26/2023 2:14 PM
1146	None	6/26/2023 2:13 PM
1147	None	6/26/2023 2:12 PM
1148	None	6/26/2023 2:11 PM
1149	none	6/26/2023 2:10 PM
1150	NONE	6/26/2023 2:08 PM

1151	None	6/26/2023 2:08 PM
1152	Not applicable to our population.	6/26/2023 2:07 PM
1153	Lack of training for zoom employees and zendesk employees regarding the importance of therapists and access to mental health care for needed populations.	6/26/2023 2:07 PM
1154	None	6/26/2023 2:06 PM
1155	none	6/26/2023 2:06 PM
1156	I am not conversant with technology do it takes a lot of extra time for me.	6/26/2023 2:06 PM
1157	Equipment needs for play or art therapies	6/26/2023 2:04 PM
1158	none	6/26/2023 2:02 PM
1159	None	6/26/2023 2:02 PM
1160	None	6/26/2023 2:01 PM
1161	No barriers - I use sliding scale fees and do not bill insurance	6/26/2023 2:00 PM
1162	None	6/26/2023 1:58 PM
1163	None	6/26/2023 1:58 PM
1164	None	6/26/2023 1:58 PM
1165	All of the above, this question is created incorrectly, it should be checkboxes	6/26/2023 1:58 PM
1166	None, much more affordable and convenient for a wide range of clients and clinicians	6/26/2023 1:57 PM
1167	As restrictions are lifted I am concerned that there will be a return to financial barriers. I realize that the argument the telehealth is not effective is largely no longer in question.	6/26/2023 1:57 PM
1168	None	6/26/2023 1:57 PM
1169	CA BOARD NEEDS to authorize apple FaceTime as it does not store data; the others are too expensive for part time practice	6/26/2023 1:56 PM
1170	Cost of HIPPA compliant telehealth platform. Have not had trouble with insurance reimbursement or co-pay expense.	6/26/2023 1:55 PM
1171	None	6/26/2023 1:54 PM
1172	I have not found any specific to telehealth	6/26/2023 1:54 PM
1173	none	6/26/2023 1:53 PM
1174	None for my practice	6/26/2023 1:53 PM
1175	I do not see any financial barriers as all of my clients have access to technology to complete video or phone call sessions.	6/26/2023 1:53 PM
1176	none	6/26/2023 1:52 PM
1177	none	6/26/2023 1:52 PM
1178	No financial barriers	6/26/2023 1:51 PM
1179	None	6/26/2023 1:51 PM
1180	None	6/26/2023 1:51 PM
1181	As with my responses to #6, I don't experience many notable barriers to my consulting work using telehealth. The relaxing of governmental barriers to Medicaid reimbursement for delivery of treatment services has been a huge boon to clients who otherwise might experience difficulties accessing services. Post-COVID, some individual clients are more comfortable using telehealth (especially if transportation is a barrier) and other clients strongly prefer in-person treatment. We are now entering a post-COVID era wherein providers can offer both modes of treatment. What I believe does not work well are group therapies with yhbrid formats where some people are in person and others on Zoom.	6/26/2023 1:51 PM

1182	None in my practice	6/26/2023 1:49 PM
1183	Expecting patients to have access to functioning computers and SmartPhones	6/26/2023 1:49 PM
1184	None	6/26/2023 1:49 PM
1185	none	6/26/2023 1:48 PM
1186	None	6/26/2023 1:47 PM
1187	don't know	6/26/2023 1:47 PM
1188	none	6/26/2023 1:46 PM
1189	None that I can think of	6/26/2023 1:46 PM
1190	None for now... but I hear some insurance companies are talking about not paying for telehealth... it will be a shame if they stop covering telehealth services because some pateints such as the elderly, disabled, difficulty commuting... would be unable to get treatment/services.	6/26/2023 1:46 PM
1191	Financial barriers are due to CA policies limiting out imof state practice in psypact states	6/26/2023 1:46 PM
1192	None	6/26/2023 1:45 PM
1193	None of the above	6/26/2023 1:45 PM
1194	none	6/26/2023 1:45 PM
1195	None	6/26/2023 1:45 PM
1196	I won't take a case if there are financial barriers. However, I can work with more groups at less cost to clients with telehealth.	6/26/2023 1:44 PM
1197	I have not come across any barriers.	6/26/2023 1:42 PM
1198	None	6/26/2023 1:41 PM
1199	none	6/26/2023 1:41 PM
1200	Sometimes there is more follow up needed because clients forget to pay.	6/26/2023 1:41 PM
1201	none	6/26/2023 1:40 PM
1202	I don't charge clients extra for my own telehealth facilities. Most patients already have the technology on their mobile phone. For the time being Medicare reimbursements are at parity. Several insurance companies are decreasing their reimbursement - most notably, Blue Shield of California.	6/26/2023 1:40 PM
1203	NA	6/26/2023 1:39 PM
1204	none	6/26/2023 1:39 PM
1205	None	6/26/2023 1:39 PM
1206	none	6/26/2023 1:38 PM
1207	None that are different from live, in-office services.	6/26/2023 1:38 PM
1208	None	6/26/2023 1:37 PM
1209	None	6/26/2023 1:37 PM
1210	None. Ally patients are reimbursed by Kaiser and they still cover copay so very helpful for patients and this is how it should be.	6/26/2023 1:37 PM
1211	None	6/26/2023 1:36 PM
1212	I have not encountered financial barrier with my patient population	6/26/2023 1:36 PM
1213	None	6/26/2023 1:35 PM
1214	See above	6/26/2023 1:35 PM
1215	Expensive to maintain an office when most clients prefer Telehealth	6/26/2023 1:35 PM

1216	none	6/26/2023 1:34 PM
1217	I have had no financial barriers	6/26/2023 1:33 PM
1218	None	6/26/2023 1:33 PM
1219	There have been no financial barriers.	6/26/2023 1:33 PM
1220	none	6/26/2023 1:32 PM
1221	Lack of interventions for children and adolescents online.	6/26/2023 1:32 PM
1222	None	6/26/2023 1:32 PM
1223	none that I can see--seems like insurance companies are paying equally for telehealth.	6/26/2023 1:32 PM
1224	none	6/26/2023 1:31 PM
1225	None of the above	6/26/2023 1:31 PM
1226	None	6/26/2023 1:30 PM
1227	It appears you left put Alameda County	6/26/2023 1:30 PM
1228	none	6/26/2023 1:30 PM
1229	Nothing	6/26/2023 1:29 PM
1230	None	6/26/2023 1:29 PM
1231	none	6/26/2023 1:29 PM
1232	None	6/26/2023 1:29 PM
1233	Clients don’t want to pay as much for telehealth (because it’s not as good)	6/26/2023 1:28 PM
1234	None	6/26/2023 1:27 PM
1235	n/a	6/26/2023 1:27 PM
1236	For lower income clients, especially as visual telehealth is used, less access to care.	6/26/2023 1:27 PM
1237	None	6/26/2023 1:26 PM
1238	None	6/26/2023 1:26 PM
1239	no different than financial barriers before I offered any telehealth	6/26/2023 1:24 PM
1240	Telehealth has increased mental health access for patients with financial barriers due to not having to travel, find childcare etc	6/26/2023 1:24 PM
1241	There is no cost to pt. insurance need to make it easier to bill.	6/26/2023 1:24 PM
1242	None	6/26/2023 1:23 PM
1243	No significant issues.	6/26/2023 1:23 PM
1244	none noted	6/26/2023 1:22 PM
1245	collecting copayments, needing to use credit card services	6/26/2023 1:22 PM
1246	None. it works well.	6/26/2023 1:22 PM
1247	None. Payment is required in advance	6/26/2023 1:21 PM
1248	Losing insurance reimbursement would be disastrous (I am a Medicare provider almost exclusively and do not anticipate this will happen)	6/26/2023 1:21 PM
1249	none	6/26/2023 1:20 PM
1250	Its cheaper for the therapist and they don't pass the savings to the consumer. Payer reimbursement is the same as in person.	6/26/2023 1:20 PM
1251	I have some populations that are able to utilize it and some that aren’t, so it raised costs for me.	6/26/2023 1:19 PM

1252	none	6/26/2023 1:18 PM
1253	N/A	6/26/2023 1:18 PM
1254	All of the above	6/26/2023 1:18 PM
1255	NA	6/26/2023 1:17 PM
1256	Cost of maintaining and repairing computer products	6/26/2023 1:17 PM
1257	All of the above	6/26/2023 1:17 PM
1258	None. My overall pay is much higher doing telehealth as there is no other overhead.	6/26/2023 1:17 PM
1259	None	6/26/2023 1:16 PM
1260	None really, insurance is still reimbursing at the same rate as in person appointments and hopefully it stays this way.	6/26/2023 1:16 PM
1261	none	6/26/2023 1:16 PM
1262	All of the above	6/26/2023 1:16 PM
1263	None	6/26/2023 1:16 PM
1264	None	6/26/2023 1:16 PM
1265	none	6/26/2023 1:15 PM
1266	None	6/26/2023 1:15 PM
1267	none	6/26/2023 1:15 PM
1268	NOt sure	6/26/2023 1:14 PM
1269	For the moment the few clients on insurance that I see did not have as problem with reimbursement	6/26/2023 1:14 PM
1270	None	6/26/2023 1:13 PM
1271	People need insurance coverage in this country that's not tied to employment. Particularly true for mentally ill people who may have (temporary or permanent) barriers to working.	6/26/2023 1:13 PM
1272	None	6/26/2023 1:12 PM
1273	the big worry of what is going to happen at the end of 2024 with insurance payments.	6/26/2023 1:12 PM
1274	None	6/26/2023 1:12 PM
1275	Na	6/26/2023 1:12 PM
1276	None	6/26/2023 1:11 PM
1277	None	6/26/2023 1:11 PM
1278	The client must have access to a good computer and strong broadband services. My clients have the ability to get these things so it's not a barrier. Some other barriers could be older adults not being able to access the computer, but once they learn, telehealth is a positive factor for them.	6/26/2023 1:11 PM
1279	None, the cost of practice is much more economical via Telepsychology services.	6/26/2023 1:11 PM
1280	none	6/26/2023 1:10 PM
1281	none	6/26/2023 1:10 PM
1282	none	6/26/2023 1:10 PM
1283	None	6/26/2023 1:10 PM
1284	None	6/26/2023 1:09 PM
1285	No issues.	6/26/2023 1:09 PM

1286	None. I have private pay clients.	6/26/2023 1:09 PM
1287	Currently, no financial barriers for me. The insurance reimbursement rates have been the same whether in person or via telehealth. I accept Anthem Blue Cross, Cigna, United Behavioral Health / Optum, Adventisit Health (out of network) and I accept "fee for service." I also offer a sliding scale.	6/26/2023 1:09 PM
1288	None	6/26/2023 1:08 PM
1289	It actually is convened so clients don't miss work.	6/26/2023 1:08 PM
1290	not relevant, as I do not do telehealth	6/26/2023 1:07 PM
1291	Uncertainty of continued coverage by Medicare/Insurance post-COVID emergency	6/26/2023 1:07 PM
1292	None	6/26/2023 1:07 PM
1293	NA	6/26/2023 1:06 PM
1294	On the client side, access to technology/internet	6/26/2023 1:06 PM
1295	Some institutions or entities wont allow telehealth or make it challenging to utilize	6/26/2023 1:06 PM
1296	Certain states require frequently filling out an out of state provider form	6/26/2023 1:06 PM
1297	None	6/26/2023 1:05 PM
1298	None that I have encountered	6/26/2023 1:05 PM
1299	none	6/26/2023 1:05 PM
1300	none	6/26/2023 1:05 PM
1301	None that I have experienced	6/26/2023 1:05 PM
1302	None.	6/26/2023 1:05 PM
1303	maintaining a home office and an office down town I guess but its not that much of a barrier	6/26/2023 1:05 PM
1304	none	6/26/2023 1:05 PM
1305	None	6/26/2023 1:04 PM
1306	none	6/26/2023 1:04 PM
1307	none	6/26/2023 1:04 PM
1308	NONE	6/26/2023 1:04 PM
1309	I am paid by my company.	6/26/2023 1:04 PM
1310	Insurance reimbursement in general is not comparable to what I get paid out of pocket, except Medicare	6/26/2023 1:04 PM
1311	none	6/26/2023 1:04 PM
1312	none	6/26/2023 1:04 PM
1313	I have not experienced a financial barrier yet, but am concerned for insurance reimbursement in the future. I am mostly a private-pay practice.	6/26/2023 1:04 PM
1314	none	6/26/2023 1:04 PM
1315	None	6/26/2023 1:03 PM
1316	None	6/26/2023 1:03 PM
1317	none	6/26/2023 1:03 PM
1318	...	6/26/2023 1:03 PM
1319	None. More cost effective	6/26/2023 1:02 PM
1320	None	6/26/2023 1:02 PM

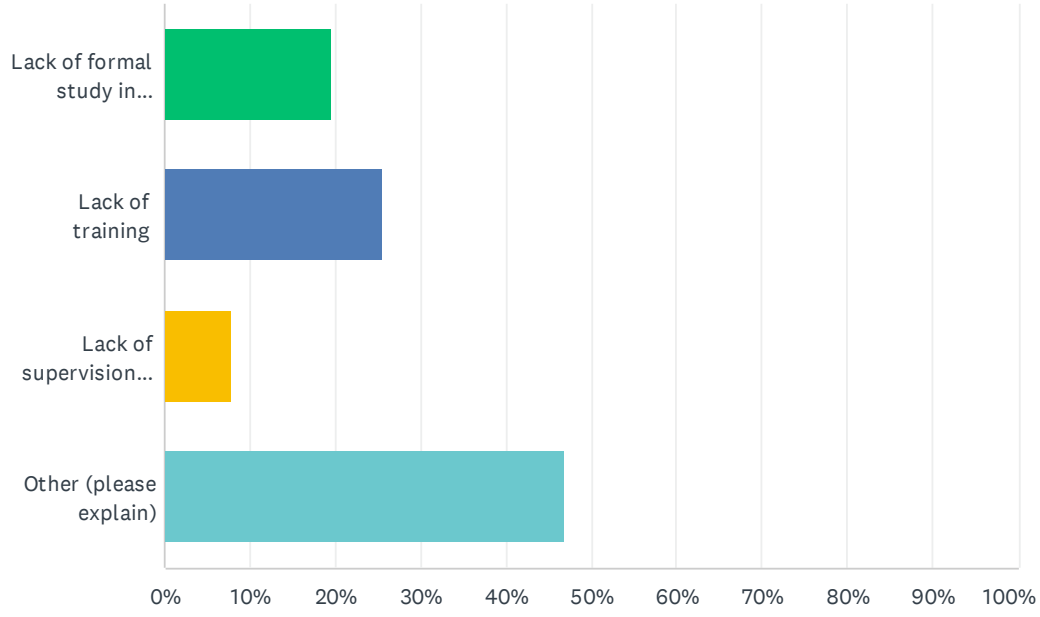
1321	none	6/26/2023 1:02 PM
1322	Lack of education on both sides (Patients and the providers).	6/26/2023 1:02 PM
1323	n/a	6/26/2023 1:01 PM
1324	none	6/26/2023 1:01 PM
1325	none	6/26/2023 1:01 PM
1326	Insurance reimbursement can be very low and clients may be unable to pay out of pocket.	6/26/2023 1:01 PM
1327	We are Non-Profit Organization, and we provide free service to our underrepresented communities.	6/26/2023 1:01 PM
1328	none	6/26/2023 1:00 PM
1329	None. So far insurance seems willing to reimburse at same rate as in-person therapy.	6/26/2023 1:00 PM
1330	n/a	6/26/2023 1:00 PM
1331	None	6/26/2023 1:00 PM
1332	None	6/26/2023 1:00 PM
1333	none	6/26/2023 12:59 PM
1334	None. At my agency, telehealth appointments are covered 100% versus in person appointments are not fully covered	6/26/2023 12:59 PM
1335	None	6/26/2023 12:59 PM
1336	none that I am aware of at this time	6/26/2023 12:59 PM
1337	I have not encountered problems in this area. I actually appreciate that telehealth has markedly cut my operating expenses.	6/26/2023 12:59 PM
1338	I have not encountered these issues but I am certain that they exist	6/26/2023 12:59 PM
1339	none	6/26/2023 12:58 PM
1340	None	6/26/2023 12:58 PM
1341	None	6/26/2023 12:58 PM
1342	None	6/26/2023 12:58 PM
1343	none for my practice	6/26/2023 12:58 PM
1344	None if coverage is provided and accepted	6/26/2023 12:57 PM
1345	None.	6/26/2023 12:57 PM
1346	N/a to my setting.	6/26/2023 12:57 PM
1347	Have no thoughts about this	6/26/2023 12:57 PM
1348	None	6/26/2023 12:57 PM
1349	N/a	6/26/2023 12:56 PM
1350	none	6/26/2023 12:56 PM
1351	none	6/26/2023 12:56 PM
1352	All of the above	6/26/2023 12:56 PM
1353	shouldn't this item be "check all that apply as all could apply	6/26/2023 12:56 PM
1354	Minimal	6/26/2023 12:55 PM
1355	None	6/26/2023 12:55 PM
1356	Continued insurance reimbursement	6/26/2023 12:55 PM
1357	No e	6/26/2023 12:55 PM

1358	None	6/26/2023 12:54 PM
1359	None	6/26/2023 12:54 PM
1360	I don’t know of any financial barriers.	6/26/2023 12:54 PM
1361	How to pay	6/26/2023 12:54 PM
1362	Phone telehealth is not reimbursed, whereas video is.	6/26/2023 12:54 PM
1363	I have not experienced any financial barriers in my practice.	6/26/2023 12:54 PM
1364	Veteran's Administration (government contractor) views telehealth as a lesser service, so reimburses less for telehealth services despite the service being the same.	6/26/2023 12:54 PM
1365	None	6/26/2023 12:53 PM
1366	None	6/26/2023 12:53 PM
1367	I have not experienced financial barriers	6/26/2023 12:53 PM
1368	N/A	6/26/2023 12:53 PM
1369	N/A	6/26/2023 12:53 PM
1370	None	6/26/2023 12:52 PM
1371	None	6/26/2023 12:52 PM
1372	I don't see any barriers, but have concerns that insurance companies may limit it in the future	6/26/2023 12:52 PM
1373	Cost of staff required to move the equipment from patient to pateint	6/26/2023 12:52 PM
1374	None at current practice.	6/26/2023 12:52 PM
1375	Adequate technology for older population	6/26/2023 12:52 PM
1376	None, the VA covers all of these	6/26/2023 12:52 PM
1377	none	6/26/2023 12:51 PM
1378	None	6/26/2023 12:51 PM
1379	none	6/26/2023 12:51 PM
1380	N/A	6/26/2023 12:51 PM
1381	I haven’t experienced any	6/26/2023 12:51 PM
1382	None	6/26/2023 12:50 PM
1383	I have not experienced financial barriers	6/26/2023 12:50 PM
1384	none	6/26/2023 12:50 PM
1385	None	6/26/2023 12:50 PM
1386	None	6/26/2023 12:50 PM
1387	I haven't experienced barriers	6/26/2023 12:50 PM
1388	im off all insurance but am giving up 3-4 percent of my income to pay for using a c redit card to collect. not happy re that. then i have to pay a biller to bill thos ewho have out of netwwwork benefits and that is 250.00 more a month.	6/26/2023 12:50 PM
1389	None	6/26/2023 12:50 PM
1390	None	6/26/2023 12:49 PM
1391	None	6/26/2023 12:49 PM
1392	moving payments around when you are not seing folks in person	6/26/2023 12:49 PM
1393	Medicare makes psychologists use Code 10 for Place of Service and pays less than a 11 code visit which I believe is illegal but can not do anything about it. Please assist	6/26/2023 12:49 PM

1394	Insurance companies or reimbursement companies paying significantly less for Telehealth vs in person services	6/26/2023 12:49 PM
1395	None	6/26/2023 12:49 PM
1396	I don't experience any	6/26/2023 12:48 PM
1397	Similar to those that exist for in-person treatment.	6/26/2023 12:48 PM
1398	none, my clients love it	6/26/2023 12:48 PM
1399	None	6/26/2023 12:48 PM
1400	none	6/26/2023 12:48 PM
1401	None	6/26/2023 12:47 PM
1402	none	6/26/2023 12:47 PM
1403	None	6/26/2023 12:47 PM
1404	None	6/26/2023 12:47 PM
1405	N/A	6/26/2023 12:47 PM
1406	Dealing with credit card services.	6/26/2023 12:47 PM
1407	I prefer to see my patients at office!	6/26/2023 12:47 PM
1408	none	6/26/2023 12:47 PM
1409	None so far as long as it continues to be accepted and reimbursed equally with office visits.	6/26/2023 12:47 PM
1410	None	6/26/2023 12:46 PM
1411	I don't want to do it so I don't care if there are barriers.	6/26/2023 12:46 PM
1412	N/a	6/26/2023 12:46 PM
1413	none	6/26/2023 12:46 PM
1414	Minor as I take private pay	6/26/2023 12:46 PM
1415	None	6/26/2023 12:45 PM
1416	None	6/26/2023 12:45 PM
1417	none	6/26/2023 12:45 PM
1418	Not being able to work because no one wants you if not licensed	6/26/2023 12:45 PM
1419	none	6/26/2023 12:45 PM
1420	N/A	6/26/2023 12:45 PM
1421	None	6/26/2023 12:44 PM

Q8 What are the training barriers to telehealth?

Answered: 3,267 Skipped: 1,179



ANSWER CHOICES	RESPONSES	
Lack of formal study in advanced program	19.65%	642
Lack of training	25.59%	836
Lack of supervision opportunities	7.84%	256
Other (please explain)	46.92%	1,533
TOTAL		3,267

#	OTHER (PLEASE EXPLAIN)	DATE
1	None	7/24/2023 7:58 AM
2	Confidentiality	7/24/2023 12:05 AM
3	None	7/23/2023 9:25 PM
4	none so far	7/23/2023 7:40 PM
5	Uncertain if Training is being provided in graduate programs - but would prove beneficial.	7/23/2023 5:45 PM
6	Inadequate clinical supervision of unlicensed therapists working 100% remotely. Early career therapists using telehealth with clients either not appropriate to their needs or too high severity risk.	7/23/2023 12:50 PM
7	None	7/23/2023 11:44 AM
8	None that I am aware of because there are trainings out there	7/23/2023 8:39 AM
9	Continuing education isn't as good (although I have access to more classes). I can't find a consultation group which was easy before	7/22/2023 10:25 PM
10	none	7/22/2023 5:37 PM

11	The data about what is possible and effective and standards seemed to have shifted dramatically during COVID. What was once was considered a rule out for telehealth - such as higher risk levels or even psychotic presentation - seemed much more cut and dry in the trainings we received at the start of the pandemic. Listening to professional discussion sessions put on by leaders in telehealth, these standards do not seem as firm. In our center, we have seen that especially a blend of in person and telehealth with these populations results in more compliance with treatment/higher session attendance than purely in person sessions. However, it is hard to find more current/firmer standards that contradict the guidelines APA trainings that were available at the beginning of the pandemic and seem partially outdated now.	7/22/2023 4:55 PM
12	None	7/22/2023 11:30 AM
13	None for my private practice	7/22/2023 6:53 AM
14	na	7/21/2023 3:53 PM
15	None	7/21/2023 2:30 PM
16	N/a	7/21/2023 12:05 PM
17	Should have in - person experience as a clinician	7/21/2023 12:00 PM
18	NA, was in internship and postdoc when the pandemic was happening, so I received ample training	7/21/2023 7:00 AM
19	None	7/21/2023 6:54 AM
20	Training does exist, which has been very helpful. However, problems with the ins and outs related to Covid and insurance companies has made some of the training difficult. Will be helpful when telehealth is viewed as truly here to stay.	7/20/2023 1:18 PM
21	Not sure.	7/20/2023 12:55 PM
22	None	7/20/2023 12:01 PM
23	N/A	7/20/2023 10:01 AM
24	none	7/20/2023 8:39 AM
25	None	7/19/2023 9:35 PM
26	None	7/19/2023 9:10 PM
27	none (n/a)	7/19/2023 6:43 PM
28	This is an outdated question. Telehealth uses a link. If you use a phone at all, or have basic technology literacy there is no training requires. This is just another excuse for cottage industry to create a "certification" and charge already over extended healthcare providers a fee. Don't do this.	7/19/2023 3:23 PM
29	None	7/19/2023 2:13 PM
30	How to navigate licensing in other states	7/19/2023 2:06 PM
31	None	7/19/2023 1:09 PM
32	none	7/19/2023 11:00 AM
33	none	7/19/2023 10:40 AM
34	lack of research on efficacy and appropriateness for all populations;	7/19/2023 9:28 AM
35	None	7/19/2023 7:29 AM
36	A required class	7/19/2023 6:55 AM
37	Nothing extraordinary	7/19/2023 4:36 AM
38	None at this point.	7/19/2023 2:52 AM
39	None	7/18/2023 10:37 PM
40	N/a	7/18/2023 10:25 PM

41	I have gotten extensive training in doing telehealth	7/18/2023 8:52 PM
42	none	7/18/2023 8:00 PM
43	none of these apply	7/18/2023 3:24 PM
44	Types of population	7/18/2023 3:18 PM
45	Telephone works for those underprivileged, video is more complex and problematic	7/18/2023 1:56 PM
46	None specifically	7/18/2023 1:34 PM
47	none	7/18/2023 1:27 PM
48	None	7/18/2023 1:17 PM
49	Limitations in supervision, but otherwise makes training easier and more efficient	7/18/2023 1:12 PM
50	None	7/18/2023 12:44 PM
51	none I got training	7/18/2023 12:39 PM
52	Knowing what to tell clients when they have trouble shooting problems when trying to connect via videocall or telehealth	7/18/2023 12:27 PM
53	None	7/18/2023 12:25 PM
54	Different EHR programs	7/18/2023 12:03 PM
55	don't know, have not considered it	7/18/2023 12:01 PM
56	None, I have found there to be plenty of trainings on telehealth.	7/18/2023 11:55 AM
57	This question is unclear to me.	7/18/2023 11:46 AM
58	none, I have found more trainings accessible now that many trainers are using telehealth platforms for their presentations	7/18/2023 11:06 AM
59	none	7/18/2023 10:49 AM
60	none	7/18/2023 10:47 AM
61	none	7/18/2023 10:38 AM
62	none	7/18/2023 10:04 AM
63	None	7/18/2023 9:59 AM
64	n/a. training can be obtained quickly and economically	7/18/2023 9:23 AM
65	None	7/18/2023 9:09 AM
66	training on how the frame changes when utilizing telehealth	7/18/2023 8:51 AM
67	I would actually say that access to Telehealth has expanded training and supervision opportunities and made it more flexible to find times to schedule these trainings or meetings.	7/18/2023 8:41 AM
68	none I have found thus far	7/18/2023 8:27 AM
69	N/A	7/18/2023 7:57 AM
70	None at the moment	7/18/2023 7:49 AM
71	Newly emerging video conferencing methods and confidentiality considerations	7/18/2023 7:07 AM
72	none	7/18/2023 7:02 AM
73	None	7/18/2023 6:12 AM
74	I have taken multiple continuing education classes in TeleHealth	7/18/2023 3:39 AM
75	None	7/18/2023 12:09 AM
76	Lots trainings are available once sought	7/17/2023 10:31 PM

77	None	7/17/2023 9:47 PM
78	all of the above	7/17/2023 9:23 PM
79	None	7/17/2023 9:09 PM
80	N/A	7/17/2023 8:56 PM
81	Learning to read a client's emotions and body language. Some clients sit looking at their computer at an angle, which avoids eye contact (not intentionally). How to direct a client to control their home environment when that is where they are when zooming. Some allow spouses to interrupt session; children opening door to room; poor lighting on client's face, to name a few.	7/17/2023 8:49 PM
82	none, pretty basic	7/17/2023 8:45 PM
83	Application for use with child population; creation of more engaging style/approach. I can be done well. I know some colleagues struggle. I tend to see adolescents and up and it's less challenging.	7/17/2023 8:30 PM
84	None	7/17/2023 8:21 PM
85	N/A	7/17/2023 8:05 PM
86	Harder to focus on training seminars	7/17/2023 8:01 PM
87	Relatively new	7/17/2023 7:54 PM
88	None	7/17/2023 7:53 PM
89	Training is available.	7/17/2023 7:41 PM
90	Decreased quality of training	7/17/2023 7:31 PM
91	none	7/17/2023 7:30 PM
92	I am an experienced psychologist but at 74 yrs old, I am sometimes flummoxed bu technology. Thank goodness for having millennial age children who offer IT support!	7/17/2023 7:28 PM
93	I had to seek out my own group supervision and feedback with other well-established professionals and used my resources from working at Stanford for years in the past to insure we were all HIPPA compliant and had access to tech support.	7/17/2023 7:25 PM
94	Unable to teach new therapists how to read and resonate somatically.	7/17/2023 6:52 PM
95	none	7/17/2023 6:50 PM
96	Again, none. I have been able to find high quality training programs.	7/17/2023 6:45 PM
97	Sometimes harder to build rapport with training audience	7/17/2023 6:32 PM
98	I've taken two courses in telehealth so I am aware of potential issues but I know some clinicians who could benefit from more training in that area. I don't think there has to be barriers because training courses are available if people would only bother to take them.	7/17/2023 6:32 PM
99	None known	7/17/2023 6:28 PM
100	None	7/17/2023 6:04 PM
101	There are ongoing training seminars offered by multiple companies on telehealth, including the Telehealth Certification Institute.	7/17/2023 5:41 PM
102	na	7/17/2023 5:31 PM
103	None	7/17/2023 5:28 PM
104	Essentially, it is another field for doing psychological work. We were educated to experience psychotherapy as an in-person relationship. Telehealth is not the experience of two people in physical relationship.	7/17/2023 5:27 PM
105	not sure	7/17/2023 5:26 PM
106	none	7/17/2023 5:25 PM

107	n/a	7/17/2023 5:12 PM
108	don't know	7/17/2023 4:57 PM
109	none Lot of training available	7/17/2023 4:55 PM
110	None	7/17/2023 4:45 PM
111	None	7/17/2023 4:36 PM
112	None; there are many excellent sets of practice guidance available.	7/17/2023 4:32 PM
113	I am comfortable with Telehealth for now and accept only clients who are comfortable with it too.	7/17/2023 4:12 PM
114	None	7/17/2023 4:08 PM
115	applying techniques to telehealth: ex EMDR	7/17/2023 4:07 PM
116	Lack of supervision and lack of oversight regarding accuracy of professional credentials	7/17/2023 4:03 PM
117	Lack of opportunities to participate in live training events.	7/17/2023 4:03 PM
118	None	7/17/2023 3:52 PM
119	None. Online training is easily accessible	7/17/2023 3:51 PM
120	None in my experience.	7/17/2023 3:26 PM
121	i have had appropriate training	7/17/2023 3:20 PM
122	training in therapy or training in technology?	7/17/2023 3:06 PM
123	The latest intern and post-doc that I supervised had never seen a patient in person until her post doc year. Seems like a huge loss in learning to be present with patients.	7/17/2023 3:06 PM
124	Need to be able to determine appropriateness of telehealth. Privacy, confidentiality, security issues	7/17/2023 3:02 PM
125	none	7/17/2023 2:57 PM
126	none	7/17/2023 2:48 PM
127	We have a lot of experience with trainees using telehealth and it goes quite well. The main issue is ensuring they have the right equipment and private home environment, which is verified by their supervisor. Training is particularly important in training people to conduct telehealth GROUPS, since engagement and participation is sometimes lower in these vs face-to-face groups--e.g., sometimes patients keep their cameras off.	7/17/2023 2:48 PM
128	some patients are unable to manage getting on zoom and want phone calls, which is inferior treatment to video synchronous zoom.	7/17/2023 2:41 PM
129	None	7/17/2023 2:37 PM
130	None	7/17/2023 2:28 PM
131	NONE	7/17/2023 2:25 PM
132	Resources for sharing electronic homework, etc other than email.	7/17/2023 2:21 PM
133	None	7/17/2023 2:21 PM
134	N/A	7/17/2023 2:20 PM
135	Learning to deal with client aberrations through the computer	7/17/2023 2:15 PM
136	None	7/17/2023 2:12 PM
137	none	7/17/2023 2:01 PM
138	We have completed prior training and could benefit from routine updates.	7/17/2023 1:53 PM
139	none at this time	7/17/2023 1:49 PM
140	no barriers	7/17/2023 1:34 PM

141	none	7/17/2023 1:33 PM
142	Generally, this area is not a problem.	7/17/2023 1:29 PM
143	Mone	7/17/2023 1:28 PM
144	none	7/17/2023 1:27 PM
145	None	7/17/2023 1:25 PM
146	I have been fortunate not to have encounter unsurmountable barriers	7/17/2023 1:25 PM
147	None	7/17/2023 1:25 PM
148	How to garner info otherwise easily garnered with in-person. For instance-how dysmorphic is a clients body dysmorphia if you can only see their face? Can't observe emotional cues from body language etc.	7/17/2023 1:24 PM
149	None	7/17/2023 1:24 PM
150	None	7/17/2023 1:21 PM
151	None	7/17/2023 1:20 PM
152	None	7/17/2023 1:11 PM
153	Students really miss out on pt / client relationships. They are not adequately trained in safety procedures etc. in a field that struggles with quality assurance, consistent outcomes the added variables here make the practice somewhat suspect. It does have a place arguably but should not supersede in person work etc.	7/17/2023 1:11 PM
154	None	7/17/2023 1:09 PM
155	none	7/17/2023 1:03 PM
156	None	7/17/2023 12:59 PM
157	none	7/17/2023 12:59 PM
158	None.	7/17/2023 12:58 PM
159	None	7/17/2023 12:57 PM
160	None	7/17/2023 12:56 PM
161	none	7/17/2023 12:51 PM
162	I'm aware of certificate programs in telehealth. However, the curriculum doesn't seem worthwhile for the time and effort. I've read so helpful literature that helped me adapt to telehealth (and teleeducation as was necessary in the early days of the pandemic).	7/17/2023 12:50 PM
163	None	7/17/2023 12:47 PM
164	Unknown	7/17/2023 12:47 PM
165	none	7/17/2023 12:45 PM
166	None	7/17/2023 12:44 PM
167	Telehealth is very much a gift to supervisors who can now observe the work of their supervisees much more easily than they ever could without telehealth. This is an ethical issue since supervisors should be observing the work of their unlicensed supervisees and even licensed folks ask me to watch their work as part of consultation. Of course, with written permission of their clients. As a trainer, I focus on this "live" observation aspect as a big part of the Supervisor Trainings that I do.	7/17/2023 12:33 PM
168	I haven't noticed any.	7/17/2023 12:32 PM
169	Not much, its easy to do internet video or call, issue is, is it always as good as in person.	7/17/2023 12:30 PM
170	None. Fortunately I was trained in my training program	7/17/2023 12:29 PM
171	N/A	7/17/2023 12:28 PM

172	None	7/17/2023 12:25 PM
173	Issues of platform	7/17/2023 12:22 PM
174	lack of technical expertise	7/17/2023 12:18 PM
175	None in this area that I've encountered	7/17/2023 12:16 PM
176	Provider's need for adapting services and interventions through Telehealth services and the myth that efficacy rate is lower than in-person therapy.	7/17/2023 12:16 PM
177	Not sure how much training is needed	7/17/2023 12:13 PM
178	None	7/17/2023 12:13 PM
179	None	7/17/2023 12:07 PM
180	none	7/17/2023 12:05 PM
181	None	7/17/2023 12:04 PM
182	There are none	7/17/2023 12:03 PM
183	It is no different than moving established "chair" patients to the couch, when you start with seeing the patients in person (same location). New patients need to start via video. They can move to phone as comfortable.	7/17/2023 12:02 PM
184	none	7/17/2023 11:57 AM
185	None. I am fortunate enough to have trained during the pandemic.	7/17/2023 11:56 AM
186	None for me	7/17/2023 11:54 AM
187	Don't know	7/17/2023 11:53 AM
188	N/A	7/17/2023 11:50 AM
189	n/a	7/17/2023 11:47 AM
190	none	7/17/2023 11:45 AM
191	Just take the CE courses. There is plenty of opportunity to learn.	7/17/2023 11:44 AM
192	none	7/17/2023 11:44 AM
193	None	7/17/2023 11:40 AM
194	None	7/17/2023 11:37 AM
195	none	7/17/2023 11:35 AM
196	None	7/17/2023 11:32 AM
197	None in my practice.	7/17/2023 11:32 AM
198	Screen fatigue	7/17/2023 11:31 AM
199	No real barriers	7/17/2023 11:30 AM
200	n/a	7/17/2023 11:30 AM
201	None	7/17/2023 11:29 AM
202	Client training needed	7/17/2023 11:22 AM
203	training not yet consistent across the profession because popularity of telehealth is so new	7/17/2023 11:22 AM
204	None for me, attend The Trust free telehealth trainings over COVID to be up to speed on ethical and practice concerns.	7/17/2023 11:19 AM
205	lack of specific psych assessment resources and comfort by contractors for video and phone assessments	7/17/2023 11:19 AM
206	none	7/17/2023 11:19 AM

207	N/A	7/17/2023 11:18 AM
208	Again, I do not intend to use it - I guess it boils down to my attitude toward telehealth in general.	7/17/2023 11:18 AM
209	none	7/17/2023 11:17 AM
210	none	7/17/2023 11:17 AM
211	None	7/17/2023 11:15 AM
212	None	7/17/2023 11:15 AM
213	Possibly lack of training, but people seem to avail themselves of training as they go. Not sure if this question is supposed to apply to me, or in general.	7/17/2023 11:14 AM
214	NA	7/17/2023 11:13 AM
215	none	7/17/2023 11:12 AM
216	Again, for me or for others? For me none, I have a tech background. For others, I think they could have used formal training the older folks in particular. I think that ship sailed FOUR years ago so this is a stupid question to ask now. ABSOLUTELY do not waste our time with requiring CEs or something dumb like that. Most young psychologists entering the workforce are quite savvy in this regard especially the ones I've supervised.	7/17/2023 11:12 AM
217	None	7/17/2023 11:11 AM
218	None	7/17/2023 11:10 AM
219	None	7/17/2023 11:09 AM
220	none	7/17/2023 11:08 AM
221	None	7/17/2023 11:08 AM
222	None	7/17/2023 11:07 AM
223	I took training programs for CEU's and found it adequate to begin process.	7/17/2023 11:07 AM
224	None	7/17/2023 11:05 AM
225	none	7/17/2023 11:03 AM
226	None. I have received formal training through multiple agencies I partner with	7/17/2023 11:00 AM
227	none	7/17/2023 10:59 AM
228	None	7/17/2023 10:57 AM
229	forensic applications limited and sometimes contraindicated	7/17/2023 10:56 AM
230	None	7/17/2023 10:56 AM
231	The Medical Board closing the practice of telehealth.	7/17/2023 10:56 AM
232	None	7/17/2023 10:55 AM
233	None	7/17/2023 10:55 AM
234	I have found training courses that have been very effective in helping structure and conduct online sessions.	7/17/2023 10:55 AM
235	I would like additional seminars in telehealth training - although the workshops I have taken have been excellent.	7/17/2023 10:54 AM
236	This was a fast transition to use of telehealth due to COVID. There are no training barriers.	7/17/2023 10:53 AM
237	none	7/17/2023 10:53 AM
238	none	7/17/2023 10:52 AM
239	None	7/17/2023 10:52 AM
240	None	7/17/2023 10:51 AM

241	None	7/17/2023 10:51 AM
242	In the tech-savvy Bay Area where I practice there have not really been any consistent barriers. Occasionally a client's internet strength has required switching platforms…	7/17/2023 10:51 AM
243	None	7/17/2023 10:51 AM
244	None	7/17/2023 10:50 AM
245	N/A	7/17/2023 10:50 AM
246	None	7/17/2023 10:49 AM
247	None	7/17/2023 10:48 AM
248	None	7/17/2023 10:48 AM
249	none	7/17/2023 10:47 AM
250	Lack of support by licensing.	7/17/2023 10:47 AM
251	Have not experienced barriers in this area	7/17/2023 10:47 AM
252	none	7/17/2023 10:46 AM
253	lack of patient training.	7/17/2023 10:46 AM
254	N/A	7/17/2023 10:46 AM
255	None	7/17/2023 10:45 AM
256	None	7/17/2023 10:44 AM
257	NA	7/17/2023 10:44 AM
258	none	7/17/2023 10:44 AM
259	As an experienced clinician, over 35 years, I have sought the training needed, and use my clinical judgment to understand that telehealth is not appropriate for all. While I personally prefer in person, I do have clients where telehealth is better for them, and provides access to some where there would be none. Or the opportunity to work with me vs someone local to them and that has not worked out.	7/17/2023 10:44 AM
260	While I have no formal training in telehealth, I do take MCEP courses addressing telehealth issues. I began phone sessions more than 20 years ago when established clients moved out of driving distance from my office; so I feel long expe3rie3nce has compensated for lack of formal training. formal	7/17/2023 10:44 AM
261	Lack of experience as we learn for whom it works.	7/17/2023 10:43 AM
262	None	7/17/2023 10:43 AM
263	none	7/17/2023 10:42 AM
264	none	7/17/2023 10:42 AM
265	None	7/17/2023 10:42 AM
266	Lack of training on using platforms/technology	7/17/2023 10:42 AM
267	None	7/17/2023 10:40 AM
268	practical on the job training and consultation	7/17/2023 10:40 AM
269	Inequitable access to training or supervision for newer clinicians	7/17/2023 10:40 AM
270	None	7/17/2023 10:40 AM
271	I really don't think much training is needed to provide telehealth. It is all just common sense. As long as people are familiar enough with basic computer technology, it isn't an issue.	7/17/2023 10:39 AM
272	Prefer in person	7/17/2023 10:39 AM
273	none but more of such trainings will be helpful.	7/17/2023 10:39 AM

274	None	7/17/2023 10:38 AM
275	none	7/17/2023 10:37 AM
276	None	7/17/2023 10:37 AM
277	I have come across no inherent obstacles of these sorts to telehealth training. Perhaps any modifications in training specific to telehealth would be a concern, but this is a field of inquiry for which conclusive research remains to be done, so far as I am aware.	7/17/2023 10:37 AM
278	None	7/17/2023 10:36 AM
279	None	7/17/2023 10:36 AM
280	None	7/17/2023 10:36 AM
281	None that I have realized or encountered.	7/17/2023 10:36 AM
282	none, for me	7/17/2023 10:36 AM
283	Difficulty recording for supervision	7/17/2023 10:35 AM
284	None	7/17/2023 10:35 AM
285	None. VA has training	7/17/2023 10:35 AM
286	None	7/17/2023 10:34 AM
287	The need for a more sophisticated study of the long-term effectiveness (or limitations) of telehealth-based psychological treatment.	7/17/2023 10:33 AM
288	None	7/17/2023 10:33 AM
289	None.	7/17/2023 10:33 AM
290	None	7/17/2023 10:32 AM
291	N/A	7/17/2023 10:32 AM
292	none	7/17/2023 10:32 AM
293	none	7/17/2023 10:32 AM
294	none	7/17/2023 10:31 AM
295	None	7/17/2023 10:31 AM
296	None noted	7/17/2023 10:31 AM
297	none	7/17/2023 10:31 AM
298	None in my experience	7/17/2023 10:31 AM
299	None	7/17/2023 10:30 AM
300	None	7/17/2023 10:30 AM
301	none	7/17/2023 10:29 AM
302	N/A	7/17/2023 10:29 AM
303	None noted.	7/17/2023 9:45 AM
304	None: I have found none of the above training barriers to providing telehealth services.	7/16/2023 11:58 AM
305	I have not encountered training barriers	7/15/2023 10:30 PM
306	No significant barriers	7/15/2023 6:57 PM
307	none	7/15/2023 4:25 PM
308	Psychologists continuing to do Telehealth with out of state clients. This comes under lack of training, I guess. Although they know the law of the state board prohibiting this, they continue to do so without consequence.	7/15/2023 3:35 PM

309	None to identify	7/15/2023 10:30 AM
310	None	7/15/2023 7:55 AM
311	None	7/14/2023 10:00 PM
312	None	7/14/2023 8:22 PM
313	I do not know how valuable or necessary "training" in telehealth is.	7/14/2023 4:18 PM
314	?	7/14/2023 2:29 PM
315	None	7/14/2023 12:33 PM
316	Public perception	7/14/2023 11:59 AM
317	None	7/14/2023 10:54 AM
318	None	7/14/2023 8:50 AM
319	All the above	7/13/2023 7:18 PM
320	Lack of good evidence based activities for keeping children and youth engaged in telehealth	7/13/2023 6:55 PM
321	I have been trained. I took the Trust training	7/13/2023 3:18 PM
322	N/A	7/13/2023 2:53 PM
323	Lack of ability to determine appropriateness for each client's situation.	7/13/2023 11:57 AM
324	None	7/13/2023 11:03 AM
325	None	7/13/2023 9:45 AM
326	For me, no real barriers. Prior to becoming a psychologist, I spend over 20 years in the information technology field and have a Bachelor's in Computer Science. So, the tech part comes easy to me and I've been able to figure out the intangible aspects over time.	7/13/2023 8:29 AM
327	Psychologists in practice may have challenges adjusting to telehealth, but training programs seem to be providing training/supervision with telehealth.	7/13/2023 7:31 AM
328	Training (CEU's) should be mandatory.	7/12/2023 6:19 PM
329	None	7/12/2023 4:27 PM
330	Lack of uniform guidance from state to state.	7/12/2023 3:57 PM
331	None	7/12/2023 3:25 PM
332	None	7/12/2023 2:17 PM
333	Most of us were thrust into telehealth during Covid, though I did some prior to that time when a patient was not feeling well enough to drive. I sought training for optimal performance.	7/12/2023 1:43 PM
334	Training needs to be repeated after not having technology to offer Telehealth	7/12/2023 1:04 PM
335	Traditional resistance and suspicion of lack of efficacy. As one who was totally opposed to Telehealth, I have been amazed at its capabilities and benefits. There are limits, such as young children, assessment process and patient resistance or phobias about technology. Training and ample research is available for those of us who initially resisted acceptance.	7/12/2023 12:41 PM
336	I think telehealth increases training opportunities	7/12/2023 11:40 AM
337	Nothing experienced	7/12/2023 11:33 AM
338	None	7/12/2023 10:43 AM
339	None	7/12/2023 10:43 AM
340	All of the above	7/12/2023 10:40 AM
341	All of the above	7/12/2023 10:36 AM
342	none	7/12/2023 10:07 AM

343	None	7/12/2023 8:54 AM
344	none	7/12/2023 7:16 AM
345	Not observed	7/12/2023 7:00 AM
346	none	7/12/2023 6:17 AM
347	None	7/12/2023 4:44 AM
348	It might be beneficial to have a training on working with clients over telehealth. How to handle resistance, assessing body language when you aren't getting the same effect as if you were in person, etc.	7/11/2023 6:41 PM
349	none	7/11/2023 6:16 PM
350	None	7/11/2023 5:54 PM
351	None	7/11/2023 5:30 PM
352	NA	7/11/2023 5:13 PM
353	none	7/11/2023 5:12 PM
354	n/a	7/11/2023 2:57 PM
355	None	7/11/2023 2:38 PM
356	none	7/11/2023 2:24 PM
357	Inability to identify why clients (and many clinicians) prefer to meet in-person and recreate the experience through telehealth	7/11/2023 2:06 PM
358	lack of space to build professional community	7/11/2023 1:57 PM
359	Coping with the extra focus it takes to meet over video	7/11/2023 1:16 PM
360	none	7/11/2023 12:46 PM
361	I Didn't have formal training but have interviewed and assessed using the internet in conjuction with: reviewing pertinent documentation, telphone connections, etc	7/11/2023 12:24 PM
362	Training and supervision are available.	7/11/2023 12:16 PM
363	none	7/11/2023 11:42 AM
364	I enjoy attending training sessions virtually. I don't teach.	7/11/2023 11:14 AM
365	n/a	7/11/2023 11:04 AM
366	I'd say lack of training, but I have taken CE's on it.	7/11/2023 10:53 AM
367	There was no formal training in my graduate program	7/11/2023 10:46 AM
368	N/A	7/11/2023 10:35 AM
369	Training is important (and I found what I needed through a CEU course). Going into telehealth was "inspired" by COVID-19 as I presume it was for many providers. It took some adjustments but turned out to be more effective than I originally expected.	7/11/2023 10:33 AM
370	None	7/11/2023 10:09 AM
371	None	7/11/2023 9:54 AM
372	For me, none exist. Some of my clients find it easier to disclose relevant personal information via telehealth.	7/11/2023 9:39 AM
373	Learned by necessity	7/11/2023 9:31 AM
374	None.	7/11/2023 9:26 AM
375	no training barriers	7/11/2023 9:07 AM
376	None	7/11/2023 8:59 AM

377	lack of training of platform	7/11/2023 8:56 AM
378	Access to favorite Support materials ready to use online	7/11/2023 8:46 AM
379	telehealth is here to stay and formal review and training should be implemented	7/11/2023 8:44 AM
380	N/A I do 3-6 hours of Telehealth training a year	7/11/2023 8:19 AM
381	none	7/11/2023 8:13 AM
382	Lack of training on providing therapy via telehealth. Was trial-and-error in beginning. Includes how to recognize nonverbal behaviors when remote	7/11/2023 7:59 AM
383	None	7/11/2023 7:57 AM
384	Are you referring to training in using telehealth? I don't see that that is needed. I don't know what I don't know, I guess. Not having problems. Referring to doing CPD trainings online? Also, no problem. Appreciate the greater access.	7/11/2023 7:45 AM
385	None	7/11/2023 7:26 AM
386	None	7/11/2023 7:19 AM
387	N/A	7/11/2023 7:17 AM
388	No significant barriers	7/11/2023 7:06 AM
389	unknown	7/11/2023 7:02 AM
390	n/a	7/11/2023 6:33 AM
391	Training is difficult to follow	7/11/2023 6:01 AM
392	It is hard for a supervisor to see everything that is going on via telehealth. A supervisee can easily "hide".	7/11/2023 5:53 AM
393	None	7/11/2023 5:50 AM
394	Bibe	7/11/2023 5:48 AM
395	None	7/11/2023 5:27 AM
396	None	7/11/2023 4:27 AM
397	Training is not necessary for telehealth, it is not that different than seeing patients in person!! It simply makes access more possible for more people.	7/11/2023 12:15 AM
398	None	7/10/2023 11:43 PM
399	None	7/10/2023 11:35 PM
400	Needing to consider unique considerations to telehealth (privacy considerations, ability to control tx environment, safety issues for patient disclosure)	7/10/2023 11:32 PM
401	None	7/10/2023 11:29 PM
402	None	7/10/2023 11:18 PM
403	All of the above	7/10/2023 11:09 PM
404	Lack of research efficacy	7/10/2023 9:45 PM
405	None	7/10/2023 9:37 PM
406	knowing what the rules/laws are that are stated simplistically and readily available. I don't want to have to search for information to clarify whether I can or can't do something.	7/10/2023 9:34 PM
407	None	7/10/2023 9:08 PM
408	none	7/10/2023 8:55 PM
409	None of the above. Training and supervision opportunities abound.	7/10/2023 8:42 PM
410	The norm should be to practice therapy in person as a trainee with ability to do telehealth- not the other way around	7/10/2023 8:37 PM

411	None	7/10/2023 8:23 PM
412	None	7/10/2023 8:13 PM
413	None	7/10/2023 7:46 PM
414	None. I've taken course work	7/10/2023 7:35 PM
415	Rules don't seem to be consistent between insurance and State	7/10/2023 7:35 PM
416	None	7/10/2023 7:34 PM
417	Important to now be included and available.	7/10/2023 7:31 PM
418	None	7/10/2023 7:29 PM
419	None	7/10/2023 7:26 PM
420	None	7/10/2023 7:25 PM
421	No comment.	7/10/2023 7:20 PM
422	N/A	7/10/2023 7:20 PM
423	None	7/10/2023 7:06 PM
424	View of 'psychotherapy' as a 24/7 service changes the nature and depth of work achieved by clinical service that is provided for a 'emotionally corrective experience'.	7/10/2023 6:36 PM
425	none noted	7/10/2023 6:25 PM
426	none	7/10/2023 6:13 PM
427	Telehealth is relatively new to our profession. More could be done to insure that we are provided with the most training possible.	7/10/2023 6:09 PM
428	Not sure.	7/10/2023 5:55 PM
429	None	7/10/2023 5:51 PM
430	None	7/10/2023 5:51 PM
431	None	7/10/2023 5:51 PM
432	none	7/10/2023 5:49 PM
433	I have none	7/10/2023 5:44 PM
434	Plenty of training available	7/10/2023 5:39 PM
435	None	7/10/2023 5:37 PM
436	Nothing special	7/10/2023 5:27 PM
437	none	7/10/2023 5:18 PM
438	None	7/10/2023 5:17 PM
439	This survey appears to miss the most important ethical issues I observe...that FOR PROFIT companies that are run by TECHIES do not understand nor care about the therapists/patients. Witness recently a company that fired 15% of the therapists with no warning, such that there was no consideration for patient care in going through termination and referrals	7/10/2023 5:16 PM
440	Access to emergency services on the spot if patient needs immediate safety intervention	7/10/2023 4:59 PM
441	None	7/10/2023 4:54 PM
442	Need to stay abreast of latest guidelines	7/10/2023 4:41 PM
443	N/A	7/10/2023 4:29 PM
444	It would be great to have more CPA sponsored CEUS for this	7/10/2023 4:25 PM
445	None	7/10/2023 4:25 PM

446	None	7/10/2023 4:23 PM
447	Noting really . Easy to do Downton need much explanation other than for testing	7/10/2023 4:23 PM
448	NA	7/10/2023 4:09 PM
449	none	7/10/2023 3:57 PM
450	All of the above	7/10/2023 3:47 PM
451	I took a few courses as soon as they were available during COVID	7/10/2023 3:42 PM
452	retired now so cannot call myself a psychologist	7/10/2023 3:39 PM
453	None	7/10/2023 3:30 PM
454	It was a steep learning curve in March 2020 when suddenly my entire practice shifted online, but it now feels more clear	7/10/2023 3:24 PM
455	None	7/10/2023 3:21 PM
456	None	7/10/2023 3:19 PM
457	None	7/10/2023 3:15 PM
458	None	7/10/2023 3:11 PM
459	Besides the inappropriateness of certain clients for telehealth, I see fee barriers a psychologist cannot hurdle.	7/10/2023 2:59 PM
460	Singular interstate training module.	7/10/2023 2:59 PM
461	none	7/10/2023 2:58 PM
462	No barriers	7/10/2023 2:57 PM
463	none	7/10/2023 2:49 PM
464	No issues	7/10/2023 2:48 PM
465	None	7/10/2023 2:37 PM
466	I feel I have received training from APAT in approximately 10-15 hours of training by their professional staff of psychologists and attorney, in addition to numerous APA approved CEU training workshops on the professional use of telehealth.	7/10/2023 2:35 PM
467	None	7/10/2023 2:29 PM
468	There are none.	7/10/2023 2:24 PM
469	No barriers, there are plenty of training opportunities.	7/10/2023 2:22 PM
470	I do not think any of these are barriers for me.	7/10/2023 2:11 PM
471	None	7/10/2023 2:10 PM
472	None.	7/10/2023 2:07 PM
473	none	7/10/2023 2:06 PM
474	I’ve noticed none yet I try to do in office at least first time -I use same skills I office as on phone I am an interactive therapist so have so far encountered no issues	7/10/2023 2:06 PM
475	n/a	7/10/2023 2:05 PM
476	None	7/10/2023 2:01 PM
477	I believe the quality of care is diminished, particularly when dealing with clients whom one has not known from previous in person meetings	7/10/2023 2:01 PM
478	None	7/10/2023 1:48 PM
479	None	7/10/2023 1:47 PM
480	None, I feel well-prepared for telehealth as technology is very much integrated into my daily	7/10/2023 1:35 PM

	personal life.	
481	None, as much training is available online.	7/10/2023 1:33 PM
482	none	7/10/2023 1:29 PM
483	can't think of any. not sure why you need too much training in telehealth. It's pretty simple. Perhaps some, like making sure you always ask the pt's physical location at start of appt, and make sure you have their address, in case they have a heart attack, or you need to initiate a 5150, wellness check, etc.	7/10/2023 1:27 PM
484	None	7/10/2023 1:26 PM
485	none	7/10/2023 1:24 PM
486	Training for answers one and two are plentiful. Not sure what supervision opportunities would be a training barrier for telehealth.	7/10/2023 1:24 PM
487	None	7/10/2023 1:18 PM
488	Marketing to potential patients and elderly pts. Being comfy with computers	7/10/2023 1:16 PM
489	One adjustment has been to check with each patient upon calling them on the phone if this is a good time for a session or not. Sometimes they are shopping, at the bank, driving, or in some other way not prepared to work on confidential issues.	7/10/2023 1:10 PM
490	none	7/10/2023 1:07 PM
491	None	7/10/2023 1:02 PM
492	The supervisors are on the same learning curve	7/10/2023 1:02 PM
493	Some older clients have difficulty using technology	7/10/2023 1:00 PM
494	Unclear regulations prior to the pandemic. Prior to the pandemic, telehealth was not a modality reimbursed by insurance, clear training to update the rules/regulations surrounding telehealth would be helpful.	7/10/2023 12:58 PM
495	none	7/10/2023 12:57 PM
496	None	7/10/2023 12:55 PM
497	I live outside of CA and am a participating psychologist of PSYPACT and am required to have a min. of 3 CEs per renewal cycle specifically in telehealth. CA needs to join PSYPACT for many reasons and I'm so very hopeful this can be revisited by the board!	7/10/2023 12:48 PM
498	None	7/10/2023 12:47 PM
499	None	7/10/2023 12:43 PM
500	None	7/10/2023 12:43 PM
501	None	7/10/2023 12:43 PM
502	None for me. I was trained by the people I work for.	7/10/2023 12:41 PM
503	none	7/10/2023 12:40 PM
504	My comment is that although I do some sessions in person every week (for clients in a facility), I find that telehealth sessions I do weekly (for other clients who live at home) are somehow just as effective and beneficial as the in-person sessions. I think that telehealth is a large part of the future of Psychology and helpful in getting psychological support to more people who very much need psychological services.	7/10/2023 12:39 PM
505	none	7/10/2023 12:38 PM
506	at one point, ideas about proper use if telehealth were evolving less so now	7/10/2023 12:37 PM
507	None	7/10/2023 12:34 PM
508	None	7/10/2023 12:31 PM
509	Very little training of parents for the purposes of my service. I just recommend that parents use	7/10/2023 12:29 PM

	the link to the meeting about 10 minutes early in order to download my platform for the first meeting. I only use online resources for an initial parent meeting and follow-up feedback meeting.	
510	N/A to me so I don't know	7/10/2023 12:28 PM
511	None	7/10/2023 12:26 PM
512	None	7/10/2023 12:26 PM
513	none	7/10/2023 12:26 PM
514	none	7/10/2023 12:15 PM
515	None	7/10/2023 12:14 PM
516	none	7/10/2023 12:11 PM
517	None	7/10/2023 12:09 PM
518	I don't see training as an issue - Many CEU courses available.	7/10/2023 12:09 PM
519	none. there are some good courses out there.	7/10/2023 12:06 PM
520	Telehelth is an expedient, not a true health form.	7/10/2023 12:05 PM
521	None	7/10/2023 12:03 PM
522	I’m comfortable with my HIPPA compliant platform and the ability to reach clients in varied circumstances.	7/10/2023 12:03 PM
523	none	7/10/2023 12:01 PM
524	None	7/10/2023 12:00 PM
525	knowing regulation changes as they pertain to telehealth	7/10/2023 12:00 PM
526	Lack of formal training regarding ethical concerns	7/10/2023 11:59 AM
527	I’m working with children you have to make sure you touch base with parents. Since you don’t usually have interaction you need to make a point in scheduling	7/10/2023 11:59 AM
528	I am not sure about this question	7/10/2023 11:58 AM
529	None for my practice.	7/10/2023 11:57 AM
530	none	7/10/2023 11:55 AM
531	None	7/10/2023 11:54 AM
532	I personally do not have any issues. This is self explanatory	7/10/2023 11:51 AM
533	None	7/10/2023 11:48 AM
534	None for me	7/10/2023 11:45 AM
535	I haven’t encountered training barriers.	7/10/2023 11:42 AM
536	N/A	7/10/2023 11:39 AM
537	None	7/10/2023 11:37 AM
538	CEOs and other company managers need to be less biased about age and appearance.	7/10/2023 11:37 AM
539	I have taken 4 telehealth training seminars-one each year since the pandemic. Important.	7/10/2023 11:37 AM
540	None	7/10/2023 11:36 AM
541	none	7/10/2023 11:36 AM
542	Training interns is difficult and supervision more difficult	7/10/2023 11:34 AM
543	Don't understand the question	7/10/2023 11:34 AM
544	None	7/10/2023 11:32 AM

545	none	7/10/2023 11:32 AM
546	Not that I can think of	7/10/2023 11:31 AM
547	Lack of interpersonal connection with in-person clients	7/10/2023 11:28 AM
548	none	7/10/2023 11:27 AM
549	None	7/10/2023 11:27 AM
550	No issues	7/10/2023 11:26 AM
551	none	7/10/2023 11:25 AM
552	took awhile to be brought up to speed	7/10/2023 11:25 AM
553	none	7/10/2023 11:23 AM
554	None, love telelhealth!	7/10/2023 11:22 AM
555	during the quarantine there was a rush for us as a field to learn and provide telehealth where as many of us didn't go through this training during graduate study so we had to learn on the go so to speak	7/10/2023 11:22 AM
556	I have not encountered much barriers, I was able to access more trainings and train with experts from all over the country.	7/10/2023 11:22 AM
557	N/A	7/10/2023 11:20 AM
558	N/A, I believe there are plenty of courses on telehealth available.	7/10/2023 11:18 AM
559	We need to be able to get CEUs specific to tech problems and how such interferes with sessions, rapport, etc.	7/10/2023 11:17 AM
560	I feel well trained to provide tele-health psychology services and have immediate IT support (but hardly need to use it).	7/10/2023 11:17 AM
561	Again I myself do not view the above to be a problem as there are many training programs available if one chooses to explore them and supervision is also not an issue if one chooses to reach out and find those that are offering supervision. Plus the platforms I am using to obtain also have opportunities for providers to discuss their cases.	7/10/2023 11:17 AM
562	None	7/10/2023 11:14 AM
563	As long as a person can operate a computer program, there are no significant barriers. Only those without any skills would need some training.	7/10/2023 11:13 AM
564	None	7/10/2023 11:12 AM
565	N/A	7/10/2023 11:12 AM
566	All of the above.	7/10/2023 11:12 AM
567	lack of recognition that psychologists can provide ethical and effective telehealth service without unnecessary added requirements for training, especially when such training is often merely a turf grab	7/10/2023 11:12 AM
568	No barriers to training etc	7/10/2023 11:09 AM
569	None	7/10/2023 11:08 AM
570	None	7/10/2023 11:08 AM
571	none	7/10/2023 11:08 AM
572	N/A for me	7/10/2023 11:08 AM
573	None. Providers have adapted to using telehealth effectively	7/10/2023 11:07 AM
574	Na	7/10/2023 11:06 AM
575	I don't experience barriers.	7/10/2023 11:06 AM
576	none	7/10/2023 11:03 AM

577	none	7/10/2023 11:02 AM
578	None	7/10/2023 11:01 AM
579	None	7/10/2023 10:59 AM
580	none	7/10/2023 10:58 AM
581	none	7/10/2023 10:58 AM
582	None	7/10/2023 10:58 AM
583	None	7/10/2023 10:58 AM
584	I've not experienced any of the above	7/10/2023 10:58 AM
585	For me, telehealth has been working well for most clients. However, we are unable to see young clients due to telehealth.	7/10/2023 10:57 AM
586	None	7/10/2023 10:56 AM
587	None	7/10/2023 10:56 AM
588	none	7/10/2023 10:55 AM
589	none	7/10/2023 10:55 AM
590	No non verbal communication	7/10/2023 10:53 AM
591	None. There are lots of webinars out there to help. And it's pretty easy to transition to telehealth.	7/10/2023 10:52 AM
592	NONE	7/10/2023 10:52 AM
593	None	7/10/2023 10:52 AM
594	None	7/10/2023 10:51 AM
595	No group support when doing TH in private practice	7/10/2023 10:51 AM
596	none	7/10/2023 10:50 AM
597	none	7/10/2023 10:50 AM
598	None	7/10/2023 10:49 AM
599	For many that are not technologically savvy, it decreases efficacy and effectiveness. The rapport building is often harder for those not used to the visual medium. Being aware of your body language on screen is important.	7/10/2023 10:49 AM
600	None	7/10/2023 10:48 AM
601	None	7/10/2023 10:48 AM
602	None	7/10/2023 10:46 AM
603	None	7/10/2023 10:45 AM
604	None	7/10/2023 10:44 AM
605	None	7/10/2023 10:44 AM
606	None	7/10/2023 10:44 AM
607	none	7/10/2023 10:43 AM
608	COVID19 began explosion in telehealth. before that, telehealth was frowned upon so there was not much training or focus on it. now that it has, hopefully, become a more respectable, viable option, there needs to be more training, particularly around ethics and technology, including using the telephone, not just video platforms.	7/10/2023 10:42 AM
609	None	7/10/2023 10:39 AM
610	Not found difficulty.	7/10/2023 10:39 AM

611	None. Online training availabile	7/10/2023 10:38 AM
612	I am not sure to what degree it can be used with pt's that are seriously isolated	7/10/2023 10:38 AM
613	Lack of training specifically in telehealth.	7/10/2023 10:37 AM
614	none - i was formally trained in telehealth services	7/10/2023 10:36 AM
615	The benefits of face-to -ace supervision are lost if some of supervision is not in-person	7/10/2023 10:36 AM
616	Pt may not have internet or availability	7/10/2023 10:35 AM
617	None	7/10/2023 10:35 AM
618	none	7/10/2023 10:34 AM
619	Have to seek out classes/ training opportunities	7/10/2023 10:33 AM
620	None	7/10/2023 10:32 AM
621	None	7/10/2023 10:32 AM
622	N/A	7/10/2023 10:31 AM
623	None	7/10/2023 10:30 AM
624	None	7/10/2023 10:29 AM
625	None	7/10/2023 10:28 AM
626	None	7/10/2023 10:28 AM
627	None	7/10/2023 10:28 AM
628	Don’t know	7/10/2023 10:28 AM
629	None	7/10/2023 10:28 AM
630	NA	7/10/2023 10:28 AM
631	None	7/10/2023 10:25 AM
632	none	7/10/2023 10:25 AM
633	none	7/10/2023 10:23 AM
634	I don't understand the question.	7/10/2023 10:23 AM
635	N/A	7/10/2023 10:22 AM
636	I don’t see any problems it’s harder with some patients	7/10/2023 10:22 AM
637	unsure as I have found numerous trainings on telehealth and how to effectively use telehealth for clients.	7/10/2023 10:21 AM
638	Honestly, telehealth is very similar to in-person practice at this point. The technology is ubiquitous and everyone knows how to use teleconferencing software post-COVID. The only issue facing California clinicians is being cut out of Psypact.	7/10/2023 10:21 AM
639	Na	7/10/2023 10:21 AM
640	None	7/10/2023 10:20 AM
641	Lack of hiring opportunities for associates based on supervision providers and discrimination	7/10/2023 10:20 AM
642	Lack of reliable information about suitability different technology hardware and software products from both a functional and legal/regulatory perspective. Word of mouth and cursory blog/listserv discussions are not always reliable/helpful.	7/10/2023 10:20 AM
643	None	7/10/2023 10:19 AM
644	none	7/10/2023 10:18 AM
645	N/A	7/10/2023 10:17 AM

646	N/A	7/10/2023 10:17 AM
647	There is a HUGE risk to training someone new to provide Telehealth when they have no experience treating patients in the office. There is a BIUG difference and trainees should have a minimum of 5 years experience in the office before providing Telehealth	7/10/2023 10:16 AM
648	none	7/10/2023 10:15 AM
649	None	7/10/2023 10:15 AM
650	none	7/10/2023 10:15 AM
651	In 2023, most folks will have the digital frameworks to access an appointment link via email. "Training" whether for providers or patients is just another capitalist opportunity for the cottage industry to exploit the Telehealth revolution. No one needs to be Savvy to use Telehealth, and the cognitive mapping of PHI is straightforward. There were obvious exploitative "Telehealth Certifications" that emerged with the pandemic.	7/10/2023 10:15 AM
652	N/A	7/10/2023 10:12 AM
653	none	7/10/2023 10:12 AM
654	None	7/10/2023 10:11 AM
655	I don't know enough to comment....	7/10/2023 10:11 AM
656	None	7/10/2023 10:10 AM
657	None	7/10/2023 10:10 AM
658	Lack of practical procedures resources for adapting to requirements for telehealth, for example standardized forms that can be used.	7/10/2023 10:10 AM
659	Unfamiliarity with technology accompanied by lack of technical support	7/10/2023 10:09 AM
660	none	7/10/2023 10:08 AM
661	N/A	7/10/2023 10:08 AM
662	None	7/10/2023 10:07 AM
663	None	7/10/2023 10:07 AM
664	access to	7/10/2023 10:06 AM
665	None in my field	7/10/2023 10:06 AM
666	I am very highly trained in telehealth via the VA, but I imagine this is the biggest obstacle for others.	7/10/2023 10:06 AM
667	NA	7/10/2023 10:05 AM
668	None	7/10/2023 10:05 AM
669	None	7/10/2023 10:05 AM
670	none	7/10/2023 10:03 AM
671	None	7/10/2023 10:03 AM
672	none	7/10/2023 10:01 AM
673	None, I think training opportunities are available to clinicians who look for them	7/10/2023 10:01 AM
674	Nonr	7/10/2023 10:00 AM
675	None	7/10/2023 10:00 AM
676	Different proceedure code modifiers for different insurers, no universal standard	7/10/2023 10:00 AM
677	None	7/10/2023 9:58 AM
678	None	7/10/2023 9:58 AM
679	None	7/10/2023 9:57 AM

680	N/A	7/10/2023 9:57 AM
681	N/A	7/10/2023 9:57 AM
682	Jail-prison personnel understanding need for privacy when using it	7/10/2023 9:57 AM
683	N/A	7/10/2023 9:57 AM
684	None	7/10/2023 9:57 AM
685	None	7/10/2023 9:56 AM
686	N/A telehealth widens the amount of training and supervision possible b/c can get training and supervision across the state.	7/10/2023 9:56 AM
687	I have been studying use of the telephone and video since writing my dissertation	7/10/2023 9:56 AM
688	None since training was provided by the private practice company.	7/10/2023 9:56 AM
689	None	7/10/2023 9:56 AM
690	None	7/10/2023 9:55 AM
691	none	7/10/2023 9:55 AM
692	lots of training out there	7/10/2023 9:55 AM
693	none	7/10/2023 9:54 AM
694	none	7/10/2023 9:54 AM
695	Not sure	7/10/2023 9:54 AM
696	None	7/10/2023 9:54 AM
697	None	7/10/2023 9:53 AM
698	I see no barriers.	7/10/2023 9:53 AM
699	none	7/10/2023 9:53 AM
700	None	7/10/2023 9:52 AM
701	None	7/10/2023 9:51 AM
702	none	7/10/2023 9:51 AM
703	none	7/10/2023 9:51 AM
704	I don't find any training barriers to telehealth - but my predoctoral internship was 100% virtual due to the pandemic so I received extensive training in it.	7/10/2023 9:51 AM
705	None-I took a couple courses in telehealth	7/10/2023 9:51 AM
706	all of the above	7/10/2023 9:50 AM
707	None, its better. Easy to record Zoom sessions for supervision purposes, for example.	7/10/2023 9:50 AM
708	Na	7/10/2023 9:50 AM
709	None	7/10/2023 9:49 AM
710	none	7/10/2023 9:49 AM
711	None - all can be found if you want to gain knowledge and experience but it can be costly getting that knowledge	7/10/2023 8:54 AM
712	none	7/10/2023 7:35 AM
713	While telehealth isn't new, even starting in the pandemic, it became widespread, and thus there was no existing training on telehealth. As we have become accustomed to it, however, training has been made available as needed.	7/9/2023 9:13 PM
714	I have found and completed many trainings on telehealth, so I do not see this as a barrier	7/9/2023 8:26 AM

715	none	7/8/2023 3:38 PM
716	Having to learn patient mannerisms, cues via video.	7/7/2023 4:39 PM
717	NO	7/6/2023 8:08 PM
718	None, I pursued telehealth certification through the APA Trust Insurance department and feel very competent to use telehealth.	7/6/2023 4:18 PM
719	I feel like I have been able to find training post-licensure, but in this day and age, it would be helpful to incorporate preparation for telehealth into coursework and training of psychologists pre-licensure!	7/6/2023 11:19 AM
720	I have not experienced any barriers	7/6/2023 10:55 AM
721	None	7/5/2023 8:23 PM
722	N/A	7/5/2023 4:45 PM
723	I don't know what is meant by "Lack of formal study in advanced program." I currently supervise predoctoral interns, both in-person and via telehealth, without a problem.	7/5/2023 2:25 PM
724	none	7/5/2023 1:39 PM
725	Lack of understanding at a management/admin level of how to run and support a telehealth practice. That and generally being opposed to it for personal reasons (seriously, look into the recent scandalous medical director at NSH who's still involved at a high admin level - there's multiple levels of shady going on in between all the nepotism that higher ups keep sweeping under the rug).	7/5/2023 10:53 AM
726	No significant barriers.	7/5/2023 10:04 AM
727	None	7/4/2023 6:11 PM
728	none	7/4/2023 11:35 AM
729	I have not found any barriers. I took a course for certified telehealth provider on PESI	7/4/2023 6:39 AM
730	Increased training in Telehealth provided to children.	7/3/2023 7:44 PM
731	Not really a barrier, but with COVID precautions, we all had to "learn on the job."	7/3/2023 6:36 PM
732	n/a	7/3/2023 1:00 PM
733	none	7/3/2023 11:31 AM
734	None	7/3/2023 10:18 AM
735	None	7/3/2023 7:59 AM
736	Lack of studies regarding the results of telehealth	7/2/2023 5:24 PM
737	None in my practice	7/2/2023 4:58 PM
738	None	7/2/2023 3:53 PM
739	none	7/2/2023 1:28 PM
740	NA	7/2/2023 11:57 AM
741	APA and CPA have done an excellent job of training us.	7/2/2023 10:49 AM
742	na	7/2/2023 10:25 AM
743	None	7/2/2023 10:23 AM
744	Lack of in person training opportunities - some recent trainees have mostly trained with telehealth	7/2/2023 10:21 AM
745	For training doctoral students, sometimes their home university objects to telehealth supervision	7/1/2023 8:58 PM
746	None	7/1/2023 8:10 PM

747	I found all of these	7/1/2023 7:01 PM
748	none	7/1/2023 6:15 PM
749	I don't work with trainees.	6/30/2023 10:37 PM
750	None	6/30/2023 5:22 PM
751	I attended a telehealth continuing education seminar and found it to be quite helpful, I then consulted with peers regarding logistics.	6/30/2023 5:22 PM
752	none	6/30/2023 2:22 PM
753	None.	6/30/2023 1:05 PM
754	all of the above	6/30/2023 12:48 PM
755	None of the above apply.	6/30/2023 12:29 PM
756	Initially, there wasn't enough training but it is so much part of my practice now that it doesn't feel that different.	6/30/2023 11:21 AM
757	None	6/30/2023 10:11 AM
758	None that I can think of	6/30/2023 9:45 AM
759	none	6/30/2023 9:17 AM
760	NA	6/30/2023 5:50 AM
761	I have not had any.	6/29/2023 8:29 PM
762	none	6/29/2023 7:10 PM
763	None	6/29/2023 7:04 PM
764	n/a although ongoing training would be welcome	6/29/2023 5:47 PM
765	none	6/29/2023 5:01 PM
766	None that I have encountered	6/29/2023 4:09 PM
767	the training that is available is not updated	6/29/2023 2:05 PM
768	none	6/29/2023 12:19 PM
769	None. If a practioner is proactive and pursues specific education relevant to telehealth that includes staying up to date on relevant information there really are no barriers. I believe supervision needs to happen in person.	6/29/2023 12:13 PM
770	None	6/29/2023 11:33 AM
771	None, I've taken advanced TeleHealth courses (continuing eduction)	6/29/2023 10:42 AM
772	none for me	6/29/2023 10:36 AM
773	None	6/29/2023 10:09 AM
774	NONE	6/29/2023 9:52 AM
775	Lack of access to unscheduled feedback and advice	6/29/2023 9:06 AM
776	none	6/29/2023 7:54 AM
777	It is fairly easy to learn how to use most of the teletherapy services, but Zoom is the easiest and most clients are familiar with Zoom. I need to take the time to do more advanced training with Zoom.	6/29/2023 1:40 AM
778	Lack of training and assessment measures were not designed for or normed for Telehealth.	6/29/2023 1:21 AM
779	NA	6/28/2023 10:42 PM
780	I do not think special training is needed, just basic guidance.	6/28/2023 10:39 PM
781	For me, none of the above	6/28/2023 10:13 PM

782	Since COVID, I'm not sure if they are training barriers or lack of supervision opportunities.	6/28/2023 8:59 PM
783	None.	6/28/2023 8:22 PM
784	None	6/28/2023 6:23 PM
785	Programs need to ensure that learners receive adequate hours understanding ethics and other aspects of telehealth delivery.	6/28/2023 6:20 PM
786	None	6/28/2023 5:22 PM
787	none, telehealth is pretty easy to use as clinician	6/28/2023 4:51 PM
788	none	6/28/2023 4:45 PM
789	Need more experts in the field to offer training	6/28/2023 4:40 PM
790	None	6/28/2023 4:30 PM
791	N/A	6/28/2023 4:13 PM
792	all of the above: Lack of formal study in doctoral programs; lack of training; lack of supervision opportunities for trainees. In addition, inappropriate burdens on doctoral students in terms of time commuting, expenses involved with commuting, assumptions by supervisors that students have cars, lack of consideration about exorbitant costs of parking in San Francisco, ableism, etc.	6/28/2023 4:05 PM
793	I ah e not found any. Most new hire applicants are very familiar with providing telehealth MH tx.	6/28/2023 3:56 PM
794	None	6/28/2023 3:27 PM
795	I would say no barriers because webinars are available on the topic	6/28/2023 2:01 PM
796	N/A	6/28/2023 1:57 PM
797	None	6/28/2023 1:52 PM
798	None	6/28/2023 1:23 PM
799	n/a	6/28/2023 1:15 PM
800	I am not that technologically savvy so if there are technical issues that arise, I may be limited to the extent that I can resolve them.	6/28/2023 11:53 AM
801	no major barriers	6/28/2023 11:42 AM
802	none	6/28/2023 11:15 AM
803	dk, not involved in training	6/28/2023 11:03 AM
804	None.	6/28/2023 10:51 AM
805	Frequently changing standards/ regulations for supervision via remote platforms	6/28/2023 10:35 AM
806	None	6/28/2023 9:56 AM
807	Of course training is needed with every new thing. Let each new telehealth modality come with a video. It doesn’t need a new “requirement” for training.	6/28/2023 9:45 AM
808	none	6/28/2023 9:34 AM
809	None for me as I train others in this.	6/28/2023 8:55 AM
810	Possibly safety	6/28/2023 7:49 AM
811	None	6/28/2023 6:15 AM
812	N/A	6/27/2023 10:56 PM
813	Computer related; setting expectations about need to shift to audio	6/27/2023 9:25 PM
814	Everyone in our clinic knows how to use telehealth. None of these barriers exist for our clinicians.	6/27/2023 9:10 PM

815	NA	6/27/2023 8:55 PM
816	Some older students struggle with the technological aspects of providing Telehealth.	6/27/2023 8:47 PM
817	I am unfamiliar with training barriers for use of psychotherapy.	6/27/2023 8:44 PM
818	n/a	6/27/2023 8:24 PM
819	None	6/27/2023 8:19 PM
820	Programs that disallow Telehealth. It increases equity when supervision IS allowed	6/27/2023 8:14 PM
821	I haven't had any barriers. Zoom is handy for answering questions. There have been some good webinars on what's needed, especially in the beginning of Covid.	6/27/2023 7:58 PM
822	there are many ways to get trained on how to use telehealth and innovations are happening all the time	6/27/2023 6:06 PM
823	More research and training will be needed over time to help therapists understand the benefits and challenges of providing treatment via telehealth	6/27/2023 5:34 PM
824	I took training courses.	6/27/2023 5:33 PM
825	Not providing CE credit for existing telehealth trainings; cost of telehealth trainings	6/27/2023 5:30 PM
826	none	6/27/2023 5:16 PM
827	supervision needs to be conducted through telehealth	6/27/2023 4:51 PM
828	None	6/27/2023 4:49 PM
829	None, it was a smooth transition for me during covid.	6/27/2023 4:35 PM
830	difficult to differentiate uniqueness of therapeutic connection from other interpersonal interactions and to train to provide it, when it occurs remotely and with more possible interferences	6/27/2023 4:19 PM
831	none for me	6/27/2023 4:08 PM
832	N/a	6/27/2023 4:05 PM
833	None, personally	6/27/2023 4:01 PM
834	None	6/27/2023 3:29 PM
835	None	6/27/2023 3:21 PM
836	N/A	6/27/2023 3:12 PM
837	none	6/27/2023 3:06 PM
838	few, if any	6/27/2023 2:42 PM
839	n/a	6/27/2023 2:41 PM
840	Few barriers	6/27/2023 2:38 PM
841	none	6/27/2023 2:18 PM
842	N/A	6/27/2023 2:07 PM
843	Na	6/27/2023 1:51 PM
844	Non	6/27/2023 1:42 PM
845	Therapists may require training on the specific guidelines, ethical considerations, and legal requirements related to conducting therapy through telehealth.	6/27/2023 1:36 PM
846	lack of technology to allow remote assistance with equipment	6/27/2023 1:28 PM
847	I don't know any. Have gotten training as needed easy enough.	6/27/2023 1:15 PM
848	None that I'm aware of…but I'm a late career psychologist.	6/27/2023 1:11 PM
849	none	6/27/2023 1:05 PM

850	n/a	6/27/2023 12:53 PM
851	na	6/27/2023 12:52 PM
852	none	6/27/2023 12:50 PM
853	Provider has to make sure they learn about issues in providing Telehealth.	6/27/2023 12:48 PM
854	The question asks about barriers. I would agree that it would be good to have all three of the above, but they are not barriers, per se.	6/27/2023 12:46 PM
855	N/A	6/27/2023 12:39 PM
856	I have a son-in-law who manages IT for a large foundation and he is generally available for my issues c.2-5 hours quarterly. I also recently subscribed to the Geek Squad and that has been very helpful. Also I have a bookkeeper who is comfortable on the computer and she is able to do all billing and processing of money for taxes etc.	6/27/2023 12:38 PM
857	none	6/27/2023 12:35 PM
858	None - I supervise a certified psychometrist who does standardized testing. If pts come into office and have not been vaccinated they're seen in a telehealth office in my suite with good cameras, sound bars, microphones, and two monitors so I can see the patient and can see what the patient sees, e.g., that stimuli are clear and straight.	6/27/2023 12:33 PM
859	none	6/27/2023 12:30 PM
860	Taking the time to do it. Training barriers for my clients. They can all do FaceTime.	6/27/2023 12:20 PM
861	some older population requires assistance in set up	6/27/2023 12:16 PM
862	None	6/27/2023 12:13 PM
863	None that I am aware of I have been doing this since before Covid	6/27/2023 12:09 PM
864	None	6/27/2023 12:00 PM
865	0	6/27/2023 11:59 AM
866	None	6/27/2023 11:50 AM
867	I am not immersed enough in any training contexts to comment on this question.	6/27/2023 11:33 AM
868	na	6/27/2023 11:29 AM
869	none	6/27/2023 11:25 AM
870	I see no training barriers to telehealth. If you are a licensed psychologist you have the training to provide psychological therapy in any medium.	6/27/2023 11:22 AM
871	Not sure	6/27/2023 11:15 AM
872	Na	6/27/2023 11:07 AM
873	none so far	6/27/2023 11:05 AM
874	I have not used it so I do not know	6/27/2023 11:05 AM
875	NONE	6/27/2023 11:02 AM
876	none	6/27/2023 10:59 AM
877	None	6/27/2023 10:57 AM
878	none identified	6/27/2023 10:44 AM
879	I am a seasoned psychologist and know what type of client can handle telehealth. I do refer more severe cases to an in office therapist. Most patients are really liking it. I have changed my practice to be more creative-walking with patients-especially teens, meeting at a coffee shop, park, where I inform patients that although we are far away from others that their session might not be totally confidential. They all are agreeing to the idea and meeting like that every once in awhile. Most like the idea of meeting in person and also the flexibility of also totally using telehealth.	6/27/2023 10:44 AM

880	None	6/27/2023 10:37 AM
881	none	6/27/2023 10:29 AM
882	None	6/27/2023 10:29 AM
883	N/A	6/27/2023 10:16 AM
884	not sure any specific training is required, I conduct the same therapy whether on zoom or in person	6/27/2023 10:10 AM
885	None	6/27/2023 10:07 AM
886	none	6/27/2023 10:01 AM
887	none	6/27/2023 9:45 AM
888	I am unaware of training limitations in the larger sense	6/27/2023 9:39 AM
889	None	6/27/2023 9:37 AM
890	None. Very effective.	6/27/2023 9:37 AM
891	none	6/27/2023 9:32 AM
892	None. We have adapted well and it a trainable form of therapy	6/27/2023 9:28 AM
893	None	6/27/2023 8:57 AM
894	There are plenty of options for training in telehealth for therapists.	6/27/2023 8:56 AM
895	when we all used to report to the office, a big call center, we could listen to our collegues while they were on their calls. it was really good to her how others explained things differently or ways to reframe certain topics. it was great way to learn!	6/27/2023 8:52 AM
896	none for me	6/27/2023 8:47 AM
897	None	6/27/2023 8:44 AM
898	I was part of the team that set up telehealth for the Army between the field and the base. All providers needs is short video training of the basics (use a phone as backup, keep printed list of clients contact info and know how to call their local police dept if needed, tell tell them you wont do therapy while they are driving or with a friend in the car etc). Once you use video format it's no different than working in an office. Do you need training in what to do if the electricity is down and there is no AC in your in brick and mortar office and it's 110 degrees out? What if there is a storm and clients cant get into the office, Clients have mobility issues and cant get to your office? I think you get my point.	6/27/2023 8:44 AM
899	I am a member of Stanford Psychiatry Immersion Technology Consortium. Attendees range for Zoom to in person. Guessing 40% are using virtual technology without training or supervision.	6/27/2023 8:38 AM
900	None	6/27/2023 8:24 AM
901	clarity about the law governing interstate practice	6/27/2023 8:18 AM
902	None	6/27/2023 8:04 AM
903	In-person requirements for 1:1 supervision.	6/27/2023 8:04 AM
904	No barriers as it was easy to get training over the tele training	6/27/2023 7:53 AM
905	NA	6/27/2023 7:42 AM
906	None for me	6/27/2023 7:34 AM
907	Don’t know	6/27/2023 7:31 AM
908	none	6/27/2023 7:24 AM
909	Lack of training and research on psychological testing via remote means.	6/27/2023 7:04 AM
910	None	6/27/2023 6:58 AM
911	N/a. There are great on demand trainings to take about this	6/27/2023 6:51 AM

912	this hasn't been a problem	6/27/2023 6:49 AM
913	None	6/27/2023 6:45 AM
914	None	6/27/2023 6:35 AM
915	None, I have obtained advanced training and feel very skilled in this service	6/27/2023 6:29 AM
916	none	6/27/2023 6:14 AM
917	Difficulty getting advanced complex therapy technique/approach	6/27/2023 5:54 AM
918	None experienced	6/27/2023 5:43 AM
919	I'm not sure I understand the question. I lacked training at the start of the Pandemic. But the skills can be learned. I presume telehealth skills are being taught in graduate schools now.	6/27/2023 5:42 AM
920	None	6/27/2023 5:21 AM
921	Have not experienced this.	6/27/2023 5:21 AM
922	Q	6/27/2023 5:10 AM
923	Difficult to get on the spot technical assistance when needed.	6/27/2023 5:01 AM
924	At this point should be a part of any grad training program, if not already	6/27/2023 4:40 AM
925	N/a	6/27/2023 1:41 AM
926	None	6/27/2023 1:14 AM
927	all of the above	6/27/2023 1:13 AM
928	None at this point. Our profession had to pivot quickly and we did. It seems to me that boards and the organizations that represent us are looking for ways to create barriers that do not exist, e.g., require training now that we are more than three years into this. Somehow, we have managed just fine without "make work" training requirements. There is absolutely no need to be implementing extra training now that we are all comfortable with telehealth.	6/27/2023 1:01 AM
929	None	6/27/2023 12:33 AM
930	none. I had the training	6/26/2023 11:34 PM
931	Difficult if using in person and Zoom	6/26/2023 11:27 PM
932	none	6/26/2023 11:16 PM
933	none	6/26/2023 11:11 PM
934	All of the above. It is really important to have training to provide assessment via telehealth, for example.	6/26/2023 11:08 PM
935	more continuing ed courses addressing telehealth would be helpful.	6/26/2023 11:00 PM
936	None	6/26/2023 10:59 PM
937	N/a	6/26/2023 10:54 PM
938	None	6/26/2023 10:50 PM
939	Very few. Most students are trained in some form of telehealth now.	6/26/2023 10:45 PM
940	N/A	6/26/2023 10:42 PM
941	none	6/26/2023 10:40 PM
942	None	6/26/2023 10:35 PM
943	at present there are various and competing views of Telehealth.	6/26/2023 10:28 PM
944	Have not experienced anything significant	6/26/2023 10:18 PM
945	Lack of focus on engagement of consumers on Telehealth only services	6/26/2023 10:09 PM
946	Telehealth training is easily provided via online training	6/26/2023 10:06 PM

947	None, as I have completed two CE courses in telehealth therapy.	6/26/2023 10:05 PM
948	None	6/26/2023 10:01 PM
949	none	6/26/2023 9:54 PM
950	None. Many of my continuing education trainings are all online, and they discuss working with clients online, too.	6/26/2023 9:52 PM
951	None	6/26/2023 9:51 PM
952	none	6/26/2023 9:51 PM
953	NA	6/26/2023 9:50 PM
954	None	6/26/2023 9:47 PM
955	Unsure	6/26/2023 9:41 PM
956	None	6/26/2023 9:40 PM
957	N/A	6/26/2023 9:39 PM
958	n/a	6/26/2023 9:38 PM
959	Telemedicine training falls short of the quality of in person training for the same reasons teletherapy is lesser than in person therapy	6/26/2023 9:37 PM
960	none	6/26/2023 9:19 PM
961	N/A	6/26/2023 9:16 PM
962	I have not experienced training barriers. The VA and professional organizations have provided sufficient education, training and support.	6/26/2023 9:14 PM
963	None	6/26/2023 9:10 PM
964	I've found various sources of good training since 2020 so, despite the fact that the pandemic brought me "kicking and screaming" (metaphorically, of course) into using telehealth, I've found few barriers once I overcame my professional concerns about it.	6/26/2023 9:08 PM
965	None	6/26/2023 9:07 PM
966	Everyone is learning.	6/26/2023 9:03 PM
967	Hard to teach testing remotely	6/26/2023 9:03 PM
968	I don’t know what might make it smoother and more effective	6/26/2023 8:56 PM
969	None	6/26/2023 8:50 PM
970	not sure	6/26/2023 8:49 PM
971	Clients need training in using telehealth technology.	6/26/2023 8:46 PM
972	none	6/26/2023 8:39 PM
973	None.	6/26/2023 8:34 PM
974	Telehealth should not be at the core of any graduate level clinical training. There still needs to be unbias research comparing the efficacy of telehealth to in-person treatment. There is the theory that the current epidemic of mental illness in American society is due to human disconnectedness, and that mental health interventions delivered through the impersonal virtual platform over the past few years has perpetuated and perhaps contributed to such. Furthermore, many private practice clinicians are not engaged in quality therapy, for virtual interventions allow for superficial interaction, thereby delaying and drawing out the course of treatment - all to the expense of the client (both financial as well as emotional).	6/26/2023 8:34 PM
975	none	6/26/2023 8:33 PM
976	None	6/26/2023 8:31 PM
977	none	6/26/2023 8:29 PM

978	None	6/26/2023 8:28 PM
979	None	6/26/2023 8:26 PM
980	I have not encountered any	6/26/2023 8:26 PM
981	Unknown	6/26/2023 8:23 PM
982	None	6/26/2023 8:00 PM
983	Unsure	6/26/2023 7:57 PM
984	None	6/26/2023 7:56 PM
985	Lack of long-term clarity if telehealth will be permitted for supervision.	6/26/2023 7:55 PM
986	I have not experienced training barriers.	6/26/2023 7:46 PM
987	None, we've obtained and provided training and supervision opportunities for telehealth	6/26/2023 7:41 PM
988	New modality of treatment that clients sometimes are reluctant to use.	6/26/2023 7:36 PM
989	none	6/26/2023 7:32 PM
990	Na	6/26/2023 7:27 PM
991	None	6/26/2023 7:22 PM
992	None	6/26/2023 7:19 PM
993	n/a	6/26/2023 7:18 PM
994	none	6/26/2023 7:17 PM
995	None	6/26/2023 7:13 PM
996	Since the pandemic, I think clinicians need updated training on telehealth.	6/26/2023 7:10 PM
997	None	6/26/2023 7:07 PM
998	none	6/26/2023 7:06 PM
999	Nonr	6/26/2023 7:04 PM
1000	None	6/26/2023 7:00 PM
1001	None. I was lucky to have training in providing telehealth due to research studies I was on during graduate school.	6/26/2023 6:56 PM
1002	None	6/26/2023 6:51 PM
1003	None	6/26/2023 6:47 PM
1004	None	6/26/2023 6:44 PM
1005	NA we don’t perceive any barriers and provide video supervision	6/26/2023 6:41 PM
1006	I have not experienced training barriers.	6/26/2023 6:39 PM
1007	I received formal training b/c I sought it out. Don't know how widespread that is.	6/26/2023 6:37 PM
1008	It's been fairly simple to do for me, but some may need guidance. I took a workshop once and didn't find it valuable.	6/26/2023 6:31 PM
1009	I don't think there are any training barriers, at least not that I can see.	6/26/2023 6:30 PM
1010	Lack of onsite in vivo learning from working in an IRL agency	6/26/2023 6:29 PM
1011	n/a	6/26/2023 6:29 PM
1012	For me there aren’t any.	6/26/2023 6:28 PM
1013	all of the above could be barriers but many organizations (e.g., APA, National Register, graduate programs) have offered many training opportunities to cover the above	6/26/2023 6:25 PM
1014	n/a	6/26/2023 6:24 PM

1015	N/A	6/26/2023 6:23 PM
1016	na	6/26/2023 6:22 PM
1017	Telehealth has worked great for me an my colleagues. It has allowed us to enhance and expand services. I like the flexibility of meeting virtually and in person. Access to services increases.	6/26/2023 6:21 PM
1018	none	6/26/2023 6:21 PM
1019	Lack of tech expertise and troubleshooting capability	6/26/2023 6:19 PM
1020	None	6/26/2023 6:17 PM
1021	There are no training barriers. Great training that covers almost all topics have been available.	6/26/2023 6:16 PM
1022	I have not experienced any training barriers.	6/26/2023 6:15 PM
1023	None	6/26/2023 6:14 PM
1024	What?	6/26/2023 6:09 PM
1025	I dont see any	6/26/2023 6:09 PM
1026	None	6/26/2023 6:09 PM
1027	I haven't seen training programs which might be eligible for CE credits, although there might be some which haven't come to my attention. On the other hand I haven't felt I've needed training and I would not like for there to be a mandated course	6/26/2023 6:09 PM
1028	None; there are many tele-health webinars and CEUs.	6/26/2023 6:08 PM
1029	None	6/26/2023 6:06 PM
1030	?	6/26/2023 6:05 PM
1031	I didn't experience any of the above.	6/26/2023 6:05 PM
1032	none	6/26/2023 6:03 PM
1033	From our liability companies, we are mostly told about the risks of telehealth, email, texting -- but we are all doing it. The risk information has not kept pace with how we all actually work and what our clients demand.	6/26/2023 6:01 PM
1034	None	6/26/2023 6:00 PM
1035	None	6/26/2023 5:59 PM
1036	I am not sure that "barrier" fits as well here as need for continuing/future development. I have found a number of CE workshops for providers on telehealth to be really helpful and these kinds of opportunities should be continued.	6/26/2023 5:57 PM
1037	None	6/26/2023 5:56 PM
1038	We all trained on our feet during covid and can move between platforms when tech does not work	6/26/2023 5:56 PM
1039	Most clinicians have ample computer experience.	6/26/2023 5:55 PM
1040	None	6/26/2023 5:53 PM
1041	I am not "fluent" in the technology of teleconferencing as it relates to HIPPA compliance.	6/26/2023 5:52 PM
1042	None	6/26/2023 5:49 PM
1043	None. Training in telehealth has been abundant from continuing education providers and from my employer.	6/26/2023 5:48 PM
1044	none on my end	6/26/2023 5:43 PM
1045	None	6/26/2023 5:41 PM
1046	NONE	6/26/2023 5:38 PM

1047	none	6/26/2023 5:38 PM
1048	Need tone and behavioral information	6/26/2023 5:37 PM
1049	None	6/26/2023 5:33 PM
1050	n/a	6/26/2023 5:31 PM
1051	None	6/26/2023 5:29 PM
1052	I have taken the offered coursework in telehealth and have been talking on the phone since childhood. The training has been excellent. Technology and expenses have been the curse and the blessing and insurance has cut reimbursement.	6/26/2023 5:29 PM
1053	None	6/26/2023 5:23 PM
1054	None	6/26/2023 5:21 PM
1055	None	6/26/2023 5:20 PM
1056	Unknown	6/26/2023 5:16 PM
1057	None	6/26/2023 5:14 PM
1058	I didn't have any of these and it works fine. More research in application of interventions via telehealth	6/26/2023 5:12 PM
1059	none	6/26/2023 5:12 PM
1060	As noted above, clear advice as to which platforms/apps are or aren't HIPAA compliant re security. This has been addressed at some Ethics seminars since height of Covid.	6/26/2023 5:11 PM
1061	Clear expectations, training, and requirements	6/26/2023 5:09 PM
1062	none	6/26/2023 5:08 PM
1063	none	6/26/2023 5:07 PM
1064	I trained myself over a weekend when the state shut down.	6/26/2023 5:07 PM
1065	none	6/26/2023 5:05 PM
1066	N/A	6/26/2023 5:01 PM
1067	Some more acute patients, if not all on telehealth, need to be seen in person once a year or more and not only do telehealth.	6/26/2023 5:01 PM
1068	None	6/26/2023 5:00 PM
1069	None	6/26/2023 5:00 PM
1070	none because I have training.	6/26/2023 4:58 PM
1071	none	6/26/2023 4:55 PM
1072	California is not a psypact state. When my clients move, our work ends.	6/26/2023 4:55 PM
1073	None	6/26/2023 4:53 PM
1074	None	6/26/2023 4:52 PM
1075	None	6/26/2023 4:51 PM
1076	none	6/26/2023 4:49 PM
1077	None	6/26/2023 4:48 PM
1078	none	6/26/2023 4:47 PM
1079	Understanding of the nuances associated with telehealth (i.e., potential issues/scenarios) before starting and supports needed to ensure telehealth is conducted in a HIPPA compliant manner	6/26/2023 4:47 PM
1080	Good therapy is good therapy no matter what medium you use. I read a number of emails and articles on using telehealth and then attended an ethics roundtable on the subject as well. But	6/26/2023 4:45 PM

	truthfully, within a week of COVID, I had figured out how to circumvent problems and deal with issues that come up.	
1081	none	6/26/2023 4:44 PM
1082	None	6/26/2023 4:42 PM
1083	None, my supervisees love being able to telework and reduce the financial burden of their edication	6/26/2023 4:40 PM
1084	Not sure I understand the question	6/26/2023 4:39 PM
1085	None	6/26/2023 4:37 PM
1086	Client access to necessary technologies	6/26/2023 4:37 PM
1087	Easy access to information	6/26/2023 4:36 PM
1088	none	6/26/2023 4:34 PM
1089	None	6/26/2023 4:34 PM
1090	none	6/26/2023 4:33 PM
1091	none	6/26/2023 4:30 PM
1092	None	6/26/2023 4:28 PM
1093	No major barriers so far. Provider took course on training in area	6/26/2023 4:25 PM
1094	None	6/26/2023 4:23 PM
1095	None	6/26/2023 4:20 PM
1096	None	6/26/2023 4:19 PM
1097	I think that there are no training barriers- I find that telehealth is no different than in person. Creating the same safe container as I would with an in-person patient is not a problem or a challenge.	6/26/2023 4:19 PM
1098	none	6/26/2023 4:17 PM
1099	none	6/26/2023 4:17 PM
1100	Lack of research on effectiveness/outcomes	6/26/2023 4:11 PM
1101	I have not experienced issues in this	6/26/2023 4:10 PM
1102	None. When you really focus on connecting with the client, you can. If we were both blind, we wouldn't be sitting on each other's lap!	6/26/2023 4:09 PM
1103	None	6/26/2023 4:08 PM
1104	NA	6/26/2023 4:06 PM
1105	None	6/26/2023 4:06 PM
1106	N/a	6/26/2023 4:06 PM
1107	I have not encountered barriers; the training has been great.	6/26/2023 4:04 PM
1108	None - learn how to use the software... it's not that hard.	6/26/2023 4:04 PM
1109	None	6/26/2023 4:03 PM
1110	None	6/26/2023 4:03 PM
1111	None	6/26/2023 4:01 PM
1112	All of these but they can be overcome	6/26/2023 4:01 PM
1113	None	6/26/2023 4:00 PM
1114	N/A	6/26/2023 4:00 PM

1115	none	6/26/2023 3:57 PM
1116	none. CEU's available to train in telehealth	6/26/2023 3:57 PM
1117	n/a	6/26/2023 3:56 PM
1118	None	6/26/2023 3:52 PM
1119	None	6/26/2023 3:51 PM
1120	not a problem	6/26/2023 3:51 PM
1121	None. I consult with colleagues when indicated. I conducted psychotherapy for 40 years before using Telehealth. I had a great deal of formal training, supervision, and formal study prior to the pandemic.	6/26/2023 3:50 PM
1122	none	6/26/2023 3:47 PM
1123	None	6/26/2023 3:46 PM
1124	My supervision of students has improved since they are doing telehealth. I can see the pt and the student via the recording option in Zoom. Because I am part of a medical center, we already pay for HIPAA compliant Zoom - not sure what I would do if I were only in private practice.	6/26/2023 3:45 PM
1125	none	6/26/2023 3:44 PM
1126	None	6/26/2023 3:43 PM
1127	None.	6/26/2023 3:43 PM
1128	None	6/26/2023 3:42 PM
1129	None.	6/26/2023 3:40 PM
1130	Lack of empirical assessment of the comparable benefits of telegraph vs. in-person treatment.	6/26/2023 3:40 PM
1131	Lack of research investigating telehealth effect on therapeutic relationship, eg--perceptual factors in telehealth that influence therapist and patient interactions; impact of telehealth on process and outcome in different therapeutic modalities (eg, CBT vs Psychoanalytic); is a person on video the same person as the person in person.	6/26/2023 3:40 PM
1132	none	6/26/2023 3:39 PM
1133	Most of us had to seek this out explicitly, but there seem to be adequate training options now.	6/26/2023 3:39 PM
1134	no barriers	6/26/2023 3:36 PM
1135	Na	6/26/2023 3:35 PM
1136	When do trainings, discussion/Q &A via chat is not as effective	6/26/2023 3:31 PM
1137	none	6/26/2023 3:31 PM
1138	Na	6/26/2023 3:30 PM
1139	Sometimes providers and patients alike could use some tech assistance	6/26/2023 3:30 PM
1140	not many	6/26/2023 3:29 PM
1141	None	6/26/2023 3:29 PM
1142	None	6/26/2023 3:28 PM
1143	None at this time	6/26/2023 3:27 PM
1144	None	6/26/2023 3:26 PM
1145	None	6/26/2023 3:26 PM
1146	NONE	6/26/2023 3:26 PM
1147	I don't consider this much of a barrier since there is ample opportunity to learn	6/26/2023 3:23 PM
1148	None	6/26/2023 3:20 PM

1149	I have not encountered any as yet	6/26/2023 3:19 PM
1150	Training is widely available	6/26/2023 3:17 PM
1151	The pandemic changed our field. Clients now expect to be able to access services through telehealth when they are at home and when they are traveling. As such, telehealth should be something that's proactively trained with skills assessed in graduate school, internship and licensure.	6/26/2023 3:17 PM
1152	None	6/26/2023 3:16 PM
1153	I don't know	6/26/2023 3:15 PM
1154	None	6/26/2023 3:15 PM
1155	None	6/26/2023 3:14 PM
1156	The lack of relational, interpersonal-neuropsychological dynamics or connections in the supervisory and therapeutic relationships.	6/26/2023 3:14 PM
1157	Difficulty meeting new colleagues	6/26/2023 3:13 PM
1158	None	6/26/2023 3:12 PM
1159	None	6/26/2023 3:10 PM
1160	There are two outstanding courses on Telehealth that I have found helpful, although not necessary.	6/26/2023 3:10 PM
1161	all of the above.	6/26/2023 3:09 PM
1162	none	6/26/2023 3:07 PM
1163	none that I know of	6/26/2023 3:05 PM
1164	Anyone can access “how to”, CEU etc	6/26/2023 3:05 PM
1165	None	6/26/2023 3:03 PM
1166	none	6/26/2023 3:03 PM
1167	Seems like supervisors should make sure to stay connected w/supervisees (emphasis on the weekly individual sessions to ensure unique telehealth challenges are being discussed).	6/26/2023 3:03 PM
1168	None	6/26/2023 3:01 PM
1169	sorry I didn't mean to check that.	6/26/2023 3:01 PM
1170	Lack of research updates	6/26/2023 2:59 PM
1171	None	6/26/2023 2:57 PM
1172	N/A	6/26/2023 2:56 PM
1173	None	6/26/2023 2:56 PM
1174	pitfalls that are only recently uncovered due to COVID	6/26/2023 2:56 PM
1175	none	6/26/2023 2:55 PM
1176	None	6/26/2023 2:53 PM
1177	None	6/26/2023 2:52 PM
1178	none	6/26/2023 2:52 PM
1179	None	6/26/2023 2:51 PM
1180	?	6/26/2023 2:51 PM
1181	It is an inadequate platform for some phases of treatment and types of treatment	6/26/2023 2:50 PM
1182	None	6/26/2023 2:50 PM

1183	none-- training via telehealth provides unique "behind the curtain" opportunities for excelerated learning	6/26/2023 2:49 PM
1184	No problems	6/26/2023 2:49 PM
1185	none	6/26/2023 2:48 PM
1186	none	6/26/2023 2:48 PM
1187	None	6/26/2023 2:47 PM
1188	Telehealth is rather new for me since the pandemic so I never used it. There is more information that has come out and I find it helpful, however, it was trying to figure it out and getting comfortable with it.	6/26/2023 2:47 PM
1189	None	6/26/2023 2:46 PM
1190	None	6/26/2023 2:46 PM
1191	none	6/26/2023 2:46 PM
1192	I can see how telehealth could be challenging for new clinicians. This was not challenging for me once I was clear on the APA and State guidelines.	6/26/2023 2:46 PM
1193	Not sure	6/26/2023 2:46 PM
1194	Having taught classes using remote access enabled me to feel comfortable with telehealth.	6/26/2023 2:44 PM
1195	Clients confused about getting online	6/26/2023 2:42 PM
1196	None for me	6/26/2023 2:42 PM
1197	None	6/26/2023 2:40 PM
1198	None, I work in a university setting and in private practice and have sought out training and continuing education	6/26/2023 2:39 PM
1199	None	6/26/2023 2:37 PM
1200	Lack of access for my elder clients to technology/technology training.	6/26/2023 2:35 PM
1201	none	6/26/2023 2:35 PM
1202	none	6/26/2023 2:33 PM
1203	N/a	6/26/2023 2:32 PM
1204	NA	6/26/2023 2:32 PM
1205	I had training and experience so this was not a barrier. Clients picked up on it quickly.	6/26/2023 2:32 PM
1206	none	6/26/2023 2:31 PM
1207	none for my work	6/26/2023 2:31 PM
1208	n/a	6/26/2023 2:30 PM
1209	None at VA	6/26/2023 2:30 PM
1210	High risk patients with trainees, or patients who suddenly become high risk. Patients who leave the state for brief periods, ie too brief to have them seek treatment elsewhere.	6/26/2023 2:30 PM
1211	none	6/26/2023 2:29 PM
1212	none	6/26/2023 2:29 PM
1213	NA, I have provided support around telehealth to my supervisees	6/26/2023 2:29 PM
1214	None for me	6/26/2023 2:28 PM
1215	It would be helpful for the BoP to put out a list of what we need to do via telehealth. I got go trainings on it but many don't.	6/26/2023 2:26 PM
1216	None	6/26/2023 2:25 PM

1217	N/A	6/26/2023 2:24 PM
1218	None	6/26/2023 2:24 PM
1219	none	6/26/2023 2:23 PM
1220	None.	6/26/2023 2:23 PM
1221	No barriers	6/26/2023 2:23 PM
1222	Using "other" because I think the first two above are appropriate. I am years out of formal study in PhD program- but they definitely didn't talk about it. I had to go looking for general training (and did find it) but it wasn't really clear who knew a lot about it/was reputable as telehealth practice and laws evolved.	6/26/2023 2:23 PM
1223	I can only answer for myself. After 40+ years of face to face treatment provision, telehealth provides no unforeseen barriers	6/26/2023 2:22 PM
1224	None this far.	6/26/2023 2:21 PM
1225	None, there are plenty of courses out there	6/26/2023 2:21 PM
1226	None, I can find all that I need.	6/26/2023 2:21 PM
1227	none	6/26/2023 2:19 PM
1228	none	6/26/2023 2:19 PM
1229	Pretty straightforward	6/26/2023 2:19 PM
1230	No barriers for supervision/training	6/26/2023 2:18 PM
1231	None, actually have pursued as many telehealth trainings as possible.	6/26/2023 2:17 PM
1232	None	6/26/2023 2:16 PM
1233	None	6/26/2023 2:14 PM
1234	Training in the nuanced differences between in-person and telehealth.	6/26/2023 2:14 PM
1235	none	6/26/2023 2:13 PM
1236	None	6/26/2023 2:13 PM
1237	N/a	6/26/2023 2:13 PM
1238	None, I've taken several workshops in telehealth	6/26/2023 2:12 PM
1239	None	6/26/2023 2:11 PM
1240	I completed a certification in telemental health	6/26/2023 2:11 PM
1241	I don't see any specific to telehealth. There are several online training programs, supervisors can be found.	6/26/2023 2:11 PM
1242	none	6/26/2023 2:09 PM
1243	None I can think of.	6/26/2023 2:09 PM
1244	NONE	6/26/2023 2:08 PM
1245	None	6/26/2023 2:08 PM
1246	I don't think it requires specialized training.	6/26/2023 2:07 PM
1247	Already stated more than twice in the previous answers. There needs to be more training and awareness for Zoom and Zendesk and any other customer facing employees who provide telehealth services to people at these technology platforms.	6/26/2023 2:07 PM
1248	None	6/26/2023 2:06 PM
1249	none	6/26/2023 2:06 PM
1250	Cost	6/26/2023 2:06 PM

1251	I’m not sure what this question is asking	6/26/2023 2:05 PM
1252	n/a	6/26/2023 2:04 PM
1253	None	6/26/2023 2:03 PM
1254	none	6/26/2023 2:02 PM
1255	None	6/26/2023 2:02 PM
1256	None	6/26/2023 2:01 PM
1257	No barriers	6/26/2023 2:00 PM
1258	Given that I had to pivot from a 5 suite office during COVID because we could not figure out a protocol for letting people into the waiting room, and that I have been doing this now for 3+ years, it seems that I have gained training. Also, I have taken two courses.	6/26/2023 1:59 PM
1259	None	6/26/2023 1:58 PM
1260	None, other than lack of human contact!	6/26/2023 1:58 PM
1261	None	6/26/2023 1:58 PM
1262	None	6/26/2023 1:58 PM
1263	Supervisors who have never used telehealth and don’t understand it. Confusion from supervisors about licensure and board requirements.	6/26/2023 1:58 PM
1264	None	6/26/2023 1:57 PM
1265	None	6/26/2023 1:57 PM
1266	Most health practitioners, and certainly most behavioral health practitioners have a greater than average sophistication in their understanding of technological devices. That has certainly been the case for me, as I had no difficulty converting to telehealth, and then overtime perfecting the methodology.	6/26/2023 1:57 PM
1267	None	6/26/2023 1:57 PM
1268	Na	6/26/2023 1:56 PM
1269	none	6/26/2023 1:55 PM
1270	None	6/26/2023 1:55 PM
1271	None	6/26/2023 1:54 PM
1272	No barriers	6/26/2023 1:54 PM
1273	none	6/26/2023 1:53 PM
1274	None	6/26/2023 1:53 PM
1275	none	6/26/2023 1:52 PM
1276	None	6/26/2023 1:51 PM
1277	I do not feel any barriers, I ave had proper training and continue doing so.	6/26/2023 1:51 PM
1278	Usage has become increasingly familiar during the COVID era.	6/26/2023 1:51 PM
1279	Trainees not having any opportunities for in-person care; trainees, like patients, multi-tasking inappropriately during supervision; not having private space in their homes, given small, shared living quarters in San Francisco; lack of finances for additional comforts, such as monitors	6/26/2023 1:49 PM
1280	It isn’t difficult to operate without any training	6/26/2023 1:49 PM
1281	none	6/26/2023 1:48 PM
1282	Teleheath is not real therapy	6/26/2023 1:48 PM
1283	It wasn’t until recently that telehealth was truly an option so not taught in schools much	6/26/2023 1:47 PM
1284	don't know	6/26/2023 1:47 PM

1285	ethics/privacy training for clear decision-making and adherence to confidentiality	6/26/2023 1:47 PM
1286	Lack of training in clients, especially seniors	6/26/2023 1:47 PM
1287	none	6/26/2023 1:46 PM
1288	None	6/26/2023 1:46 PM
1289	None	6/26/2023 1:46 PM
1290	I'm a millennial and most of my clients are gen Z. It seems like I and they feel comfortable adopting telehealth.	6/26/2023 1:46 PM
1291	Requirements for in-person supervision is unnecessary.	6/26/2023 1:46 PM
1292	None	6/26/2023 1:46 PM
1293	None	6/26/2023 1:46 PM
1294	None	6/26/2023 1:45 PM
1295	None	6/26/2023 1:45 PM
1296	none	6/26/2023 1:45 PM
1297	It simply is not as effective as face-to-face. You are unable to observe too many nonverbal cues.	6/26/2023 1:45 PM
1298	None	6/26/2023 1:45 PM
1299	No barriers that I have experienced, except in the beginning I needed technical assistance.	6/26/2023 1:44 PM
1300	I see no barriers to training for telehealth.	6/26/2023 1:42 PM
1301	None	6/26/2023 1:41 PM
1302	None	6/26/2023 1:41 PM
1303	none	6/26/2023 1:41 PM
1304	none	6/26/2023 1:40 PM
1305	None, the benefits of telehealth greatly outweigh the barriers.	6/26/2023 1:40 PM
1306	NA	6/26/2023 1:39 PM
1307	no issues.	6/26/2023 1:39 PM
1308	None	6/26/2023 1:39 PM
1309	None	6/26/2023 1:38 PM
1310	none	6/26/2023 1:38 PM
1311	none	6/26/2023 1:38 PM
1312	None	6/26/2023 1:38 PM
1313	Not applicable.	6/26/2023 1:38 PM
1314	lack of training in the past	6/26/2023 1:38 PM
1315	None	6/26/2023 1:37 PM
1316	None	6/26/2023 1:37 PM
1317	None. My patients are high functioning and when ot comes to risks, it is no different when your patient called you outside of therapy because of psychiatric emergency. Some of us have dealt with that before and have conducted woth safety.	6/26/2023 1:37 PM
1318	None	6/26/2023 1:36 PM
1319	None	6/26/2023 1:35 PM
1320	none	6/26/2023 1:35 PM

1321	Some older clients just do not like the experience of telehealth	6/26/2023 1:35 PM
1322	none	6/26/2023 1:35 PM
1323	None	6/26/2023 1:35 PM
1324	None	6/26/2023 1:33 PM
1325	N/A	6/26/2023 1:33 PM
1326	none	6/26/2023 1:32 PM
1327	None	6/26/2023 1:32 PM
1328	I think as a profession, we were thrown into this and are doing our best to make it work to the best of our ability but as I've said above, I think there are very significant clinical questions about how to deliver high quality care online.	6/26/2023 1:32 PM
1329	None of the above	6/26/2023 1:31 PM
1330	None	6/26/2023 1:30 PM
1331	None	6/26/2023 1:30 PM
1332	none	6/26/2023 1:30 PM
1333	None—there is plenty of i mm gormation and training available	6/26/2023 1:30 PM
1334	none	6/26/2023 1:30 PM
1335	None	6/26/2023 1:29 PM
1336	None	6/26/2023 1:29 PM
1337	none	6/26/2023 1:29 PM
1338	Training in telehealth does not mean anything	6/26/2023 1:28 PM
1339	n/a	6/26/2023 1:27 PM
1340	This more of an issue at the start of the Pandemic...working with colleagues, the training issues were addressed	6/26/2023 1:27 PM
1341	None	6/26/2023 1:26 PM
1342	None	6/26/2023 1:26 PM
1343	Dearth of continuing education covering updates with new research and changing laws/requirements.	6/26/2023 1:25 PM
1344	None	6/26/2023 1:24 PM
1345	N/A	6/26/2023 1:24 PM
1346	I was never trained in telehealth but was able to educate self adequately to provide HIPAA compliant services	6/26/2023 1:24 PM
1347	I am certified in telemedicine and I believe this is necessary for compliance	6/26/2023 1:24 PM
1348	Getting trying on using the technology.	6/26/2023 1:23 PM
1349	none	6/26/2023 1:22 PM
1350	None. I learned how to use when we first went to it.	6/26/2023 1:22 PM
1351	None - providers are able to get necessary training	6/26/2023 1:22 PM
1352	Lack of understanding of all the telehealth laws by other psychologists or mental health professionals. Lack of access to this information to also provide to trainees.	6/26/2023 1:22 PM
1353	I don't feel at this stage in my career that there is a training barrier	6/26/2023 1:21 PM
1354	Some Individuals do not have a computer and have limited cell phone plans.	6/26/2023 1:21 PM

1355	NA. There is now good training available online (this was not true earlier in the COVID pandemic)	6/26/2023 1:21 PM
1356	none	6/26/2023 1:19 PM
1357	none	6/26/2023 1:18 PM
1358	n/a	6/26/2023 1:18 PM
1359	N/A	6/26/2023 1:18 PM
1360	Technology training is lacking	6/26/2023 1:18 PM
1361	None	6/26/2023 1:17 PM
1362	non	6/26/2023 1:17 PM
1363	I haven't encountered any	6/26/2023 1:17 PM
1364	How to use telehealth with certain modalities such as somatic psychotherapy	6/26/2023 1:17 PM
1365	None	6/26/2023 1:17 PM
1366	None	6/26/2023 1:16 PM
1367	Nothing	6/26/2023 1:16 PM
1368	none	6/26/2023 1:16 PM
1369	None	6/26/2023 1:16 PM
1370	None	6/26/2023 1:16 PM
1371	none	6/26/2023 1:15 PM
1372	None	6/26/2023 1:15 PM
1373	None	6/26/2023 1:15 PM
1374	none	6/26/2023 1:15 PM
1375	None	6/26/2023 1:13 PM
1376	I think training can be done sufficiently with telehealth	6/26/2023 1:13 PM
1377	Maybe introduce telehealthcare in graduate training programs so providers are familiar and comfortable with it when they hit the real world. Expand supervision opportunities. It's a new methodology that's not going to go away. Its opening doors for some people that might not have sought mental health care otherwise.	6/26/2023 1:13 PM
1378	None	6/26/2023 1:12 PM
1379	none, training is available	6/26/2023 1:12 PM
1380	Na	6/26/2023 1:12 PM
1381	None	6/26/2023 1:11 PM
1382	None	6/26/2023 1:11 PM
1383	It is up to the practitioner to pursue the training and could be required	6/26/2023 1:11 PM
1384	None, there are plenty of training opportunities for tele health.	6/26/2023 1:11 PM
1385	none	6/26/2023 1:10 PM
1386	none-- training is available through numerous resources including the National Register, APA and CPA	6/26/2023 1:10 PM
1387	None	6/26/2023 1:10 PM
1388	None	6/26/2023 1:09 PM
1389	None for me. As mentioned above, it has been a great convenience for me and my clients in my private practice. In my part-time work at Pasadena City College, we have been able to	6/26/2023 1:09 PM

	incorporate telehealth services and continue to provide telehealth (Zoom or telephone) and in-person appointments.	
1390	None	6/26/2023 1:08 PM
1391	I supervise doctoral psychology students and now include Telehealth treatment protocols and agreements	6/26/2023 1:08 PM
1392	Insurance won’t cover phone or FaceTime	6/26/2023 1:07 PM
1393	Not relevant. Training to provide and inappropriate service is contradictory.	6/26/2023 1:07 PM
1394	None	6/26/2023 1:07 PM
1395	None	6/26/2023 1:07 PM
1396	Na	6/26/2023 1:06 PM
1397	I don’t know	6/26/2023 1:06 PM
1398	None, there have been many decent trainings available since 3/2020	6/26/2023 1:06 PM
1399	lack of relevant CEU opportunities available via telehealth.	6/26/2023 1:06 PM
1400	N/a	6/26/2023 1:05 PM
1401	None that I have encountered	6/26/2023 1:05 PM
1402	none	6/26/2023 1:05 PM
1403	None	6/26/2023 1:05 PM
1404	Has provided more access to training THAN was case without it!	6/26/2023 1:05 PM
1405	None.	6/26/2023 1:05 PM
1406	none	6/26/2023 1:05 PM
1407	More options for training need to be offered	6/26/2023 1:05 PM
1408	none	6/26/2023 1:04 PM
1409	none	6/26/2023 1:04 PM
1410	this can be handled with ceu	6/26/2023 1:04 PM
1411	I have not had any issues using telehealth	6/26/2023 1:04 PM
1412	none	6/26/2023 1:04 PM
1413	none	6/26/2023 1:04 PM
1414	I am not aware of barriers. I was able to transition from in-person to teletherapy during pandemic quickly and seamlessly.	6/26/2023 1:04 PM
1415	not applicable	6/26/2023 1:04 PM
1416	None	6/26/2023 1:03 PM
1417	none	6/26/2023 1:03 PM
1418	…	6/26/2023 1:03 PM
1419	None	6/26/2023 1:02 PM
1420	N/a	6/26/2023 1:02 PM
1421	none	6/26/2023 1:02 PM
1422	none	6/26/2023 1:02 PM
1423	Advance assessment practice for particular cognitive testing	6/26/2023 1:01 PM
1424	none	6/26/2023 1:01 PM
1425	Lack of training. Continuing education opportunities in this area is needed and welcomed.	6/26/2023 1:01 PM

1426	N/A	6/26/2023 1:01 PM
1427	testing supervision and practice is in person	6/26/2023 1:00 PM
1428	None	6/26/2023 1:00 PM
1429	None	6/26/2023 1:00 PM
1430	None	6/26/2023 1:00 PM
1431	none. there are plenty of trainings on telehealth.	6/26/2023 1:00 PM
1432	There are excellent training opportunities for telehealth. I am completing a 55 hour certification program in telehealth provided by APAIT/National Register. This has been extremely helpful in understanding the ethical, legal, and professional standards for delivery of telehealth services by psychologists. I am also licensed in Hawaii and have provided consultation to the Hawaii Psychological Association on these issues.	6/26/2023 1:00 PM
1433	none	6/26/2023 12:59 PM
1434	Enough HIPAA compliant platforms that work well.	6/26/2023 12:59 PM
1435	None	6/26/2023 12:59 PM
1436	Not sure	6/26/2023 12:59 PM
1437	Not experiencing barriers to training	6/26/2023 12:59 PM
1438	No for me	6/26/2023 12:59 PM
1439	Haven’t encountered barriers.	6/26/2023 12:59 PM
1440	More trainings should focus on this topic	6/26/2023 12:59 PM
1441	Supervisors not being able to be telehealth while supervising	6/26/2023 12:58 PM
1442	none for me at this time	6/26/2023 12:58 PM
1443	None	6/26/2023 12:57 PM
1444	None.	6/26/2023 12:57 PM
1445	None	6/26/2023 12:57 PM
1446	None.	6/26/2023 12:57 PM
1447	No thoughts about this.	6/26/2023 12:57 PM
1448	None	6/26/2023 12:57 PM
1449	n/a-- I had great training in telehealth	6/26/2023 12:56 PM
1450	None	6/26/2023 12:56 PM
1451	none	6/26/2023 12:56 PM
1452	Don’t know of any	6/26/2023 12:56 PM
1453	none	6/26/2023 12:56 PM
1454	I'm not sure what this question is asking. I learned telehealth while working at a non-profit for 5 years (with international aid workers) so I felt well-equipped to do it in 2020. But I think others have struggled with lack of training.	6/26/2023 12:56 PM
1455	All of the above	6/26/2023 12:56 PM
1456	this is also more than one item	6/26/2023 12:56 PM
1457	Demands for in person supervision	6/26/2023 12:55 PM
1458	Nobe	6/26/2023 12:55 PM
1459	All of the above. it is very unregulated. Providers and patients can now provide/access services with minimal oversight (i.e. there is no one stopping a private practice CA provider	6/26/2023 12:55 PM

	from having regular therapy sessions with a patient in NY even if they do not have a license to do so)	
1460	Some settings have opted to return to full-time in-person as a means of continuing to "monitor productivity," and falsely believe that productivity goes down with telehealth/remote work	6/26/2023 12:55 PM
1461	None	6/26/2023 12:54 PM
1462	None	6/26/2023 12:54 PM
1463	Clarity in laws across state lines	6/26/2023 12:54 PM
1464	Has not been an issue	6/26/2023 12:54 PM
1465	None	6/26/2023 12:54 PM
1466	None	6/26/2023 12:54 PM
1467	None	6/26/2023 12:54 PM
1468	None	6/26/2023 12:53 PM
1469	None	6/26/2023 12:53 PM
1470	N/A	6/26/2023 12:53 PM
1471	Everything is just easier and more impactful/memorable in person.	6/26/2023 12:53 PM
1472	N/A	6/26/2023 12:53 PM
1473	lack of training with some underserved/unserved populations not used to technology	6/26/2023 12:53 PM
1474	None	6/26/2023 12:52 PM
1475	None	6/26/2023 12:52 PM
1476	None	6/26/2023 12:52 PM
1477	None in current practice	6/26/2023 12:52 PM
1478	Lack of opportunity to develop a sound relationship with the students which is needed to supervise deeper clinical work.	6/26/2023 12:52 PM
1479	None	6/26/2023 12:52 PM
1480	none	6/26/2023 12:51 PM
1481	None	6/26/2023 12:51 PM
1482	none	6/26/2023 12:51 PM
1483	None	6/26/2023 12:51 PM
1484	N/A	6/26/2023 12:51 PM
1485	N/A	6/26/2023 12:51 PM
1486	None	6/26/2023 12:50 PM
1487	n/a	6/26/2023 12:50 PM
1488	One requires very little training for Telehealth	6/26/2023 12:50 PM
1489	none	6/26/2023 12:50 PM
1490	None	6/26/2023 12:50 PM
1491	I enrolled in several courses online prior to starting telehealth	6/26/2023 12:50 PM
1492	no good studies done yet on what is missed clinically using telehealth.	6/26/2023 12:50 PM
1493	Don't see any, just your ability to learn & problem solve the tech issues.	6/26/2023 12:49 PM
1494	None	6/26/2023 12:49 PM
1495	None	6/26/2023 12:49 PM

1496	don't see any - we trained with shift.	6/26/2023 12:49 PM
1497	None	6/26/2023 12:49 PM
1498	None. It's been easy to learn.	6/26/2023 12:49 PM
1499	None	6/26/2023 12:49 PM
1500	none	6/26/2023 12:48 PM
1501	None - lots of CE opportunities exist	6/26/2023 12:48 PM
1502	Don’t know	6/26/2023 12:48 PM
1503	I have adequate training and good experience in providing assessments and therapy via telehealth. Graduate students need telemental/telebehavioral trainings.	6/26/2023 12:48 PM
1504	none	6/26/2023 12:48 PM
1505	N/A	6/26/2023 12:47 PM
1506	None	6/26/2023 12:47 PM
1507	na	6/26/2023 12:47 PM
1508	Not a problem	6/26/2023 12:47 PM
1509	None	6/26/2023 12:47 PM
1510	None	6/26/2023 12:47 PM
1511	N/A	6/26/2023 12:47 PM
1512	None	6/26/2023 12:47 PM
1513	None	6/26/2023 12:47 PM
1514	None	6/26/2023 12:47 PM
1515	none	6/26/2023 12:47 PM
1516	None	6/26/2023 12:47 PM
1517	NA	6/26/2023 12:47 PM
1518	None	6/26/2023 12:46 PM
1519	none	6/26/2023 12:46 PM
1520	None, it actually reduces barriers.	6/26/2023 12:46 PM
1521	None	6/26/2023 12:46 PM
1522	Seems pretty straightforward to me and since Covid lots of training has been made available online.	6/26/2023 12:46 PM
1523	None that I know	6/26/2023 12:45 PM
1524	None	6/26/2023 12:45 PM
1525	None	6/26/2023 12:45 PM
1526	none	6/26/2023 12:45 PM
1527	None	6/26/2023 12:45 PM
1528	Licensure	6/26/2023 12:45 PM
1529	none	6/26/2023 12:45 PM
1530	N/A	6/26/2023 12:44 PM
1531	None	6/26/2023 12:44 PM
1532	none	6/26/2023 12:44 PM

1533	None	6/26/2023 12:44 PM

Q9 Are there additional barriers which have not been identified in this survey?

Answered: 2,398 Skipped: 2,048

#	RESPONSES	DATE
1	Providing handout resources to clients	7/24/2023 8:08 AM
2	I would imagine background noise or interruptions for those who work from home (and in a big household)	7/24/2023 8:08 AM
3	Na	7/24/2023 7:58 AM
4	none	7/24/2023 12:05 AM
5	No	7/23/2023 11:09 PM
6	Not suitable for all populations	7/23/2023 9:25 PM
7	While telehealth was helpful during the pandemic, and our agency still uses it when appropriate to overcome barriers to accessing care, it appears to be having a unintended consequence on the mental health workforce in our community. Private corporations and venture capital are recent graduates, unlicensed, to provide telehealth 100% remotely, often with inadequate clinical supervision, and for 6 figure compensation! This is draining the labor pool away from the nonprofit community mental health clinics that treat low income children and families, and vulnerable populations. These centers have long been the training ground for early career professionals. The 3,000 supervised hours prior to licensure in past years was a time to gain broad clinical experience with diverse populations combined with quality in-person clinical supervision and training. California has a 30% therapist vacancy rate in many parts of our state. I am a clinical supervisor in a high need, urban community in a community mental health center specializing in mental health care for children, teens, and their families. Many of our clients are recovering from trauma or complex trauma due to abuse, neglect, violence exposure, or disparities in health care and education due to systemic racism. The outpatient mental health clinics have typically been a setting where recent graduates (Psychology, Social Work, and Marriage and Family Therapy) have come to work closely with a multidisciplinary team (Psychiatrist, Psychologist, LCSW and LMFT) to gain experience, clinical supervision, and training in evidence based practice models, along with support for passing licensing exams. We always paid well, but cannot easily compete with the six figure incomes being promised to recent graduates to work for large telehealth companies, primarily serving private pay clients. While telehealth in the schools is improving access for short term interventions, it is decreasing access to care for children needing specialty mental health services because it is rapidly exacerbating the therapist shortage. How tempting to be offered six figures fresh out of school and the ability to work 100% remotely? Community mental health can provide a hybrid model of in-person and telehealth care, but we have too much crisis or high severity need in clients for 100% remote options. We keep raising salaries but cannot easily compete with the lure of 100% remote working. This means we cannot keep therapist positions filled and waiting list times are becoming untenable. Many of our youngest clients (preschool and elementary age) have problems that require in-person sevidence based interventions not always possible using telehealth (Parent Child Interaction Therapy, Child Parent Psychotherapy, Trauma Focused CBT where there is not enough privacy or safety at home for teens to talk about sensitive issues. We see the great value in telehealth, but also think it is changing the whole professional development "apprenticeship model" of our field. You might as well hand the new graduates a license without the requirement of 3,000 supervised hours because they are not getting the breadth of clinical experience or the hands on supervision needed when they do those hours 100% remote. I think there should be a limit on how much of the 3,000 hours pre-licensed should be telehealth and how much supervision can be remote. This should also be considered for the BBS registered mental health professional as well.	7/23/2023 12:50 PM
8	Clients have become complacent or "used to" telehealth and don't want to come in even if they can and the care is suffering in some cases. It's societal at this point--people don't want to leave their house that much if they don't have to do so.	7/22/2023 10:25 PM

9	No	7/22/2023 7:23 PM
10	no	7/22/2023 5:37 PM
11	There are many students who come to our university from out of state with an established therapist for multiple years. Some of these students definitely need a local therapist to see them in person at least occasionally or to be able to work with local support systems more effectively, but the vast majority would be better served by remaining with their established therapist who is not able to see them due to being out of state. We have seen situations where a new client has been seeing a "coach" who they previously saw as a therapist in their home state. The referral process usually comes at a time when high risk is emerging and the referral is more complicated /less informed because it is coming from a "coach" instead of from a "therapist," so they don't share their previous (and probably even current) therapeutic impressions with us because they are in a coach role currently and think the person needs therapy. You can hear in the "coach's" language that they have tried to limit their work to coaching and yet clinically know there is a need for therapeutic care. It would be easier and more beneficial to the client if their therapist had been practicing as a therapist remotely/even out of state instead of as a coach. Their interventions maybe could have been more effective as well as their referral information. I oversee the clinical services for our office. I understand that licensing boards are protecting the consumers in their states; however, the pandemic has shifted the paradigm of telebehavioral health services. We have providers who are travelling out of state (e.g., for family emergencies or health care support), but are in a place where they still have time to work and see our clients from that remote location, creating less disruption to our clients. The onus is on the psychologist to research the state laws to determine whether practice in that state is allowed for the week or 2 while they are in that state. But it just seems we are living in a more transient world (even temporarily transient). The licensure oversight structure does not seem current with the reality of what is occurring in todays world with both providers and clients travelling frequently. Adhering strictly to laws interrupts care. Trying to become versed in multiple states' psychology laws and providing informed consent for the relevant jurisdiction(s) becomes virtually impossible. I wonder if it would be possible to shift considering the location of the client as the "location of the service." (I am sorry, I cannot remember the technical terms and don't have time to look them up right now). Would it make sense to license providers based on their primary practice state(s) and protect the "public consumers" regardless of their state of residence through the licensing regulations. Lastly, while CA offers a broad diversity of providers, the best providers for a client may come from a psychologist who knows their home culture better than Californian psychologists. I grew up on CA. After different parts of the country than CA for decades, I see how different the mindset/culture is in CA than other parts of the country. I would have probably benefited best from a CA therapist who understands what it like to live in other parts of the country while I was living in those other states. It was just too hard to explain how my home state culture and context were different than where I was living and how that affected thinking and being and the therapist would intervene from their culture/context without a shared world view. The pandemic experience and expansion of telebehavioral health so rapidly has made me realize how the current US licensing structure creates such limits on the possibilities of best care for some clients, at a time where the demand for therapy services is soaring. I applaud the Board's initiative in asking for feedback to reflect on your governance and to advance with the times. I understand that the paradigm shifted on a dime and that it could be overwhelming to take a look at this issue. Thanks for investing in this process.	7/22/2023 4:55 PM
12	no	7/22/2023 2:01 PM
13	No	7/22/2023 11:30 AM
14	No	7/22/2023 7:54 AM
15	Identifying local resources for clients	7/22/2023 7:33 AM
16	No	7/22/2023 6:53 AM
17	No	7/22/2023 3:00 AM
18	na	7/21/2023 3:53 PM
19	No.	7/21/2023 3:25 PM
20	Collecting payment and the varying methods of electronic payment available.	7/21/2023 2:30 PM
21	Lack of support from large governmental organizations	7/21/2023 1:28 PM

22	N/a	7/21/2023 12:05 PM
23	No	7/21/2023 8:01 AM
24	When there's no private space for the client so they don't feel able to speak freely.	7/21/2023 7:00 AM
25	Nope	7/21/2023 6:54 AM
26	No	7/21/2023 3:57 AM
27	No	7/20/2023 5:30 PM
28	None	7/20/2023 4:59 PM
29	It can be hard for clients to get access to headsets/headphones as it helps protect confidentiality and can improve the audio/microphone connection. It's harder to get Releases of Information signed and returned as those sometimes have to be printed/signed and uploaded vs. just an electronic signature. Harder for those under 10 to operate on their own if the connection goes out in the middle of the session so age also matters for teletherapy. College students in dorms have a harder time accessing a private space and their counseling centers don't always have a private space they can reserve for them to go to for appointments.	7/20/2023 4:03 PM
30	Very few barriers to telehealth in my opinion	7/20/2023 3:24 PM
31	Less psychological connection compared to in-person,	7/20/2023 2:17 PM
32	no	7/20/2023 1:37 PM
33	No	7/20/2023 12:55 PM
34	Generally, I think of telehealth and reducing barriers rather than increasing them.	7/20/2023 12:25 PM
35	None	7/20/2023 12:01 PM
36	I am somewhat reluctant to start telehealth, as it requires new program proficiency, new consents, and given the population I usually treat.	7/20/2023 10:01 AM
37	none	7/20/2023 8:39 AM
38	No	7/20/2023 3:57 AM
39	no	7/20/2023 12:05 AM
40	No	7/19/2023 10:24 PM
41	None	7/19/2023 9:35 PM
42	None	7/19/2023 9:10 PM
43	Not a "barrier", just personal preference	7/19/2023 6:43 PM
44	NO	7/19/2023 5:37 PM
45	No	7/19/2023 4:26 PM
46	The lack of the in person presence, ability to see full body language, tendency to reduced latency, increased client distractability and assurance of privacy	7/19/2023 4:26 PM
47	Since COVID, I've found clients prefer to use telehealth more than ever before. My concern is that working with someone via telehealth is different than in person. It is a different and new skill set. Training to effectively provide care is essential. I am currently working on a competency credential through the NRHSP and The Trust	7/19/2023 3:36 PM
48	We are tired, underpaid, and over worked.	7/19/2023 3:23 PM
49	some disorders are easier to observe than others.	7/19/2023 3:07 PM
50	I do not believe that therapy can be adequately done over a computer.	7/19/2023 2:13 PM
51	As a field, we will never solve the mental health crisis by having licenses restricted by state. People move--particularly military and minors; we need to not make them get a new treatment team every time they move.	7/19/2023 2:06 PM

52	I have recently retired.	7/19/2023 1:45 PM
53	Not being physically present can impede the quality of full attention, and subtle gestures, etc.	7/19/2023 10:43 AM
54	none	7/19/2023 10:40 AM
55	Teletherapy across states which I mentioned earlier in the survey	7/19/2023 10:32 AM
56	NO. However I do NOT believe that telehealth should be available for certain diagnoses and those that are chronic and severe. We are doing a dis-service to those clients.	7/19/2023 10:21 AM
57	None	7/19/2023 10:17 AM
58	research on safety and management of risk when using telehealth	7/19/2023 9:28 AM
59	Just want to specify that personally I find it challenging to work with minors via telehealth, since I used to utilize different medias to conduct sessions with children and teens. Thus, currently I am only seeing adults online.	7/19/2023 9:12 AM
60	We live in an age where MANY people have become more nomadic- some to enjoy more travel, some to move to where the cost of living is better and some to live with family. There is almost NO continuity of care available given the right if the individual states to decline the invitation to join PsyPACT. Our clients believe that because they can “hop on” wherever they are, we can too- which is not the case.	7/19/2023 8:57 AM
61	Depth of in person connection	7/19/2023 7:55 AM
62	Regulation barriers: Given that college students are kept from being able to keep their therapist as they move between college and home in different states, as well as keeping couples who are in different states from being able to both see a CA therapist.	7/19/2023 7:36 AM
63	None	7/19/2023 7:29 AM
64	No	7/19/2023 6:55 AM
65	Difficult patient populations prosper from in office meetings.	7/19/2023 4:36 AM
66	Patient lacking access to their own privacy	7/19/2023 3:27 AM
67	No	7/19/2023 2:52 AM
68	It is rare to never that I experience a barrier. I took several classes in the very beginning. With Covid, everything shifted to tele quite naturally, even through that was already the direction things were going.	7/19/2023 12:03 AM
69	——-	7/18/2023 10:40 PM
70	In my opinion, Telehealth is useful with adults not adolescents or kids given developing a therapeutic relationship is more challenging.	7/18/2023 10:37 PM
71	None	7/18/2023 9:59 PM
72	Not that I know of	7/18/2023 8:52 PM
73	No	7/18/2023 8:00 PM
74	no	7/18/2023 6:26 PM
75	Difficulty hearing clearly on the phone.	7/18/2023 5:02 PM
76	Distractions and interruptions are definitely a barrier.	7/18/2023 4:29 PM
77	None	7/18/2023 3:58 PM
78	No	7/18/2023 3:57 PM
79	some clients do not have access to privacy for telehealth	7/18/2023 3:24 PM
80	No	7/18/2023 3:18 PM
81	working with children, certain modalities not appropriate, better training and Telehealth specific resources for clinicians doing Telehealth	7/18/2023 2:26 PM
82	Communication errors that may arise with clients/patients who are neurodivergent.	7/18/2023 1:34 PM

83	none	7/18/2023 1:27 PM
84	No	7/18/2023 1:12 PM
85	The barriers will become the new rules the board will demand of all the professionals. When Covid hit, all rules went away for the sake of really helping people. Keep it there, please!	7/18/2023 12:44 PM
86	Inability to see the entire body of the patient due to the nature of telehealth is a barrier in general.	7/18/2023 12:27 PM
87	No	7/18/2023 12:25 PM
88	N/A	7/18/2023 12:03 PM
89	need to have out of state approval/access -- PSYPACT would be great -- there are more people across US and globally who can benefit from my expertise but limited to CA telehealth only	7/18/2023 11:58 AM
90	No	7/18/2023 11:55 AM
91	None. Telehealth opens up a whole world of clients to me, and vice versa, that would not be possible in-person.	7/18/2023 11:46 AM
92	no	7/18/2023 11:26 AM
93	no, I was surprised that clts want to stay with telehealth even as the pandemic is under more control now and even though I ask to see them in person. I guess it makes sense since it reduces time, gas costs, and stress (traffic, rushing across town etc.)	7/18/2023 11:06 AM
94	no I love Telehealth	7/18/2023 10:47 AM
95	none	7/18/2023 10:47 AM
96	Ihave heard that therapy can be an art and I believe that there is a lot of nuance is lost using telehealth. I enjoy telehealth, but there are plenty of times I think to myself that the session would habe been more informative for me and interractive for us had it been in person. Psychoeducation can be doled out from a list of Sx, but being able to observe more body language might guide the intervention and psychoeducation a little more accurately.	7/18/2023 10:22 AM
97	None	7/18/2023 10:21 AM
98	The isolation, lack of work life balance, and trouble w mental strain is something that I wish was written about in our psych association newsletters, etc. As psychologists, our personhood is our number one therapeutic tool. When we are compromised, it negatively impacts the quality of our work. We are not robots on an assembly line. There needs to be more discussion in our community about how to take care of ourselves as people. I think this topic is overlooked in exchange for a focus on client convenience, financial/technology concerns, etc etc. Telehealth can be tough on psychologists, and we need more ideas on how to mitigate the negative consequences of working this way,	7/18/2023 10:06 AM
99	no	7/18/2023 10:04 AM
100	None	7/18/2023 9:59 AM
101	building rapport	7/18/2023 9:51 AM
102	There are not. The client's internet needs to be of good quality but that is getting better all the time. And mine is excellent as that is a priority in doing Telehealth. Most clients who are apprehensive once they try feel its as effective if not more than in person (they can take notes, etc)	7/18/2023 9:23 AM
103	No	7/18/2023 9:09 AM
104	You can only see from the shoulders up. Non-verbals are lost	7/18/2023 9:07 AM
105	no	7/18/2023 9:05 AM
106	no	7/18/2023 8:51 AM
107	No - primarily connectivity and appropriateness of fit for clients that are requesting Telehealth services.	7/18/2023 8:41 AM

108	Behavioral concerns. Unable to completely assess behaviors, mannerisms, unless pt reports such. Many are not observable	7/18/2023 8:27 AM
109	N/A	7/18/2023 7:48 AM
110	n/a	7/18/2023 7:45 AM
111	not that I can see	7/18/2023 7:30 AM
112	Connection support is the weak link in that both parties could use a third party IT support readily available for on the spot problems. A kind of hotline for assistance.	7/18/2023 7:07 AM
113	none	7/18/2023 7:02 AM
114	I feel uncomfortable not knowing who telehealth is best for, versus who is using it defensively. Can it stop some patients who avidly choose it from getting the most out of the clinical interaction?	7/18/2023 6:48 AM
115	I do a good amount of "car" therapy. Sometimes it's the only place a person can get privacy. So barrier for client	7/18/2023 6:12 AM
116	no	7/18/2023 5:44 AM
117	Yes. Offering services when out of State. I have moved from California to Illinois.	7/18/2023 3:39 AM
118	The main barrier can occur when a patient is at risk for suicide or harm to others. We do need a protocol for telehealth for patient safety and safety to others. Secondly, yet less - to no -risk is in the connection and sense of contact with patients in some cases, that is upon the first few sessions in using telehealth. Although after a few sessions patients do seem more comfortable and patients report they appreciate the convenience of telehealth.	7/18/2023 2:59 AM
119	Telehealth greatly reduces the clinicians ability to accurately read, interpret, and respond to body language and other subtle patient cues. This, in turn, diminishes the patient-doctor rapport and trust building.	7/18/2023 12:09 AM
120	Some clients have older computers, poor wifi systems and don't have locations that ensure privacy from others in the home	7/17/2023 11:40 PM
121	I have not experienced any barriers to providing telehealth services.	7/17/2023 11:19 PM
122	Insurance carriers not offering licensed providers appropriate compensation for services rendered to their members.	7/17/2023 11:11 PM
123	None	7/17/2023 10:39 PM
124	No	7/17/2023 10:31 PM
125	None that I can identify	7/17/2023 10:07 PM
126	No	7/17/2023 9:47 PM
127	Some clients do not have a private space for participating in telehealth.	7/17/2023 9:26 PM
128	The laws and regulations are very confusing, even if practicing in a single state. For those providers who are now licensed to practice across state lines, it can be so confusing it's almost impossible to keep up with all of the requirements.	7/17/2023 9:23 PM
129	No	7/17/2023 9:18 PM
130	None that I can think of.	7/17/2023 9:10 PM
131	Familiarity with different online platforms	7/17/2023 9:07 PM
132	N/A	7/17/2023 8:56 PM
133	Not that I can think of right now.	7/17/2023 8:49 PM
134	No	7/17/2023 8:21 PM
135	Clear practice guidelines	7/17/2023 8:17 PM
136	No	7/17/2023 8:05 PM

137	No	7/17/2023 8:01 PM
138	Appropriateness of patient location for service	7/17/2023 7:54 PM
139	No	7/17/2023 7:53 PM
140	Other than missing human-to-human contact Telehealth has been an overall success for clients as well as for me.	7/17/2023 7:41 PM
141	none	7/17/2023 7:30 PM
142	Some clients find that arranging for enough privacy during Telehealth sessions is difficult in a work or home situation, rather than in my office. Several use their cars and iPads or phone to ensure privacy.	7/17/2023 7:28 PM
143	Having a hotline number to use through APA is helpful for telehealth, and having a way to continue treatment with college students for at least 3 months when they leave the state is needed to ensure quality of care and appropriate support when a student moves out of state. This was a major benefit of telehealth during COVID (Ca allowed working with clients via telehealth and this gave the desperately needed support and treatment to college students.	7/17/2023 7:25 PM
144	Not at this time	7/17/2023 7:07 PM
145	No	7/17/2023 6:58 PM
146	No	7/17/2023 6:53 PM
147	no	7/17/2023 6:50 PM
148	Not that I can think of.	7/17/2023 6:45 PM
149	Client comfort with telegraph, particularly for older clients	7/17/2023 6:32 PM
150	None come to mind.	7/17/2023 6:32 PM
151	It is hard to know the barriers because I don't know who the potential clients are who do not have access. Certainly, anyone without a computer or smart phone would be excluded. Some people do not have a private space in which to be have a telehealth session with a therapist.	7/17/2023 6:28 PM
152	I would love to know why Florida psychologists are seeing my California patients. I think we need a blanket agreement across the states	7/17/2023 6:23 PM
153	No	7/17/2023 6:15 PM
154	equipment, lighting, EHR software not sophisticated enough	7/17/2023 6:09 PM
155	no	7/17/2023 6:05 PM
156	No	7/17/2023 6:04 PM
157	No	7/17/2023 5:41 PM
158	Telehealth has offered many advantages to patients, including economy on gas, lack of need for childcare, and flexibility to have therapy while at work during their lunch hour. As a psychologist, my experience is that occasionally I have to request that the patient prepares for a therapy session and not a simple chat. This seldom happens, and the patient adjusts immediately. I also include a teletherapy informational and instructions form in the intake package.	7/17/2023 5:41 PM
159	no	7/17/2023 5:36 PM
160	None	7/17/2023 5:28 PM
161	The basic differences between in-person psycho-physical contact and working with virtual images, without actual physical relatedness.	7/17/2023 5:27 PM
162	I've found it very difficult to conduct telehealth sessions with children, even after taking several trainings on how to do so. I've had clients shut the computer, throw it, paint on its screen, run to another room, etc., and having a parent nearby doesn't seem to help.	7/17/2023 5:26 PM
163	not appropriate for most clients. saw most people face to face	7/17/2023 5:25 PM
164	No	7/17/2023 5:20 PM

165	No	7/17/2023 5:20 PM
166	n/a	7/17/2023 5:12 PM
167	I no longer provide psychotherapy services. I do think from past experience that telehealth can be a very important resource for many people, and should be reimbursed by Medicare and insurance companies.	7/17/2023 4:58 PM
168	no	7/17/2023 4:57 PM
169	Telehealth platforms are clunky at times	7/17/2023 4:55 PM
170	None	7/17/2023 4:54 PM
171	No	7/17/2023 4:45 PM
172	confidentiality control in patient’s home	7/17/2023 4:37 PM
173	No	7/17/2023 4:36 PM
174	No	7/17/2023 4:32 PM
175	Lack of reciprocity for people who move out of state but want to stay with me as a therapist.	7/17/2023 4:18 PM
176	I would not accept clients who I assessed to be a safety risk but would refer them on.	7/17/2023 4:12 PM
177	Other note: This survey should allow multiple answers rather than only being able to select one	7/17/2023 4:08 PM
178	Gov't regulations: ex if Medicare decides to reverse allowing for billing for telehealth after the official end of the pandemic.	7/17/2023 4:07 PM
179	I feel telehealth services for psychologists are unethical. They can never compare to face to face and should be used only in emergencies.	7/17/2023 4:03 PM
180	Clients can have difficulties finding places to do telehealth sessions that are private enough so that they feel safe discussing their concerns openly and freely.	7/17/2023 4:03 PM
181	Barriers are mostly on the client side where they struggle with technology and poor internet speed.	7/17/2023 4:00 PM
182	No	7/17/2023 3:52 PM
183	This has been a game changer for my clients. I have almost zero no shows or cancellations anymore because it makes therapy incredibly accessible and flexible.	7/17/2023 3:51 PM
184	Electronic signatures for PA paperwork would be so helpful and more in line with telehealth practices, especially for clinics who have to manage a lot of signatures.	7/17/2023 3:43 PM
185	no	7/17/2023 3:38 PM
186	No	7/17/2023 3:34 PM
187	Difficulty maintaining an uninterrupted dialogue. Inherent lack of ability to connect emotionally due to the impersonal nature of the internet	7/17/2023 3:25 PM
188	none	7/17/2023 3:23 PM
189	no	7/17/2023 3:20 PM
190	patient intimidation	7/17/2023 3:05 PM
191	There are few barriers and telehealth is a form of accommodation and actually can help to increase access for care in combination with in person services or even as the primary type service for many patients.	7/17/2023 3:02 PM
192	No	7/17/2023 2:59 PM
193	no	7/17/2023 2:56 PM
194	I don't know of additional barriers.	7/17/2023 2:54 PM
195	no	7/17/2023 2:49 PM
196	Barriers are related mostly to the patient access to internet	7/17/2023 2:48 PM

197	No	7/17/2023 2:48 PM
198	No. Overall we have made great strides since the pandemic started on ironing out the kinks to telehealth and it has been a big benefit to our patients and staff. The main challenge that we need to work more on is how to use the modality effectively with groups.	7/17/2023 2:48 PM
199	No	7/17/2023 2:45 PM
200	some patients are not appropriate or refuse telehealth, but the vast majority of them prefer telehealth for psychiatric care. For psychotherapy more of the patients want to be seen in person. Our psychologist in our group hates telehealth and much prefers in person.	7/17/2023 2:41 PM
201	I think it is extremely helpful to have this option. It offers options to people who can't get therapy in person	7/17/2023 2:37 PM
202	N/A	7/17/2023 2:31 PM
203	None	7/17/2023 2:28 PM
204	No	7/17/2023 2:26 PM
205	No	7/17/2023 2:25 PM
206	none	7/17/2023 2:25 PM
207	NONE	7/17/2023 2:25 PM
208	No	7/17/2023 2:24 PM
209	Telehealth has allowed us to serve the elderly population who cannot attend sessions. However, it is important to be able to do sessions by phone for people who are not able to handle the technology.	7/17/2023 2:21 PM
210	No	7/17/2023 2:20 PM
211	those stated above. I find tele-therapy great for a more coaching style of therapy rather than deeper analysis	7/17/2023 2:15 PM
212	Not that I can think of at this point.	7/17/2023 2:12 PM
213	Unk	7/17/2023 2:10 PM
214	none. telehealth has been very easy for me to adjust to and get training on.	7/17/2023 2:01 PM
215	Systematic training of best practices for telehealth to ensure compliance to maintaining patient confidentiality and other issues	7/17/2023 1:58 PM
216	No, I perceive Telehealth to be a barrier remover, rather than a barrier creator.	7/17/2023 1:57 PM
217	no	7/17/2023 1:57 PM
218	None	7/17/2023 1:55 PM
219	As a geropsychologist, I have older clients who will spend part of their year in one state and part of the year in another state with adult children. That has led to clients working with two different providers based on state they are present in, but not all clients are open to that and has led to clients being underserved while in one state. If CA were a part of psypact that would help.	7/17/2023 1:53 PM
220	no	7/17/2023 1:49 PM
221	referring providers believing telehealth is not effective	7/17/2023 1:49 PM
222	None except patients sometime will avoid coming in person preferring remote meetings which may not be as effective for them	7/17/2023 1:43 PM
223	Lack of ability to serve people in other states that need my very specialties services because CA has not yet joined PSYPACT. Please join now ! It would make a huge difference to me and the specialized population I serve. DID.	7/17/2023 1:43 PM
224	Information on what to do if a 5150 is needed would be helpful. This where I have typically run into issues. Pts arent always honest about where they are, or most often, they leave the area	7/17/2023 1:41 PM

	after learning that they need an immediate eval.	
225	Not every patient has access to computers or smart phones.	7/17/2023 1:37 PM
226	none	7/17/2023 1:34 PM
227	None	7/17/2023 1:33 PM
228	effects on therapeutic alliance of in person versus telehealth. Bias of people doing telehealth may effect outcome of survey.	7/17/2023 1:29 PM
229	Worry about Confidentiality	7/17/2023 1:29 PM
230	None	7/17/2023 1:28 PM
231	limitations of reading body language and seeing whole body behavior	7/17/2023 1:27 PM
232	No	7/17/2023 1:25 PM
233	Access to technology, familiarity with technology, cost of technology for low income populations.	7/17/2023 1:25 PM
234	Less barriers. More benefits experienced.	7/17/2023 1:24 PM
235	No	7/17/2023 1:21 PM
236	No	7/17/2023 1:12 PM
237	Yes. Now it seems very hard for patients to locate practitioners that are not tele and for some like with autism, kids, severely depressed populations it is not a good match. There does not seem to be enough in person providers anymore to serve those populations which is why I keep a hybrid model. I hear from patients they searched for months to find an in person provider and I was the first they could find.	7/17/2023 1:12 PM
238	No	7/17/2023 1:11 PM
239	Quality assurance, hippa risks. The issues of out of state patients. Safety issues for supervisors and psychologists working in mental health systems. Therapist misperception of efficacy. Safety assessment from basic observational skills that are hidden in tele health I.e. self injury, Dto, etc. unconfirmed bias against seniors, chronically mentally ill or the impoverished. Also bias against people who may not have access as the reside in rural communities etc. not to mention potential racial and safety issues. I am concerned the survey does not ask about QA or safety.	7/17/2023 1:11 PM
240	If it could be made easier for patients to access HIPAA compliant platforms, especially for those patients who don't have much computer literacy, it'd be super helpful	7/17/2023 1:09 PM
241	No	7/17/2023 1:07 PM
242	Cultural and language barriers	7/17/2023 1:06 PM
243	Client preference for in person. Different relationship development over telehealth vs in person. Privacy concerns when doing telehealth and ct needs to monitor surroundings for intrusions. Less connection which leads to less openness to vulnerability	7/17/2023 1:06 PM
244	none	7/17/2023 1:03 PM
245	cannot think of any others	7/17/2023 1:00 PM
246	Not that I have run across at this time ...	7/17/2023 12:59 PM
247	Need more education for the general public to the effect that there are no differences between telepsychology and in-person services. In my opinion, telepsychology feels more intimate.	7/17/2023 12:58 PM
248	None	7/17/2023 12:57 PM
249	Unknown	7/17/2023 12:57 PM
250	N/a	7/17/2023 12:57 PM
251	No	7/17/2023 12:57 PM
252	No	7/17/2023 12:56 PM

253	none identified	7/17/2023 12:55 PM
254	Confidentiality	7/17/2023 12:54 PM
255	Client not having a private space	7/17/2023 12:52 PM
256	just ensuring the reimbursement continues for telehealth, especially for MediCal	7/17/2023 12:51 PM
257	Clear and consistent information about the relationship between the various aspects of Telehealth and HIPAA compliance.	7/17/2023 12:51 PM
258	Confidentiality is sometimes a concern. I've had telehealth meetings where someone enters the patient's space. Despite efforts to ensure such intrusions don't occur, I need to provide reminders to certain patients whose boundaries at home (and it seems to happen at patients' homes) are more porous.	7/17/2023 12:50 PM
259	no	7/17/2023 12:47 PM
260	None	7/17/2023 12:47 PM
261	Client privacy issues (sometimes difficult for client to find a private location to participate)	7/17/2023 12:47 PM
262	Informed consent issues. Getting paperwork signed.	7/17/2023 12:46 PM
263	no	7/17/2023 12:45 PM
264	No	7/17/2023 12:44 PM
265	lack of connection with patients to establish rapport and trust, lack human relatedness, distractions in the environment, or no safe and quiet place to engage in therapy, many patients have sessions in their car because they have no suitable private space to talk during their sessions	7/17/2023 12:44 PM
266	No	7/17/2023 12:41 PM
267	No	7/17/2023 12:33 PM
268	N/A	7/17/2023 12:33 PM
269	No	7/17/2023 12:32 PM
270	No. Actually it has been incredible to reach so many clients who otherwise couldn’t drive to the office	7/17/2023 12:29 PM
271	I have utilized telehealth as a consumer and hate it. Its impersonal and specialized techniques can’t be used. As a psychologist - I cannot know for sure that the disability claimants I see are alone, in a confidential space or that they are who they say they are. I won’t provide telehealth services as a result.	7/17/2023 12:28 PM
272	no	7/17/2023 12:28 PM
273	No	7/17/2023 12:26 PM
274	Unable to do most psychological testing assessments in a teleheath format	7/17/2023 12:25 PM
275	Lack of license reciprocity to provide services to clients residing outside of California.	7/17/2023 12:23 PM
276	Limited time to speak to patients in every appointment	7/17/2023 12:22 PM
277	None	7/17/2023 12:22 PM
278	PATIENT ACCESS TO COMPUTER/INTERNET	7/17/2023 12:20 PM
279	none that I have experienced	7/17/2023 12:18 PM
280	NA	7/17/2023 12:17 PM
281	Privacy concerns	7/17/2023 12:16 PM
282	Sometimes it can be challenging for a client to have a space that allows them to have confidential conversations	7/17/2023 12:16 PM
283	Providers needing to pay to advertise on platforms like Psychology today. I think there should be a free platform created to list a directory of Telehealth providers who are licensed	7/17/2023 12:16 PM

	psychologist that is free of cost to providers and consumers.	
284	No	7/17/2023 12:13 PM
285	no	7/17/2023 12:12 PM
286	Not aware of any	7/17/2023 12:07 PM
287	no	7/17/2023 12:05 PM
288	Connecting potential supervisors w potential therapists needing supervision	7/17/2023 12:05 PM
289	No	7/17/2023 12:04 PM
290	NA	7/17/2023 12:04 PM
291	None	7/17/2023 12:04 PM
292	Privacy barriers can sometimes be an issue for clients (finding a private place to have session)	7/17/2023 12:04 PM
293	No	7/17/2023 12:03 PM
294	None. I don't think there are any barriers to doing telehealth.	7/17/2023 12:03 PM
295	no	7/17/2023 12:02 PM
296	No	7/17/2023 12:01 PM
297	No	7/17/2023 12:00 PM
298	Person to person vs telehealth. I MUCH prefer person to person!	7/17/2023 12:00 PM
299	Confusion around laws, changes in ethics despite updates from BOP and other agencies. Lack of public understanding of limitations of telehealth (constantly telling tamiles i cannot see them when out of state/country when they hadn't informed me they would be out of state)	7/17/2023 11:58 AM
300	some patients have access problems, about 25%	7/17/2023 11:57 AM
301	No.	7/17/2023 11:57 AM
302	No.	7/17/2023 11:56 AM
303	As a child psychologist I work with populations wherein telehealth just isn't appropriate, but parents want it due to the convenience - this has been the largest struggle	7/17/2023 11:54 AM
304	no	7/17/2023 11:54 AM
305	I think these cover them	7/17/2023 11:54 AM
306	It is not qualitatively the same. Not bad, but not like it used to be. Interruptions, missing data	7/17/2023 11:53 AM
307	NO	7/17/2023 11:50 AM
308	No	7/17/2023 11:50 AM
309	I am a provider for Kaiser Permanente, and no co-payment is required for Telehealth. Since they already pay a reduced fee for my services, this costs me a lot of revenue.	7/17/2023 11:47 AM
310	Client income and access/understanding of technology at times especially older adults	7/17/2023 11:46 AM
311	There may be barriers on the client's end (access, financial means, privacy, etc).	7/17/2023 11:45 AM
312	Patients having appropriate camera equipment.	7/17/2023 11:45 AM
313	None.	7/17/2023 11:44 AM
314	there is no reliable data to suggest telehealth is effective	7/17/2023 11:44 AM
315	None	7/17/2023 11:42 AM
316	State boundaries	7/17/2023 11:41 AM
317	Lack of client privacy.	7/17/2023 11:41 AM

318	No	7/17/2023 11:40 AM
319	No	7/17/2023 11:37 AM
320	No	7/17/2023 11:37 AM
321	no	7/17/2023 11:35 AM
322	The board approving supervision with associations in this platform.	7/17/2023 11:34 AM
323	Less intimate and clients are sometimes less likely to reveal deeper emotional things that they might express in vivo	7/17/2023 11:33 AM
324	None	7/17/2023 11:32 AM
325	no	7/17/2023 11:32 AM
326	none	7/17/2023 11:31 AM
327	Disruptive use of fake backgrounds	7/17/2023 11:31 AM
328	not to my knowledge	7/17/2023 11:30 AM
329	none that I am aware of	7/17/2023 11:30 AM
330	privacy concerns with platforms and government monitoring of data make me worry that sessions are stored in large data base. I think we know this happens and is not a conspiracy.	7/17/2023 11:30 AM
331	None	7/17/2023 11:29 AM
332	No	7/17/2023 11:29 AM
333	NA	7/17/2023 11:28 AM
334	None	7/17/2023 11:27 AM
335	no	7/17/2023 11:27 AM
336	No	7/17/2023 11:26 AM
337	The biggest barrier is insurance reimbursement	7/17/2023 11:26 AM
338	knowing the regulations around telehealth (geographic location, with whom you can practice with your state license), creating detailed websites for your practice	7/17/2023 11:26 AM
339	The nonverbal info which is not accessible People not as connected, esp children	7/17/2023 11:25 AM
340	Assistance with technology for certain populations (elderly, special needs, children)	7/17/2023 11:22 AM
341	Barriers related to state laws being different from state to state	7/17/2023 11:22 AM
342	no	7/17/2023 11:21 AM
343	Lack of access to private spaces for some clients	7/17/2023 11:20 AM
344	I believe tele-health is the future of the field and increases access. The primary issues have to do with separate licensing in each state of the U.S. We need to have reciprocity to provide continuity of care. That is the largest barrier to client/ patient care.	7/17/2023 11:20 AM
345	Not that I can think of?	7/17/2023 11:19 AM
346	no	7/17/2023 11:19 AM
347	No	7/17/2023 11:18 AM
348	No	7/17/2023 11:18 AM
349	Only state laws are a barrier to practice because clients travel all the time and we can't see them while they are away.	7/17/2023 11:17 AM
350	No, good job covering the important issues!	7/17/2023 11:17 AM
351	just unpredictability in switching back and forth between different modes of connection (phone vs. zoom) equipment ready (which headset I'm using, getting wired correctly, etc.)	7/17/2023 11:17 AM

352	Lack of a suitable private space where the client is located for the session. Difficulties observing body language. Difficulty sensing emotional connection with the client. Difficulty consistently engaging younger child clients or those with significant attention difficulties.	7/17/2023 11:17 AM
353	No	7/17/2023 11:16 AM
354	Medicare will no longer reimburse for telehealth services soon	7/17/2023 11:16 AM
355	No	7/17/2023 11:15 AM
356	NA	7/17/2023 11:13 AM
357	access to telehealth for people too poor or too marginalized to use it	7/17/2023 11:12 AM
358	The Board's lack of prescience on these issues a decade ago?? I think the creation of unnecessary barriers by the board would be a threat to be considered. Covid was a black swan event so I don't blame the board for that but the growth of telehealth has been strong for a long time. This current state was inevitable. I think the next phase of telehealth that will be challenging will be the integration with psychedelics. FOR SURE someone is going to try this...this needs to be clarified NOW to look ahead.	7/17/2023 11:12 AM
359	No	7/17/2023 11:11 AM
360	Employer doesn’t allow	7/17/2023 11:09 AM
361	Forces me to upgrade my computer at considerable expense	7/17/2023 11:08 AM
362	None.	7/17/2023 11:08 AM
363	YES. I believe it is completely inappropriate as a method for providing mental health services UNLESS there is no provider available, e.f. rural communities. The vast increase in telehralth services is encouraging more and more social fragmentation and encouraging under-prepaired individuals to practice	7/17/2023 11:08 AM
364	No	7/17/2023 11:08 AM
365	None	7/17/2023 11:07 AM
366	Marketing to the general population and professionals. There is amazing aspects of patients' lives when I see them in their own environments. I learn how much more relaxed and available emotionally they are as they are in the "safe" environment, vrs a formal office decorated by me. It is amazing to see the shift in ego-state by the patient.	7/17/2023 11:07 AM
367	No	7/17/2023 11:05 AM
368	No	7/17/2023 11:03 AM
369	No	7/17/2023 11:02 AM
370	Not that I am aware of.	7/17/2023 11:01 AM
371	Lack of training to long time practitioners who are not tech savvy	7/17/2023 11:00 AM
372	No	7/17/2023 11:00 AM
373	No	7/17/2023 11:00 AM
374	Reimbursement	7/17/2023 11:00 AM
375	No	7/17/2023 11:00 AM
376	no	7/17/2023 10:59 AM
377	No	7/17/2023 10:57 AM
378	Geographical barriers - would be great if CA joined PsyPACT	7/17/2023 10:57 AM
379	no	7/17/2023 10:56 AM
380	Legal case studies regarding forensic evaluations	7/17/2023 10:56 AM
381	No	7/17/2023 10:56 AM
382	No	7/17/2023 10:56 AM

383	No barriers for me I think telehealth is amazaing	7/17/2023 10:55 AM
384	no	7/17/2023 10:55 AM
385	It increases accessibility to patients	7/17/2023 10:55 AM
386	None	7/17/2023 10:55 AM
387	No	7/17/2023 10:55 AM
388	I think a focus on the benefits are as important as a focus on the barriers. For my clients the benefits far outweigh the barriers.	7/17/2023 10:55 AM
389	No	7/17/2023 10:54 AM
390	None that I can identify.	7/17/2023 10:54 AM
391	No	7/17/2023 10:53 AM
392	not having platforms that translate well into Spanish or other languages. accessibility for patients with no wifi or bad cellular service	7/17/2023 10:53 AM
393	no	7/17/2023 10:53 AM
394	Children's short attention span not conducive	7/17/2023 10:52 AM
395	No	7/17/2023 10:51 AM
396	No barriers	7/17/2023 10:51 AM
397	Some of my clients just prefer to be seen in person…	7/17/2023 10:51 AM
398	Not that I am aware of. As I indicated earlier in this survey, I am not currently practicing but did at one point during Covid avail myself of the services of another psychologist (I was in the patient role). While it took some adjustments on my part to get used to the telehealth experience, I felt it was a very positive experience.	7/17/2023 10:51 AM
399	No	7/17/2023 10:50 AM
400	No	7/17/2023 10:50 AM
401	I have a certificate in telemental health, but many practitioners don't. It is extremely helpful to have this. I have also noticed in one job that the clients PREFER online visits to in-office visits.	7/17/2023 10:50 AM
402	More focus on the impact and ceu training on the whole area would be good	7/17/2023 10:49 AM
403	Payment Collection at time of session	7/17/2023 10:49 AM
404	No	7/17/2023 10:48 AM
405	No	7/17/2023 10:48 AM
406	Access for client populations that don’t have a supported device or convenient internet access at appointment time. Also, difficulties for those who don’t have technical skills to connect (elderly/others with no previous exposure/etc.).	7/17/2023 10:48 AM
407	None	7/17/2023 10:48 AM
408	Licensing requirement forin person supervission.	7/17/2023 10:47 AM
409	The collegial relationships require more deliberate planning. No more informal opportunities to bounce a question off a colleague.	7/17/2023 10:47 AM
410	Client finding a private location can be a barrier at times. Being able to provide services across state lines has been very challenging (clients traveling, temporary relocations). Specifically amount of coordination and license fees as a non PSYPACT state.	7/17/2023 10:47 AM
411	patient SES, broadband/connection issues, lack of technology literacy.	7/17/2023 10:46 AM
412	No	7/17/2023 10:46 AM
413	The only barriers to telehealth provision of services are the drastic lack of resources,	7/17/2023 10:46 AM

	psychiatric, programmatic and acute hospitalization that make practitioners very reluctant to take on more disturbed patients via telehealth.	
414	None	7/17/2023 10:45 AM
415	None	7/17/2023 10:45 AM
416	None that I can think of at the moment	7/17/2023 10:45 AM
417	I think the training on the clinical side is adequate. However, the consumer/client isn't always technically astute and their technical abilities vary.	7/17/2023 10:45 AM
418	No	7/17/2023 10:44 AM
419	None	7/17/2023 10:44 AM
420	The interpersonal factors that make therapy effective are not fully developed in when assessment and treatment are provided remotely by either video or phone	7/17/2023 10:44 AM
421	None.	7/17/2023 10:44 AM
422	While again I understand that there are many providers that would not be effective or even ethical providing telehealth, those providers with significant experience, training and judgement are being impacted by not participating in psypact.	7/17/2023 10:44 AM
423	Some of my clients have moved out of state and that limits their ability to access my services.	7/17/2023 10:44 AM
424	No	7/17/2023 10:43 AM
425	Lack of back up supports for high risk clients. We can do the therapy if there is local case management for these clients.	7/17/2023 10:43 AM
426	Telehealth should be open across state lines so that more people can have access to therapists	7/17/2023 10:43 AM
427	no	7/17/2023 10:42 AM
428	client comfort levels with tech	7/17/2023 10:42 AM
429	no	7/17/2023 10:42 AM
430	No, it has opened up therapy to people who otherwise couldn't attend.	7/17/2023 10:42 AM
431	Disruptive tech companies offering very low fee telehealth which prevents consumers from getting treatment from psychologists	7/17/2023 10:42 AM
432	Not having an in person connection with a person/clt.	7/17/2023 10:42 AM
433	Most Californians aren't aware that with telehealth they don't have to select a nearby therapist.	7/17/2023 10:42 AM
434	Certain people prefer to seeing in-person, certain treatment (biofeedback) can't be offered in telethealth as of today.	7/17/2023 10:42 AM
435	No	7/17/2023 10:41 AM
436	Lack of engagement at times	7/17/2023 10:40 AM
437	None	7/17/2023 10:40 AM
438	No	7/17/2023 10:40 AM
439	Not that I am aware of	7/17/2023 10:40 AM
440	no	7/17/2023 10:40 AM
441	It would be helpful to have more support in the practical application of ethical guidelines.	7/17/2023 10:40 AM
442	Institutional barrier. One training site I had been to discourage providers from providing telehealth through working from home. What ended up happening was I went into the office and provide telehealth from there, which was a financial burden to me (gas and commuting time). I wish institutes are more open to telehealth and let clinicians have the choice to provide telehealth from their home environment.	7/17/2023 10:40 AM

443	None	7/17/2023 10:40 AM
444	none	7/17/2023 10:40 AM
445	no	7/17/2023 10:39 AM
446	Thank you for your effort to "break down the (telehealth) barriers and increase access." This is an important work!	7/17/2023 10:39 AM
447	none	7/17/2023 10:38 AM
448	no	7/17/2023 10:38 AM
449	Some clients have difficulty with technological issues and it can be hard to help them troubleshoot when not in person to see their phone/computer.	7/17/2023 10:38 AM
450	No	7/17/2023 10:38 AM
451	No.	7/17/2023 10:37 AM
452	no	7/17/2023 10:37 AM
453	No	7/17/2023 10:37 AM
454	Backup plans for technological mishaps, while not a barrier, are an important element of practice. Also, there have been areas in which telehealth services have expanded, rather than limited, access in my experience as a provider.	7/17/2023 10:37 AM
455	ability to connect with clients in ways that create a sustainable therapeutic environment	7/17/2023 10:37 AM
456	no	7/17/2023 10:36 AM
457	None	7/17/2023 10:36 AM
458	No	7/17/2023 10:36 AM
459	no	7/17/2023 10:36 AM
460	No. However we the end of the pandemic, we need to continue to make sure that telehealth is covered and reimbursed at the same rate at face to face. A lot of rural folks are dependent on it and some people just prefer it.	7/17/2023 10:36 AM
461	None that I'm aware of.	7/17/2023 10:36 AM
462	Your survey is not well designed. you ask about practice barriers but don't include the fact that there have been relatively few practice barriers -- except for in-person assessment. I find telehealth helps even high-risk clients who can be seen more and find it difficult to leave their homes. your survey methodology is flawed. there is not option to choose "not applicable" and your questions are not specific enough. For example, when you ask about practice barriers -- are you referring to practice barriers that I know might be possible -- or that I have had in the conduct of telehealth. Because your survey is flawed your outcome data will be incorrect.	7/17/2023 10:36 AM
463	no	7/17/2023 10:36 AM
464	none	7/17/2023 10:36 AM
465	No	7/17/2023 10:35 AM
466	No	7/17/2023 10:35 AM
467	Assessment of substance use or intoxication is difficult with teleheth	7/17/2023 10:35 AM
468	No	7/17/2023 10:35 AM
469	No	7/17/2023 10:34 AM
470	Yes there is a tremendous problem if I have got a court case where one of the parties although having a case in California resided in another state we cannot rope them into a process through family law court because I do not practice in that other state so the client cannot get the help and the case cannot be moved forward California needs to work on having reciprocity for these circumstances so that families can be healed	7/17/2023 10:34 AM
471	None	7/17/2023 10:34 AM

472	no	7/17/2023 10:34 AM
473	No	7/17/2023 10:33 AM
474	no	7/17/2023 10:33 AM
475	No	7/17/2023 10:33 AM
476	Individuals served having the items necessary for such a service	7/17/2023 10:33 AM
477	No barriers I've experienced.	7/17/2023 10:33 AM
478	No	7/17/2023 10:32 AM
479	None	7/17/2023 10:32 AM
480	no	7/17/2023 10:32 AM
481	Confidentiality issues- Low income cts may not have privacy at home.	7/17/2023 10:32 AM
482	no	7/17/2023 10:31 AM
483	Shyness in front of camera for some clients	7/17/2023 10:31 AM
484	No	7/17/2023 10:31 AM
485	no	7/17/2023 10:31 AM
486	Helping elderly with good broadband connection	7/17/2023 10:31 AM
487	No	7/17/2023 10:31 AM
488	I have not experienced any barriers to telehealth.	7/17/2023 10:30 AM
489	No	7/17/2023 10:30 AM
490	No	7/17/2023 10:30 AM
491	None	7/17/2023 10:30 AM
492	some lack of acceptance	7/17/2023 10:30 AM
493	limited separation between work and home - I'd like to offer more in-person, but office space is too expensive	7/17/2023 10:30 AM
494	No	7/17/2023 10:29 AM
495	regulatory	7/17/2023 10:29 AM
496	None	7/17/2023 10:29 AM
497	None	7/17/2023 10:29 AM
498	No other barriers noted.	7/17/2023 9:45 AM
499	No	7/16/2023 11:58 AM
500	Patient education	7/16/2023 7:39 AM
501	n/a	7/15/2023 10:30 PM
502	none	7/15/2023 4:25 PM
503	N/A	7/15/2023 10:49 AM
504	Biggest concern is increasing barriers from insurance companies. Advocacy for telehealth service coverage is very important for patient accessibility. Also would be great to be able to offer specialized services across states (ways around licensing rules when treating/assessing rare disease, for example).	7/15/2023 10:30 AM
505	No, it’s quite easy and convenient to use.	7/15/2023 8:58 AM
506	No	7/15/2023 7:55 AM
507	Children are difficult via telehealth	7/14/2023 10:00 PM

508	None that I can think of?	7/14/2023 8:22 PM
509	No	7/14/2023 4:18 PM
510	?	7/14/2023 2:29 PM
511	no	7/14/2023 1:22 PM
512	No, but your questionnaire only allows one answer when sometimes there is more than one that I could have checked.	7/14/2023 12:51 PM
513	No	7/14/2023 10:54 AM
514	We need interstate provisions. Living near the border of a state requires clients to travel to see you from out of state in order to provide services to clients. You can't see them online, you can only see them in person. Makes NO sense whatsoever.	7/14/2023 10:50 AM
515	None	7/14/2023 8:50 AM
516	Clients wanting in person care	7/14/2023 5:08 AM
517	Distractions, harder to focus	7/13/2023 9:37 PM
518	Little info on good platforms for therapy	7/13/2023 7:18 PM
519	Personally, I would not be comfortable in working with non present (online) clients. I am retired and no longer licensed.	7/13/2023 7:15 PM
520	Some people, especially teens, are self conscious and won't show their face on the video which impacts engagement	7/13/2023 6:55 PM
521	No	7/13/2023 5:14 PM
522	feeling security that telehealth will be protected in the future	7/13/2023 3:44 PM
523	no	7/13/2023 3:18 PM
524	No	7/13/2023 2:53 PM
525	Access to equipment and or internet services	7/13/2023 11:55 AM
526	Psypact!!!	7/13/2023 11:03 AM
527	No I have no barriers at all. I love being a telehealth provider	7/13/2023 9:45 AM
528	None	7/13/2023 8:58 AM
529	No, in fact Telehealth has allowed me to provide service to people throughout California, not just to those who are able to travel to my office. So, the opposite of "barriers."	7/13/2023 8:29 AM
530	Acceptability with patients, some patients prefer in-person.	7/13/2023 7:31 AM
531	no	7/13/2023 7:15 AM
532	No	7/12/2023 10:44 PM
533	I find it important to meet and assess new patients in a face-to-face setting before considering telehealth.	7/12/2023 6:19 PM
534	Elderly patients with limited tech skills	7/12/2023 5:45 PM
535	No	7/12/2023 4:27 PM
536	None.	7/12/2023 3:57 PM
537	No barriers at all	7/12/2023 3:25 PM
538	I don't think so	7/12/2023 2:53 PM
539	Most critical issues have been addressed. As with in-person, once the macro level is managed, micro issues can come forward.	7/12/2023 2:47 PM
540	No	7/12/2023 1:43 PM
541	None	7/12/2023 1:04 PM

542	Contractors not cleared to perform telehealth when employees are	7/12/2023 1:04 PM
543	More research is needed on long term results and efficacy of Telehealth in its many formats.	7/12/2023 12:41 PM
544	Unknown	7/12/2023 11:40 AM
545	Just clear guidelines on working with folks who spend significant portions of time out of CA state either for work or travel.	7/12/2023 11:33 AM
546	Lack of technical preparedness of patients. Medi-Cal and Medicare recipients, particularly older adults and patients with cognitive or learning impairments, are not as well versed in online communication or IT in general.	7/12/2023 11:00 AM
547	Lack of technological competency by some patients.	7/12/2023 10:43 AM
548	No barriers	7/12/2023 10:43 AM
549	Research on when tele-health is contraindicated	7/12/2023 10:27 AM
550	none	7/12/2023 10:07 AM
551	No	7/12/2023 9:12 AM
552	No	7/12/2023 8:54 AM
553	Geriatric clients lacking technical sophistication struggle with the technology	7/12/2023 8:14 AM
554	no	7/12/2023 7:16 AM
555	Missing nonverbal cues	7/12/2023 6:33 AM
556	no	7/12/2023 6:17 AM
557	No	7/12/2023 4:44 AM
558	Some Clients have difficulty with technology	7/11/2023 11:09 PM
559	Biggest for me is the lack of clarity of MediCare payments for Tele-psychotherapy inn billing-location of service??	7/11/2023 10:25 PM
560	I think HIPPA is suppose to help clients, but it can be used in a way that actual prevents them from getting the best care.	7/11/2023 6:03 PM
561	None	7/11/2023 5:30 PM
562	Regional or jurisdictional restrictions: Telehealth platforms can be subject to regional or jurisdictional restrictions, especially when it comes to compliance with privacy regulations or licensing requirements. Certain platforms may not be available or suitable for use in specific countries or regions due to legal or regulatory variations, limiting their usability in telehealth contexts.	7/11/2023 5:17 PM
563	Client ability to use telehealth--lack of understanding of technology	7/11/2023 5:13 PM
564	None	7/11/2023 5:05 PM
565	no	7/11/2023 4:46 PM
566	In person closeness	7/11/2023 3:51 PM
567	None	7/11/2023 3:48 PM
568	No	7/11/2023 3:46 PM
569	Expert Access/Consultation	7/11/2023 3:04 PM
570	With the current mental health crisis and so many newly licensed psychologists having student loan debt, but not being able to find non-profit positions, seems there is a disconnect between what the population needs and therapists can provide.	7/11/2023 2:39 PM
571	No	7/11/2023 2:38 PM
572	Rapport building with clients and their families	7/11/2023 2:34 PM

573	no	7/11/2023 2:24 PM
574	na	7/11/2023 2:06 PM
575	No	7/11/2023 1:16 PM
576	My patients have a hard time understanding the need for privacy when doing digital work. They are often in public places, or at home but with others close enough to interrupt. This regardless of suggestions and Recommendations	7/11/2023 1:02 PM
577	no	7/11/2023 12:46 PM
578	Patients don't take the appointment as seriously and try to multi-task while in session. Distractions from children, doorbells, pets, gardeners, etc. Other family members intruding on sessions. The inability to see and track patient affect, such as tearing up, or disassociative states, online. Therapeutic techniques such as EMDR are not as effective online. Overall, I find the psychotherapeutic experience is downgraded, for both the therapist and patient when it is online.	7/11/2023 12:44 PM
579	no	7/11/2023 12:37 PM
580	Possibly for the client's lack of privacy if responding from home, different type of interpersonal connection, possibly impediments using technology.	7/11/2023 12:24 PM
581	no	7/11/2023 12:16 PM
582	no	7/11/2023 11:45 AM
583	None	7/11/2023 11:44 AM
584	again, reach....please join psypact	7/11/2023 11:42 AM
585	No	7/11/2023 11:32 AM
586	Wish telehealth were an option for existing clients that then move out of state. This would help greatly with continuity of care.	7/11/2023 11:04 AM
587	No	7/11/2023 10:53 AM
588	Like anything, there are pluses and minuses. On the plus side, it was the viable option during the COVID-19 pandemic and I can still work with clients who have moved to other parts of California. So it enhances continuity of care. On the other side, I still prefer seeing clients in "3 dimensions" since that can enhance clinical impressions. There is also the question of how insurers and regulatory bodies will treat telehealth now that the pandemic emergency is presumably over.	7/11/2023 10:33 AM
589	No	7/11/2023 10:29 AM
590	I have not encountered any of these as barriers or issues in delivering telehealth services.	7/11/2023 10:24 AM
591	No	7/11/2023 10:09 AM
592	None that I'm currently aware of.	7/11/2023 9:39 AM
593	We have joint commission requirements in terms of screenings that become ungainly for intakes on telehealth so we have had to modify to texted surveys	7/11/2023 9:31 AM
594	Difficulty engaging certain clients with developmental disabilities on telehealth.	7/11/2023 9:26 AM
595	Generally no	7/11/2023 9:09 AM
596	no	7/11/2023 9:07 AM
597	No	7/11/2023 9:05 AM
598	Less ability to observe client's whole body, clothing and how clients carries themselves	7/11/2023 9:03 AM
599	n/a	7/11/2023 8:53 AM
600	None. I'm surprised how well telehealth works.	7/11/2023 8:52 AM
601	People try yo multi task Lack of privacy in home during session	7/11/2023 8:46 AM

602	you have captured that in the other category	7/11/2023 8:44 AM
603	No	7/11/2023 8:40 AM
604	Unable to see client's physical reactions and lessoned clinical human connection	7/11/2023 8:22 AM
605	None there are no barriers. It is great	7/11/2023 8:19 AM
606	no	7/11/2023 8:13 AM
607	Impact of advent of teleheath on perceptions of clients. Some clients can treat therapy like an Uber App where they think they can "order" therapy when they need it instead of committing to traditional 1-hour/week routinely scheduled appointment.	7/11/2023 7:59 AM
608	For me teleheath and work from home were far less gratifying than in person work, especially with kids. While teleheath was doable in a time of need i do think it pushed me closer to burnout because to me it felt pretty alienating in a way that in person work generally was not.	7/11/2023 7:57 AM
609	No	7/11/2023 7:36 AM
610	Just said at times if you’re doing psychotherapy with an older adult, who cannot access virtual sessions it has to be on the telephone, which is still helpful, but nicer to be able to see each other.	7/11/2023 7:26 AM
611	No	7/11/2023 7:19 AM
612	No	7/11/2023 7:19 AM
613	Technology including internet access for clients	7/11/2023 7:09 AM
614	Patients/clients who have no access or training in using computers	7/11/2023 7:06 AM
615	None	7/11/2023 6:43 AM
616	None	7/11/2023 6:38 AM
617	Some folks who have not been exposed to tech, for example, older clients, are intimidated and think they won't be able to do it. Also, while it is good, it is just not the same as being there. It is harder to get the non verbal cues, and you cannot assess a whole person's body language - only what is on the screen. Also, the background is often "filtered", limiting contextual cues. In some cases, it limits the "closeness" of the interaction. But sometimes, in other cases, a person who is otherwise inhibited may be more likely to loosen up due to the perceived "distance" provided by TH.	7/11/2023 5:53 AM
618	No	7/11/2023 5:50 AM
619	None	7/11/2023 5:48 AM
620	Privacy for client. But I’ve found clients to be resourceful,	7/11/2023 5:27 AM
621	There are a number of out-of-state companies always trying to recruit California psychologists. The Board needs to consider change to present licensure regulations in allowing psychologists to work with clients out-of-state.	7/11/2023 5:01 AM
622	No	7/11/2023 4:27 AM
623	No	7/11/2023 4:11 AM
624	Some of the questions above I would have liked to check off multiple barriers but was unable to do so or elaborate. Telehealth has offered so much more good than barriers to my life and my clients’ lives. But I’m a responsible provider who only offers telehealth for concerns that have been proven effective in research. The biggest barrier I find is untrained professionals providing inappropriate care (like play therapy for young children), and the public getting the idea that’s appropriate. Or the opposite, they get the idea no telehealth is appropriate for young children when we know evidence based treatments can be just as if not more effective over telehealth for young children with appropriate training.	7/11/2023 3:39 AM
625	Low-income population that cannot have access to technology	7/11/2023 2:00 AM
626	No	7/11/2023 12:15 AM
627	No	7/10/2023 11:48 PM

628	No, I think telehealth has for the most part been a real benefit to my clients. While there are some clients for whom it is not appropriate (younger children) for many it allows them to engage in therapy when it might otherwise not be possible.	7/10/2023 11:43 PM
629	None that I am aware of at this time.	7/10/2023 11:42 PM
630	Clients who are not tech-savvy have difficulty with signing on to a video platform.	7/10/2023 11:35 PM
631	No	7/10/2023 11:29 PM
632	None	7/10/2023 11:18 PM
633	Homelessness, no privacy for some with limited to no space, no phone w video capacity or internet access, limited data/minutes on phones, the need to connect with others in person is lacking.	7/10/2023 11:09 PM
634	Occasionally a client does not have WIFI.	7/10/2023 10:58 PM
635	No	7/10/2023 10:47 PM
636	Yes the impersonal feel of Telehealth. The inability to see the whole person. The client being in their car or in a public place.	7/10/2023 10:13 PM
637	Therapy is about building a relationship and observing behavior and body language. While telehealth could be helpful in some cases, I encourage the board not to get on a bandwagon and try to fit our profession into something that it was never intended to be. Be mindful and think clinically before supporting or implementing any new regulations that would make us no different that a psychic hotline. I realize there is a workforce shortage in the state but that should not be a reason to lower the bar... both about telehealth and about who is now entering the profession. I am not against telehealth. I just wanted to take this opportunity to convey this message to you. I am a member of the public too and sometimes it gives me great concern to wonder who my and/or my family's own provider would be if I needed healthcare	7/10/2023 9:49 PM
638	No	7/10/2023 9:37 PM
639	Lack of peer consultation. With telehealth, I miss connecting with peers and colleges to consult on complex cases. Telehealth can be lonely and isolating for providers who work with difficult patients.	7/10/2023 9:37 PM
640	Having a consistent confidential space to do sessions. I've had to improvise. Would be nice to have office space that doesn't cost an arm and a leg in CA.	7/10/2023 9:34 PM
641	Interventions for children via telehealth	7/10/2023 9:24 PM
642	No	7/10/2023 9:23 PM
643	Clients traveling or moving out of state.	7/10/2023 9:10 PM
644	No	7/10/2023 9:08 PM
645	no	7/10/2023 8:55 PM
646	Telehealth is a suitable option for patients but should not be a substitute for in person care. It is a wonderful alternative for those who would otherwise not have access to treatment and others who need flexibility in scheduling. There needs to be greater awareness that the delivery of psychological services via telehealth is qualitatively different than treatment in person.	7/10/2023 8:51 PM
647	N/a	7/10/2023 8:46 PM
648	I have had to turn down out-of-state patients requesting treatment in a specific language due to jurisdictional limitations. While telehealth can theoretically facilitate access to care for these patients (who reside in states where few psychologists speak their language), clinicians are unable to accommodate such requests.	7/10/2023 8:42 PM
649	Burn out due to practice on telehealth, effectiveness of telehealth for clients -meaning that therapy is now more accessible for various populations but what is the quality of telehealth therapy? I prefer in person services so I notice I have more trouble focusing during telehealth sessions and have more fatigue after solely telehealth session days.	7/10/2023 8:37 PM
650	No	7/10/2023 8:36 PM

651	No	7/10/2023 8:23 PM
652	Lengthy waits for technical assistance for the frequent losses of connection and inability to hear each other or inability to see each other, etc.	7/10/2023 8:22 PM
653	The different locations of professional and patient makes the therapeutic environment difficult to keep consistent. For example, someone has a disruptive room, messy, other people around and so on.	7/10/2023 8:07 PM
654	No additional barriers.	7/10/2023 7:46 PM
655	marketing	7/10/2023 7:44 PM
656	Yes. The clients commitment to coming to therapy. It’s too Casual and easy for the client to sit home	7/10/2023 7:38 PM
657	No	7/10/2023 7:35 PM
658	No	7/10/2023 7:35 PM
659	Insurance companies not reimbursing much for out of network mental health care.	7/10/2023 7:34 PM
660	None, presently, come to mind.	7/10/2023 7:31 PM
661	No	7/10/2023 7:29 PM
662	Some patients lack the technology for video appointments.	7/10/2023 7:26 PM
663	No	7/10/2023 7:25 PM
664	No comment.	7/10/2023 7:20 PM
665	N/A	7/10/2023 7:20 PM
666	Insurance companies not making it a permanent modality for reimbursement.	7/10/2023 7:18 PM
667	Level of fatigue for therapist is much greater in telecare. Relational quality in therapy is more difficult to achieve.	7/10/2023 7:10 PM
668	No	7/10/2023 7:08 PM
669	No	7/10/2023 7:06 PM
670	No	7/10/2023 6:55 PM
671	I work in addiction treatment. From my experience in this field, telehealth is inappropriate in addiction treatment for these reasons: 1) We cannot see exactly if the client is under a substance or playing games on his phone (for gambling disorder clients). 2) Telehealth is not helping to create relationships and connect with others to get out of isolation. 3) We as therapists cannot use different tools such as art therapy, yoga, music therapy, etc. 4) The connection with the client through telehealth is not as strong as in person.	7/10/2023 6:52 PM
672	Do 't know	7/10/2023 6:44 PM
673	I do not feel there are many barriers in telehealth, at least, not at this time	7/10/2023 6:36 PM
674	No	7/10/2023 6:26 PM
675	Client's understanding of using telehealth in a confidential manner - i.e., initiating a session from a table on a balcony of a restaurant with other persons nearby.	7/10/2023 6:26 PM
676	na	7/10/2023 6:25 PM
677	None	7/10/2023 6:15 PM
678	no	7/10/2023 6:13 PM
679	Client privacy	7/10/2023 6:11 PM
680	Verifying client location, continuation of care when clients are traveling out of state	7/10/2023 6:11 PM
681	no	7/10/2023 6:09 PM
682	NO	7/10/2023 6:02 PM

683	None	7/10/2023 5:58 PM
684	Insurance companies having power to decide if telehealth is reimbursable or not.	7/10/2023 5:55 PM
685	No	7/10/2023 5:54 PM
686	No	7/10/2023 5:51 PM
687	No	7/10/2023 5:51 PM
688	Clients move but license doesn't cross state lines. This is my biggest barrier.	7/10/2023 5:51 PM
689	no	7/10/2023 5:50 PM
690	What to do when a patient moves out of state because California does not participate in the multi-state telehealth agreement	7/10/2023 5:49 PM
691	None that I can think of	7/10/2023 5:44 PM
692	No	7/10/2023 5:39 PM
693	No it has been an easy transition	7/10/2023 5:39 PM
694	Lack of ability to do telehealth across state lines when patients travel or go away to college is the main barrier I experience in my practice.	7/10/2023 5:37 PM
695	Patient internet and tech costs for quality telehealth experience	7/10/2023 5:34 PM
696	I have not come across	7/10/2023 5:27 PM
697	peer consultation sometimes requires extra effort to coordinate	7/10/2023 5:22 PM
698	n/a	7/10/2023 5:19 PM
699	I'm answering these questions for my practice only. None	7/10/2023 5:18 PM
700	Mainly the stability of wi fi or te platforms, audio quality on zoom in one courtroom.	7/10/2023 5:18 PM
701	Some families do not have the technology or the environment to support it	7/10/2023 5:17 PM
702	The Board of Psy is NOT regulating the TECH companies that are for profit. Instead it appears that the onus of responsibility to comply with ethical guidelines falls on the psychologist. But these companies should not even exist to begin with---talk to psychologists who actually are attempting to comply with the for profit company guidelines---the actual contact with the therapist is woefully lacking---i.e. through texting, and the use of AI. Again, the Board should be considering the regulation of online/tech provision of psychological services.	7/10/2023 5:16 PM
703	no barrier is if it is not reimburseable by insurance	7/10/2023 5:04 PM
704	No	7/10/2023 5:00 PM
705	No.	7/10/2023 4:59 PM
706	No	7/10/2023 4:54 PM
707	no	7/10/2023 4:41 PM
708	N/A	7/10/2023 4:29 PM
709	it works fairly reliably for me	7/10/2023 4:27 PM
710	The major problem in my practice is related to children, assessment and adolescents who have been my patients for some time who are going to college and would like to continue with me, however, there are licensing problems.	7/10/2023 4:25 PM
711	No	7/10/2023 4:25 PM
712	Fear that telehealth will be reimbursed at a rate lower than office reimbursement	7/10/2023 4:23 PM
713	It is counterintuitive to any aspect of my professional trading	7/10/2023 4:23 PM
714	Dropped / interrupted sessions for clients using their phones when they receive a call from their favorites or family members . They can block calls but when family members call they	7/10/2023 4:23 PM

	don’t get blocked and it cuts off the session when clients use their cell phone for telehealth when in the roadside, or out of office	
715	Most of the above are systemic barriers. It is important as a therapist to determine how you are going to stay connected and up to date on practices since you are not coincidentally in touch with others.	7/10/2023 4:19 PM
716	No	7/10/2023 4:09 PM
717	Screen fatigue	7/10/2023 4:07 PM
718	No	7/10/2023 4:06 PM
719	no	7/10/2023 3:58 PM
720	No	7/10/2023 3:57 PM
721	There is such a severe need for mental health services for many underserved populations, there should be greater efforts made to reach more people via this modality, since it is so effective, accessible and available	7/10/2023 3:57 PM
722	No	7/10/2023 3:42 PM
723	Not that I can think of	7/10/2023 3:39 PM
724	It has worked to my clients advantage in a significant way. It allows them to have access to me on more of a consistent level. They don’t have to worry about driving into my office, taking time off work, or finding daycare. I’m my case, it has been very successful all the way around	7/10/2023 3:39 PM
725	No	7/10/2023 3:38 PM
726	No	7/10/2023 3:34 PM
727	none	7/10/2023 3:33 PM
728	No	7/10/2023 3:31 PM
729	When using Telehealth, I think it's even more importannt than in an office setting for clinicians to know the limits of their abilities/scope of practice, so as to know when to get consultation and refer out.	7/10/2023 3:31 PM
730	User friendly platforms for the elderly, sometimes technology is an issue.	7/10/2023 3:30 PM
731	I worry about whether insurance companies will stop reimbursing telehealth sessions and the uncertainty makes it hard to make plans around providing telehealth - I have maintained office space in case I need to return more to the office. But for most of my clients the convenience of telehealth outweighs the downsides of not meeting in person	7/10/2023 3:24 PM
732	No	7/10/2023 3:21 PM
733	No	7/10/2023 3:19 PM
734	None	7/10/2023 3:15 PM
735	no	7/10/2023 3:11 PM
736	Patients lack of ability to use technology	7/10/2023 3:11 PM
737	I don’t recognize any true barriers, although I feel concerned that Telehealth may not be an option in the future and many clients have elected to utilize it during and following COVID-19. It is more convenient for a large portion of clients.	7/10/2023 3:04 PM
738	No	7/10/2023 2:59 PM
739	The greatest barrier/deterrent is the lack of interstate licensure reciprocity for Psychologists.	7/10/2023 2:59 PM
740	no	7/10/2023 2:58 PM
741	No	7/10/2023 2:57 PM
742	Not that I know of	7/10/2023 2:56 PM
743	Connectivity and client privacy	7/10/2023 2:53 PM

744	No	7/10/2023 2:51 PM
745	Nothing is as good as in person	7/10/2023 2:49 PM
746	no	7/10/2023 2:49 PM
747	N/A	7/10/2023 2:48 PM
748	I prefer in patient services as contact supports individuals in making changes in their lives. I experience patients are more present in person.	7/10/2023 2:48 PM
749	In my experience, Telehealth has provided access instead of hindering it and believe it is vital to ensure that we as licensed psychologist are allowed and supported in continuing to provide our services virtually so we may reach hard to reach populations. It is also critical that theres advocacy for insurance to continue to reimburse for these services beyond the pandemic.	7/10/2023 2:38 PM
750	Having patient's be up and ready for therapy, as having them lie in bed in not great.	7/10/2023 2:38 PM
751	The most important barrier is: Loss of many nuances in communication.	7/10/2023 2:37 PM
752	No, I use an end to end password protected email account and 2 end to end encrypted telehealth platforms. Telehealth has made it possible to deliver services to patients who would otherwise not be able to participate in treatment.	7/10/2023 2:35 PM
753	I would like to see studies that compare the efficacy of telehealth and on-sight treatments.	7/10/2023 2:34 PM
754	None	7/10/2023 2:29 PM
755	No	7/10/2023 2:28 PM
756	No	7/10/2023 2:24 PM
757	I see telehealth breaking down barriers more than creating barriers. I serve a lot of disabled clients on Medicare who when I moved to Oregon were not able to find a psychologist to see them until I started seeing them again when Medicare allowed telehealth services. Additionally, many clients with difficult finances find telehealth services much more affordable as they do not suffer severe financial costs to get to sessions or lengthy amounts of time through usage of inconvenient mass transit.	7/10/2023 2:20 PM
758	Online supervision should be extended. It increases access for both supervisees and supervisors.	7/10/2023 2:14 PM
759	None	7/10/2023 2:10 PM
760	Administration of certain measures for psychological testing	7/10/2023 2:08 PM
761	Some clients just want to meet in person so I refer them to therapists who are meeting in person.	7/10/2023 2:07 PM
762	No	7/10/2023 2:06 PM
763	Not that I can think of	7/10/2023 2:06 PM
764	No	7/10/2023 2:01 PM
765	No	7/10/2023 2:01 PM
766	N/A	7/10/2023 1:53 PM
767	Private location for telehealth services on community college and university campuses. Students are sharing a dorm room and some private study rooms are first come first serve. I've emailed campus counseling centers and they haven't been able to help.	7/10/2023 1:49 PM
768	Ability to focus	7/10/2023 1:48 PM
769	None	7/10/2023 1:47 PM
770	Nothing comes to mind right now.	7/10/2023 1:35 PM
771	Licensing - it would be great if California entered psychpact or any other system (if available) so that tele health practitioners could practice across borders	7/10/2023 1:35 PM
772	No	7/10/2023 1:33 PM

773	no	7/10/2023 1:27 PM
774	No	7/10/2023 1:26 PM
775	None	7/10/2023 1:26 PM
776	None	7/10/2023 1:25 PM
777	no	7/10/2023 1:24 PM
778	Sometimes challenges are presented when patients go to other state jurisdictions and cannot be seen.	7/10/2023 1:24 PM
779	Not at this time, but we need to insure that insurance companies continue to allow this practice and that at state levels telehealth continues to be an allowed form of delivering mental health treatment.	7/10/2023 1:24 PM
780	None	7/10/2023 1:23 PM
781	None	7/10/2023 1:20 PM
782	Current laws regarding telehealth across state lines	7/10/2023 1:18 PM
783	Yes the lack of sophistication in tech among the elderly who often live alone and don't even have computers for options vrs using only a phone	7/10/2023 1:16 PM
784	N/A	7/10/2023 1:11 PM
785	None	7/10/2023 1:10 PM
786	Everything in mental health seems to be on a spectrum. The people who plan ahead and are ready for their sessions do much better than those who are not functioning at a high level in the first place, the homeless, the addicted, the uncommitted to therapy in the first place patients.	7/10/2023 1:10 PM
787	none	7/10/2023 1:07 PM
788	No	7/10/2023 1:07 PM
789	We don't know as a field is telehealth is appropriate for what individuals...and if and when a person should be seen in person for more effective care	7/10/2023 1:02 PM
790	Threat of Telehealth not being covered by insurance, territory boundaries (out of state, country regulations)	7/10/2023 1:01 PM
791	no	7/10/2023 12:58 PM
792	no	7/10/2023 12:57 PM
793	No	7/10/2023 12:55 PM
794	Research indicating the effectiveness of telehealth for psychology practice is lacking.	7/10/2023 12:52 PM
795	Clients' access to Internet and lack of facility of using electronic devices	7/10/2023 12:51 PM
796	Confusion about which telehealth platforms are HIPAA compliant and how to use them in a compliant way	7/10/2023 12:50 PM
797	No	7/10/2023 12:48 PM
798	No	7/10/2023 12:47 PM
799	no	7/10/2023 12:46 PM
800	Unique legal/ethical challenges to that modality	7/10/2023 12:45 PM
801	None	7/10/2023 12:43 PM
802	If there is a choice in person is always better.	7/10/2023 12:43 PM
803	No	7/10/2023 12:43 PM
804	Not aware of any.	7/10/2023 12:41 PM

805	Not outside of cost and/or elderly individuals who are hesitant with technology	7/10/2023 12:40 PM
806	Yes, many mental health professionals (and medical doctors) are not willing to take Medi-Cal clients due to the very low rate of payments and the exceptionally slow rate of payment and the unresponsiveness of the Medi-Cal system. For example, I once got paid for a Medi-Cal client six months after he had died (for the accumulation of many months of weekly in-person sessions that I had provided and that I had never gotten paid for while he was alive). So, some of the most in-need residents in California are being penalized for being in poverty because there are not enough mental health professionals willing to go through the very unprofessional conduct of Medi-Cal. If Medi-Cal would pay Psychologists at a more reasonable rate (and in as timely a fashion as Medicare), then the field of Psychology could be more inclusive and effective.	7/10/2023 12:39 PM
807	No	7/10/2023 12:38 PM
808	No	7/10/2023 12:37 PM
809	Lack of appropriate treatment space on the patient’s end. Every one of my patients has, at least once, attended their videoconference session while laying in bed.	7/10/2023 12:37 PM
810	no	7/10/2023 12:37 PM
811	No	7/10/2023 12:34 PM
812	No	7/10/2023 12:31 PM
813	Clients ability to find a private place to speak.	7/10/2023 12:29 PM
814	None.	7/10/2023 12:28 PM
815	None	7/10/2023 12:28 PM
816	No, but I work with adolescents and young adults. It would be great if we could find a way to provide consistency to clients who attend college out of state. The disruptions to treatment outweigh other factors. Could we, for example, take tests on the laws in the states they attend college in to get temporary access to provide care to students who are residents of California attending college out of state? If there wasn't a crisis due to a shortage of practitioners then I could see the need to prevent CA licensees from providing care to out of state students. In the current situation it would make a huge positive difference in access to care for young adults. It could also work for clients filming out of state on location temporarily. It's time to recognize what research has proven. The relationship with the therapist matters. We are not special, but we are not interchangeable either.	7/10/2023 12:28 PM
817	Use of interpreters during telehealth visits	7/10/2023 12:26 PM
818	Not that I can identify	7/10/2023 12:26 PM
819	I have not had any other issues.	7/10/2023 12:26 PM
820	Differing state rules for providing telehealth when clients are out of town. Some states allow without being licensed in that other state while other states do not.	7/10/2023 12:24 PM
821	No	7/10/2023 12:23 PM
822	software compatibility with phones, tablets, computers, etc	7/10/2023 12:18 PM
823	Can be a little harder to read body language, see if a client is disheveled or has poor hygiene.	7/10/2023 12:17 PM
824	Lack of connectivity between therapist and client due to being in separate spaces during therapy.	7/10/2023 12:15 PM
825	no	7/10/2023 12:15 PM
826	No	7/10/2023 12:14 PM
827	None	7/10/2023 12:14 PM
828	Organizations not will to develop telehealth programs for psychologists to practice.	7/10/2023 12:12 PM
829	Should be nationwide	7/10/2023 12:12 PM
830	no	7/10/2023 12:11 PM

831	I started doing telehealth for the VA in 2011. I was skeptical but found it surprisingly effective. I prefer using video platforms that are hippa compliant. There are cars that are inappropriate and I think children and teens do better in person.	7/10/2023 12:10 PM
832	No	7/10/2023 12:09 PM
833	No	7/10/2023 12:09 PM
834	No	7/10/2023 12:09 PM
835	no	7/10/2023 12:07 PM
836	Many people who use the internet as I am doing, would rather be of service in other ways.	7/10/2023 12:05 PM
837	No	7/10/2023 12:03 PM
838	More research concerning the efficacy of in-person vs. remote sessions.	7/10/2023 12:03 PM
839	Problems with working across state lines... Lack of parity as a psychologist because California does not have a relationship with other states that makes working across state lines easy rather than impossible.	7/10/2023 12:01 PM
840	NO	7/10/2023 12:00 PM
841	None	7/10/2023 12:00 PM
842	no	7/10/2023 12:00 PM
843	Barriers to forming interpersonal connection; reinforcement or enabling of dysfunctional interpersonal behaviors in clients and therapists (distracting self during sessions, avoiding eye contact, turning off camera). Practical things like helping a client complete worksheets during sessions	7/10/2023 12:00 PM
844	Yes, inability to continue therapy with clients traveling temporarily out of state! Ridiculous and a BIG continuity of care issue!	7/10/2023 12:00 PM
845	None	7/10/2023 11:59 AM
846	None	7/10/2023 11:59 AM
847	Not for me, both myself and my clients are enjoying telehealth and are having good results from our work due to the consistency with meeting.	7/10/2023 11:58 AM
848	no	7/10/2023 11:57 AM
849	Age of client: older adults have greater challenges in getting care through telemedicine (lack of interest in seeing provider online, difficulties connecting to the platform, not being familiar with the technology)	7/10/2023 11:57 AM
850	no	7/10/2023 11:55 AM
851	None	7/10/2023 11:54 AM
852	Therapy with young children who are not able to interact well via computer/phone	7/10/2023 11:53 AM
853	Yes. The psychology boards create too many roadblocks to provide professional experience Across the globe. Because of this other less qualified people end up offering services, charging more and doing the work that we are more trained and capable to do. We need to allow licensed educated long practiced providers to help more people every where.	7/10/2023 11:51 AM
854	Reiterating that some clients do not have either the skill, interest or technology to conduct sessions via zoom	7/10/2023 11:48 AM
855	Patients don’t always have confidential locations	7/10/2023 11:45 AM
856	The inability to see body language limiting non-verbal cues to patient's state, unclear picture limiting ability to see facial expression clearly, patients struggling to engage in therapy in the same way as they would in-office (despite instruction and redirection), limits to establishing and/or maintain safety, limited confidentiality due to others' in the home being able to hear content of session	7/10/2023 11:45 AM
857	no	7/10/2023 11:43 AM

858	None	7/10/2023 11:42 AM
859	Privacy — client having a private space for therapy sessions	7/10/2023 11:41 AM
860	Overall this has allowed for more people for psych help and they are doing it & only barriers are still insurance companies either denying or delaying treatment. For profit organizations are oxymorons for medical & psychological services as all professionals know it!	7/10/2023 11:41 AM
861	No	7/10/2023 11:40 AM
862	N/A	7/10/2023 11:39 AM
863	None	7/10/2023 11:37 AM
864	Very biased management	7/10/2023 11:37 AM
865	No.	7/10/2023 11:37 AM
866	No	7/10/2023 11:36 AM
867	not really...it does seem to be the wvae of the future and solves lots of problems	7/10/2023 11:34 AM
868	Yes, clients that move around and the lack of ability to see people across state line. With covid and work/home people are moving between states more often than before. I believe there should be a universal license application to work with people beyond state lines.	7/10/2023 11:34 AM
869	Sufficient training in regard of short term trips to other states	7/10/2023 11:34 AM
870	preference for in-person contact	7/10/2023 11:33 AM
871	Telehealth does not foster the therapeutic alliance as well as in-person meetings.	7/10/2023 11:32 AM
872	No	7/10/2023 11:31 AM
873	N/a	7/10/2023 11:31 AM
874	Patients with limited access to technology or limited ability to manage technology	7/10/2023 11:30 AM
875	No	7/10/2023 11:28 AM
876	Client prefers in person care.	7/10/2023 11:28 AM
877	no	7/10/2023 11:27 AM
878	No	7/10/2023 11:27 AM
879	No	7/10/2023 11:26 AM
880	no	7/10/2023 11:25 AM
881	no	7/10/2023 11:25 AM
882	Trauma work has not been studied well for telehealth application. EMDR specifically could be profitably researched and modified.	7/10/2023 11:25 AM
883	advertisement/client knowledge of telehealth services in all serviced areas. Limits to professional advertising with certain insurances and outside of insurance for cash-pay clients	7/10/2023 11:23 AM
884	No, telehealth has been such a positive in his field with stigmas still attached to mental health care and transportation issues.	7/10/2023 11:22 AM
885	lack of confidentiality, privacy when clients meet in public spaces or others intervene in the session due to client's space they are in at the time of the session (family, friends, or even strangers) and clients don't necessarily understand the potential harm in this so it is an ongoing conversation to support them in being aware	7/10/2023 11:22 AM
886	none	7/10/2023 11:21 AM
887	N/A	7/10/2023 11:20 AM
888	I don’t think we know enough about treatment outcomes, particular populations or techniques that help overcome barriers	7/10/2023 11:19 AM
889	No	7/10/2023 11:18 AM

890	Some clients are not appropriate for telehealth so need good screening tools.	7/10/2023 11:18 AM
891	Patients not having access to a laptop or desktop computer and having to conduct the session on a cell phone.	7/10/2023 11:18 AM
892	Telehealth care with specific populations who may not be well suited for telehealth.	7/10/2023 11:17 AM
893	None	7/10/2023 11:17 AM
894	No	7/10/2023 11:17 AM
895	No	7/10/2023 11:14 AM
896	Zoom fatigue	7/10/2023 11:13 AM
897	No	7/10/2023 11:12 AM
898	Some clients prefer face to face sessions	7/10/2023 11:12 AM
899	No	7/10/2023 11:09 AM
900	No	7/10/2023 11:09 AM
901	No	7/10/2023 11:08 AM
902	No	7/10/2023 11:08 AM
903	platform I work for does not provide group counseling. Not very user friendly for children and teens. Cannot have couples or family in multiple locations.	7/10/2023 11:08 AM
904	No	7/10/2023 11:08 AM
905	no	7/10/2023 11:08 AM
906	No, telehealth has improved the state of service provision.	7/10/2023 11:07 AM
907	Na	7/10/2023 11:06 AM
908	None	7/10/2023 11:06 AM
909	No additional barriers. Overall telehealth has greatly improved access, compliance and recovery	7/10/2023 11:06 AM
910	Some clients have difficulty finding a space that ensures privacy.	7/10/2023 11:06 AM
911	Isolation of remote workers	7/10/2023 11:06 AM
912	As someone who is slightly over middle-aged, I find it difficult to discern which platforms are HIPPA compliant because the descriptions provided by the platforms can be confusing	7/10/2023 11:04 AM
913	No	7/10/2023 11:03 AM
914	Insurance coverage in general as well as out of pocket cost	7/10/2023 11:02 AM
915	none	7/10/2023 11:02 AM
916	Regulations remain the basic problem. Technology is years ahead.	7/10/2023 11:01 AM
917	Parents unavailability that makes the session less safe for patients with safety concerns	7/10/2023 10:59 AM
918	None	7/10/2023 10:59 AM
919	no	7/10/2023 10:58 AM
920	Evidence concerning efficacy of training (longer term outcomes) to ensure effective practice and protection of the public.	7/10/2023 10:58 AM
921	Just lack of access to or knowledge enough to use video technology.	7/10/2023 10:58 AM
922	The development of the therapeutic relationship	7/10/2023 10:58 AM
923	Occasionally during a session, unexpected interruptions can occur with someone else entering the room and disrupting privacy. This happens very rarely. The benefits of providing a tele-psychotherapy session outweigh the challenges of patients driving to my office for a	7/10/2023 10:58 AM

	psychotherapy session. Cancellations and No Shows have decreased since offering tele-psychotherapy sessions	
924	Some clients seem to need the contact of in person psychotherapy.	7/10/2023 10:57 AM
925	We have to make sure the clients are physically in California.	7/10/2023 10:57 AM
926	No	7/10/2023 10:56 AM
927	No	7/10/2023 10:55 AM
928	state licensing barriers	7/10/2023 10:55 AM
929	Flexibility in patients travelling across state lines	7/10/2023 10:54 AM
930	none	7/10/2023 10:54 AM
931	Training	7/10/2023 10:53 AM
932	There are some clients who have disabilities that limit their use of telehealth technology. For instance, I have a client that is legally blind and bedridden and can only talk on their phone but cannot afford to pay for broadband access or a computer nor can they see well enough to use a computer.	7/10/2023 10:53 AM
933	Crisis intervention vs therapy	7/10/2023 10:53 AM
934	Specific paperwork requirements and necessary Telehealth Informed Consent forms	7/10/2023 10:52 AM
935	Not that I can think of.	7/10/2023 10:52 AM
936	Client uncomfortable or unfamiliar with technology	7/10/2023 10:52 AM
937	Client worried other's may hear them. Sometimes finding a private space.	7/10/2023 10:52 AM
938	No	7/10/2023 10:51 AM
939	client needs to be in a private space	7/10/2023 10:51 AM
940	none	7/10/2023 10:50 AM
941	no--I think telehealth is a great way or reaching many patients.	7/10/2023 10:50 AM
942	Only that for some clients, the technology is hard for them due to age and others want the in-person connection.	7/10/2023 10:48 AM
943	No	7/10/2023 10:48 AM
944	Some insurance carriers create barriers to telehealth w/r/t copayments or reimbursement because they don't cover it.	7/10/2023 10:47 AM
945	The main problem was poor reception, programs freezing or losing the client in the middle of a session and needing to reboot. Sound quality going down. Some clients just are not technically savey. Medicare doesn't lay them do phone therapy now. There has to be visual contact.	7/10/2023 10:47 AM
946	No	7/10/2023 10:45 AM
947	California should be a PSYPACT state.	7/10/2023 10:44 AM
948	No	7/10/2023 10:44 AM
949	No, I find telehealth to be very valuable for some clients with either very busy schedules or who live further away from my office.	7/10/2023 10:44 AM
950	Some clients indicated difficulty finding confidential space.	7/10/2023 10:44 AM
951	Licensure not applying across state lines. The versatility and continuation of care allowed in using TeleHealth is erased once a client is: traveling, forced to move by their job, going to college, etc.	7/10/2023 10:42 AM
952	1. doing all of the paperwork virtually (e.g., mail documents using USPS or emailing documents bringing in HIPAA compliance) slows down when the work can begin 2. getting paid when don't see people in person weekly. many of my clients pay for multiple sessions in advance, which is great, but i only use mail via USPS so depending on when they mail	7/10/2023 10:42 AM

	payment and how fast or slow USPS is working will determine when i get paid. often, payment is lagging behind the appointment.	
953	In-person sessions allow me to observe the the totality of the client especially the pephysical reactivity	7/10/2023 10:41 AM
954	Age: not appropriate for young children Services: not validated for child/teen assessments	7/10/2023 10:40 AM
955	Some insurance plans now do not accept telephonic therapy appointments, only video, this is a significant problem for the elderly population that I treat that do not feel comfortable using computers and prefer only telephone appointments.	7/10/2023 10:40 AM
956	NO	7/10/2023 10:39 AM
957	No	7/10/2023 10:39 AM
958	Miss the interaction of being in person with my colleagues	7/10/2023 10:39 AM
959	No	7/10/2023 10:39 AM
960	Not for me.	7/10/2023 10:39 AM
961	No	7/10/2023 10:38 AM
962	Yes ability to do telehealth across state lines	7/10/2023 10:38 AM
963	The pt's are more inclined to skip sessions.	7/10/2023 10:38 AM
964	It's mostly the unreliable internet connectivity and a concern that insurance will not provide reimbursement.	7/10/2023 10:37 AM
965	No	7/10/2023 10:36 AM
966	Lack of better support from BOP	7/10/2023 10:36 AM
967	no	7/10/2023 10:36 AM
968	None	7/10/2023 10:35 AM
969	None	7/10/2023 10:35 AM
970	no	7/10/2023 10:34 AM
971	N/A	7/10/2023 10:34 AM
972	No network is totally secure.	7/10/2023 10:33 AM
973	No	7/10/2023 10:33 AM
974	No	7/10/2023 10:32 AM
975	No	7/10/2023 10:32 AM
976	The biggest barrier to my practice, and my ability to help others, is the limitation of my license to CA clients only. I have a rare specialty and I'd like to be able to help people across the country.	7/10/2023 10:32 AM
977	no	7/10/2023 10:31 AM
978	No	7/10/2023 10:31 AM
979	None	7/10/2023 10:30 AM
980	Not enough overall training. Many therapist assume they know how to properly use telehealth technology.	7/10/2023 10:30 AM
981	None	7/10/2023 10:29 AM
982	Lack of adequate insurance coverage that reimburses providers a fair amount per session	7/10/2023 10:29 AM
983	No	7/10/2023 10:28 AM
984	Not that I am aware of	7/10/2023 10:28 AM
985	No	7/10/2023 10:28 AM

986	Don’t know	7/10/2023 10:28 AM
987	Sometimes rapport building is difficult	7/10/2023 10:28 AM
988	This seems small, but I recently had to switch from contacts to glasses and found that I had to change my neck position so that clients could see my eyes. I had to do this for a few weeks and it oddly contributed to muscle stiffness. In general I don't like the boundary that glasses create, but this just added to the problem. Because I offer telehealth a significant percentage of time and have "visual inattention" (according to my own neuropsychological assessment), I have been experiencing fatigue. I have read about "zoom fatigue" however, I wonder if this doesn't affect me more given my visual inattention. I think everyone may be in this situation but I am burnt out. I have tried to get more in-person clients (rented out a space) but people seem quite content with Telehealth.	7/10/2023 10:28 AM
989	Stated earlier - - wondering how on board the Board of Psych is in terms of supporting this work and its inherent risks	7/10/2023 10:27 AM
990	Reliable efficacy studies	7/10/2023 10:26 AM
991	None	7/10/2023 10:25 AM
992	Medi-Cal clients often do not have access or ability to wi-fi and zoom.	7/10/2023 10:25 AM
993	while clinicians can afford good quality equipment some patients do not have the availability or technical skills needed for telepsych.	7/10/2023 10:25 AM
994	I’d like to echo the inappropriateness of remote treatment for certain populations, beyond those requiring psych testing. There is almost an imaginary barrier via telehealth in which the interaction seems less personal (as can be seen in the harsh ways respond to each other online when the sane person likely has different interactions in person). I’m not sure how well I explained that but it’s almost as if there is something dehumanizing about visiting over a computer - I find I have less empathy, less understanding, and may be quicker to judge as compared to in person interactions. This is very important in high stakes matters where a comprehensive understanding is crucial.	7/10/2023 10:25 AM
995	none	7/10/2023 10:24 AM
996	no	7/10/2023 10:23 AM
997	Providers need to know how to match the level of sophistication of the platform to the patient's capabilities. For example, FaceTime is ideal for those with little technical ability. Zoom can be intimidating for some elderly patients.	7/10/2023 10:23 AM
998	No way to reasonably do neuropsychological testing via telehealth	7/10/2023 10:22 AM
999	no	7/10/2023 10:22 AM
1000	None	7/10/2023 10:22 AM
1001	Pts with hearing and vision impairments	7/10/2023 10:22 AM
1002	"More human connection"	7/10/2023 10:21 AM
1003	Again, we need psypact. Please reconsider your position on having a mobility license. Client expect this now and are frequently frustrated that I cannot provide for them under my California license.	7/10/2023 10:21 AM
1004	There is some barriers with insurance accepting and also credentialing boards becoming up to speed on PsyPact and allowing out of state access for clients.	7/10/2023 10:21 AM
1005	Psypact. Join it.	7/10/2023 10:21 AM
1006	No	7/10/2023 10:21 AM
1007	no	7/10/2023 10:20 AM
1008	Cultural and language	7/10/2023 10:20 AM
1009	Reluctance of some clients to use telehealth even when clinically appropriate.	7/10/2023 10:20 AM
1010	None, thank you for asking.	7/10/2023 10:19 AM

1011	none	7/10/2023 10:18 AM
1012	Simplified Telehealth training for elderly (60+ years of age)	7/10/2023 10:17 AM
1013	N/A	7/10/2023 10:17 AM
1014	No	7/10/2023 10:16 AM
1015	as above. If someone never saw patients in the office their treatment using psychotherapy will be sorely limited and the treatment will be of limited utility.	7/10/2023 10:16 AM
1016	none	7/10/2023 10:15 AM
1017	Lack of a private place for clients to take calls.	7/10/2023 10:15 AM
1018	screen psychotherapy can be painful for migraine sufferers, both patients and clinicians	7/10/2023 10:15 AM
1019	Disabled accessibility. Of course, as a disabled person, we are quite used to being overlooked.	7/10/2023 10:15 AM
1020	We don't have good evidence that telehealth outcomes are equivalent to in person outcomes. I strongly discourage the use of teletherapy for child and adolescent patients.	7/10/2023 10:15 AM
1021	no	7/10/2023 10:12 AM
1022	No	7/10/2023 10:12 AM
1023	none	7/10/2023 10:12 AM
1024	No	7/10/2023 10:11 AM
1025	Nope	7/10/2023 10:10 AM
1026	Telehealth doesn’t seem to be a barrier to practice. Psychology should be adapting quickly to new technologies so we stay relevant in a world using the internet 24/7	7/10/2023 10:10 AM
1027	language barriers for monolingual (non-english) speakers	7/10/2023 10:10 AM
1028	Ambiguity about the status of ongoing telehealth.	7/10/2023 10:10 AM
1029	N/A	7/10/2023 10:09 AM
1030	None	7/10/2023 10:08 AM
1031	no	7/10/2023 10:08 AM
1032	none, love teleheath	7/10/2023 10:08 AM
1033	Working for a for profit insurance company that schedules 8-11 pts a day providing 30-45 min telehealth sessions for patients who are experiencing moderate to severe symptoms.	7/10/2023 10:08 AM
1034	No	7/10/2023 10:07 AM
1035	No	7/10/2023 10:07 AM
1036	Posssible requirement that we see patients once a year. My Seniors are still afraid of Covid and/or can’t drive	7/10/2023 10:07 AM
1037	None really	7/10/2023 10:06 AM
1038	Publicize the research that shows that it is equally beneficial	7/10/2023 10:06 AM
1039	No	7/10/2023 10:05 AM
1040	None	7/10/2023 10:05 AM
1041	No	7/10/2023 10:05 AM
1042	I am finding more people are wanting in person services than telehealth services. People are just tired of using computers to have appointments.	7/10/2023 10:05 AM
1043	no	7/10/2023 10:04 AM
1044	Populations that don’t have access to internet and/or devices continue to be obstacles for treatment.	7/10/2023 10:04 AM

1045	no	7/10/2023 10:03 AM
1046	No	7/10/2023 10:03 AM
1047	No	7/10/2023 10:01 AM
1048	none.	7/10/2023 10:01 AM
1049	The need for a national recognition of licenses for Telehealth, especially when a patient begins treatment while living in California and then moves to another state.	7/10/2023 10:01 AM
1050	No	7/10/2023 10:00 AM
1051	No	7/10/2023 10:00 AM
1052	No	7/10/2023 10:00 AM
1053	institutional policies	7/10/2023 9:59 AM
1054	N/A	7/10/2023 9:59 AM
1055	None	7/10/2023 9:59 AM
1056	None	7/10/2023 9:58 AM
1057	age of client	7/10/2023 9:58 AM
1058	No	7/10/2023 9:58 AM
1059	No	7/10/2023 9:58 AM
1060	Privacy of home office location given requirements for published business/practice addresses by various licensing boards	7/10/2023 9:58 AM
1061	None	7/10/2023 9:57 AM
1062	none	7/10/2023 9:57 AM
1063	n/a	7/10/2023 9:57 AM
1064	NO	7/10/2023 9:57 AM
1065	I understand the barriers and these have not been a concern.	7/10/2023 9:57 AM
1066	Some clients are not comfortable or just prefer in-person care.	7/10/2023 9:57 AM
1067	People need to understand that for many populations and treatment approaches, telehealth is as effective as in person. That scares people away. They are afraid that they are getting substandard treatment as a result.	7/10/2023 9:57 AM
1068	No	7/10/2023 9:56 AM
1069	Clinician health related to sitting and looking at a screen for hours.	7/10/2023 9:56 AM
1070	Provides less ability to read/use nonverbal cues. Overall feels less impactful then in person sessions	7/10/2023 9:56 AM
1071	I have patients who travel the world. The use of zoom and telephone allows for a more consistent treatment	7/10/2023 9:56 AM
1072	None really, except that some prefer in person and unmasked. And as a clinician with health issues, providing that space is a personal health dilemma.	7/10/2023 9:56 AM
1073	Primary barrier is with adolescence and their attention to therapy.	7/10/2023 9:56 AM
1074	state laws	7/10/2023 9:55 AM
1075	No	7/10/2023 9:55 AM
1076	no	7/10/2023 9:55 AM
1077	no	7/10/2023 9:55 AM
1078	None apparent	7/10/2023 9:55 AM

1079	Teleheslth has become the preferred modality for clients and some therapists however it isn't actually the best for some clients that would benefit from the behavior of leaving the house, getting ready, and it enhances isolation. Also group therapy is greatly affected by teletherapy as well as EMDR. Overall I think that therapy works better when it is delivered in person and that a lot is missed in teletherapy. Also, employing therapists for in person intensive setting has become more difficult as many providers find it easier to work from home.	7/10/2023 9:55 AM
1080	No	7/10/2023 9:55 AM
1081	This has been fantastic. I am able to see people now that would have never gotten therapy before as a result of telehealth	7/10/2023 9:54 AM
1082	Covering the Central Valley - it is usually on the part of patients/families and their access to good and reliable wi-fi services and their understanding of how to use.	7/10/2023 9:54 AM
1083	More advantages than barriers	7/10/2023 9:54 AM
1084	No but I will not refer to clinicians with a full time telehealth practice	7/10/2023 9:54 AM
1085	Reduced pay for services	7/10/2023 9:54 AM
1086	No	7/10/2023 9:54 AM
1087	Quality of service via telehealth; Challenges regarding use with for group therapy	7/10/2023 9:54 AM
1088	None	7/10/2023 9:54 AM
1089	No	7/10/2023 9:53 AM
1090	No	7/10/2023 9:53 AM
1091	Problematic when patients move out of state. Have to end treatments. Not in the best interest of patient.	7/10/2023 9:53 AM
1092	The propinquity of client and therapist	7/10/2023 9:53 AM
1093	No	7/10/2023 9:52 AM
1094	No	7/10/2023 9:52 AM
1095	No	7/10/2023 9:52 AM
1096	None	7/10/2023 9:52 AM
1097	Lack of clear guidance for established professionals who want to adopt the technology but are not tech savvy	7/10/2023 9:52 AM
1098	None	7/10/2023 9:52 AM
1099	None	7/10/2023 9:51 AM
1100	None	7/10/2023 9:51 AM
1101	no barriers	7/10/2023 9:51 AM
1102	Safety barriers - being able to ensure that a patient is hospitalized/sufficiently assessed while being virtual.	7/10/2023 9:51 AM
1103	No	7/10/2023 9:51 AM
1104	No	7/10/2023 9:50 AM
1105	None	7/10/2023 9:50 AM
1106	No	7/10/2023 9:50 AM
1107	No	7/10/2023 9:50 AM
1108	no	7/10/2023 9:50 AM
1109	no	7/10/2023 9:50 AM
1110	Insurance companies now mandating IN PERSON mental health services for reimbursement vs telehealth	7/10/2023 9:50 AM

1111	None. I find telehealth highly affective in most situations. Additionally it substantially increases access to care.	7/10/2023 9:50 AM
1112	Being unable to provide services to individuals residing in another state who do not have access to the specific services I offer. I am one of a few psychologists in the U.S. who is trained in my specialty, and many individuals throughout the country are unable to access the services they need because CA does not engage in PSYPACT.	7/10/2023 9:50 AM
1113	No	7/10/2023 9:49 AM
1114	no	7/10/2023 9:49 AM
1115	no	7/10/2023 8:54 AM
1116	no	7/10/2023 7:35 AM
1117	I am not finding many barriers. It works better than I expected. It is the new paradigm.	7/8/2023 11:14 PM
1118	no	7/8/2023 3:38 PM
1119	none	7/7/2023 4:39 PM
1120	No	7/6/2023 8:08 PM
1121	No	7/6/2023 5:45 PM
1122	Yes, we NEED the ability to use Facetime as a technology backup to get extended by the federal government. That is the only reason that telehealth has been so seamless. Having a technology backup that patients are very comfortable using is critical. Patients in rural areas who could not afford gas money to drive into town and seek services are especially reliant on telehealth. Patients with long work shifts are also reliant on telehealth as many of my patients have session right before work, during lunch, or right after work. It is the only way they would be able to access services given their long hours and long commutes.	7/6/2023 4:18 PM
1123	safety issues	7/6/2023 12:58 PM
1124	Not sure	7/6/2023 11:33 AM
1125	I feel like the biggest barrier is the lack of clarity and a central space to navigate questions about law, interjurisdictional practice, etc. Especially since the pandemic has ended, I have not found a central, easily accessible space for this information.	7/6/2023 11:19 AM
1126	No. Telehealth is not for every client or provider, but my experiences have been overwhelmingly positive.	7/6/2023 10:55 AM
1127	Clients lack of technology	7/6/2023 9:58 AM
1128	Old people most likely to be house-bound--especially during COVID--are the most likely to be less digitally-able than others.	7/6/2023 8:14 AM
1129	Managing the aspects of being a business owner	7/6/2023 6:33 AM
1130	None	7/5/2023 8:23 PM
1131	No	7/5/2023 4:45 PM
1132	Client preferences for in-person meetings	7/5/2023 3:35 PM
1133	Clinical issues, e.g., the client's ability to find a confidential space for telehealth.	7/5/2023 2:25 PM
1134	Barriers to providing care out of state	7/5/2023 1:40 PM
1135	No	7/5/2023 1:39 PM
1136	Barriers that pts may have such as limited access to internet, computers, etc	7/5/2023 1:28 PM
1137	Current state mental health agencies are in desperate need of a massive systemic overhaul. We continue to bleed professional staff because our hospital system - the largest public hospital system in the entire county - is a complete shit show. Our professional staff are quitting left and right because our system doesn't allow telehealth and provides incredibly limited opportunities for telework (unless you're management of course - they violate all the rules and use it whenever it suits themselves of course) and the pay is pathetic.	7/5/2023 10:53 AM

1138	N/A	7/5/2023 10:22 AM
1139	No	7/5/2023 10:04 AM
1140	No	7/4/2023 6:11 PM
1141	Ensuring that they are in fact in a private area with no one off screen. Some are less serious about their family not being around. They become the protectors of their own confidentiality which can pose problems.	7/4/2023 2:26 PM
1142	Full clearance for telehealth to be reimbursed at he same rate as face to face	7/4/2023 1:50 PM
1143	?	7/4/2023 8:16 AM
1144	Quality of communication and picking up the whole body and mind. 2- Client may get interruption from children or others at home	7/4/2023 7:49 AM
1145	No	7/4/2023 7:21 AM
1146	None	7/4/2023 6:39 AM
1147	Limitations with clients out of state - When will CA join PSYPACT?	7/3/2023 9:01 PM
1148	None. Great survey! Thanks BOP!	7/3/2023 7:44 PM
1149	no	7/3/2023 1:00 PM
1150	I can't think of any.	7/3/2023 11:59 AM
1151	thank you	7/3/2023 11:31 AM
1152	Lack of clarity on being able to see clients who are visiting other States or are abroad.	7/3/2023 10:18 AM
1153	No	7/3/2023 7:59 AM
1154	none	7/3/2023 7:49 AM
1155	None	7/2/2023 5:24 PM
1156	None in my practice. I am retiring and have 8 clients. I see about 3/week and don't take new clients any more.	7/2/2023 4:58 PM
1157	No	7/2/2023 3:53 PM
1158	no	7/2/2023 2:56 PM
1159	no	7/2/2023 1:28 PM
1160	Barriers for clinicians as people in the room. As I mentioned, if all the world is moving to Telehealth, and clients expect this, it's important to establish personal rules around when you can accommodate switching to a Telehealth session when it doesn't actually work for the clinician or wasn't a planned time to be on the screen. Screen time adds up very quickly for those of us with neurological conditions (i.e. migraines) related to blue light screen use hours on end.	7/2/2023 1:09 PM
1161	lack of client privacy	7/2/2023 11:57 AM
1162	no	7/2/2023 10:49 AM
1163	No	7/2/2023 10:23 AM
1164	For training doctoral students, sometimes their home university objects to telehealth supervision	7/1/2023 8:58 PM
1165	None	7/1/2023 8:10 PM
1166	None	7/1/2023 7:01 PM
1167	How flexible are insurance companies? How difficult is it to be compliant? What about patients who can't access zoom?	7/1/2023 6:15 PM
1168	no	7/1/2023 5:44 PM
1169	No	7/1/2023 4:44 PM

1170	None	7/1/2023 3:17 PM
1171	I would like to be able to see clients who are traveling to a different state. It would make sense for a psychologists to make a judgement call as to who is appropriate to work with via Telehealth when clients are traveling outside of California. Some clients would like to keep their session while traveling outside of CA.	7/1/2023 2:38 PM
1172	None	7/1/2023 11:21 AM
1173	I maintain an office and do most of my work in person. I am concerned that insurance reimbursements for Telehealth will lower, while my costs for maintaining an office stay the same. Because of this I am not taking on any Telehealth only clients, and trying to only use it when absolutely necessary (i.e. client has a cold and we are being careful).	7/1/2023 8:16 AM
1174	No	6/30/2023 5:22 PM
1175	None.	6/30/2023 5:22 PM
1176	Economic ability for clients to access internet and/or have computers/phone	6/30/2023 5:16 PM
1177	no	6/30/2023 4:55 PM
1178	Elderly people who are unfamiliar with technology or cannot afford computers.	6/30/2023 2:22 PM
1179	Just that clients can't find a private place to talk or don't take telehealth as serious as in-person therapy.	6/30/2023 1:05 PM
1180	Patients are not eligible to participate in telehealth when they are out of the state in which the provider is licensed, which limits continuity of care. Hoping the BOP in CA will review and flex telehealth standards for patients who need temporary out of state services.	6/30/2023 12:36 PM
1181	No	6/30/2023 12:29 PM
1182	My biggest barrier to telehealth is CA not being part of psypact. My specialty is in the field of infertility and I am handicapped by being limited to CA patients. I consult and work directly with physicians and surrogate/egg donor agencies. This is a global business and I participate in consultations with intended parents and administer evaluations for prospective gestational carriers and spouses. I also evaluate sperm donors and oocyte donors. The physicians would be a lot happier if I could perform the one-time evaluations over telehealth rather than them having to fly these patients into California. Not every state has psychologists who work in this specialty.	6/30/2023 12:16 PM
1183	no	6/30/2023 11:43 AM
1184	I think I get tired faster in online sessions. Also in-person has more opportunity to hand on interventions like art, movement, sand-tray, etc that are difficult to replicate online.	6/30/2023 11:21 AM
1185	No	6/30/2023 10:11 AM
1186	No	6/30/2023 9:45 AM
1187	no I do not believe there are any barriers except with high risk cases and even then if the right protocols are in place which they are in my organization, this does not apply.	6/30/2023 9:17 AM
1188	I have moved to in person only, due to my discomfort with computer technology, and the barriers it presents to providing effective mental health services.	6/30/2023 7:42 AM
1189	Just our ability to see clients who have permanent residence in CA but in this day and age are often traveling but need continuity of care but our laws around seeing pts out of state or country being very far behind from the times.	6/30/2023 5:50 AM
1190	no	6/29/2023 10:53 PM
1191	Sometimes privacy. I have had patients leave the house as other family members are present.	6/29/2023 8:29 PM
1192	not sure	6/29/2023 7:35 PM
1193	clients having access to tech & to private space	6/29/2023 7:10 PM
1194	No	6/29/2023 7:04 PM
1195	I am frustrated by the way in which this technology offers us increased potential to provide	6/29/2023 5:47 PM

	services/help to people in other states including those who relocate or are temporarily out of state for school or work, but current interstate practice laws have not caught up.	
1196	NO	6/29/2023 5:42 PM
1197	Clients are more easily distracted and sessions are interrupted more frequently with telehealth. Many clients feel less connected to the therapist on video.	6/29/2023 5:01 PM
1198	no	6/29/2023 4:56 PM
1199	None	6/29/2023 4:25 PM
1200	Not that come to mind.	6/29/2023 2:31 PM
1201	no	6/29/2023 2:05 PM
1202	Understanding for clients what professional etiquette is for tele-health appointments.	6/29/2023 1:18 PM
1203	no	6/29/2023 12:56 PM
1204	No	6/29/2023 12:21 PM
1205	No	6/29/2023 12:13 PM
1206	Emergency services and safety of clients, as well as resources for rural areas.	6/29/2023 11:33 AM
1207	No	6/29/2023 11:18 AM
1208	More research showing the effectiveness so insurance companies are able to reimburse the same as in person.	6/29/2023 11:07 AM
1209	Yes	6/29/2023 10:52 AM
1210	No	6/29/2023 10:42 AM
1211	no	6/29/2023 10:36 AM
1212	No	6/29/2023 10:22 AM
1213	No	6/29/2023 10:09 AM
1214	NO	6/29/2023 9:52 AM
1215	Lack of real time validation and support for tough patients	6/29/2023 9:06 AM
1216	some insurances paying different rate for telehealth that was conducted while patient was in there home vs. another location	6/29/2023 8:43 AM
1217	no	6/29/2023 8:29 AM
1218	no	6/29/2023 7:54 AM
1219	I am able to record the full session on Zoom to go back and verify notes that I have taken, but I rarely have the time to review a whole session.	6/29/2023 1:40 AM
1220	No	6/29/2023 1:21 AM
1221	No	6/29/2023 12:29 AM
1222	No	6/28/2023 10:42 PM
1223	none	6/28/2023 10:13 PM
1224	Equitable access to those without computer literacy	6/28/2023 9:09 PM
1225	I fear that insurance will stop reimbursing for telehealth because too many people are now more frequently accessing mental health services. That would be a potential barrier for many patients to afford services.	6/28/2023 8:59 PM
1226	All barriers are put in place by insurance companies, including Medicare.	6/28/2023 8:22 PM
1227	Clients often have difficulties managing technology.	6/28/2023 6:53 PM
1228	None for which I am aware.	6/28/2023 6:23 PM

1229	This is not a direct answer, but It may be useful to include CEs for telehealth as part of license renewal. This may facilitate breaking down some barriers.	6/28/2023 6:20 PM
1230	Difficulty doing trauma work. Ideally that would be done in person. Online providers narrowly define the services providers are allowed to provide. This is for good reason. And is a reason one-on-one therapy should never be replaced.	6/28/2023 5:22 PM
1231	Yes, platforms that have Spanish language capability for client to read and follow directions to use telehealth video. Insurances pay also for telephone sessions, if client only has a landline or no internet.	6/28/2023 4:51 PM
1232	I wish you had included the benefits of telehealth and the ways it has REDUCED barriers to care	6/28/2023 4:45 PM
1233	I think the biggest barrier is the in person experience	6/28/2023 4:40 PM
1234	Knowledge of older clinicians and privacy issues for the clients on their end	6/28/2023 4:31 PM
1235	Sometimes somatic therapy approaches are more difficult to facilitate online.	6/28/2023 4:13 PM
1236	Ableism.	6/28/2023 4:05 PM
1237	Not in my experience.	6/28/2023 3:56 PM
1238	limitations with some populations	6/28/2023 3:49 PM
1239	Ability to practice across state lines.	6/28/2023 3:27 PM
1240	Completing paperwork has been an issue for some clients. Example, being unfamiliar with downloading/signing pdfs, or clients who do not have an email address or access to printers.	6/28/2023 2:07 PM
1241	I think barriers exist for client populations who have either no or difficult access to the internet. Also, not best for emotionally fragile clients.	6/28/2023 2:01 PM
1242	no	6/28/2023 1:57 PM
1243	No	6/28/2023 1:52 PM
1244	None	6/28/2023 1:23 PM
1245	Technology issues on client's end, difficulty for clients to obtain privacy.	6/28/2023 12:36 PM
1246	This survey doesn't specify whether you are asking about barriers to PROVIDING telehealth (as a provider) or to accessing telehealth as a client.	6/28/2023 12:30 PM
1247	Access to privacy for clients in multi-person homes. Otherwise, telehealth has afforded many more people access to necessary treatment.	6/28/2023 12:15 PM
1248	Not that I can think of at the moment.	6/28/2023 11:53 AM
1249	none that come to mind	6/28/2023 11:42 AM
1250	privacy concerns for clients	6/28/2023 11:20 AM
1251	no	6/28/2023 11:15 AM
1252	lack of control over the physical, social and emotional environment of clients that could compromise the confidentiality and appropriateness of the sessions.	6/28/2023 11:13 AM
1253	Would like the Board to push for national inter- jurisdictional practice. This is a barrier to care for at minimum, ongoing patients who move.	6/28/2023 10:55 AM
1254	No	6/28/2023 10:16 AM
1255	No	6/28/2023 9:56 AM
1256	Yes! I bit off topic, but whomever decides that California Psychologists shouldn't practice in other states or potentially other countries through telehealth is not serving the interests of mental health. You are over regulating for a strange reason. Our profession is not pushing medicine, surgeries or abortions. We are listeners, supporters, consultants, trainers and guides. At least some of us understand the limitations that come with that role.	6/28/2023 9:45 AM
1257	NO	6/28/2023 9:44 AM

1258	no	6/28/2023 9:34 AM
1259	none	6/28/2023 9:19 AM
1260	nope	6/28/2023 8:55 AM
1261	No	6/28/2023 8:53 AM
1262	none	6/28/2023 8:23 AM
1263	Minimal and no reimbursement for supervision. Minimal clinician reimbursement on some platforms.	6/28/2023 8:16 AM
1264	Readily available information as far as connecting with patient still live in another state and state laws regarding licensure for telehealth across state lines	6/28/2023 7:49 AM
1265	Access of certain communities to reliable internet	6/28/2023 7:28 AM
1266	none	6/28/2023 6:44 AM
1267	no	6/28/2023 6:15 AM
1268	Wifi liability	6/28/2023 2:19 AM
1269	No	6/27/2023 11:48 PM
1270	Clarity over whether becoming certified in telehealth is the new standard	6/27/2023 11:47 PM
1271	I had to finish my internship and post-doc training with only telehealth, and it was somewhat of a detriment to my professional development. In some ways, teletherapy is fundamentally antithetical to the foundations of psychotherapy, and while it has its positives as well (particularly regarding access to any services), it is not for me. I did not sign up to not even be able to make direct eye contact with my clients.	6/27/2023 10:57 PM
1272	No.	6/27/2023 10:56 PM
1273	None	6/27/2023 10:52 PM
1274	Not as personal of a relationship and connection sometimes.	6/27/2023 10:45 PM
1275	I am most concerned that telehealth will no longer be supported by insurance and state regulators policy makers	6/27/2023 10:35 PM
1276	None	6/27/2023 10:04 PM
1277	Not thaat I can think of	6/27/2023 9:42 PM
1278	Reimbursement by insurance, specifically for phone appts that maybe better for people who don’t have access to video or internet but still need services	6/27/2023 9:35 PM
1279	Audio/video privacy; patients who want to take therapy sessions on errands, etc	6/27/2023 9:25 PM
1280	It is harder to read body language. For instance, I can't see hands clenching or feet tapping. There are certain clients who would not be appropriate for telehealth.	6/27/2023 9:17 PM
1281	None	6/27/2023 9:10 PM
1282	The biggest barrier seems to be the false narrative promoted about Covid's no longer being a threat, along with the lack of availability to all, apart from the threat of illness, and what looks like neglect of the needs of the disabled, those far from therapy offices, those who cannot afford babysitting, time off work and other lower income circumstances.	6/27/2023 8:44 PM
1283	Diminished benefits that in vivo provides.	6/27/2023 8:35 PM
1284	no, other than some elderly clients seem to struggle to operate the technology w confidence. They could use some training.	6/27/2023 8:24 PM
1285	No	6/27/2023 8:19 PM
1286	no	6/27/2023 8:11 PM
1287	Not so far. However, it's still not clear how long telehealth will be allowed, especially for private insurance. Medicare will cover through 2024, apparently.	6/27/2023 7:58 PM

1288	No	6/27/2023 7:52 PM
1289	Older clients uncomfortable with technology. Inconsistent signal strength.	6/27/2023 7:00 PM
1290	None	6/27/2023 6:39 PM
1291	This survey only allowed one answer selection for each question which renders it less useful	6/27/2023 6:39 PM
1292	no	6/27/2023 6:06 PM
1293	The largest barrier is that companies don’t want to provide it, like Lyra. In person is not necessary for low severity and virtual is really helpful to families.	6/27/2023 6:03 PM
1294	More leniency and clarity of regulation is needed for seeing patients who are traveling for work out of state but want to keep their telehealth session. This should be allowed if the patient lives in the state where the therapist is licensed.	6/27/2023 5:34 PM
1295	can't think of any right now	6/27/2023 5:30 PM
1296	N/A	6/27/2023 5:19 PM
1297	only tech	6/27/2023 5:16 PM
1298	HIPAA compliant platforms that are afforable	6/27/2023 5:07 PM
1299	Generational and technical realities are far outpacing the hesitant stance of psychology.	6/27/2023 5:06 PM
1300	Not all clients have a private space to hold a confidential telehealth appointment.	6/27/2023 4:54 PM
1301	None	6/27/2023 4:49 PM
1302	Patient skill or training in accessing Telehealth services. Frequently ethnic communities fear technology.	6/27/2023 4:39 PM
1303	no.	6/27/2023 4:35 PM
1304	none	6/27/2023 4:19 PM
1305	No	6/27/2023 4:19 PM
1306	No	6/27/2023 4:08 PM
1307	No. It improves access to care for consumers.	6/27/2023 4:05 PM
1308	No	6/27/2023 4:04 PM
1309	No	6/27/2023 4:02 PM
1310	No	6/27/2023 4:01 PM
1311	No	6/27/2023 3:55 PM
1312	Private space for both therapist and client	6/27/2023 3:41 PM
1313	Employer's lack of motivation to support telehealth as a viable option	6/27/2023 3:38 PM
1314	The other barriers to telehealth that are listed are surmountable, one way or the other if the clinician chooses to do so. However, it bears repeating that California's consistent refusal to join PsyPact is one of the significant barriers to telehealth and it's one that an individual clinician cannot remedy on their own. I would hope that the BOP would find a way to allow California psychologists to join PsyPact and to eliminate this key barrier to delivering quality and consistent telehealth services to more people.	6/27/2023 3:29 PM
1315	No	6/27/2023 3:21 PM
1316	No	6/27/2023 3:12 PM
1317	One major barrier in my view is the California Board of Psychology's failure to consider participating in PSYPACT.	6/27/2023 3:12 PM
1318	Yes. California hasn't joined PsyPACT, so even temporary practice across state lines (e.g., while clients are on vacation) is dependent on the host state's legislation. I believe California should join PsyPACT.	6/27/2023 3:12 PM

1319	no	6/27/2023 3:06 PM
1320	None	6/27/2023 2:55 PM
1321	none	6/27/2023 2:42 PM
1322	It would be very beneficial to have cross-state ability when pts travel or for a limited time once they move. Also, my malpractice insurance would need to cover this which it currently does not.	6/27/2023 2:41 PM
1323	Clinician comfort with technology	6/27/2023 2:38 PM
1324	none	6/27/2023 2:18 PM
1325	Not that I can think of	6/27/2023 2:12 PM
1326	N/A	6/27/2023 2:07 PM
1327	None	6/27/2023 1:55 PM
1328	None that I can think of	6/27/2023 1:51 PM
1329	No	6/27/2023 1:43 PM
1330	Economic disparities creating patient populations unable to access telehealth	6/27/2023 1:42 PM
1331	Social acceptance of telehealth psychology. I have better client retention and fewer cancellations do to the relative ease with which clients can schedule their hour without the additional hour coming and going.	6/27/2023 1:42 PM
1332	Some individuals may feel uncomfortable discussing sensitive or personal topics in their own homes, especially if they share living spaces with others.	6/27/2023 1:36 PM
1333	Lack of ability to practice across state lines - clients moving for college, work, or life purposes have struggled to understand why they can no longer work with me given the convenience of telehealth. The BOP could help address this by joining PsyPact	6/27/2023 1:21 PM
1334	Challenges to do both telehealth and in office patients. When do I need to leave my office, or not. Insurance sometimes wants a physical address.	6/27/2023 1:15 PM
1335	none that I can think of at the moment	6/27/2023 1:11 PM
1336	techniques for developing a therapeutic relationship	6/27/2023 1:08 PM
1337	None	6/27/2023 1:05 PM
1338	no	6/27/2023 12:52 PM
1339	No additional barriers. Telehealth has been efficient and convenient for all patient care matters especially those who lack transportation or childcare	6/27/2023 12:50 PM
1340	No	6/27/2023 12:50 PM
1341	the application of telehealth to psychological assessment is understudied. Would be helpful to have more data and options.	6/27/2023 12:49 PM
1342	Clients awareness of this form of therapy, which many seem to prefer	6/27/2023 12:48 PM
1343	no	6/27/2023 12:46 PM
1344	Language barriers	6/27/2023 12:45 PM
1345	No	6/27/2023 12:39 PM
1346	no	6/27/2023 12:38 PM
1347	when clients go out of state and not being able to see them. interferes with therapy.	6/27/2023 12:35 PM
1348	No - Evals are routine and no problems are encountered. I send pt a packet of forms, e.g., Rey CFT, MMPI in advance, and open and work through packet with the pt under observation. Occasionally the opposite side in a med-legal case challenges validity of telehealth evals, but I have a file of research showing equivalent findings in person or telehealth.	6/27/2023 12:33 PM
1349	none	6/27/2023 12:30 PM

1350	Yes when clients move out of state or work part-time out of state. California needs to be part of PSYCH Pact	6/27/2023 12:21 PM
1351	So far I've been hesitant with anything involving computers with my 70-89 year old clients. I don't know if they have the latest phones. I'm nervous about something going wrong so I stick with FaceTime (which is encrypted) or telephone. I'm nervous about when the new rules go in.	6/27/2023 12:20 PM
1352	no	6/27/2023 12:17 PM
1353	no	6/27/2023 12:16 PM
1354	Lack of privacy for patients, especially minors not feeling like they have a safe space at their family home to speak freely/be vulnerable	6/27/2023 12:13 PM
1355	Accessibility by people with bad internet connections	6/27/2023 12:12 PM
1356	I am not on any insurance panels but I have heard they don’t cover at the same rate for office visit which is absurd	6/27/2023 12:09 PM
1357	There are significant barriers to in person mental health, including access to transportation, travel time lost, limits on sessions during lunch breaks (travel time!), anxiety at being in professional office. Much or often even all testing and assessment can be done with telehealth.	6/27/2023 12:00 PM
1358	no	6/27/2023 11:59 AM
1359	From a clinical program perspective: Trainees are put in positions to complete telehealth in their prac and prac sites assume they have appropriate personal space to do so; they do no always have that due to crowding, pets, noise control etc Telehealth across state lines or county lines still not allowed by BOP or insurance even though would be helpful to clients especially in remote areas assessment tools not working well via telehealth such as ADOS or WISC Responding to unexpected mandated reporting issues when viewing a private home (i.e., it really is an in home visit if client is at home)	6/27/2023 11:52 AM
1360	Not that I know, as long as insurance continues to reimburse for Telehealth the same as in person therapy.	6/27/2023 11:50 AM
1361	Not so far	6/27/2023 11:33 AM
1362	NA	6/27/2023 11:33 AM
1363	none	6/27/2023 11:29 AM
1364	Sending PHI, like intake and assessment forms electronically to and from clients is more difficult to do securely.	6/27/2023 11:25 AM
1365	Know of none. Thank you for the survey.	6/27/2023 11:22 AM
1366	Not sure	6/27/2023 11:15 AM
1367	Clinical issues, such as boundary issues or therapeutic frame issues (clients dress inappropriately at home, wanting to drive while talking, having other people in the room during therapy)	6/27/2023 11:13 AM
1368	None	6/27/2023 11:11 AM
1369	Yes, California based providers are losing out by the state not being a member of psypact. Also clients in states across the country are unable to see the excellently trained providers who are based in CA.	6/27/2023 11:07 AM
1370	no	6/27/2023 11:05 AM
1371	NO	6/27/2023 11:02 AM
1372	no	6/27/2023 11:00 AM
1373	None	6/27/2023 10:57 AM
1374	Without personal contact with any prospective patient, telehealth services are inherently limited. Telehealth services are inevitable and even useful for many patients, but should require initial and periodic personal contact.	6/27/2023 10:55 AM

1375	Lack of participation in PsyPact.	6/27/2023 10:50 AM
1376	Cost of materials and impractical assessment tools	6/27/2023 10:48 AM
1377	costs of telehealth, cost of upgrading the internet services, cost of using a billing program to get reimbursement from insurance companies.	6/27/2023 10:44 AM
1378	No	6/27/2023 10:37 AM
1379	I strongly believe that teletherapy is an inferior platform for providing therapeutic contact, and that it should be banned or returned to pre-COVID status. I think that therapists are not choosing teletherapy according to client factors, but instead their own whims and desire to reduce office expenses and commute times. I have done a minimal amount of teletherapy, and EVERY CLIENT that I work with, who have engaged in teletherapy, have told me that they think its inferior and much less effective. I think the board is doing the public a disservice by continuing to allow unchecked use of teletherapy.	6/27/2023 10:37 AM
1380	Again, rules are different and as an Expat (living in mexico) i'm finding a lot of issues with employeers fears and concerns over telehealth and often concerns with medical/medicare reimbursment not allowing clinicians to be out of california. I travel a lot to California and i'm licensed there and in several states.	6/27/2023 10:34 AM
1381	Practicing across state lines	6/27/2023 10:32 AM
1382	concerns about ability to provide care across state lines when clients travel	6/27/2023 10:32 AM
1383	No.	6/27/2023 10:31 AM
1384	no	6/27/2023 10:29 AM
1385	No	6/27/2023 10:19 AM
1386	no	6/27/2023 10:13 AM
1387	none	6/27/2023 10:10 AM
1388	No	6/27/2023 10:07 AM
1389	No	6/27/2023 10:07 AM
1390	N/A	6/27/2023 10:02 AM
1391	no	6/27/2023 10:02 AM
1392	this survey! allows only one answer per question!!!	6/27/2023 10:00 AM
1393	California BOP does not participate in National system that supports reciprocity among states.	6/27/2023 9:39 AM
1394	None	6/27/2023 9:37 AM
1395	no	6/27/2023 9:32 AM
1396	Attitudes of those in charge. The case against tele-therapy is often from those who do not like it and do not understand it. The increased availability to rural populations is significant. My ability to reach those who would go otherwise unserved is wonderful and I am also able to supervise others who also would not be able to easily access that if not for tele-modalities	6/27/2023 9:28 AM
1397	Na	6/27/2023 9:27 AM
1398	N/A	6/27/2023 9:25 AM
1399	Lack of experience, then you need to use it	6/27/2023 9:19 AM
1400	No	6/27/2023 9:19 AM
1401	none known at this time.	6/27/2023 9:19 AM
1402	Controlling for privacy on the patient’s side	6/27/2023 9:01 AM
1403	Psychological assessment materials and standardization in order to complete psychological assessments via telehealth.	6/27/2023 9:00 AM
1404	None	6/27/2023 8:57 AM

1405	Hearing deficiencies	6/27/2023 8:55 AM
1406	I have extremely poor vision but not quite legally blind. i hurts my eyes, my face, and my head to do video appointments. We can also do this over the phone, but employer will not listen to us employees. Zoom fatigue is real, the quality of work suffers as result.	6/27/2023 8:52 AM
1407	employer who demands in-person care for patients who prefer telehealth without clear justification	6/27/2023 8:47 AM
1408	Clients have to change therapists if they go out of state for college or travel or move. A National licensing agreement that allows telehealth providers to practice across state lines would be helpful.	6/27/2023 8:44 AM
1409	No, unless the board steps in and creates a barrier. However I'm confident you just want to protect the public.	6/27/2023 8:44 AM
1410	This digital group has been active for years. They provide no cost reading of article pertinent to virtual therapies.	6/27/2023 8:38 AM
1411	Lack of privacy in residential setting for patient or practitioner of telehealth.	6/27/2023 8:33 AM
1412	clients need access to computers and good internet	6/27/2023 8:25 AM
1413	Lack of consistency in various states allowing temporary practice.	6/27/2023 8:24 AM
1414	Patients moving, either temporarily or permanently, to other states or countries. I wish California were part of PsyPact	6/27/2023 8:18 AM
1415	It is not optimal for assessment, particularly in one’s ability to evaluate risk factors.	6/27/2023 8:18 AM
1416	No	6/27/2023 8:11 AM
1417	Nothing at all. It has been fantastic for my patients	6/27/2023 8:04 AM
1418	Aging population ability to use technology with ease	6/27/2023 8:03 AM
1419	Na	6/27/2023 7:58 AM
1420	No	6/27/2023 7:53 AM
1421	Privacy. I can somewhat control it on my side but clients may not have a private room. I've had parents listen in on child sessions, clients take therapy calls while out on errands and not tell me until well into the session, clients that do not have a private room so have to take sessions in a cramped car, etc.	6/27/2023 7:51 AM
1422	Concerns about continuity of care if insurance ceases to provide reimbursement for telehealth care	6/27/2023 7:42 AM
1423	patients lack of understanding on how to use technology	6/27/2023 7:38 AM
1424	no	6/27/2023 7:38 AM
1425	None	6/27/2023 7:34 AM
1426	No	6/27/2023 7:31 AM
1427	not that I have experienced	6/27/2023 7:24 AM
1428	No	6/27/2023 7:11 AM
1429	Many agencies prefer services be delivered face to face versus remotely.	6/27/2023 7:04 AM
1430	Can’t think of any	6/27/2023 6:58 AM
1431	Telehealth is a fantastic resource. The thing we need to address is clients expecting to be able to see us no matter where they travel. If all 50 states agreed to allow psychologists to provide 10-15 sessions of psychotherapy (per client) to existing clients, this would make continuity of care much more smooth for clients. That way, a college student can go home for summer break and still have therapy from their out of state therapist, as they should be able to do.	6/27/2023 6:51 AM
1432	No	6/27/2023 6:49 AM
1433	Patients printing, completing and returning forms/assessments that require scanning to upload	6/27/2023 6:45 AM

	to telehealth portal	
1434	None	6/27/2023 6:35 AM
1435	no	6/27/2023 6:35 AM
1436	Need laws enacted to secure the ability to provide this service permanently without mandating having a physical business office (Home office acceptable), and without reduced reimbursement and across state lines.	6/27/2023 6:29 AM
1437	Medicare/medical barriers to allowing trainees to provide direct Telehealth	6/27/2023 6:24 AM
1438	Eye contact is sometimes very different than in person and lack of ability to read body language. Both affect intimacy negatively. Yet the convenience eliminates the mad rush to get to an office and general lateness.	6/27/2023 6:14 AM
1439	Some patients do not have smart phones or understand how to use a computer, usually the age of the patient is a barrier to use telehealth.	6/27/2023 5:52 AM
1440	None experienced	6/27/2023 5:43 AM
1441	Some clients want to meet in person. Some clients absolutely need telehealth. It's more tiring as a practitioner to do telehealth, in part because of the slight lag time between what you hear and what you see. Inevitably there are times during the session when the client or the therapist cannot be heard or seen, due to technical difficulties. This happens most sessions. But telehealth is still a marvel. It brings psychological services to many people who wouldn't be able to receive help otherwise. I'm close to retirement, and I've taken very few new clients since the Pandenic because, for one reason, I don't feel I have the skills to do an adequate assessment by telehealth. I've mostly seen present and former clients.	6/27/2023 5:42 AM
1442	N/A	6/27/2023 5:37 AM
1443	None	6/27/2023 5:21 AM
1444	I work with primarily low income, Spanish speaking families. Most express now they want to be seen in person AND they appreciate if there is a barrier (consistent transportation; cost for transportation; work conflict; sick child) they can opt for 1 session to be see for telehealth RATHER than missing a session.	6/27/2023 5:21 AM
1445	Lack of research on efficacy for various conditions/treatments/goals.	6/27/2023 5:19 AM
1446	Practitioner concerns when clients move out of clinician's state of licensure and want to continue services. This is clearly ethical in terms of continuing the therapeutic relationship, but unnerving to the practitioner as they end up with clients all over the world.	6/27/2023 4:59 AM
1447	Recent legislative changes related to insurance reimbursement for telehealth services	6/27/2023 4:53 AM
1448	State barriers- a client goes away fora few weeks but still wants a session. A lot of these state barriers seem silly in the wake of Covid. Psypact appears to be one way to change that- but Cali not doing this	6/27/2023 4:40 AM
1449	Professional isolation	6/27/2023 4:39 AM
1450	None. There are mo barriers to telehealth	6/27/2023 4:08 AM
1451	Technological issues	6/27/2023 3:12 AM
1452	No	6/27/2023 1:41 AM
1453	The board is getting behind the times with rejecting psypact. Clients get frustrated when they cannot get support for out of state emergencies or events (funerals, family). It is actually a barrier to quality care.	6/27/2023 1:14 AM
1454	No	6/27/2023 1:13 AM
1455	Now that we are all using telehealth and learned how well it works for many of us and most of our patients, the requirement that our patients have their feet in the same state in which we are licensed is ridiculous and obsolete. Our patients are incredulous and dismayed when we have to tell them that the life-changing work we are doing with them has to end because they are moving to a state where we are not licensed. The argument that we don't know the emergency services, etc. in another state is not valid: I don't know the emergency services in San Diego	6/27/2023 1:01 AM

	or Fresno, either, yet I am allowed to practice with people in these locations. Rather than worry about how to implement unnecessary requirements for practicing online (I used to run computer networks for a bank--I doubt that I have much to learn from a CEU class on this topic), please focus your resources on allowing us to do the work that actually helps our patients. It serves no one when we have to end therapy relationships because a patient moved out of state or to be legally required to tell a patient we can't speak to them because they are traveling out of state. This is a far more important problem to solve than asking whether we need more training in telehealth now that we all know how to use it.	
1456	No	6/27/2023 12:33 AM
1457	Younger children are hard to see on tele-health sessions. Extreme clients (suicidal, homocidal, mood disorders) are a challenge to see only on tele-health.	6/27/2023 12:15 AM
1458	No	6/26/2023 11:38 PM
1459	The biggest barrier for people to receive mental health services is financial; not whether we provide telehealth or not.	6/26/2023 11:36 PM
1460	no	6/26/2023 11:34 PM
1461	The ability to observe body language	6/26/2023 11:33 PM
1462	Inability to practice across state lines (limits accessibility)	6/26/2023 11:31 PM
1463	No	6/26/2023 11:26 PM
1464	It A better connection is created when the patient and the therapist are in the same room.	6/26/2023 11:22 PM
1465	I have stopped seeing children, teens, and families until I can work in person again. I know some providers are okay doing that work online but for me, telehealth is inadequate for that.	6/26/2023 11:12 PM
1466	not for me	6/26/2023 11:11 PM
1467	Lots. Most of them have to do with the barriers around applying to keep clients when they travel/move out of state. There is no centralized way to figure out how to gain access to providing telehealth services beyond the state one is licensed in. Moreover, private practitioners have to piece together a bunch of technological solutions to provide therapeutic/assessment services, and worry about HIPAA. There is no easy way to check if a platform or method is standard or acceptable by the board, etc.	6/26/2023 11:08 PM
1468	Training in HIPAA compliant platforms necessary to conduct telehealth	6/26/2023 11:08 PM
1469	No	6/26/2023 11:00 PM
1470	Client access to appropriate location for session	6/26/2023 10:59 PM
1471	No	6/26/2023 10:58 PM
1472	No	6/26/2023 10:54 PM
1473	None that I can think of now.	6/26/2023 10:45 PM
1474	No	6/26/2023 10:39 PM
1475	Communication with support staff remotely is not as fluid. Communication with colleagues is not facilitated.	6/26/2023 10:39 PM
1476	None	6/26/2023 10:35 PM
1477	Confidentiality concerns given that clinician cannot control patient’s setting.	6/26/2023 10:33 PM
1478	None	6/26/2023 10:30 PM
1479	No	6/26/2023 10:29 PM
1480	Those who might benefit most from direct personal contact might choose to do Telehealth, avoiding the dynamic most uncomfortable-- in-person contact.	6/26/2023 10:28 PM
1481	No, telehealth is good and it helps those that does not have transportation or cannot afford to get to the offices because of gas being so expensive.	6/26/2023 10:27 PM
1482	None	6/26/2023 10:18 PM

1483	I have taken upon myself to get certified in Telehealth. I also purchased a liability policy. The other issue is when clients are out of the state temporarily or move to another state.	6/26/2023 10:16 PM
1484	It's much harder to work with young clients (elementary-aged and younger) via telehealth. Also the convenience of telehealth can sometimes be a barrier, because it's easier for some clients to forget their sessions. I'll also have to reschedule sessions because, when the client logs on, I can see that they're in their car or at the grocery store.	6/26/2023 10:16 PM
1485	No	6/26/2023 10:10 PM
1486	Telehealth has been extremely helpful to a population with health issues of fatigue. Also, saves money spent on transportation. Sometimes empathy may be slightly more difficult to convey.	6/26/2023 10:06 PM
1487	When patients need to be sure they are alone when doing telehealth from their home.	6/26/2023 10:05 PM
1488	Telehealth feels like there is no "connection" between patient and clinician. It feels cold and disconnected. Also, telehealth makes it very hard to notice the nuances and subtleties of behavior, physiological responses, and neurological issues such as: gait, psychomotor agitation, and drug/alcohol use, just to name a few. I'm not a fan of telehealth because I feel like we're missing so very much when we rely solely on telehealth to treat our patients. We are definitely not seeing the entire picture.	6/26/2023 10:03 PM
1489	None	6/26/2023 10:01 PM
1490	concerns about confidentiality	6/26/2023 9:58 PM
1491	no	6/26/2023 9:54 PM
1492	no	6/26/2023 9:52 PM
1493	If the practice offers insufficient office space or coordinating times they should offer to help with technology breaking if it happens	6/26/2023 9:51 PM
1494	no	6/26/2023 9:51 PM
1495	NA	6/26/2023 9:50 PM
1496	None	6/26/2023 9:47 PM
1497	None	6/26/2023 9:45 PM
1498	No	6/26/2023 9:42 PM
1499	No	6/26/2023 9:41 PM
1500	No	6/26/2023 9:40 PM
1501	Not that I can think of. I would say that there have been many benefits since using telehealth. Some of my in-person clients will switch to telehealth on occasion in case they have transportation issues, or are feeling under the weather but well enough to have a session.	6/26/2023 9:39 PM
1502	Boards of Psychology not cooperating to allow psychologists to practice across state lines.	6/26/2023 9:38 PM
1503	Clinicians experience "repetitive motion" injury, in terms of eye strain, neck and back problems, and their own increase in exposure to screens and risk of developing internet and device addictions. Why do we limit screen time for children, and also encourage adults to spend all day on screens??	6/26/2023 9:37 PM
1504	None	6/26/2023 9:36 PM
1505	IT CREATES A BARRIER BETWEEN THERAPIST AND CLIENT THAT GREATLY DIMINISHES THE TREATMENT	6/26/2023 9:27 PM
1506	At times, institutional support can be a challenge.	6/26/2023 9:27 PM
1507	none	6/26/2023 9:25 PM
1508	I actually don't think there are really any barriers other than the problems with zoom freezing and connection isssues	6/26/2023 9:19 PM
1509	None	6/26/2023 9:16 PM

1510	We have no experienced barriers to Telehealth work. However, there have been some cases where lack of in-person assessment delayed or interfered with proper care for persons experiencing serious mental illness.	6/26/2023 9:14 PM
1511	No	6/26/2023 9:11 PM
1512	Not appropriate for young children	6/26/2023 9:10 PM
1513	None that I can think of.	6/26/2023 9:08 PM
1514	No. The vast majority of my patients prefer tele health and I believe it is just as intimate as sitting in my office with less commute time and transportation issues - particularly with my disabled oatients	6/26/2023 9:07 PM
1515	Confidentiality Can the pt. speak freely?	6/26/2023 9:04 PM
1516	No	6/26/2023 9:03 PM
1517	No	6/26/2023 9:00 PM
1518	no	6/26/2023 8:56 PM
1519	I'm sure there are but I don't know what they are	6/26/2023 8:56 PM
1520	Ensuring clients are not distracted when on their devices Being able to pick up on body cues when the camera only shows their face	6/26/2023 8:54 PM
1521	willingness of clients to use telehealth to receive services.	6/26/2023 8:54 PM
1522	Lack of privacy on Telehealth.	6/26/2023 8:53 PM
1523	Clients and clinicians have Zoom fatigue. I offer telehealth but no one seems to prefer it, including me.	6/26/2023 8:50 PM
1524	No	6/26/2023 8:50 PM
1525	privacy or a confidential environment for therapy for some patients.	6/26/2023 8:49 PM
1526	Well, it only let you pick one in each category, so I will add one I would have picked above which is - Appropriateness for certain populations.	6/26/2023 8:42 PM
1527	no	6/26/2023 8:39 PM
1528	No	6/26/2023 8:34 PM
1529	Telehealth is clearly well received by clients. Indeed, none were enthusiastic when I spoke with them about possibly switching to office-based. But, at times, the inability to occupy the same space with the client has drawbacks. One example: a man mentioned many weeks into therapy his lifelong emotional distress re his short height, and I had no idea that was even the case for him, seeing only his face and upper torso.	6/26/2023 8:34 PM
1530	The barrier seems potential with regard to addressing mental health itself, for there is a strong bias in favor of virtual therapy and inadequate unbias research examining both benefits and consequences.	6/26/2023 8:34 PM
1531	Acceptability to providers who only do telehealth out of necessity rather than any kind of desire to provide it.	6/26/2023 8:33 PM
1532	i think it can increase accessibility to care for folks	6/26/2023 8:33 PM
1533	None	6/26/2023 8:31 PM
1534	Older people sometimes struggle to grasp the technology	6/26/2023 8:31 PM
1535	Clients location being in California	6/26/2023 8:30 PM
1536	client may not be efficient with technology	6/26/2023 8:30 PM
1537	no	6/26/2023 8:29 PM
1538	There are certain populations that are more challenging to reach, and some thrive better with in person connection, but generally speaking, telehealth expands access to so many more people who would not otherwise have access to good psychological services	6/26/2023 8:28 PM

1539	none	6/26/2023 8:26 PM
1540	No	6/26/2023 8:26 PM
1541	no	6/26/2023 8:26 PM
1542	Na	6/26/2023 8:23 PM
1543	Clients sometimes feel a lack of safety doing it in their home	6/26/2023 8:20 PM
1544	No	6/26/2023 8:17 PM
1545	Some patients want telehealth but it isn't always appropriate. I don't think people appreciate how much is lost via telehealth. For example, a person not reporting eatig disordered behavior who wants telehealth for convenience and then has the camera situated so they can only be seen from the neck up. Much information can be missed without realizing that information is being missed.	6/26/2023 8:17 PM
1546	No	6/26/2023 8:14 PM
1547	Not being able to be a part of psypact and provide services to clients who are out of state	6/26/2023 8:14 PM
1548	Probably	6/26/2023 8:08 PM
1549	no, the technology is easy to use, and patients like it!	6/26/2023 8:06 PM
1550	N/a	6/26/2023 8:02 PM
1551	No	6/26/2023 8:01 PM
1552	I feel one of the biggest barriers is not being able to continue to work with clients who move out of state to attend university (I work with a lot of teens and young adults) or for personal/safety reasons during the Covid-19 pandemic.	6/26/2023 8:01 PM
1553	None	6/26/2023 8:00 PM
1554	Difficulty for clients - who else is in their space, their own internet, privacy	6/26/2023 7:59 PM
1555	Lack of housing to have private safe location, inappropriate for care of folks experiencing interpersonal violence	6/26/2023 7:57 PM
1556	No	6/26/2023 7:56 PM
1557	Patient preferences.	6/26/2023 7:46 PM
1558	No	6/26/2023 7:44 PM
1559	Patients having private space to conduct session (i.e.: living in a shared apartment)	6/26/2023 7:43 PM
1560	When clients do not have access to technology or stable internet in order to do telehealth, but also have limited transportation or mobility	6/26/2023 7:41 PM
1561	none	6/26/2023 7:39 PM
1562	No	6/26/2023 7:36 PM
1563	I can't join PsyPact because my school was not APA accredited, but I wish there was another way of being able to work across state lines when clients travel. When I worked at an agency it was difficult for older adult clients to do anything but phone calls for telehealth because of poverty and lack of knowledge about technology. My current clients are younger, tech-savvy, and private pay, so the barriers are few.	6/26/2023 7:32 PM
1564	It frequently starts out with the clients very stiff and unnatural, until they relax.	6/26/2023 7:31 PM
1565	Some very young children can struggle with Telehealth	6/26/2023 7:27 PM
1566	Client lack of technology skill, lack of internet access	6/26/2023 7:22 PM
1567	Research to indicate if telehealth is as beneficial as in person therapy.	6/26/2023 7:20 PM
1568	More along the lines of individual issues, primarily client's having a private place to be during a teletherapy session.	6/26/2023 7:19 PM

1569	None identified at this time.	6/26/2023 7:19 PM
1570	n/a	6/26/2023 7:18 PM
1571	no	6/26/2023 7:17 PM
1572	It can help some who cannot get to an office for an in person visit financially and can be convenient to fit in between work. However, the practice completely ignores cultural needs. For example, my African American and Middle Eastern clients generally feel safer and more comfortable in person. As trust builds, perhaps telehealth could be incorporated occasionally.	6/26/2023 7:17 PM
1573	None	6/26/2023 7:16 PM
1574	I can't do EMDR or biofeedback online, and it's easier to do CBT using forms if I can hand them over with instructions in office rather than not always looking at the forms together.	6/26/2023 7:15 PM
1575	Again, as I mentioned earlier, I am concerned insurance companies will stop paying for telehealth.	6/26/2023 7:13 PM
1576	No	6/26/2023 7:10 PM
1577	No.	6/26/2023 7:07 PM
1578	no	6/26/2023 7:06 PM
1579	No	6/26/2023 7:04 PM
1580	Some clients prefer phone to video or in-person and that preference is not always supported by insurance.	6/26/2023 7:03 PM
1581	No	6/26/2023 7:00 PM
1582	No	6/26/2023 7:00 PM
1583	I have found that telehealth has so greatly increased treatment access for my patients. I hope legislation continues to allow telehealth to be possible.	6/26/2023 6:56 PM
1584	Nope	6/26/2023 6:51 PM
1585	None	6/26/2023 6:51 PM
1586	Mostly maintaining attention and interest for children less than 12 or performing specific exposures for anxiety disorder treatment	6/26/2023 6:51 PM
1587	Patient privacy and safety in home or workplace. Privacy for patients needing to use community library connections.	6/26/2023 6:50 PM
1588	No	6/26/2023 6:47 PM
1589	No barriers for me.	6/26/2023 6:44 PM
1590	This survey hasn’t addressed how telehealth furthers health equity through allowing pts to access care without taking additional time off work, finding childcare etc	6/26/2023 6:41 PM
1591	no	6/26/2023 6:37 PM
1592	I work with a generally higher SES population, many of whom can pay out of pocket for services, and who have access to broadband, computers, etc. For populations without such access, or limited by their insurance coverage, it would be more difficult.	6/26/2023 6:37 PM
1593	Telehealth is often not appropriate for children and families and the lack of clinicians providing traditional in-person therapy is significantly lacking	6/26/2023 6:37 PM
1594	That California is not part of PsyPact which limits California Psychologists	6/26/2023 6:36 PM
1595	No	6/26/2023 6:30 PM
1596	Concern that individual insurance companies will restrict Telehealth reimbursement for in and out of network providers, thus limiting access to individuals for whom in office visits are difficult, if not impossible.	6/26/2023 6:30 PM
1597	Yes, and that is Medicare's refusal to pay us at the same rate as in person visits. I have now made a policy that I will not accept any Medicare patient that can't come into the office	6/26/2023 6:30 PM

	because I am tired of Medicare paying me significantly less just because I'm doing telehealth. A lot of other providers are doing the same, and again, lonely isolated seniors are paying the price and being denied services due to Medicare's ridiculous policy of lower reimbursement for telehealth, even though it is ever bit as effective.	
1598	No	6/26/2023 6:29 PM
1599	Greater attentional challenges when conducting telehealth. Such as distractions, ability to work environments, less conducive to professional focus etc	6/26/2023 6:29 PM
1600	State licensing laws that might impact clients or therapists moving, traveling, etc. This is a MAJOR area that I hope can be improved, especially in California.	6/26/2023 6:29 PM
1601	No. This survey seems skewed to focus on the barriers rather than advantages to telehealth for my clients. It’s been an amazing opportunity. Overall it’s led me to provide more care to more patients on a more consistent basis. Clients love it and NO ONE has asked me to go back to the office. I think you should consider a survey focused on how telehealth has lowered barriers rather than dragging us back to the Stone Age.	6/26/2023 6:28 PM
1602	Nope	6/26/2023 6:26 PM
1603	The California Board of Psychology is the biggest barrier. California is populated that many talented licensed psychologists who often have unique or less common skills and expertise that they are restricted to practice in other states because of not being a member of PsyPact. Also, potential clients have restrictions on who they can see as a therapist. CA has an abysmal national exam pass rate so any comments about the superiority of training programs in the state and board requirements needs to be re-examined.	6/26/2023 6:25 PM
1604	The primary problem with telehealth is that an inevitable, important dimension to a clinical encounter includes the presence of both parties in as much dimensionality as possible. Telehealth is missing that important, intangible dimension of the mutual bodily presence and all its messages, which doesn't negate the validity of practicing remotely, but is a factor in terms of the therapeutic relationship.	6/26/2023 6:24 PM
1605	N/A	6/26/2023 6:23 PM
1606	In my work in nursing homes, I have less awareness of possible interruptions by others entering the room or being in range of hearing of the session.	6/26/2023 6:22 PM
1607	Assuring there are resources for clients and patients who have barriers to wifi etc.	6/26/2023 6:21 PM
1608	none	6/26/2023 6:21 PM
1609	no	6/26/2023 6:19 PM
1610	None that I am aware. I feel through different platforms the need are being met	6/26/2023 6:17 PM
1611	None	6/26/2023 6:16 PM
1612	no	6/26/2023 6:15 PM
1613	Not to my knowledge	6/26/2023 6:15 PM
1614	No.	6/26/2023 6:14 PM
1615	No	6/26/2023 6:09 PM
1616	None. I find it convenient and easy	6/26/2023 6:09 PM
1617	None	6/26/2023 6:09 PM
1618	no	6/26/2023 6:09 PM
1619	No	6/26/2023 6:08 PM
1620	No	6/26/2023 6:07 PM
1621	No	6/26/2023 6:06 PM
1622	can't think of any.	6/26/2023 6:05 PM
1623	None	6/26/2023 6:04 PM

1624	Privacy on patient's end	6/26/2023 6:04 PM
1625	No	6/26/2023 6:03 PM
1626	Privacy for some low-income clients.	6/26/2023 6:03 PM
1627	No	6/26/2023 6:00 PM
1628	Any psychologist using telehealth should be required to complete formal a formal CR training.	6/26/2023 6:00 PM
1629	Some clients do not have access to reliable internet	6/26/2023 5:59 PM
1630	Over-regulation which places too many impediments in the way of delivering telehealth care.	6/26/2023 5:59 PM
1631	Inability to practice legally outside of California and inability to take advantage of PACT	6/26/2023 5:59 PM
1632	Yes, for clients sharing housing it’s difficult to ensure a space that will ensure confidentiality/ lack of privacy.	6/26/2023 5:57 PM
1633	None. Several years ago, I had no interest in providing therapy online. Since the start of the pandemic, I have been using it consistently with great success. The transition from in-person practice to telehealth made it possible to continue treating clients throughout the pandemic. I don't believe that telehealth is best suited for all clients, but it works very well for many, and expands access to treatment by new groups of people.	6/26/2023 5:57 PM
1634	None	6/26/2023 5:56 PM
1635	Client understanding of process and lost connections during video calls.	6/26/2023 5:56 PM
1636	As an older clinician, I am simply not a fan of online therapy. I don't think it is nearly as meaningful.	6/26/2023 5:55 PM
1637	None that I can think of at the moment	6/26/2023 5:54 PM
1638	No	6/26/2023 5:53 PM
1639	No	6/26/2023 5:49 PM
1640	None in the past 3 years. During that period only a few patients declined Telehealth due to it not being in person in my experience (in a large HMO setting). Recently (in the past few months) a minority of patients have expressed a preference for in-person treatment. The vast majority of patients in my large HMO treatment setting have preferred Telehealth and we have had greater diversity in the patients who we have been able to serve.	6/26/2023 5:48 PM
1641	No	6/26/2023 5:41 PM
1642	NO	6/26/2023 5:38 PM
1643	no	6/26/2023 5:38 PM
1644	No.	6/26/2023 5:33 PM
1645	None	6/26/2023 5:33 PM
1646	Since the pandemic, I have used Telehealth with little challenge. I've taken formal CE classes on the topic and have not discovered major obstacles. Ability to pay is often a difficulty, but it applies to either Telehealth or in person work.	6/26/2023 5:33 PM
1647	Not really, been much better than I had originally expected.	6/26/2023 5:31 PM
1648	I think you've got it.	6/26/2023 5:29 PM
1649	No	6/26/2023 5:23 PM
1650	isolation of providers practicing using telehealth	6/26/2023 5:22 PM
1651	No	6/26/2023 5:21 PM
1652	None	6/26/2023 5:20 PM
1653	Connection with client	6/26/2023 5:20 PM
1654	On the client end, lack of access or inadequate ability to use technology required for telehealth services, lack of technical knowledge or facility with technical programs, lack of ability or	6/26/2023 5:19 PM

	comfort in using telehealth platforms, and/or lack of access to equipment required for telehealth.	
1655	Difficulty reading nonverbal language all the time	6/26/2023 5:17 PM
1656	None	6/26/2023 5:14 PM
1657	Not that I can think of at the moment	6/26/2023 5:13 PM
1658	Ability to use technology for certain populations (e.g. seniors, those with certain cognitive challenges/disabilities)	6/26/2023 5:13 PM
1659	Privacy for client	6/26/2023 5:12 PM
1660	Many clients prefer telehealth and are much more flexible in scheduling appointment times since there is no travel time	6/26/2023 5:12 PM
1661	No	6/26/2023 5:11 PM
1662	I practice in a mixed rural/suburban area, and my more rural clients don't always have access to good internet service (nor did I when I lived in a rural area in western Nevada Co).	6/26/2023 5:11 PM
1663	no	6/26/2023 5:08 PM
1664	no	6/26/2023 5:07 PM
1665	No	6/26/2023 5:07 PM
1666	No	6/26/2023 5:07 PM
1667	no	6/26/2023 5:05 PM
1668	I don't know if "barriers" is the word, but telehealth is simply not as rich and therapeutic as in-person. I much prefer in-person.	6/26/2023 5:04 PM
1669	There are significant issues relative to what county and state the therapist is in and the location of the client. What laws and guidelines apply when the client or therapist is "out of town"? The Trust has a great training on this.	6/26/2023 5:01 PM
1670	None.	6/26/2023 5:01 PM
1671	No.	6/26/2023 5:00 PM
1672	No	6/26/2023 5:00 PM
1673	No	6/26/2023 5:00 PM
1674	Very few barriers in fact (I do not work with insurance, but am aware that insurance may not reimburse at all or equally	6/26/2023 4:59 PM
1675	I think the profession needs to adjust ethical guidelines NOW. The world is using technology. We need our profession to support us by formulating new ethical guidelines that facilitate our use of tech rather than the current guidelines that too often enhance our liability risks. HIPAA guidelines are ridiculously complex, narrow, and rigid and our ethical guidelines should articulate alternative standards.	6/26/2023 4:58 PM
1676	None that I have encountered. I was pretty hesitant to start telehealth and I was very surprised by how effective and efficient it was that I have continued to offer it and it is now what I do mostly.	6/26/2023 4:55 PM
1677	No	6/26/2023 4:55 PM
1678	No	6/26/2023 4:53 PM
1679	Yes patient's not being able to access telehealth due to financial burdens or other factors (not knowing how to operate equipment)	6/26/2023 4:53 PM
1680	No	6/26/2023 4:52 PM
1681	Clients may not have access to a good computer with a camera.	6/26/2023 4:51 PM
1682	no	6/26/2023 4:49 PM

1683	None	6/26/2023 4:48 PM
1684	Telehealth is not appropriate for every population or patient. My fear is that most psychologists will go 100% telehealth and people will no longer have access to in person services.	6/26/2023 4:48 PM
1685	Sometimes I wish I could see the whole person instead of just the trunk and head of a person. I am working on a set up where clients can see all of me and I am considering asking them to do the same if possible.	6/26/2023 4:48 PM
1686	no	6/26/2023 4:47 PM
1687	Many of the barriers re: finances are the same as in vivo therapy. With telehealth, it would be helpful if there were more guidance re: who is appropriate/will benefit? I do my best to assess that, patients sometimes know their ownprefernce and sometimes they are still not appropiate for teletherapy.	6/26/2023 4:45 PM
1688	While I much prefer face to face therapy (and that is just my preference) I see telehealth as opening up therapy to more people and reducing barriers. I don't see it creating barriers. This is one of the gifts that covid brought our society. When there is snow in our local mountains or illness in the home... or childcare issues.... telehealth preserves the consistency of the therapy and allows continuity where sometimes a client would drop out of therapy.	6/26/2023 4:45 PM
1689	California not participating in PsyPact. Clients are remote working and traveling everywhere. Inability to join PsyPact is interrupting care and making me less competitive of a provider.	6/26/2023 4:44 PM
1690	none	6/26/2023 4:42 PM
1691	None	6/26/2023 4:42 PM
1692	rapport building just looks so different online, and is absolutely a barrier in my opinion	6/26/2023 4:41 PM
1693	No, and I wish you had also asked about the benefits, this survey seems inherently skewed against telehealth which is a shame. It’s not a fit for everyone, but opens doors for many who otherwise wouldn’t be able to access mental health care	6/26/2023 4:40 PM
1694	age related acceptance, among both patient and provider population (e.g younger is more accepting).	6/26/2023 4:39 PM
1695	It’s not optimal for therapy. I prefer face to face. Otherwise there is no way to control the client’s environment so if there are privacy issues or distractions on their end, there is nothing you can do about it. And a lot of psychological testing needs to be done in person	6/26/2023 4:39 PM
1696	No	6/26/2023 4:37 PM
1697	no	6/26/2023 4:36 PM
1698	none	6/26/2023 4:34 PM
1699	Disinterest in telehealth/preference for in person	6/26/2023 4:34 PM
1700	I think many barriers can be overcome with proper reimbursement and access to resources/technology	6/26/2023 4:34 PM
1701	medicare reimbursement for teletherapy will likely drop in 2024 and this will be a barrier as I plan to stop providing telethealth due to the lack of adequate funding from Medicare. Many of my clients plan to stop therapy with me at that time because of their lack of mobility (eg due to chronic health issues such as Parkinsons or due to lack of transportation)	6/26/2023 4:33 PM
1702	Technology needs to advance a bit more so we can discern more about one another. However, I think with AI advances in the camera moving and following the user, this has already made things a bit more natural from my persepctive.	6/26/2023 4:32 PM
1703	No	6/26/2023 4:29 PM
1704	Telehealth works really well and given that we can serve underserved populations, it is a great opportunity. Thank you	6/26/2023 4:28 PM
1705	No	6/26/2023 4:24 PM
1706	None	6/26/2023 4:23 PM
1707	It is harder to gauge emotions, body language, as well as tech interfering with therapy process	6/26/2023 4:23 PM

	(e.g., in the middle of something important and losing connections). Additionally, harder for both parties to stay as engaged and focused on a screen.	
1708	It is not appropriate for certain clients and these should be identified.	6/26/2023 4:22 PM
1709	My private clients all seem to be fine. I'm selective: no suicidality, serious mental health issues or client needs face-to-face.	6/26/2023 4:22 PM
1710	Clients don’t always have space at home that is private.	6/26/2023 4:19 PM
1711	The only barrier that I have is with the constant threat that insurance carriers are going to stop covering telehealth.	6/26/2023 4:19 PM
1712	Not really. My clients and I really like the convenience and effectiveness of tele-mental health treatment	6/26/2023 4:19 PM
1713	no	6/26/2023 4:17 PM
1714	My understanding is that the board has not joined the PsychPact which is trying to standardize videotherapy access to more clients	6/26/2023 4:17 PM
1715	no	6/26/2023 4:17 PM
1716	The need to be able to use the phone with some clients unable to see someone any other way. For people who are remote to come in for periodic office visits is unrealistic. Some of them just can't.	6/26/2023 4:10 PM
1717	No	6/26/2023 4:09 PM
1718	clients traveling out of state	6/26/2023 4:09 PM
1719	No	6/26/2023 4:08 PM
1720	Again, the issue for me is that underrepresented clients seem to have more problems navigating through telehealth protocols	6/26/2023 4:07 PM
1721	No	6/26/2023 4:06 PM
1722	No	6/26/2023 4:06 PM
1723	Testing limitations due to standardized procedures not developed for telehealth. Lack of child friendly tools for online format.	6/26/2023 4:06 PM
1724	No	6/26/2023 4:04 PM
1725	N/a	6/26/2023 4:03 PM
1726	No	6/26/2023 4:03 PM
1727	Communicating differences in treatment experience, yet conveying telehealth as valid.	6/26/2023 4:03 PM
1728	No I find telehealth to be easier for most patients	6/26/2023 4:01 PM
1729	Yes….the complexity of each state’s licensing and rules for telehealth limits providers and likely reduces the number of providers that can actively provide services. Nationally every state board would benefit from a common national licensing process and/or process for telehealth. While PsyPact has made attempts to address this it is a cumbersome and complex process and organizations have difficulty as employers expanding services due to provider shortages with restrictions for telehealth	6/26/2023 4:01 PM
1730	No	6/26/2023 4:00 PM
1731	Pt's are often willing to do telehealth, but I have encouraged clients to return in person for a higher quality level of care.	6/26/2023 4:00 PM
1732	There are so many providers soley providing Telehealth it limits access for pt’s asking for in-person care	6/26/2023 4:00 PM
1733	Public understanding of process and need for structure, privacy issues even in the home	6/26/2023 3:59 PM
1734	Language barriers	6/26/2023 3:58 PM
1735	none i can think of	6/26/2023 3:57 PM

1736	Online therapy with young children seems inadequate. Works fine for adolescents and adults, as well as couples and families.	6/26/2023 3:57 PM
1737	The only barriers for clients are to have privacy to do the telehealth session, and some prefer to be in person. In elderly clients with mild dementia, they struggle using the technology, as they do in other areas of their lives.	6/26/2023 3:57 PM
1738	no	6/26/2023 3:56 PM
1739	State line limitation barrier;	6/26/2023 3:56 PM
1740	Laws which allow tele-health to thrive and reach more consumers	6/26/2023 3:56 PM
1741	No	6/26/2023 3:52 PM
1742	No	6/26/2023 3:51 PM
1743	Patients occasionally take telehealth calls in inappropriate (public) places and need education about this. Also take calls while driving and need education about how this is not conducive to therapy.	6/26/2023 3:51 PM
1744	no	6/26/2023 3:51 PM
1745	In practice for several decades. Hard initially to switch over to non-in-person connections. Now not difficiult at all. Much more mobility within my State and saving patients cosly communting.	6/26/2023 3:51 PM
1746	In my 3+ years my neighborhood had one power-outage. I had to cancel my clients that day.	6/26/2023 3:50 PM
1747	No	6/26/2023 3:49 PM
1748	Having a private space for therapy.	6/26/2023 3:49 PM
1749	having an office to use or a quiet space at home to use	6/26/2023 3:47 PM
1750	Marketing Differences	6/26/2023 3:47 PM
1751	no	6/26/2023 3:47 PM
1752	No	6/26/2023 3:47 PM
1753	Licensure cross state	6/26/2023 3:46 PM
1754	no	6/26/2023 3:44 PM
1755	No	6/26/2023 3:43 PM
1756	I cannot guarantee confidentiality virtually like I can in my office.	6/26/2023 3:43 PM
1757	No	6/26/2023 3:42 PM
1758	Underserved populations without access to equipment	6/26/2023 3:42 PM
1759	Some platforms don't work with all phones / laptops and some clients just don't know how video meetings work.	6/26/2023 3:42 PM
1760	no	6/26/2023 3:41 PM
1761	No.	6/26/2023 3:40 PM
1762	Some therapists may be less professional online than in person.	6/26/2023 3:40 PM
1763	You imply by your use of the term barriers that the convenience and efficiency fostered by telehealth technology is beneficial for human beings. Is it not worth considering what we lose with telehealth even if there were no barriers? You seem to assume this technology is not only inevitable but good for psychology as a therapeutic endeavor. That kind of thinking is probably the largest barrier to the kind of thoughtful analysis and serious research that psychology needs. There is a reason that a large proportion of physicians in every poll report an increasingly negative view of their profession as it becomes supposedly more efficient and more and more a matter of algorithms and telehealth.	6/26/2023 3:40 PM
1764	No	6/26/2023 3:39 PM
1765	The barrier that telephone only sessions might not be reimbursable.	6/26/2023 3:39 PM

1766	during the lock-down, parents were often unable to use telehealth because they had no childcare and had to be around their kids - no privacy/quiet for telehealth	6/26/2023 3:38 PM
1767	Insurance companies are the largest barriers -- in terms of reimbursement for telehealth services, as well as willingness to cite the availability of telehealth services in the provider directory listing.	6/26/2023 3:36 PM
1768	no	6/26/2023 3:35 PM
1769	N/A	6/26/2023 3:35 PM
1770	Training for clients	6/26/2023 3:32 PM
1771	While doing groups, hard to know if sudden "loss" of member online is due to outage on their end or issues. Requires extra time to train group members to work around this issue.	6/26/2023 3:31 PM
1772	I'm not a tech person, so I didn't know how to answer the computer questions...that seems to be the simplest trouble shooting point...when the video doesn't work, or audio troubles, etc.	6/26/2023 3:31 PM
1773	Bias against Efficacy of telehealth	6/26/2023 3:30 PM
1774	no	6/26/2023 3:30 PM
1775	no	6/26/2023 3:29 PM
1776	The complicated codes and modifiers for session for insurance	6/26/2023 3:29 PM
1777	No	6/26/2023 3:29 PM
1778	Yes many of the above but unable to click multiple options above	6/26/2023 3:28 PM
1779	No	6/26/2023 3:28 PM
1780	No	6/26/2023 3:27 PM
1781	No	6/26/2023 3:26 PM
1782	No	6/26/2023 3:26 PM
1783	no	6/26/2023 3:26 PM
1784	No	6/26/2023 3:26 PM
1785	Unsure	6/26/2023 3:25 PM
1786	Patient population may not have easy access to telehealth options.	6/26/2023 3:24 PM
1787	interstate issues of licensure	6/26/2023 3:23 PM
1788	If insurance companies are overly nit-picky over accepting phone sessions as less acceptable than video sessions	6/26/2023 3:23 PM
1789	I find doing EMDR very difficult on video.	6/26/2023 3:21 PM
1790	None	6/26/2023 3:20 PM
1791	no	6/26/2023 3:18 PM
1792	I do not like telehealth. it is a very different therapy experience I do not think it is as therapeutic	6/26/2023 3:18 PM
1793	If the BoP would endorse platforms, would publish technology requirements that are easy to follow, and publish clear guidelines, it would be extremely helpful.	6/26/2023 3:18 PM
1794	No	6/26/2023 3:17 PM
1795	On the flip side, the ability to increase access to care through telehealth has led to outrageous waitlists for patients who are local and our program is impacted due to very high demands for specialized care	6/26/2023 3:17 PM
1796	One major barrier in my view is the California Board of Psychology's complete unwillingness to consider participating in PSYPACT. My clients, even those who I'm seeing in person, want to be able to access my services when they are traveling, and at the moment I'm left trying to arrange for this ad hoc, client by client and state by state. As an example, a client who was an	6/26/2023 3:17 PM

	abuse survivor traveled home to another state for about a month following the death of a formerly abusive family member. This individual was highly triggered by the visit home and having the regular support of the therapist would have been tremendously supportive and in their best interest. As the treating psychologist I was left trying to decide whether to do what was in the best interest of my client and provide good care, or whether to follow the strict requirement of the law of that state. In this way, the California Board of Psychology has created an unnecessary barrier between California residents and good, sustainable care while traveling via telehealth. And given that now 40 states have enacted PSYPACT, California is far behind the curve, with residents and practicing psychologists being the ones to pay the price. https://psypact.org/mpage/psypactmap	
1797	No, most clients, even those in the lowest socio-economic standings have at least a phone and thus can complete the telehealth sessions.	6/26/2023 3:16 PM
1798	I see no barriers other than the patient's access to the technology and/or support web service	6/26/2023 3:15 PM
1799	Clarity on treating clients traveling to other states or countries. Addressing need for greater mobility for clients as they increasingly are working via telehealth.	6/26/2023 3:15 PM
1800	No	6/26/2023 3:14 PM
1801	I think the training barrier is much more limited than it’s presented here. The largest barriers are accessibility related and linked with the flexibility of this modality.	6/26/2023 3:14 PM
1802	Phone visits not being covered potentially is the main concern. Some people do not have access to internet or video.	6/26/2023 3:13 PM
1803	No	6/26/2023 3:12 PM
1804	None	6/26/2023 3:10 PM
1805	Some clients prefer in-person work.	6/26/2023 3:10 PM
1806	jurisdictional issues. Psypact is prejudicial as they require APA accreditation for graduate school status re: of licensure status. Getting licensed in a bunch of states is also costly and difficult.	6/26/2023 3:09 PM
1807	no	6/26/2023 3:07 PM
1808	Patient education	6/26/2023 3:07 PM
1809	Identifying private locations for clients to engage in telehealth appointments	6/26/2023 3:06 PM
1810	None	6/26/2023 3:05 PM
1811	N/A	6/26/2023 3:05 PM
1812	No. WEBEX more reliable and secure than Zoom	6/26/2023 3:03 PM
1813	NA	6/26/2023 3:03 PM
1814	This study does not ask questions about barriers that Telehealth removes. Because people don’t have the extra cost (time and money, losing income while off work) of driving to an appointment, the treatment is more regularly attended and many more insured clients are able to participate — particularly those who are working, in school	6/26/2023 3:03 PM
1815	Clients with severe PTSD sometimes have difficulty coping with Telehealth as they need the stability of the office setting and specific office interventions	6/26/2023 3:03 PM
1816	It seems like clinicians would benefit too from client outcome studies (a version like this BOP survey but for clients where large data sets are available w/their impressions too). Thank you.	6/26/2023 3:03 PM
1817	No	6/26/2023 3:01 PM
1818	When people have no privacy, they wind up having to go to car, or I saw one woman from her closet. It worked out fine but privacy is sometimes an issue. But it serves people who couldn't get therapy otherwise.	6/26/2023 3:01 PM
1819	None noted	6/26/2023 3:00 PM
1820	Educating community of parity in person vs. Telehealth results for most cases	6/26/2023 3:00 PM

1821	No	6/26/2023 2:59 PM
1822	No	6/26/2023 2:59 PM
1823	Changing laws and regulations and insurance billing requirements - feels impossible to stay up to date.	6/26/2023 2:59 PM
1824	Clients who don't have printers need handouts/assessment forms mailed to them which causes delays.	6/26/2023 2:58 PM
1825	None	6/26/2023 2:57 PM
1826	1) Client expecting 24/7 availability of therapists now that everything is online. 2) Inconsistent interstate provision for telehealth sessions	6/26/2023 2:56 PM
1827	N/A	6/26/2023 2:56 PM
1828	There are clients who have issues with transportation or due to multiple medical conditions who benefit from telehealth	6/26/2023 2:56 PM
1829	Insurers should be required to cover Telehealth.	6/26/2023 2:56 PM
1830	Can't fully assess body language or changes to body that might be important	6/26/2023 2:56 PM
1831	not that i can think of	6/26/2023 2:56 PM
1832	I did not utilize Telehealth until the pandemic however clients benefit from the flexibility it offers.	6/26/2023 2:55 PM
1833	none	6/26/2023 2:54 PM
1834	No	6/26/2023 2:53 PM
1835	ease of use for older populations, safety and privacy concerns (using while driving, using in public space or with other outside of frame), access to reliable internet, use with young children, use with self-harm or suicide risk, use with ASD	6/26/2023 2:53 PM
1836	No	6/26/2023 2:52 PM
1837	Patient population such as older adults, animals in rooms, and others walking through session. Ringing cellphones are also problematic.	6/26/2023 2:52 PM
1838	I appreciate this survey, but I think post-covid this is a "tail wagging the dog" opportunistic issue currently. There are very few patients pre-covid who actually need telementalhealth in order to initiate care. And those who do should not be seen via video or telephone for very long. Psychotherapy was always meant to be done in person for so many reasons, especially in the bay area when the last thing most patients need is another screen.	6/26/2023 2:52 PM
1839	Not being able to work across state lines unless specifically licensed for this	6/26/2023 2:51 PM
1840	Ability for client to attend to session: In my experience during the Covid-19 shut-down, teleheath treatment was less efficient with some elementary school-aged children diagnosed with ADHD, and a parent needed to be present or check in often to keep the kids attentive and present in front of the computer. Ability to evaluate physical presentation of client: Also during the Covid-19 shut-down, I briefly worked with a young adult diagnosed with ASD who was not being truthful to me or his psychiatrist about his daily functioning (e.g., personal hygiene, time spent alone in bedroom, eating habits). His mother intervened, and he found a therapist close to his home with whom he could meet in their office.	6/26/2023 2:51 PM
1841	No	6/26/2023 2:50 PM
1842	no	6/26/2023 2:50 PM
1843	Trauma care, crisis care	6/26/2023 2:50 PM
1844	none that I can think of	6/26/2023 2:50 PM
1845	No	6/26/2023 2:50 PM
1846	Platforms are difficult for some patient's to navigate	6/26/2023 2:49 PM
1847	Some elderly do not like using a video platform but are okay with telephone meetings.	6/26/2023 2:48 PM

1848	Worried insurance will deny	6/26/2023 2:47 PM
1849	Difficulty forming relationships with the client. Inability to read body language. Client needs contained holding environment.	6/26/2023 2:47 PM
1850	The only ones I have encountered are that men tend to like in person therapy so they can open up more about issues. The limitations are that you can't see the whole person so you miss some behaviors that might be of importance. However, there are benefits of being able to see someone in their natural environment, the ease of getting to appointments, etc. I would like the board to consider allowing us in California the opportunity to have reciprocity with other states. I have many prior patients that moved but want to continue to see me but can't due to this state's limitations. It would be very beneficial for the therapuetic relationship and consistency of treatment.	6/26/2023 2:47 PM
1851	No	6/26/2023 2:46 PM
1852	No	6/26/2023 2:46 PM
1853	there are barriers in regards to effectiveness of Telehealth, having clients regularity attend appointments, and remaining engaged throughout our sessions (i.e. other calls, distractions in and around home, generally not engaged in clinical discussion)	6/26/2023 2:46 PM
1854	NA	6/26/2023 2:46 PM
1855	No	6/26/2023 2:46 PM
1856	no	6/26/2023 2:44 PM
1857	Clients having poor or less that optimal access to internet or phone service	6/26/2023 2:42 PM
1858	Sometimes feels like anxious patients become more anxious or agoraphobic as demand for anxiety tolerance decreases with telehealth	6/26/2023 2:42 PM
1859	provider resistance/ uncertainty	6/26/2023 2:41 PM
1860	Insurance companies have a lower pay rate for telehealth than in person visit .	6/26/2023 2:41 PM
1861	Not for me.	6/26/2023 2:40 PM
1862	None	6/26/2023 2:40 PM
1863	no	6/26/2023 2:40 PM
1864	No	6/26/2023 2:37 PM
1865	no	6/26/2023 2:36 PM
1866	Yes, limited access to good dependable technology equipment for my medi-cal population.	6/26/2023 2:35 PM
1867	Main barrier would be proper training, and how to safely and effectively practice psychotherapy via telehealth. Many people were thrown into it during the pandemic without learning how to do it thoughtfully.	6/26/2023 2:35 PM
1868	Overall the survey seems to presume barriers that many of us I presume have already gotten through by the exigencies of telehealth being the only therapy option at all in some of the past years.	6/26/2023 2:35 PM
1869	At times client is distracted and not as focused as when in face to face, so therapist doesn't learn as much about what is needed that isn't as evident on internet work	6/26/2023 2:35 PM
1870	No	6/26/2023 2:33 PM
1871	California not being a PACT state	6/26/2023 2:33 PM
1872	Client discomfort with technology	6/26/2023 2:33 PM
1873	N/a	6/26/2023 2:32 PM
1874	None	6/26/2023 2:32 PM
1875	It seems regulartory agencies are concerned and have the mindset that telehealth is not equivalent quality. I have had a positive experience utilizing it well.	6/26/2023 2:32 PM

1876	none	6/26/2023 2:31 PM
1877	none for my work	6/26/2023 2:31 PM
1878	no	6/26/2023 2:30 PM
1879	I haven't encountered barriers	6/26/2023 2:30 PM
1880	Having a presenter to facilitate the telehealth appointment for certain populations (i.e. corrections, inpatient, etc.)	6/26/2023 2:30 PM
1881	No	6/26/2023 2:30 PM
1882	no	6/26/2023 2:30 PM
1883	none	6/26/2023 2:29 PM
1884	even with being back in office and able to see in person, most clients except two wanted to go back to office; most prefer Telehealth, even those who started with me in office	6/26/2023 2:29 PM
1885	None, as a Black therapist, I am able to reach more clients that look like me and it has been an amazing therapeutic experience. I personally believe and clients have said so, if we go back to in person they would not continue therapy. That speaks volumes to be able to service clients who do not have access to Therapist that look like them.	6/26/2023 2:29 PM
1886	Yes, humanity barriers that limit accessible care	6/26/2023 2:29 PM
1887	Only what I mentioned already	6/26/2023 2:28 PM
1888	California not being a part of PsyPact	6/26/2023 2:26 PM
1889	Privacy in the home with telehealth is a problem. When people use their phone in the car the service is then horrible.	6/26/2023 2:26 PM
1890	client's expertise, or lack thereof with technology	6/26/2023 2:26 PM
1891	No	6/26/2023 2:26 PM
1892	Client access to internet/technology when working with low income clients	6/26/2023 2:25 PM
1893	No	6/26/2023 2:25 PM
1894	Tech issues forever	6/26/2023 2:25 PM
1895	No	6/26/2023 2:24 PM
1896	No	6/26/2023 2:24 PM
1897	I would simply like to thank the BOP for it's efforts in getting telehealth accepted and make the board aware that many older patients, particularly in remote areas, would not participate in treatment were it not for telehealth.	6/26/2023 2:24 PM
1898	I think there was a steep learning curve when Covid hit but I feel comfortable now.	6/26/2023 2:23 PM
1899	None.	6/26/2023 2:23 PM
1900	No	6/26/2023 2:23 PM
1901	I think that mainly, adequately assessing if the person is appropriate for telehealth is very important up front. I have talked to a number of providers who don't seem to really understand HIPAA issues with things like FaceTime, etc. So overall, I'd say that educating providers as well as adequate assessment of if someone is a good candidate for telehealth is important. With those addressed, telehealth has been a godsend!	6/26/2023 2:23 PM
1902	The need for dual licensure if providing services to old patients who have moved out of state and wish to maintain therapeutic ci\ontact.	6/26/2023 2:22 PM
1903	None.	6/26/2023 2:21 PM
1904	Degradation of therapeutic relationship	6/26/2023 2:21 PM
1905	Internet of the clients	6/26/2023 2:21 PM
1906	None, the only problem is confusion about regulation.	6/26/2023 2:21 PM

1907	N/A	6/26/2023 2:20 PM
1908	therapist fatigue- you have sit still and focus in a different way-constraining. I developed a repetitive stress neck and back injury, eye strain. It's not as energizing as being in the room with someone. I know many of us fought off burnout during the pandemic.	6/26/2023 2:20 PM
1909	no	6/26/2023 2:19 PM
1910	no	6/26/2023 2:19 PM
1911	Harder to connect to teens at times	6/26/2023 2:19 PM
1912	No	6/26/2023 2:18 PM
1913	Nope	6/26/2023 2:16 PM
1914	none	6/26/2023 2:14 PM
1915	Efficacy	6/26/2023 2:14 PM
1916	no	6/26/2023 2:14 PM
1917	In person is better in dealing with pain management.	6/26/2023 2:14 PM
1918	In the absence of safety concerns, it can still be difficult to determine whether someone is an ideal fit for telehealth until you're already working with them.	6/26/2023 2:14 PM
1919	No	6/26/2023 2:13 PM
1920	No	6/26/2023 2:13 PM
1921	No	6/26/2023 2:13 PM
1922	Telehealth medicine has been helpful to clients who have transportation issues.	6/26/2023 2:12 PM
1923	No	6/26/2023 2:12 PM
1924	None	6/26/2023 2:11 PM
1925	No	6/26/2023 2:11 PM
1926	Some clients don't like the idea of telehealth.	6/26/2023 2:11 PM
1927	Worked perfectly as long as I had met in person initially to establish trust and confidence. More difficult if I had not met the client in person. Slightly lower success rates.	6/26/2023 2:10 PM
1928	interjurisdictional practice, lack of participation in PsyPact	6/26/2023 2:10 PM
1929	licensure barriers: prevented from telehealth with individuals outside of state	6/26/2023 2:10 PM
1930	none	6/26/2023 2:09 PM
1931	No	6/26/2023 2:09 PM
1932	No.	6/26/2023 2:09 PM
1933	NO	6/26/2023 2:08 PM
1934	No	6/26/2023 2:08 PM
1935	No	6/26/2023 2:07 PM
1936	Privacy for the patient.	6/26/2023 2:07 PM
1937	Clearly stated.	6/26/2023 2:07 PM
1938	No	6/26/2023 2:06 PM
1939	N/A	6/26/2023 2:06 PM
1940	No	6/26/2023 2:06 PM
1941	no I have found that the ability to practice remotely has allowed people to access treatment who were unable before. I am licensed in CA FLA and NY and see patients from all states.	6/26/2023 2:06 PM

1942	Rural area access to high speed internet. Sacrificing quality care for convenience.	6/26/2023 2:06 PM
1943	My approach incorporates movement and play	6/26/2023 2:06 PM
1944	The expectations of insurance companies have to qualify for providing telehealth services is unrealistic (financial, etc.) for most private practices.	6/26/2023 2:06 PM
1945	No	6/26/2023 2:06 PM
1946	No, for the most part telehealth has made services more accessible to folks who otherwise wouldn't be able to access services either due to their location or their busy schedules	6/26/2023 2:05 PM
1947	I'm not aware of barriers and clients have a choice or can occasionally do in-person….most feel it assists with obtaining treatment	6/26/2023 2:05 PM
1948	None	6/26/2023 2:04 PM
1949	no	6/26/2023 2:04 PM
1950	No.	6/26/2023 2:04 PM
1951	No	6/26/2023 2:04 PM
1952	No	6/26/2023 2:03 PM
1953	No	6/26/2023 2:02 PM
1954	Some clients want in-person only.	6/26/2023 2:01 PM
1955	None - I find telehealth is excellent	6/26/2023 2:00 PM
1956	No	6/26/2023 1:58 PM
1957	No	6/26/2023 1:58 PM
1958	no	6/26/2023 1:58 PM
1959	No	6/26/2023 1:58 PM
1960	I love it as a provider particularly for accessibility for my patients who are in various spaces of life	6/26/2023 1:58 PM
1961	INTERSTATE LICENSING ISSUES!	6/26/2023 1:58 PM
1962	not that I can think of	6/26/2023 1:57 PM
1963	No	6/26/2023 1:57 PM
1964	No but not understanding why some insurance try to pay less when it's the same work	6/26/2023 1:57 PM
1965	Turn that I can think of	6/26/2023 1:57 PM
1966	No	6/26/2023 1:57 PM
1967	CA BOARD NEEDS to authorize apple FaceTime as it does not store data; the others are too expensive for part time practice	6/26/2023 1:56 PM
1968	Client variables need to also be considered (privacy issues, their one knowledge of technology, internet issues on their end, informal presentation when conducting telehealth vs. in person session, etc).	6/26/2023 1:56 PM
1969	not that I can think of.	6/26/2023 1:55 PM
1970	Reduced ability to read client's body language. Their head and shoulders are only part of body that is visible on computer. Much more information available about client when sitting person to person. Cues and clues can be missed. Harder to form a relationship with a new client. Works well with existing clients who started in-person.	6/26/2023 1:55 PM
1971	No	6/26/2023 1:55 PM
1972	No	6/26/2023 1:54 PM
1973	NO!	6/26/2023 1:54 PM

1974	no	6/26/2023 1:54 PM
1975	No	6/26/2023 1:53 PM
1976	Mostly older clients having trouble completing forms electronically but this seems to be less of an issue lately	6/26/2023 1:53 PM
1977	None that I can think of. I actually think telehealth has opened up therapy for many people.	6/26/2023 1:53 PM
1978	Your forced selection above is terrible. Lack of basic training. Lack of clinical training (weapons, referral sources according to geo locations.) Lack of required supervision. Cost is not so much an issue. Lack of interstate reciprocity. Lack of personal training to maintain empathy during session	6/26/2023 1:53 PM
1979	Some older clients have difficulty with the technology	6/26/2023 1:52 PM
1980	None	6/26/2023 1:52 PM
1981	No	6/26/2023 1:52 PM
1982	no	6/26/2023 1:52 PM
1983	ALL BARRIERS ON PATIENT SIDE / I HAVE NOT HAD ANY PROBLEMS ON MY SIDE EXCEPT AGE OF PATIENT / NOT SUITABLE FOR YOUNG CHILDREN OR THOSE WITH DEVELOPMENTAL DISABILITIES OR OTHER COMMUNICATION DIFFICULTIES	6/26/2023 1:52 PM
1984	not that I can think of	6/26/2023 1:52 PM
1985	No	6/26/2023 1:51 PM
1986	No	6/26/2023 1:51 PM
1987	none	6/26/2023 1:51 PM
1988	No	6/26/2023 1:51 PM
1989	I haven’t experienced meaningful barriers	6/26/2023 1:49 PM
1990	None that I can think of	6/26/2023 1:49 PM
1991	Delivery of some experiential therapies , such as ACT - are quite a barrier in my experience	6/26/2023 1:49 PM
1992	Access to telehealth into institutions for those who are incarcerated or hospitalized with overwhelming need for therapeutic services due to high staff turnover and understaffing.	6/26/2023 1:49 PM
1993	no	6/26/2023 1:48 PM
1994	Even with increased accessibility to treatment via telemedicine, there still appears to be a shortage of providers.	6/26/2023 1:48 PM
1995	No, I have not encountered the barriers listed above	6/26/2023 1:48 PM
1996	Insurance companies should stop paying for telehealth because covid is now rarely a problem	6/26/2023 1:48 PM
1997	no	6/26/2023 1:47 PM
1998	Lack of social interaction	6/26/2023 1:47 PM
1999	The negative impact on the therapist over time and many yet to be identified impact on the treatment e.g. disruptions, crashes, etc.	6/26/2023 1:47 PM
2000	training & experience bias that the ONLY way to connect & observe nuanced behavior is in person	6/26/2023 1:47 PM
2001	None that I can think of	6/26/2023 1:47 PM
2002	no	6/26/2023 1:46 PM
2003	Research has already identified that telehealth yields only 60% of the benefit of live, in office therapy	6/26/2023 1:46 PM
2004	Staff or trainees may not have a quiet place to work at home, so you sometimes need to have them in the office to provide telehealth to families at home.	6/26/2023 1:46 PM

2005	client's technological challenges	6/26/2023 1:46 PM
2006	Telehealth is different from in-person (obviously). Generally, the benefits outweigh the downsides or losses.	6/26/2023 1:46 PM
2007	None	6/26/2023 1:46 PM
2008	No. I just hope APA advocates for ongoing telehealth.	6/26/2023 1:46 PM
2009	Telehealth has been a wonderful tool to help clients especially those who are unable to attend in person sessions. Many clients post covid have fears of public settings and have moderate social anxiety due to isolation. Telehealth provides them the opportunity to receive treatment in spite of these barriers. It is my hope the BOP reconsider supportive policies to provide out of state telehealth services. More specifically, consideration to join the growing number of states who have already signed onto psypact. I am uncertain why it was declined in 2020/21. Please reconsider this amazing opportunity to help CA therapists and psychologists serve clients in other states.	6/26/2023 1:46 PM
2010	None	6/26/2023 1:45 PM
2011	no	6/26/2023 1:45 PM
2012	Natural limitations of telehealth. Much of therapy is nonverbal and dismissed via telehealth.	6/26/2023 1:45 PM
2013	No	6/26/2023 1:45 PM
2014	No	6/26/2023 1:44 PM
2015	No.	6/26/2023 1:44 PM
2016	Not a barrier, but Alameda Co seems to be left off of the list here. I also see folks there.	6/26/2023 1:43 PM
2017	No	6/26/2023 1:42 PM
2018	No	6/26/2023 1:42 PM
2019	No	6/26/2023 1:41 PM
2020	Language of patient	6/26/2023 1:41 PM
2021	Free and easy Access to internet for all communities regardless of ability to pay	6/26/2023 1:41 PM
2022	Survey doesn't include the benefits, so you're not likely to obtain accurate information	6/26/2023 1:41 PM
2023	To me, it is more exhausting than meeting in person. This is especially true when treating children.	6/26/2023 1:41 PM
2024	none	6/26/2023 1:40 PM
2025	no	6/26/2023 1:40 PM
2026	Clients having access to tech	6/26/2023 1:40 PM
2027	yes, patient barriers such as feeling uncomfortable with technology or concerns about security.	6/26/2023 1:40 PM
2028	No	6/26/2023 1:40 PM
2029	Not that I can think of.	6/26/2023 1:39 PM
2030	Quickly changing laws are hard to keep up with	6/26/2023 1:39 PM
2031	Clients not having access to a computer or privacy	6/26/2023 1:39 PM
2032	Elder knowledge of technology	6/26/2023 1:38 PM
2033	no	6/26/2023 1:38 PM
2034	No	6/26/2023 1:38 PM
2035	Actually, there are many ADVANTAGES and increased ACCESS you have not asked about.	6/26/2023 1:38 PM
2036	no	6/26/2023 1:38 PM
2037	No	6/26/2023 1:37 PM

2038	None	6/26/2023 1:37 PM
2039	Some patients just refuse it. They desire an optimal/“perfect”environment over what is available or safest.	6/26/2023 1:37 PM
2040	No	6/26/2023 1:37 PM
2041	Educating the public of their behaviors/etiquette during telehealth sessions. For example, I don't see patients and stop right away when they are driving. The general public must be told to behave like they are in an office. Drinking coffee or water is fine, but moving around their space is inappropriate. I make sure that I set this rules in the beginning, but it's would be better if people know that telehealth is not a time like they are chatting with friends. For me, it is still a clinical procedure.	6/26/2023 1:37 PM
2042	N/A	6/26/2023 1:37 PM
2043	No	6/26/2023 1:36 PM
2044	Patients' access to safe, quiet and private location for telehealth session	6/26/2023 1:36 PM
2045	No	6/26/2023 1:35 PM
2046	no	6/26/2023 1:35 PM
2047	No	6/26/2023 1:35 PM
2048	Cohort differences - older populations are more resistant to video	6/26/2023 1:35 PM
2049	yes, as stated before, people are mobile and California is restrictive in allowing telehealth	6/26/2023 1:35 PM
2050	No	6/26/2023 1:35 PM
2051	Patient discomfort with the technology	6/26/2023 1:35 PM
2052	Clients must also have strong internet speeds and many don’t	6/26/2023 1:35 PM
2053	No	6/26/2023 1:33 PM
2054	None that I can think of	6/26/2023 1:33 PM
2055	I don't think so.	6/26/2023 1:33 PM
2056	Telehealth really opens up access to care to provide specialty psychological treatment and evaluation to individuals that may not otherwise have access; also saves patients money by not taking as much time off work, commute costs, more comfortable in their own environment, etc.	6/26/2023 1:33 PM
2057	no	6/26/2023 1:32 PM
2058	None	6/26/2023 1:32 PM
2059	I think I've said my peace. Thank you for listening.	6/26/2023 1:32 PM
2060	it is less effective	6/26/2023 1:31 PM
2061	Location	6/26/2023 1:31 PM
2062	Importance of first having significant in person experience.	6/26/2023 1:31 PM
2063	No, I love telehealth	6/26/2023 1:30 PM
2064	I would like more technical training	6/26/2023 1:30 PM
2065	no	6/26/2023 1:30 PM
2066	No	6/26/2023 1:30 PM
2067	appropriate psychological tests to use via telehealth as we do psychological assessments	6/26/2023 1:30 PM
2068	I noticed that a huge barrier to treatment was the clients ability to have somewhere private for their session. Although telehealth is very convenient, it is hard to ensure that the client is in a safe, private environment where they are comfortable speaking honestly.	6/26/2023 1:30 PM
2069	Insurers doing everything they can to not pay bills.	6/26/2023 1:29 PM

2070	No	6/26/2023 1:29 PM
2071	Socioeconomic status disparity, lack of technological resources and knowledge in the area and for immigrants	6/26/2023 1:29 PM
2072	none	6/26/2023 1:29 PM
2073	No	6/26/2023 1:29 PM
2074	Level of psychopathology- more severe, less able to use telehealth	6/26/2023 1:28 PM
2075	The whole thing is antithetical to the importance of connection to another human in real life. Over reliance on virtual crap is one of the main sources of anxiety for many	6/26/2023 1:28 PM
2076	Privacy issues for client	6/26/2023 1:27 PM
2077	No	6/26/2023 1:27 PM
2078	Patients often agree to and begin telehealth services, then want in person or a hybrid mix.	6/26/2023 1:27 PM
2079	none	6/26/2023 1:27 PM
2080	No	6/26/2023 1:27 PM
2081	Research has shown that people of color, lower SES, still have less access to telehealth, especially as visual means are used (like Zoom). May not have privacy, might have to share the computer, etc.	6/26/2023 1:27 PM
2082	There are barriers that clients encounter...technology, finding an appropriate/private space to have their services/sessions, etc	6/26/2023 1:27 PM
2083	No	6/26/2023 1:26 PM
2084	In our clinic telehealth is not universally covered so disparities are created for those w suboptimal insurance.	6/26/2023 1:26 PM
2085	Across state access	6/26/2023 1:26 PM
2086	no	6/26/2023 1:26 PM
2087	No	6/26/2023 1:24 PM
2088	some patients prefer in person, which I am not offering since the pandemic (I used to be exclusively in-person treatment with patients, with the occasional landline telephone session	6/26/2023 1:24 PM
2089	Insurance reimbursement is too low	6/26/2023 1:24 PM
2090	Being able to pick up on patient’s non-verbal cues like body language, dress, and hygiene.	6/26/2023 1:24 PM
2091	The main barrier is the cost of technology that the psychologist has to pay for, and getting a small percentage of people acquainted with video platforms, which is easy. While there can be barriers, the benefits of allowing telehealth are much greater than any limitations. psych board needs to help make telehealth a standard and not impose any limitations.	6/26/2023 1:24 PM
2092	No	6/26/2023 1:23 PM
2093	As stated, I believe all elements of therapy are better in person.	6/26/2023 1:23 PM
2094	CA needs to join PSYPACT	6/26/2023 1:22 PM
2095	Lack of being able to see body language and how client is functioning, when working with elderly or people with chronic health concerns.	6/26/2023 1:22 PM
2096	yes, barriers for some older clients who have trouble with technology. they can do Facetime but have issues logging in to my EHR system and clicking the call link which is HIPPA compliant whereas FT is not. this is a very small amount of my practice.	6/26/2023 1:22 PM
2097	The county of Alameda was omitted in the location list. 90% of my clients seem to like and appreciate telehealth. Maybe 1-2 out of ten especially those with ptsd or who miss seeing people in person would like in-person care. Generally though, telehealth improves attendance and makes sessions very convenient for clients.	6/26/2023 1:22 PM
2098	I think the biggest is the lack of clear resources around guidelines and rules of practice around	6/26/2023 1:22 PM

	the US and globally. It seems on the psychologist to look up ever law in each state or country to try to figure out if they can support their patients when they travel or when they are travelling. It might be very beneficial for a family or patient being supported when away but with the lack of clarity and guidelines it leads to just not providing care for fear of the repercussions.	
2099	no	6/26/2023 1:21 PM
2100	Child therapy	6/26/2023 1:21 PM
2101	No	6/26/2023 1:21 PM
2102	NA	6/26/2023 1:21 PM
2103	Patients don't always have access to a private space	6/26/2023 1:21 PM
2104	no	6/26/2023 1:21 PM
2105	For the most part, I have really enjoyed the ability to practice virtually as have my patients. As a mental health community, we still need to address state lines and telehealth. It is confusing how some providers are able to be licensed in multiple states. Patients also suffer when they move out of state and want to continue working together. I wish CA was part of PsyPact.	6/26/2023 1:21 PM
2106	None	6/26/2023 1:20 PM
2107	no	6/26/2023 1:20 PM
2108	You can't read body language or pick up on a persons energy. It creates a barrier and is less effective.	6/26/2023 1:20 PM
2109	It would be nice to be part of Psy Pact so we could see more people via telehealth. Many patients, especially young adults love doing telehealth and they want to keep seeing me when they go to college, but if it is out of state I can't keep seeing them. This is not great for them to have to start all over with another therapist.	6/26/2023 1:19 PM
2110	I believe Depth psychotherapy is dependent upon stillness and the ability to sit with the unknown. This dynamic is different when utilizing telehealth.	6/26/2023 1:19 PM
2111	no	6/26/2023 1:18 PM
2112	No	6/26/2023 1:18 PM
2113	Yes, just the blow to the body of the provider who is ergonomically stressed and I believe it stresses the eyes as we cannot do appropriate stretching or vision distance while on computer with a client	6/26/2023 1:18 PM
2114	While younger clients and readily utilize technology, some of the older clients can get somewhat initially overwhelmed.	6/26/2023 1:18 PM
2115	Being a hearing impaired clinician causes extra difficulties and expense.	6/26/2023 1:18 PM
2116	No	6/26/2023 1:17 PM
2117	non	6/26/2023 1:17 PM
2118	I hate doing it	6/26/2023 1:17 PM
2119	Lack of study of the comparative efficacy of telehealth to in person, particularly for socially anxious xclient	6/26/2023 1:17 PM
2120	None	6/26/2023 1:17 PM
2121	Alameda County was not listed as a county in California and that is primarily where my clients are located.	6/26/2023 1:17 PM
2122	Just the PsyPact issue. Clients often travel and don’t understand the inability to provide telehealth across state lines despite it being discussed and in the informed consent.	6/26/2023 1:17 PM
2123	No	6/26/2023 1:16 PM
2124	None that I can think of	6/26/2023 1:16 PM
2125	no	6/26/2023 1:16 PM

2126	Acceptance by psychologists	6/26/2023 1:16 PM
2127	Telehealth can be a backup option for individuals in ongoing therapy who become contagious or after injury leaves them unable to come to the office. It can be a primary option for some, but that is not my preferred way to work. I see many individuals with highly complex conditions and there are some challenges to assure sufficient stability and safety working remotely.	6/26/2023 1:16 PM
2128	Confidentiality concerns in the context of trojan software (spyware) at both ends of connection. Additionally, I no longer work w minors since being fully remote- I do not feel it is appropriate.	6/26/2023 1:16 PM
2129	you left ALAMEDA COunty out of the list of practice locations	6/26/2023 1:15 PM
2130	Need for us to join reciprocity groups	6/26/2023 1:15 PM
2131	Providing services to clients that are out of state, but whom have residence in the place you are licensed. If they go on a trip and we cannot provide services while they are away, this impleads treatment.	6/26/2023 1:15 PM
2132	Client's ability to access a video conferencing service due to financial limitations	6/26/2023 1:15 PM
2133	no	6/26/2023 1:15 PM
2134	No. Telehealth is a huge benefit to many of my clients on the autism spectrum who often struggle to get to appointments in person	6/26/2023 1:15 PM
2135	None	6/26/2023 1:15 PM
2136	Rather than "barriers" I find that I am able to reach populations of people who might not otherwise be available for mental health care.	6/26/2023 1:15 PM
2137	none It's going well my patients love it!	6/26/2023 1:15 PM
2138	no	6/26/2023 1:14 PM
2139	The technology to do HIPPA compliant telehealth sessions is available. The challenge is related to sending/receiving/storing of forms/documents when these are done electronically. There is not education readily available around this and even less discussion around affordable software options to support these functions for a practitioner who may only have 1-4 clients that they see in private practice.	6/26/2023 1:14 PM
2140	none	6/26/2023 1:14 PM
2141	Lack of clarity from APA about supervision or training hours with telehealth	6/26/2023 1:13 PM
2142	I'd like CA to join PsyPact so clinicians can provide telehealth services in more locations.	6/26/2023 1:13 PM
2143	Yes, we need to be mindful of client's resources. If they don't have a working phone with internet, this could be a problem. Also, they might not be exposed to talking to anyone online. They probably used the phone, if they have any, to make phone calls only. Lots of training/education for the clients is needed.	6/26/2023 1:13 PM
2144	I'm concerned about AI taking the place of real human providers on the other end of the line.. it may be the future?	6/26/2023 1:13 PM
2145	Not in my practice.	6/26/2023 1:12 PM
2146	Difficulty for building rapport, privacy issues at clients end, not able to read/assess the non verbal cues	6/26/2023 1:12 PM
2147	Patient access to technology	6/26/2023 1:12 PM
2148	Clients who need it most do not always have access to internet, computers, or private location for visit.	6/26/2023 1:12 PM
2149	No	6/26/2023 1:12 PM
2150	Clear guidelines	6/26/2023 1:11 PM
2151	No	6/26/2023 1:11 PM
2152	No	6/26/2023 1:11 PM

2153	No	6/26/2023 1:11 PM
2154	California not being a PSYPACT state and getting on board with most other states across the U.S.	6/26/2023 1:11 PM
2155	none	6/26/2023 1:10 PM
2156	No research that I've seen comparing in person to telehealth.	6/26/2023 1:10 PM
2157	Medicare legislation requiring in-person intake & periodic follow-up (effective 2024)	6/26/2023 1:10 PM
2158	No	6/26/2023 1:10 PM
2159	Unknown	6/26/2023 1:09 PM
2160	None	6/26/2023 1:09 PM
2161	People need better access to mental health treatment which telehealth assists with but need better internet access and speeds for all areas of CA	6/26/2023 1:09 PM
2162	There are some potential advantages of telehealth that have not been worked out legally. For example, in San Diego there are many Veterans who live in nearby Baja California but there is no way for us to provide services to them due to licensing issues. I don't know that there can be a solution to this given the international border involved, but it is a barrier.	6/26/2023 1:09 PM
2163	Yes. I am surprised it is not an option to address how CA has not joined PsyPact and how that has been a significant barrier to telehealth and clients with marginalized identities getting access to culturally competent care. This is one of the most substantial challenge to telehealth in my opinion.	6/26/2023 1:09 PM
2164	Patient confidentiality on their end.	6/26/2023 1:09 PM
2165	None	6/26/2023 1:08 PM
2166	No	6/26/2023 1:08 PM
2167	None I can think of now	6/26/2023 1:08 PM
2168	I want to emphasize the negative effects in some cases of telehealth interactions, which can reinforce some clients' sense of security or familiarity in isolation and limited contact. I think that can be further exacerbated by some providers gravitating towards telehealth due to lower costs or convenience and by some clients finding that telehealth interactions can subtly support reduced engagement and commitment--both of which may lead to questionable ratings in surveys of both providers and clients.	6/26/2023 1:08 PM
2169	Can only see clients within California	6/26/2023 1:07 PM
2170	see above	6/26/2023 1:07 PM
2171	The difficulty in getting various forms signed in a HIPPA compliant way when not face to face	6/26/2023 1:07 PM
2172	None. Telehealth is an important part of my practice.	6/26/2023 1:06 PM
2173	No	6/26/2023 1:06 PM
2174	N/a	6/26/2023 1:06 PM
2175	Ignorance in public opinion; many believe that somehow in person is better.	6/26/2023 1:06 PM
2176	Not really a barrier, just that I still experiences a qualitative difference in the experience of providing Telehealth vs in person, though both have been quite effective	6/26/2023 1:06 PM
2177	No	6/26/2023 1:06 PM
2178	No	6/26/2023 1:06 PM
2179	Added time to the session due to technical necessity in reaching the patient	6/26/2023 1:06 PM
2180	N/a	6/26/2023 1:05 PM
2181	None that I have encountered	6/26/2023 1:05 PM
2182	no	6/26/2023 1:05 PM

2183	No	6/26/2023 1:05 PM
2184	NO	6/26/2023 1:05 PM
2185	No.	6/26/2023 1:05 PM
2186	Certain segments of the population are not comfortable with technology	6/26/2023 1:05 PM
2187	Most barriers I've encountered have been on the patient's end	6/26/2023 1:05 PM
2188	laws, rules and regulations re: telehealth practice in other states. it's time for California to become PsyPact state?	6/26/2023 1:05 PM
2189	Emotional Resistance to change service opportunities for patients	6/26/2023 1:05 PM
2190	No	6/26/2023 1:04 PM
2191	Not being part of PsyPact	6/26/2023 1:04 PM
2192	no	6/26/2023 1:04 PM
2193	no	6/26/2023 1:04 PM
2194	California should participate in the ASPBB passport program	6/26/2023 1:04 PM
2195	none	6/26/2023 1:04 PM
2196	It works fairly well, especially for shorter term issues	6/26/2023 1:04 PM
2197	increased professional burnout and lower efficacy of psychotherapy	6/26/2023 1:04 PM
2198	patients not always tech savvy	6/26/2023 1:04 PM
2199	CA Psych Board consistent refusal to join PsyPact	6/26/2023 1:04 PM
2200	no	6/26/2023 1:04 PM
2201	no	6/26/2023 1:04 PM
2202	low income/homeless clients often engage in therapy from cars or other locations to get privacy and an adequate connection, making confidentiality and client comfort difficult at times	6/26/2023 1:04 PM
2203	na	6/26/2023 1:04 PM
2204	No. I prefer in person to telehealth. But have learned since pandemic that deep psychodynamic, relational attachment therapy can continue via telehealth when needed.	6/26/2023 1:04 PM
2205	I have specialized training and decades of experience in family and child therapy. Difficult if not inadvisable to do child therapy with telehealth. Children need to draw, communicate nonverbally and best to see their behavior in non-home setting for generalization purposes. They can be less distracted in therapy office, and therapeutic relationship needs in-person presence. Also good to greet parent each session in waiting room. Some of this also holds true for teens. Also, family therapy and to some degree couple therapy not amenable to telehealth again due to need to observe nonverbal communication between members and aforementioned concerns regarding children and teens. I stopped accepting new couples, families and children and teens during pandemic when telehealth became required and have continued only treating individual adults currently. I miss treating children and teens especially because their psychological needs are so much greater post-pandemic.	6/26/2023 1:04 PM
2206	None	6/26/2023 1:03 PM
2207	No	6/26/2023 1:03 PM
2208	None	6/26/2023 1:03 PM
2209	No	6/26/2023 1:03 PM
2210	Only that clients are often very distracted and lack privacy at times.	6/26/2023 1:03 PM
2211	...	6/26/2023 1:03 PM
2212	lack of private space for client to talk at home without others overhearing	6/26/2023 1:03 PM
2213	No	6/26/2023 1:03 PM

2214	I received no legal/ethical training in telehealth at all until I found a supervisor who offered it herself. I still feel like my legal/ethical training in this regard is lacking, despite seeking out multiple trainings on the subject	6/26/2023 1:03 PM
2215	None	6/26/2023 1:02 PM
2216	No	6/26/2023 1:02 PM
2217	no	6/26/2023 1:02 PM
2218	More community understanding of the benefits would be helpful	6/26/2023 1:02 PM
2219	Workplace not in support of telepsych services for non-psychiatrists.	6/26/2023 1:02 PM
2220	No. I think this has improved our field.	6/26/2023 1:02 PM
2221	not that I can think of	6/26/2023 1:02 PM
2222	Telehealth is about 30% more difficult than in person in reading nonverbal cues.	6/26/2023 1:02 PM
2223	Lack of established standards for audio and video standards. This also ties with the lack of high speed Internet connection. Most people are not aware that the a connection's UPLOAD speed is more important than the DOWNLOAD speed. Almost all of the ISPs focus on the download speed for advertising purposes. For me, the upload speed that counts. This is because it directly impacts the quality of audio/video.	6/26/2023 1:02 PM
2224	no	6/26/2023 1:01 PM
2225	California also has restrictions on supervision and it needing to be in-person for pre-licensed providers.	6/26/2023 1:01 PM
2226	language access for clients that are not proficient in English.	6/26/2023 1:01 PM
2227	it feels like an inferior product to offer when compared to in-person sessions. Convincing clients that in-person therapy is more effective has been difficult since they want the convenience of jumping into a meeting with out the drive to the therapy office (which provides time to think about what they need from therapy that day) and the drive home (which provides time to let what happened in therapy sink in), and not jump back into another meeting. I've even had clients text work related stuff during the therapy meeting! Coming in person takes that off the table. (I also think that therapists are not free of these issues as well...distractions, text messages coming across their computer, etc).	6/26/2023 1:01 PM
2228	Not at this time.	6/26/2023 1:01 PM
2229	Keeping a dedicated space at home that would serve as my office did, preserving confidentiality and soundproofing	6/26/2023 1:01 PM
2230	no	6/26/2023 1:00 PM
2231	no	6/26/2023 1:00 PM
2232	n/a	6/26/2023 1:00 PM
2233	Not sure	6/26/2023 1:00 PM
2234	Barriers from the client's perspective	6/26/2023 1:00 PM
2235	No	6/26/2023 1:00 PM
2236	None at this time	6/26/2023 1:00 PM
2237	Alameda County was not included in the list of counties.	6/26/2023 1:00 PM
2238	Knowledge about systems that are available. Consumer reports for electronic health r3cords and telehealth	6/26/2023 1:00 PM
2239	Lack of awareness among psychologists on the evolving standards of care for screening telehealth patients, especially high-risk patients. It's OK to treat high-risk patients with telehealth - they just have to be screened appropriately and safeguards need to be set up in their local community if needed.	6/26/2023 1:00 PM
2240	No	6/26/2023 12:59 PM

2241	No	6/26/2023 12:59 PM
2242	Impact on the therapeutic relationship and on client safety. In other words, how to create therapeutic intimacy via telehealth?	6/26/2023 12:59 PM
2243	Insurance companies make it very difficult for people to get reimbursement for telehealth and people also cannot afford out-of-pocket.	6/26/2023 12:59 PM
2244	Unwillingness for the VA to use reliable group platforms like Zoom.	6/26/2023 12:59 PM
2245	Clients that have a hard time finding privacy	6/26/2023 12:59 PM
2246	Clientele who struggle with technology (such as the elderly) not having access to technical support	6/26/2023 12:59 PM
2247	Licensing boards are too restrictive in allowing access to telehealth across state lines	6/26/2023 12:59 PM
2248	No	6/26/2023 12:59 PM
2249	Specific populations such as children may need specific training applied to their needs	6/26/2023 12:59 PM
2250	No	6/26/2023 12:58 PM
2251	No	6/26/2023 12:58 PM
2252	No	6/26/2023 12:58 PM
2253	None - it has increased access immensely for my clients. Reduced no show rates, reduced stigma at work, reduced costs to attend therapy. Please help ensure ins insurance companies continue to reimburse telehealth services!	6/26/2023 12:58 PM
2254	No	6/26/2023 12:58 PM
2255	Isolation from colleagues and being part of an active community	6/26/2023 12:58 PM
2256	Lack of ability to continue seeing clients across state lines (ex. college student returns home for the summer and cannot continue care with psychologist in their college state)	6/26/2023 12:58 PM
2257	Patients sometimes not taking it as seriously	6/26/2023 12:58 PM
2258	As stated, I work with chronically ill geriatric population most of whom are only comfortable with telephone Telehealth. We would like to see each other that they do not know how to access the secure Zoom platform I use and most of them do not have smartphones.	6/26/2023 12:58 PM
2259	seem to me to be effects on nonverbal communications -intrapersonal, technological, neuropsychological?	6/26/2023 12:58 PM
2260	None	6/26/2023 12:57 PM
2261	No	6/26/2023 12:57 PM
2262	No	6/26/2023 12:57 PM
2263	N/a	6/26/2023 12:57 PM
2264	No	6/26/2023 12:57 PM
2265	PSYPACT. CA should consider being more universal with national norm/trend.	6/26/2023 12:57 PM
2266	The biggest barrier I see is finding privacy and people not finding a safe secure place to do their session.	6/26/2023 12:57 PM
2267	No	6/26/2023 12:56 PM
2268	Patient privacy.	6/26/2023 12:56 PM
2269	NA	6/26/2023 12:56 PM
2270	working with substance abuse via telehealth is challenging and yet telehealth is essential for engaging this population	6/26/2023 12:56 PM
2271	Lack of referrals from out-of-network insurance companies	6/26/2023 12:56 PM
2272	No	6/26/2023 12:56 PM

2273	Ongoing stress and fear that telehealth coverage can be taken away at any moment	6/26/2023 12:56 PM
2274	The biggest challenge I have faced has been ambiguity by the BOP regarding Telehealth rules and regulations for licensed psychologists in California.	6/26/2023 12:56 PM
2275	uncertainty of insurance reimbursement after end of COVID emergency. General regulatory attitude of regulatory bodies around telehealth. Clients often don't understand why I can't provide services if they are not physically in California. Restrictive nature of APA accreditation necessary to join PsyPact.	6/26/2023 12:56 PM
2276	No	6/26/2023 12:56 PM
2277	No	6/26/2023 12:56 PM
2278	I think lack of clarity around legal/ethical issues, including HIPAA. I knew several providers in 2020 who were doing tele therapy on non-HIPAA compliant platforms, doing tele therapy in states where they weren't licensed, etc. The technology was ready to go way before state boards (and other legal resources) were ready to provide clarity on legal/ethical issues.	6/26/2023 12:56 PM
2279	No	6/26/2023 12:56 PM
2280	Some providers are very skilled in telehealth services similar to excellent online professors and CE courses yet there are other providers that struggle to effectively engage with telehealth. The same is true for professors and teachers or other CE providers. The skillet is unique to each provider and therefore a range of location services, including telehealth should remain.	6/26/2023 12:56 PM
2281	No	6/26/2023 12:55 PM
2282	No	6/26/2023 12:55 PM
2283	No	6/26/2023 12:55 PM
2284	No	6/26/2023 12:55 PM
2285	Ability to provide telehealth across state lines. Frustration that California does not participate in PSYPACT interstate compact.	6/26/2023 12:55 PM
2286	lack of training	6/26/2023 12:55 PM
2287	Telehealth has been ideal for myself & clients. I have the opportunity for clinical & software support.	6/26/2023 12:55 PM
2288	None	6/26/2023 12:54 PM
2289	None	6/26/2023 12:54 PM
2290	No	6/26/2023 12:54 PM
2291	Advocacy for reciprocity between states	6/26/2023 12:54 PM
2292	No	6/26/2023 12:54 PM
2293	This survey needs to be fixed to include "None" options.	6/26/2023 12:54 PM
2294	No	6/26/2023 12:54 PM
2295	No	6/26/2023 12:54 PM
2296	none	6/26/2023 12:54 PM
2297	no	6/26/2023 12:54 PM
2298	No I think telehealth is great.	6/26/2023 12:54 PM
2299	Seniors sometimes have difficulty with the technology.	6/26/2023 12:54 PM
2300	Not appropriate for young children who may feel more relaxed using play therapy. Confidentiality concerns if a private location cannot be located within a small home.	6/26/2023 12:54 PM
2301	No	6/26/2023 12:53 PM
2302	None	6/26/2023 12:53 PM

2303	N/A	6/26/2023 12:53 PM
2304	No	6/26/2023 12:53 PM
2305	Clients having difficulty finding private spaces with internet access	6/26/2023 12:53 PM
2306	Some clients do not want and some problems do not fit with telehealth.	6/26/2023 12:53 PM
2307	none	6/26/2023 12:53 PM
2308	For many clinicians, the energy flow back and forth is not the same on telehealth (myself included) so where I was able to do 7 clients a day I can only do 6 clients if it is all telehealth. When I sit with clients, I get a lot of energy back from clients. For many of the clinicians in my practice, they are burning out faster. Also, less division between work/home. Less community.	6/26/2023 12:53 PM
2309	The only barrier is not specific to TeleHealth per se, however, at sometime soon I will need to spend extended time in Massachusetts with 95 year old father. I need to work, but the BoP says I could only do 2 weeks. We need reciprocity.	6/26/2023 12:53 PM
2310	access to appropriate equipment for low income communities which tend to need telehealth more due to challenges/barriers to transportation, childcare, homebound, etc.	6/26/2023 12:53 PM
2311	No	6/26/2023 12:52 PM
2312	No	6/26/2023 12:52 PM
2313	Because California is not a member of PSYPACT, it is very difficult to provide consistent telehealth services to clients who move frequently	6/26/2023 12:52 PM
2314	lack of training around orienting clients to TH as well as how to effectively engage multiple individuals (e.g., groups, family therapy). Also, I'm concerned about privacy- you do not know if a client is recording a session	6/26/2023 12:52 PM
2315	No	6/26/2023 12:52 PM
2316	It would be helpful to have a complete understanding of the technology in order to troubleshoot problems. Additionally, I work with children and I would like to have more facility with use of computer than they do in order to use their comfortable medium in a therapeutic way.	6/26/2023 12:52 PM
2317	Homelessness	6/26/2023 12:52 PM
2318	Largest barrier is not participating in PsyPact	6/26/2023 12:52 PM
2319	A question about how telehealth impacts length of treatment, ability to reach treatment goals, impacts rapport, impacts ability to do depth work.	6/26/2023 12:52 PM
2320	None	6/26/2023 12:52 PM
2321	N/A	6/26/2023 12:51 PM
2322	no	6/26/2023 12:51 PM
2323	No	6/26/2023 12:51 PM
2324	None	6/26/2023 12:51 PM
2325	N/a	6/26/2023 12:51 PM
2326	The need for more HIPAA compliant platforms that are not expensive and are reliable. Better training in what is expected of those of us that use telehealth.	6/26/2023 12:51 PM
2327	Not that I can think of	6/26/2023 12:51 PM
2328	Mostly private space	6/26/2023 12:51 PM
2329	None	6/26/2023 12:50 PM
2330	No	6/26/2023 12:50 PM
2331	Insurrance reimbursement and need to have an actual office suite to receive checks by MediCare	6/26/2023 12:50 PM
2332	None	6/26/2023 12:50 PM

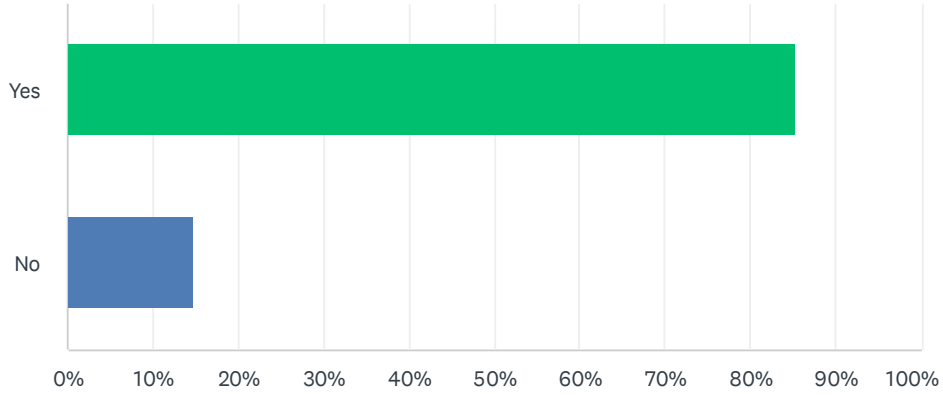
2333	Privacy for the patient. Doing Telehealth means that the patient may experience lack of privacy in their home or office setting (e.g. family members "listening in")	6/26/2023 12:50 PM
2334	None	6/26/2023 12:50 PM
2335	Some people just ant in person. And it’s hard to do therapy for kids under 12	6/26/2023 12:50 PM
2336	I haven't experienced any barriers. The pandemic sped up the process of making it easier to reach clients throughout the state in a HIPAA compliant way.	6/26/2023 12:50 PM
2337	During summer break, many children in LA County rely on computers from school to access care with the families and not having equipment via school impacts them having access to telehealth. It can lead to many cancellations or barrier to make it to in person.	6/26/2023 12:50 PM
2338	Neurocognitive and mental health testing is not feasible.	6/26/2023 12:50 PM
2339	no	6/26/2023 12:49 PM
2340	Providing telehealth services to young children or children with disabilities.	6/26/2023 12:49 PM
2341	No	6/26/2023 12:49 PM
2342	Providing supervision via telehealth with board guidelines for supervision Seeing clients who need services in other states. Telehealth had eliminated this barrier.	6/26/2023 12:49 PM
2343	Insurance as a whole is a major barrier for individuals to receive care. Either it's impossible to get paneled, getting paneled takes 6+ months, weeks to months delays in getting payment, poor reimbursement rates.	6/26/2023 12:49 PM
2344	No, I have had a very positive experience doing telehealth	6/26/2023 12:49 PM
2345	n/a	6/26/2023 12:49 PM
2346	Impossible to see whole person so behavioral observations are limited	6/26/2023 12:49 PM
2347	Not to my knowledge.	6/26/2023 12:49 PM
2348	Cumbersome to get licensed in other states when a pt is traveling or will be out of state temporarily for 1-2 months but within the US.	6/26/2023 12:49 PM
2349	On the client side of things, not all clients have access to privacy or strong bandwidth. Sometimes clients take sessions from their car to help with these things. California not joining PsyPact is a big barrier to access, because sometimes people move to another state and want to retain access to their therapist, or want to do couples therapist with a long distance partner.	6/26/2023 12:49 PM
2350	None	6/26/2023 12:48 PM
2351	No	6/26/2023 12:48 PM
2352	no	6/26/2023 12:48 PM
2353	N/A	6/26/2023 12:48 PM
2354	no	6/26/2023 12:48 PM
2355	No	6/26/2023 12:48 PM
2356	Privacy for clients. Sometimes clients fear they can be overheard.	6/26/2023 12:48 PM
2357	No	6/26/2023 12:48 PM
2358	stigma that telehealth is inferior to traditional therapy when it actually is better in some ways (client is joining from the comfort of home, easier scheduling for client & provider, flexibility)	6/26/2023 12:48 PM
2359	No	6/26/2023 12:47 PM
2360	Clients not understanding privacy from their end. Clients not understanding how to operate their technology.	6/26/2023 12:47 PM
2361	No	6/26/2023 12:47 PM
2362	Ability to obtain continuing education credits, while so many providers are still virtual.	6/26/2023 12:47 PM

2363	None	6/26/2023 12:47 PM
2364	None I can think of	6/26/2023 12:47 PM
2365	None telehealth has provided unparalleled access to my pts who would otherwise be unable to receive treatment	6/26/2023 12:47 PM
2366	No	6/26/2023 12:47 PM
2367	N/A	6/26/2023 12:47 PM
2368	None	6/26/2023 12:47 PM
2369	Needing to request telehealth in advance for insurance reimbursement, when telehealth is clearly in the best interest of the patient (i.e., chronic pain patients)	6/26/2023 12:47 PM
2370	Lack of internet access and telehealth services impacts many clients who traditionally would not have the ability to get the services from their choice of a provider	6/26/2023 12:47 PM
2371	None	6/26/2023 12:47 PM
2372	Not able to do many of the therapeutic activities that can be done in person. Youth often do not have private settings.	6/26/2023 12:47 PM
2373	just the Hipaa/facetime issue mostly I do zoom	6/26/2023 12:47 PM
2374	No	6/26/2023 12:47 PM
2375	Lack of private space for clients.	6/26/2023 12:47 PM
2376	No	6/26/2023 12:47 PM
2377	No	6/26/2023 12:46 PM
2378	no	6/26/2023 12:46 PM
2379	No	6/26/2023 12:46 PM
2380	None.	6/26/2023 12:46 PM
2381	N/a	6/26/2023 12:46 PM
2382	Reimbursement for telehealth should be at the same rate as in-person.	6/26/2023 12:46 PM
2383	None known	6/26/2023 12:46 PM
2384	No. I believe telehealth is necessary to give access to psychological services to many people.	6/26/2023 12:46 PM
2385	I would like to be able to use E.Passport, but you have to be actively in a state that has the E passport to practice in other states and California is not a member of Psypact	6/26/2023 12:46 PM
2386	Privacy seems to be the biggest issue. Hard for people to find the space to be alone if they don’t come to an office.	6/26/2023 12:46 PM
2387	none	6/26/2023 12:45 PM
2388	No	6/26/2023 12:45 PM
2389	No	6/26/2023 12:45 PM
2390	No	6/26/2023 12:45 PM
2391	No	6/26/2023 12:45 PM
2392	N/A	6/26/2023 12:45 PM
2393	none. there are more barriers to in-person services than telehealth.	6/26/2023 12:45 PM
2394	None	6/26/2023 12:45 PM
2395	Supervision, not being licensed.	6/26/2023 12:45 PM
2396	NO...working very well and clients appreciate the ease.	6/26/2023 12:45 PM
2397	No Opportunity for excellent care	6/26/2023 12:44 PM

2398	No	6/26/2023 12:44 PM

Q10 Would you be willing to provide demographic information?

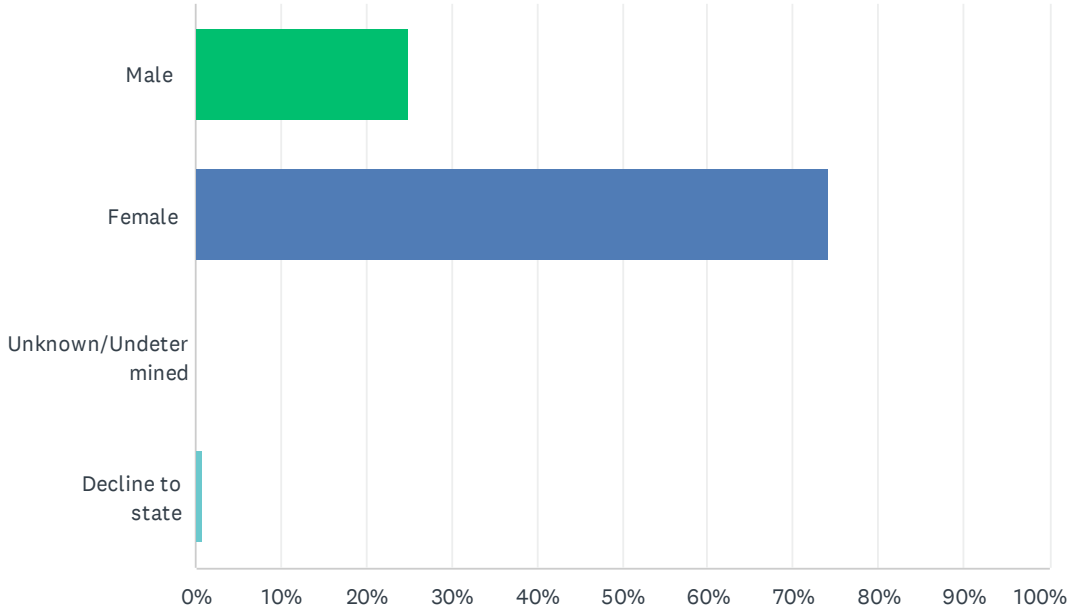
Answered: 3,914 Skipped: 532



ANSWER CHOICES	RESPONSES	
Yes	85.26%	3,337
No	14.74%	577
TOTAL		3,914

Q11 What sex were you assigned at birth, on your original birth certificate?

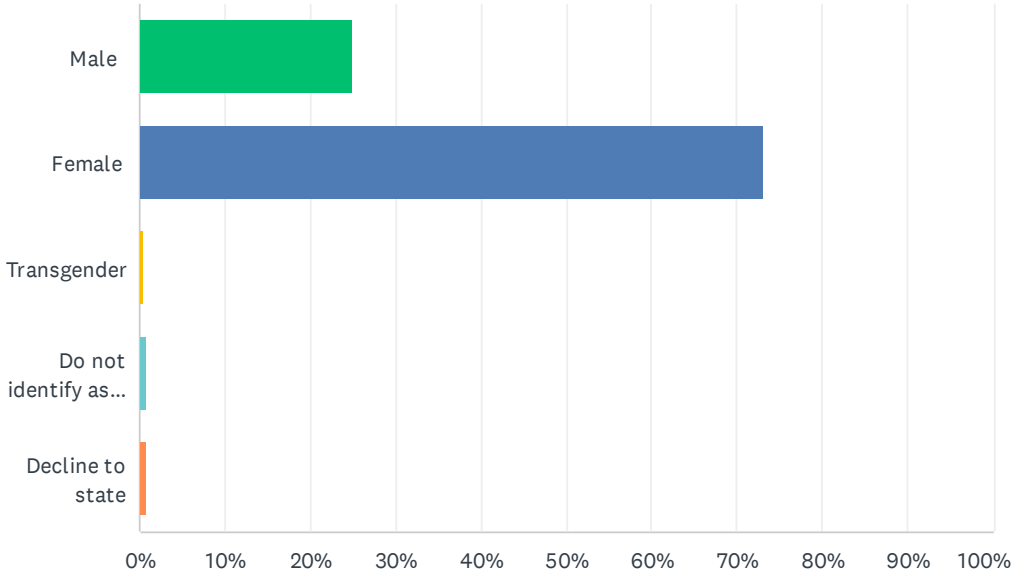
Answered: 3,298 Skipped: 1,148



ANSWER CHOICES	RESPONSES	
Male	24.98%	824
Female	74.17%	2,446
Unknown/Undetermined	0.00%	0
Decline to state	0.85%	28
TOTAL		3,298

Q12 How do you currently describe yourself? (select only one)

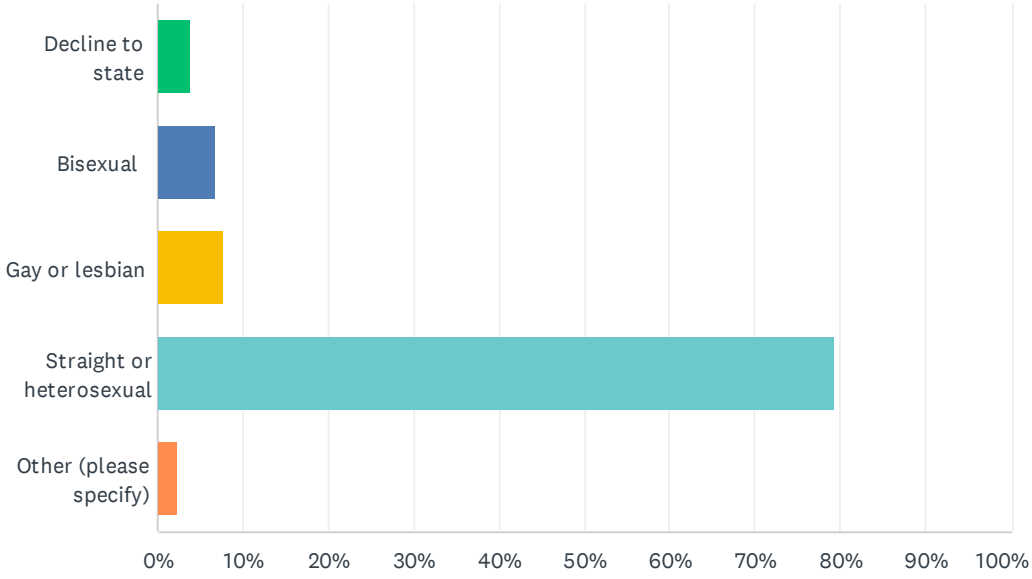
Answered: 3,294 Skipped: 1,152



ANSWER CHOICES	RESPONSES	
Male	24.89%	820
Female	73.16%	2,410
Transgender	0.39%	13
Do not identify as male, female, or transgender	0.79%	26
Decline to state	0.76%	25
TOTAL		3,294

Q13 Do you consider yourself to be…

Answered: 3,292 Skipped: 1,154



ANSWER CHOICES	RESPONSES	
Decline to state	3.74%	123
Bisexual	6.90%	227
Gay or lesbian	7.65%	252
Straight or heterosexual	79.28%	2,610
Other (please specify)	2.43%	80
TOTAL		3,292

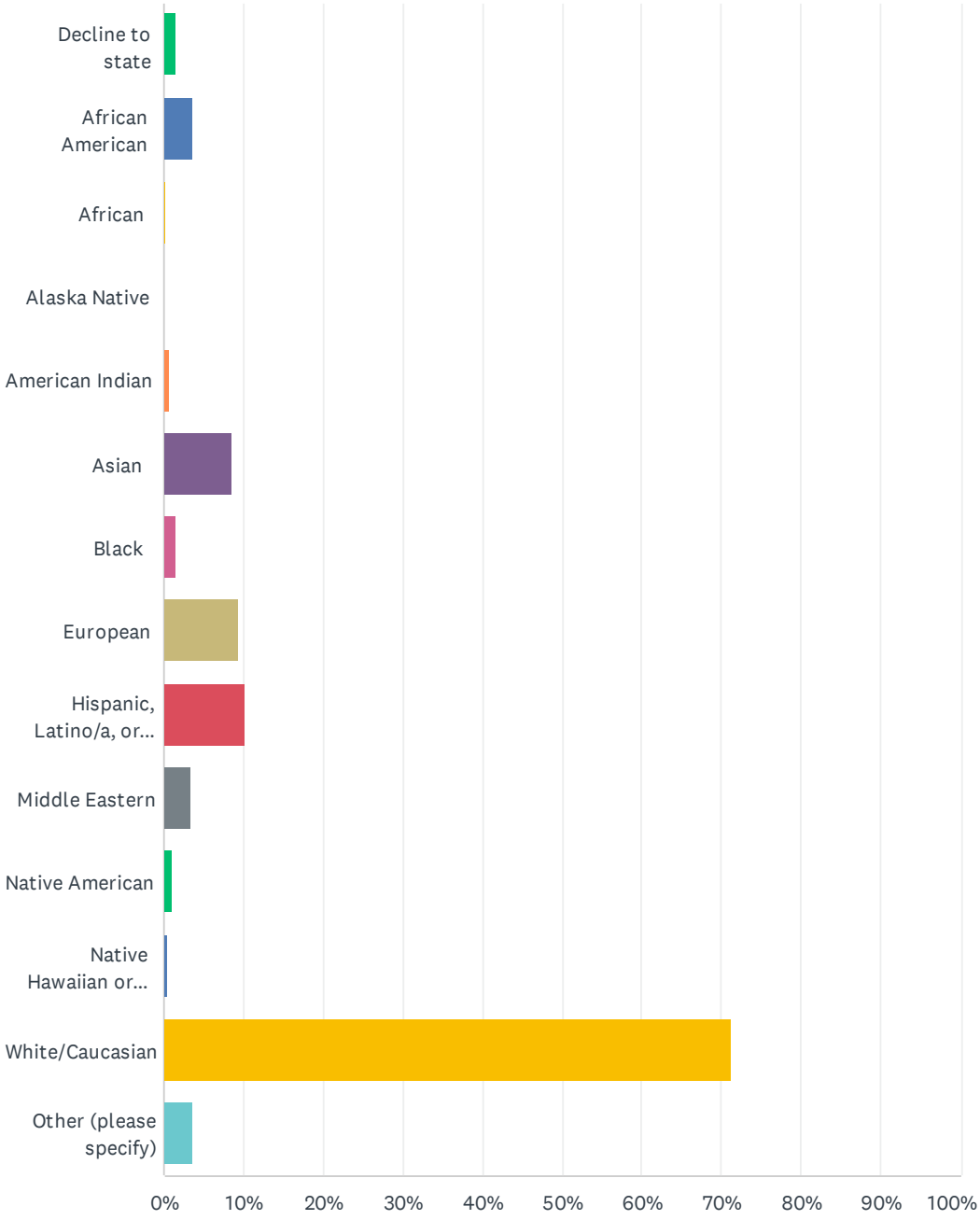
#	OTHER (PLEASE SPECIFY)	DATE
1	in a same sex marriage, but straight in all other life experiences	7/22/2023 4:57 PM
2	Queer and you're options for gender and sexuality are bad.	7/20/2023 3:19 PM
3	comfortable sexually	7/19/2023 10:45 AM
4	Hetero-flexible	7/19/2023 2:50 AM
5	pansexual	7/18/2023 7:49 AM
6	Queer	7/17/2023 7:08 PM
7	Human	7/17/2023 5:28 PM
8	Straight	7/17/2023 4:22 PM
9	Pansexual	7/17/2023 4:08 PM
10	Heteroflexible	7/17/2023 3:52 PM
11	queer	7/17/2023 1:56 PM

12	Queer	7/17/2023 12:58 PM
13	Queer	7/17/2023 12:56 PM
14	Queer	7/17/2023 12:33 PM
15	Pansexual	7/17/2023 11:13 AM
16	Queer	7/17/2023 10:58 AM
17	ominsexual	7/17/2023 10:39 AM
18	Asexual	7/17/2023 10:37 AM
19	why does this matter	7/14/2023 1:23 PM
20	Queer	7/13/2023 11:04 AM
21	Queer	7/12/2023 11:41 AM
22	Pansexual	7/12/2023 10:37 AM
23	pansexual	7/11/2023 9:08 AM
24	Queer	7/11/2023 5:50 AM
25	Human being	7/10/2023 7:40 PM
26	Pansexual	7/10/2023 6:14 PM
27	Queer	7/10/2023 2:39 PM
28	pansexual	7/10/2023 12:49 PM
29	Queer	7/10/2023 12:01 PM
30	pansexual	7/10/2023 11:49 AM
31	N/A	7/10/2023 11:37 AM
32	Queer	7/10/2023 11:13 AM
33	Pansexual	7/10/2023 11:13 AM
34	Take everyone	7/10/2023 10:55 AM
35	Asexual	7/10/2023 10:45 AM
36	Queer	7/10/2023 10:28 AM
37	Celibate	7/10/2023 10:11 AM
38	Queer	7/10/2023 10:09 AM
39	Other	7/10/2023 9:57 AM
40	Queer	7/10/2023 9:57 AM
41	Questioning	7/10/2023 9:52 AM
42	Queer	7/3/2023 10:45 PM
43	Asexual	7/2/2023 1:10 PM
44	Queer	6/30/2023 11:21 AM
45	Pansexual	6/28/2023 3:45 PM
46	queer	6/28/2023 11:20 AM
47	queer	6/27/2023 9:21 PM
48	Pansexual	6/27/2023 4:20 PM
49	in process	6/27/2023 12:43 PM

50	heterosexual	6/27/2023 12:18 PM
51	Queer	6/27/2023 9:28 AM
52	Pansexual	6/27/2023 8:24 AM
53	this whole demographic survey is done with insensitive terms and questions throughout. please email cyrano.patton@alliant.edu for best practices.	6/27/2023 5:21 AM
54	fluid	6/26/2023 11:25 PM
55	This could not possibly affect my practice of telehealth	6/26/2023 10:30 PM
56	Queer	6/26/2023 8:42 PM
57	Queer	6/26/2023 7:57 PM
58	pansexual	6/26/2023 7:32 PM
59	Queer	6/26/2023 7:19 PM
60	Pansexual	6/26/2023 6:30 PM
61	Pansexual	6/26/2023 6:29 PM
62	queer	6/26/2023 5:23 PM
63	polysexual	6/26/2023 5:08 PM
64	queer	6/26/2023 3:38 PM
65	Queer	6/26/2023 3:14 PM
66	Queer. These formal binary descriptors are wholly limiting and out of touch	6/26/2023 2:31 PM
67	Pansexual	6/26/2023 2:30 PM
68	pan	6/26/2023 2:22 PM
69	Queer	6/26/2023 2:22 PM
70	queer	6/26/2023 1:32 PM
71	Queer	6/26/2023 1:11 PM
72	Pansexual	6/26/2023 1:05 PM
73	queer and non-binary	6/26/2023 1:01 PM
74	why do you need to know this?	6/26/2023 12:57 PM
75	queer	6/26/2023 12:56 PM
76	Pansexual	6/26/2023 12:55 PM
77	queer	6/26/2023 12:53 PM
78	Queer	6/26/2023 12:53 PM
79	Queer	6/26/2023 12:51 PM
80	Not sure	6/26/2023 12:50 PM

Q14 With which race(s) do you identify? (Select all that apply)

Answered: 3,299 Skipped: 1,147



ANSWER CHOICES	RESPONSES	
Decline to state	1.55%	51
African American	3.61%	119
African	0.27%	9
Alaska Native	0.03%	1
American Indian	0.61%	20
Asian	8.43%	278
Black	1.58%	52
European	9.37%	309
Hispanic, Latino/a, or of Spanish origin	10.22%	337
Middle Eastern	3.52%	116
Native American	1.03%	34
Native Hawaiian or other Pacific Islander	0.36%	12
White/Caucasian	71.29%	2,352
Other (please specify)	3.61%	119

Total Respondents: 3,299

#	OTHER (PLEASE SPECIFY)	DATE
1	South East Asian	7/24/2023 8:08 AM
2	North-Western European	7/23/2023 9:26 PM
3	There is only one Black race	7/23/2023 8:41 AM
4	Asian American - This should be a standard response option.	7/20/2023 3:28 PM
5	Mixed	7/20/2023 11:31 AM
6	Ashkaneze jewish	7/18/2023 3:57 PM
7	Indian from India	7/18/2023 12:26 PM
8	Persian	7/18/2023 10:50 AM
9	American	7/18/2023 10:07 AM
10	Mixed race	7/18/2023 12:12 AM
11	African-American+Irish+Apache multi-racial	7/17/2023 8:50 PM
12	English and German Caucasian	7/17/2023 4:22 PM
13	Italian American	7/17/2023 3:18 PM
14	Italian	7/17/2023 11:28 AM
15	Jewish	7/17/2023 11:21 AM
16	mixed	7/17/2023 11:18 AM
17	Mexican	7/17/2023 11:03 AM
18	All	7/17/2023 10:52 AM
19	Jewish	7/17/2023 10:39 AM

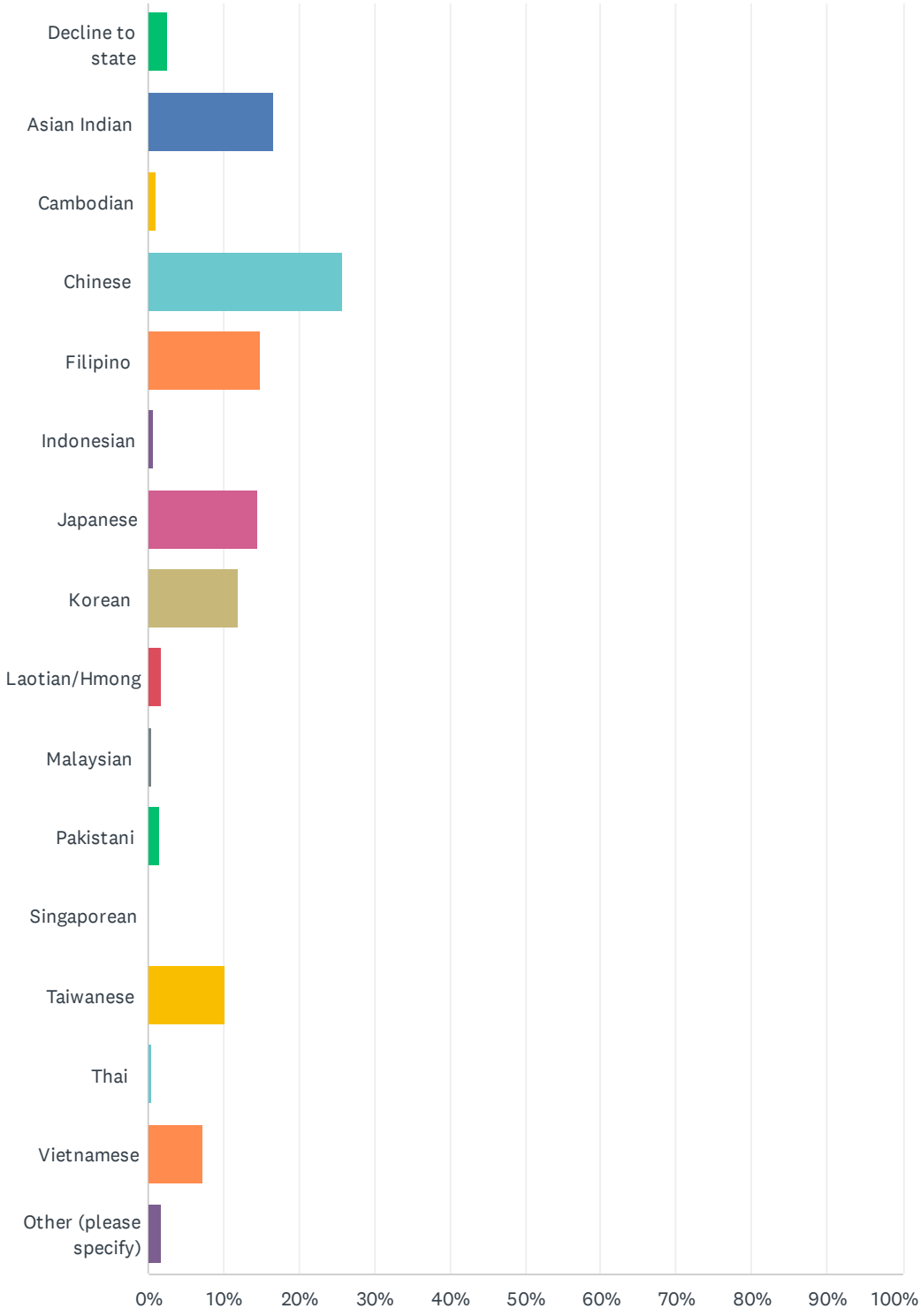
20	Jewish	7/17/2023 10:28 AM
21	American	7/14/2023 2:30 PM
22	Caucasian	7/11/2023 10:26 PM
23	American (Greek)	7/11/2023 5:14 PM
24	African	7/11/2023 5:50 AM
25	Jewish	7/10/2023 8:08 PM
26	South Asian Indian	7/10/2023 6:37 PM
27	Mixed race Southern; Black, American Indian and White mixed	7/10/2023 6:27 PM
28	Indian	7/10/2023 5:29 PM
29	Armenian	7/10/2023 5:19 PM
30	Irish and Polish	7/10/2023 1:11 PM
31	E. Indian	7/10/2023 1:03 PM
32	Taiwanese	7/10/2023 12:58 PM
33	Swiss American	7/10/2023 12:16 PM
34	European and other	7/10/2023 11:54 AM
35	Jewish	7/10/2023 11:27 AM
36	Armenian	7/10/2023 11:26 AM
37	Mixed race/multiracial	7/10/2023 11:23 AM
38	Mixed Latina	7/10/2023 11:14 AM
39	Tornedalian	7/10/2023 10:56 AM
40	South Asian	7/10/2023 10:52 AM
41	Armenian	7/10/2023 10:36 AM
42	I have literally 1% Spanish/Portuguese heritage which I only learned from 23andme as an adult	7/10/2023 10:30 AM
43	Jewish	7/10/2023 10:24 AM
44	Homo Sapien	7/10/2023 10:11 AM
45	Jewish	7/10/2023 10:08 AM
46	Jewish	7/10/2023 10:07 AM
47	Jewish	7/10/2023 10:02 AM
48	Italian American	7/10/2023 9:58 AM
49	Multiracial	7/10/2023 9:56 AM
50	Jewish	7/10/2023 9:54 AM
51	Jewish	7/10/2023 9:53 AM
52	Sami	7/10/2023 9:51 AM
53	Other Pacific Islander	7/10/2023 9:51 AM
54	Armenian American	7/10/2023 9:50 AM
55	Mexican	7/1/2023 11:21 AM
56	Caribbean culture and German culture.	6/29/2023 10:14 PM
57	hispanic/latino is not a race	6/29/2023 7:11 PM

58	Ashkenazi Jewish	6/29/2023 1:45 PM
59	Syrian/French Canadian	6/29/2023 10:22 AM
60	biracial Asian and Latinx	6/28/2023 2:08 PM
61	Jewish	6/28/2023 11:34 AM
62	Chicano	6/27/2023 3:22 PM
63	Biracial/multiethnic	6/27/2023 3:12 PM
64	Jewish	6/27/2023 1:43 PM
65	Taiwanese	6/27/2023 12:51 PM
66	Puerto Rican	6/27/2023 12:13 PM
67	Ashkenazyy Jewish	6/27/2023 9:38 AM
68	I consider "race" a misleading concept.	6/27/2023 8:38 AM
69	Asian Indian	6/27/2023 7:06 AM
70	jewish	6/26/2023 11:12 PM
71	Human	6/26/2023 10:29 PM
72	Taiwanese	6/26/2023 10:09 PM
73	Jewish	6/26/2023 8:40 PM
74	Armenian	6/26/2023 8:35 PM
75	Eurasian	6/26/2023 8:35 PM
76	Jewish	6/26/2023 8:30 PM
77	50% black / 50% white	6/26/2023 8:03 PM
78	Filipino	6/26/2023 6:30 PM
79	Indian	6/26/2023 6:17 PM
80	Multiethnic	6/26/2023 6:05 PM
81	Irish ancestry	6/26/2023 5:49 PM
82	European	6/26/2023 5:12 PM
83	Italian-Irish American	6/26/2023 4:49 PM
84	Jewish	6/26/2023 4:03 PM
85	Italian	6/26/2023 3:59 PM
86	While Latino	6/26/2023 3:57 PM
87	Jewish	6/26/2023 3:47 PM
88	JEW	6/26/2023 3:45 PM
89	Mexican, Irish, French, English	6/26/2023 3:42 PM
90	Italian American	6/26/2023 3:36 PM
91	Caucasian, born in Spain	6/26/2023 3:16 PM
92	South asian	6/26/2023 3:15 PM
93	mixed	6/26/2023 2:56 PM
94	White	6/26/2023 2:43 PM
95	All are fine	6/26/2023 2:26 PM

96	jewish	6/26/2023 2:06 PM
97	Normally, I would have checked "white", but as you may know, genetically speaking, none of the above descriptions are adequate to describe race, except "Human"	6/26/2023 1:59 PM
98	Hmong	6/26/2023 1:56 PM
99	Indian (southeast Asian)	6/26/2023 1:47 PM
100	Filipina American	6/26/2023 1:32 PM
101	in these days of racial discrimination I feel that being Jewish is different than White in terms of lived experience	6/26/2023 1:25 PM
102	Filipina American	6/26/2023 1:22 PM
103	Race is a false construct and one we shouldn't use	6/26/2023 1:18 PM
104	white/Jewish	6/26/2023 1:15 PM
105	South Asian	6/26/2023 1:13 PM
106	Filipino	6/26/2023 1:06 PM
107	Irish	6/26/2023 1:06 PM
108	Indian	6/26/2023 12:59 PM
109	Pakistani	6/26/2023 12:59 PM
110	Armenian	6/26/2023 12:58 PM
111	Canadian European	6/26/2023 12:58 PM
112	Jewish	6/26/2023 12:57 PM
113	Italian American	6/26/2023 12:56 PM
114	Jewish	6/26/2023 12:53 PM
115	Central American	6/26/2023 12:50 PM
116	decline to state	6/26/2023 12:50 PM
117	Indian	6/26/2023 12:50 PM
118	Ashkenazi Jewish	6/26/2023 12:49 PM
119	Jewish	6/26/2023 12:47 PM

Q15 Asian Details (Select all that apply)

Answered: 276 Skipped: 4,170



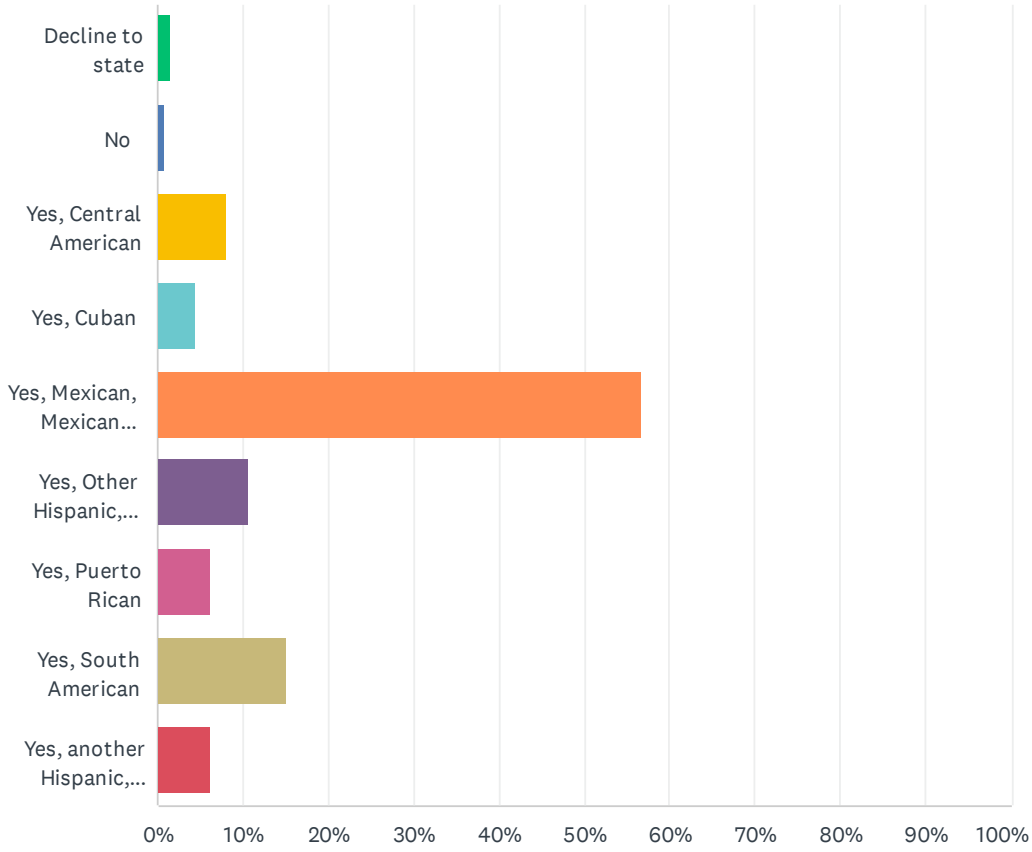
ANSWER CHOICES	RESPONSES	
Decline to state	2.54%	7
Asian Indian	16.67%	46
Cambodian	1.09%	3
Chinese	25.72%	71
Filipino	14.86%	41
Indonesian	0.72%	2
Japanese	14.49%	40
Korean	11.96%	33
Laotian/Hmong	1.81%	5
Malaysian	0.36%	1
Pakistani	1.45%	4
Singaporean	0.00%	0
Taiwanese	10.14%	28
Thai	0.36%	1
Vietnamese	7.25%	20
Other (please specify)	1.81%	5

Total Respondents: 276

#	OTHER (PLEASE SPECIFY)	DATE
1	bicultural	7/17/2023 12:46 PM
2	Central Asia	7/17/2023 10:38 AM
3	Taiwanese	7/11/2023 11:37 PM
4	Tibetan	7/10/2023 9:53 AM
5	Okinawan	6/26/2023 12:46 PM

Q16 Are you Hispanic, Latino/a, or of Spanish origin? (Select all that apply)

Answered: 337 Skipped: 4,109



ANSWER CHOICES	RESPONSES	
Decline to state	1.48%	5
No	0.89%	3
Yes, Central American	8.01%	27
Yes, Cuban	4.45%	15
Yes, Mexican, Mexican American, Chicano/a	56.68%	191
Yes, Other Hispanic, Latino/a or Spanish origin	10.68%	36
Yes, Puerto Rican	6.23%	21
Yes, South American	15.13%	51
Yes, another Hispanic, Latino/a, or of Spanish origin (specify)	6.23%	21

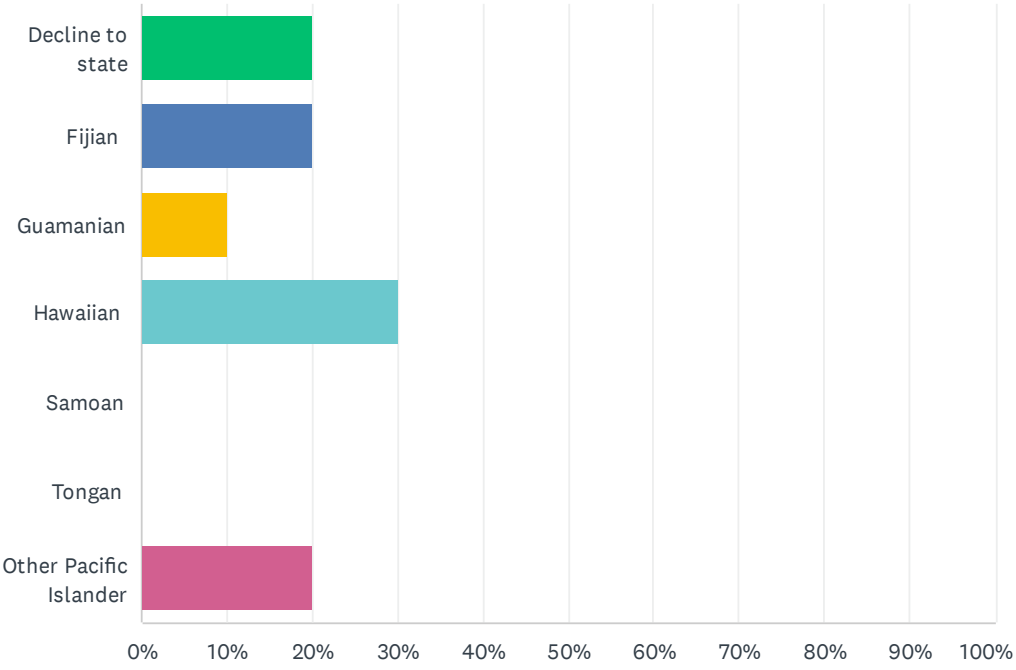
Total Respondents: 337

#	YES, ANOTHER HISPANIC, LATINO/A, OR OF SPANISH ORIGIN (SPECIFY)	DATE

1	Spanish	7/17/2023 1:12 PM
2	Caribbean: Dominican Republic	7/17/2023 12:59 PM
3	Spain	7/17/2023 10:56 AM
4	Spanish: Catalán	7/17/2023 10:50 AM
5	Dominican	7/14/2023 10:01 PM
6	Basque	7/10/2023 12:32 PM
7	Spain	7/10/2023 10:06 AM
8	Spain	7/10/2023 10:02 AM
9	Spanish	7/10/2023 9:51 AM
10	Spanish Basque	7/6/2023 11:40 AM
11	Spanish origin	6/29/2023 12:14 PM
12	Conquistador	6/28/2023 9:47 AM
13	Salvadorian	6/27/2023 11:41 AM
14	Spain	6/26/2023 10:42 PM
15	Spanish	6/26/2023 6:15 PM
16	Chilean	6/26/2023 6:14 PM
17	Spain	6/26/2023 2:27 PM
18	Portuguese	6/26/2023 1:47 PM
19	Dominican	6/26/2023 1:47 PM
20	Spanish	6/26/2023 12:49 PM
21	Spain	6/26/2023 12:49 PM

Q17 Native Hawaiian or other Pacific Islander (Select all that apply):

Answered: 10 Skipped: 4,436



ANSWER CHOICES	RESPONSES	
Decline to state	20.00%	2
Fijian	20.00%	2
Guamanian	10.00%	1
Hawaiian	30.00%	3
Samoan	0.00%	0
Tongan	0.00%	0
Other Pacific Islander	20.00%	2

Total Respondents: 10

#	OTHER PACIFIC ISLANDER	DATE
1	Cnni	6/26/2023 2:57 PM
2	Filipino	6/26/2023 1:28 PM

Licensed Mental Health Services Provider Education Program

Board of Psychology Overview

Department of Health Care Access and Information (HCAI)
August 18, 2023

Contents

Department of Health Care Access and Information (HCAI)

- Every Californian should have access to equitable, affordable, quality health care provided in a safe environment by a diverse workforce.
- As California's health care needs expand, HCAI is now responsible for managing an array of programs that grew substantially in this year's budget, including new areas of workforce development.

Licensed Mental Health Services Provider Education Program (LMH) Overview

- Established in 2007 to increase the supply of mental health professionals practicing in mental health professional shortage areas and qualified facilities.
- Grantees must commit to providing a 24-month service obligation at a qualifying facility in either an eligible facility type and/or geographic area where they will need to provide 32 hours or more per week of direct client care.
- The maximum award amount for LMH is **$30,000**.

LMH Eligible Professions

LMH applicants must be currently licensed and/or certified, and practicing in one of the following professions:

- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Licensed Psychologist
- Waivered Psychologist
- Postdoctoral Psychological Assistant
- Postdoctoral Psychological Trainee
- **Behavioral Disorder Counselor**
- **Mental Health Counselor**
- **Psychiatric Mental Health Nurse Practitioner**
- **Psychiatric Nurse**
- **Rehabilitation Counselor**
- **Substance Use Disorder Counselor**

LMH Eligible Practice Sites

For a facility to be eligible, it must be in one of the following eligible geographic or site designations:

- Health Professional Shortage Area-Mental Health (HPSA-MH)
- A publicly funded facility
- A public mental health facility
- A non-profit private mental health facility that contracts with a county mental health entity
- Children's Hospital
- Correctional Facility
- County Health Facility
- Public School Facility
- State-Operated Health Facility
- Substance Use Disorder Facility
- Veteran's Facility

Board of Psychology Fund Balance

- As of May 2023, we have $233,400.00 in licensure fees that have been deposited from the Board of Psychology into the Mental Health Practitioner Education Fund.
- Funds deposited into the Mental Health Practitioner Education Fund are used to provide awards and to cover administrative costs. Not all funds received are used for awards.
- Eligible Licensed Mental Health professions may be awarded using funds from the Mental Health Practitioner Education Fund. Other eligible professions, **must** be awarded using other supplemental funds.

LMH Budget Overview

Program	Funding Source	Available Funding FY 2021 22	Available Funding FY 2022 23	Available Funding FY 2023 24
Licensed Mental Health Services Provider Education Program (LMHSPEP)	Mental Health Practitioner Education Fund: $20 licensing fee through Board of Psychology and Board of Behavioral Science	$693,000	$693,000	$693,000
	General Fund – Mental Health Workforce	$ As needed	$ As needed	$ As needed
	General Fund – Foster Youth	$795,789	$750,789	$237,567
	Kaiser South	$150,000	$45,000	$0
	CVS	$435,000	$60,000	$0
	Children and Youth Behavioral Health Initiative	$0	$0	$ As needed

LMH Awards Summary FY 2022-23

Program	Number of Applications Received	Number of Awards	Available Funding	Amount Awarded
Licensed Mental Health Services Provider Education Program (LMHSPEP)	1368*	1297**	$ 37,493,676	$ 37,266,464

*Of the total applications received, not all applicants were eligible.
** Of the total awarded, not all applicants accepted the award.

Board of Psychology Awards Summary

Fiscal Year	Number of Applications Received	Number of Applications Awarded	Available Funding	Amount Awarded
FY 2022-23	76*	72**	$209,850	$1,992,820**
FY 2021-22	**29***	17	$259,278	$255,000
FY 2020-21	**30***	10	$152,770	$150,000
Total	**135**	**99**	**$621,898**	**$2,397,820**

*Of the total applications received, not all applications are eligible or meet the minimum scoring criteria to receive an award.
**Number of Applications Awarded and Total Amount Awarded includes awards made using BOP funds and funding from other sources.

Other HCAI Programs for Psychologists

Loan Repayment Programs

- **State Loan Repayment Program (Application cycle is currently open and will close September 15, 2023 @ 3:00 p.m.)**
  - Health Service Psychologist
- **Allied Healthcare Loan Repayment Program (Next application cycle expected to open May 2024)**
  - Psychologist

Scholarship Programs

- **Behavioral Health Scholarship Program (Application cycle is currently open and will close August 15, 2023 @ 3:00 p.m.)**
  - Assistant Psychologist
  - Licensed Clinical Psychologist
- **Golden State Social Opportunities Program (Application cycle is currently open and will close August 15, 2023 @ 3:00 p.m.)**
  - Licensed Clinical Psychology (PhD or PsyD)

LMH Application

During the application cycle, Applicants must:

- Complete an on-line application through the web-based eApp (https://funding.hcai.ca.gov/)
- Include the following documents
  - Employment Verification Form
  - Lender Statement
  - Conflict of Interest Letter (**if applicable**)
  - Proof of licensure and/or certification

LMH

QUESTIONS?

Please email: HWDD-LRP@hcai.ca.gov

HCAi
Department of Health Care Access and Information

Thank You!

For further questions, please contact:

HWDD-LRP@hcai.ca.gov

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Please visit:

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California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 31, 2023
TO	Psychology Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 12, Enforcement Report

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

In May 2023, Christian Lavarello-MacDonald, resigned as the Board's Probation Monitor for a promotion with the Department of Health and Human Services. We held interviews to backfill the position and made an offer to Savanna Koop. Savanna is currently employed at another Department of Consumer Affairs Board as a probation monitor and has over 10-years of enforcement experience. We are excited to have Savanna join the team at the end of August.

The Board is still trying to recruit subject matter experts. At our next Enforcement Committee Meeting scheduled for later this year, the Committee will discuss new ways to present opportunities for recruitment. The Committee will also discuss whether active practice, which is defined as at least 80 hours per month consisting of direct client services, clinical activity, psychometric testing, supervision and/or teaching, can be reduced to 40 hours to recruit experts.

Complaint Program
Since July 1, 2023, the Board has received 87 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program
Since July 1, 2023, the Board has issued 3 enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2023, the Board has referred 1 case to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 46 probationers. Of the 46 probationers, two are out of compliance. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:

Overview of Enforcement Activity
Performance Measures

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY
Overview of Enforcement Activity

LICENSES	19/20	20/21	21/22	22/23	23/24
Psychologist	18,763	22,058	22,289	20,297	22.600
Psychological Associates	1,344	1,348	1,450	1,772	1,782
COMPLAINTS					
Complaints Received[1]	1,092	1.130	742	1,050	87
Arrest Reports Received	43	32	34	23	2
Investigations Opened[2]	829	788	761	761	49
ENFORCEMENT OUTCOMES					
Total Citations Issued	**35**	**37**	**31**	**36**	**3**
Total Cases Referred to AG	**75**	**60**	**52**	**42**	**1**
Accusations	47	32	29	17	3
Statement of Issues	10	1	4	1	0
Petition to Revoke Probation	2	2	0	2	0
Petitions for Penalty Relief	4	8	4	3	0
Petition for Reinstatement	3	3	2	1	0
Total Filings	**66**	**46**	**28**	**24**	**3**
Accusations Withdrawn/Dismissed	1	3	3	1	1
Statement of Issues Withdrawn	3	2	0	0	0
Total Filings Withdrawn/Dismissed	**4**	**5**	**3**	**1**	**1**
Revocations	9	1	4	1	0
Probation	16	14	12	6	3
Surrender	12	12	7	12	0
Reprovals	2	6	7	4	1
Interim Orders	2	0	1	0	0
Statement of Issues-License Denied	0	1	1	0	0
Total Disciplinary Decisions	**41**	**34**	**32**	**23**	**4**
Petitions for Penalty Relief Denied	3	2	3	3	0
Petitions for Penalty Relief Granted	2	0	1	0	0
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	1	0	3	1	0
Total Other Decisions	6	**2**	**7**	**4**	**0**
VIOLATION TYPES					
Gross Negligence/Incompetence	28	29	24	18	0
Repeated Negligent Acts	15	25	17	17	0
Self-Abuse of Drugs or Alcohol	1	12	7	2	1
Dishonest/Corrupt/Fraudulent Act	10	6	7	9	1
Mental Illness	1	0	2	1	0
Aiding Unlicensed Practice	0	1	3	2	0
General Unprofessional Conduct	25	26	25	16	2
Probation Violation	6	7	5	0	0
Sexual Misconduct	4	7	8	4	**0**
Conviction of a Crime	7	10	8	2	1
Discipline by Another State Board	0	2	2	3	0
Misrepresentation of License Status	3	1	3	0	0

****Enforcement data pulled on July 31, 2023**

[1] Complaints Received-refers to all complaints submitted to the Board even if the complaint does not fall within the Board's jurisdiction or if multiple complaints are filed regarding a single incident.
[2] Investigations Opened-refers to complaints where a desk investigation is initiated.

Select a DCA Entity: Board of Psychology

Select a Fiscal Year: FY2022/23

Select a Quarter: Q3

Case Type: Complaints Volume | Conviction/Arrest Volume

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

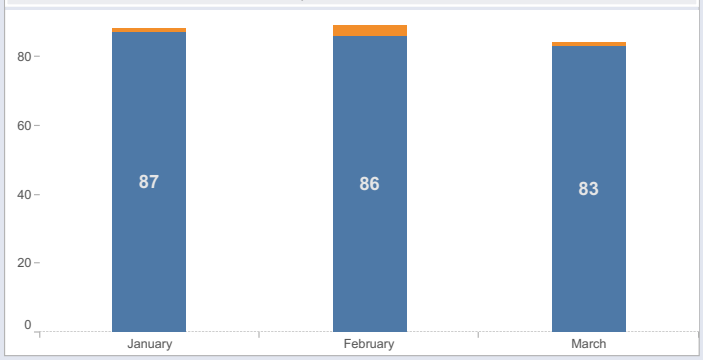
Board of Psychology New Cases Summary

Data last refreshed on 07/28/2023

Complaints Volume	Conviction/Arrest Volume	Total Volume
256	5	261

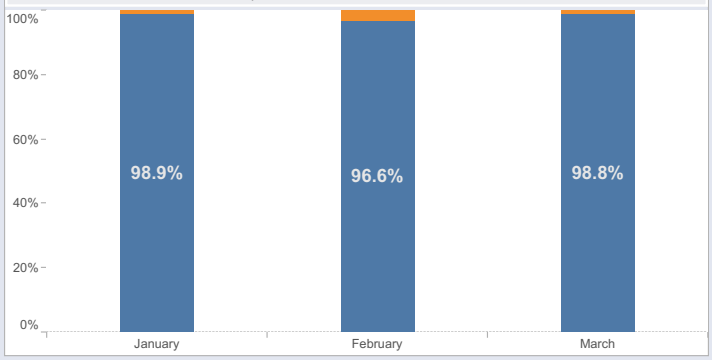
Board of Psychology

FY2022/23:Q3 - Case Volume



Board of Psychology

FY2022/23:Q3 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instanc..

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Cycle Time	Case Volume by Month
Board of Psychology	FY2022/23	Q3	Actual, Target	January, February, March

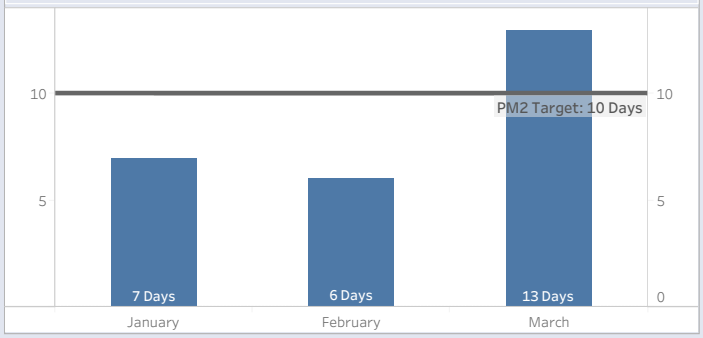
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Board of Psychology PM2 Performance Summary

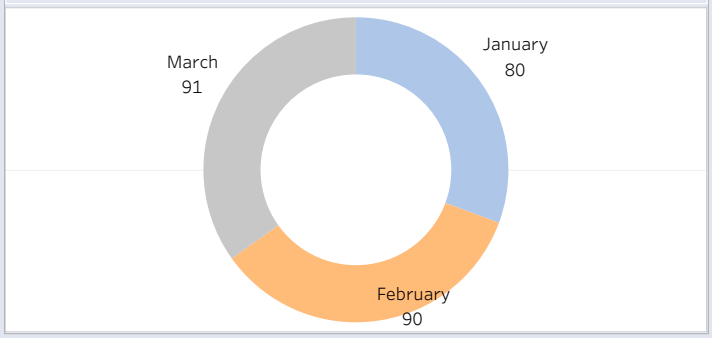
Data last refreshed on 07/28/2023

Case Volume	Target	Actual	Variance
261	10 Days	9 Day(s)	▼ -1 Day(s)

Board of Psychology
FY2022/23: Q3 | **PM2** - Intake Cycle Time



Board of Psychology
FY2022/23: Q3 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity: Board of Psychology

Select a Fiscal Year: FY2022/23

Select a Quarter: Q3

Cycle Time: Actual | Target

Case Volume by Month: January | February | March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

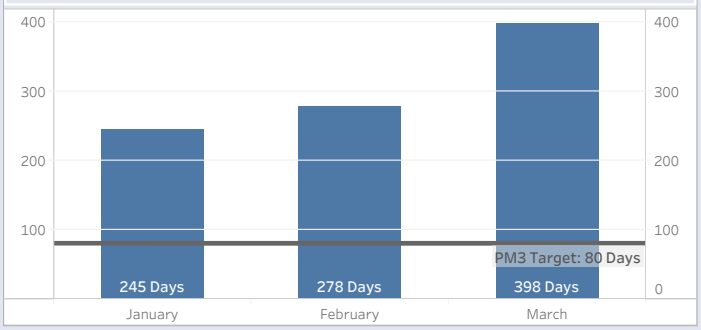
Board of Psychology PM3 Performance Summary

Data last refreshed on 07/28/2023

Case Volume	Target	Actual	Variance
109	80 Days	349 Day(s)	▲ 269 Day(s)

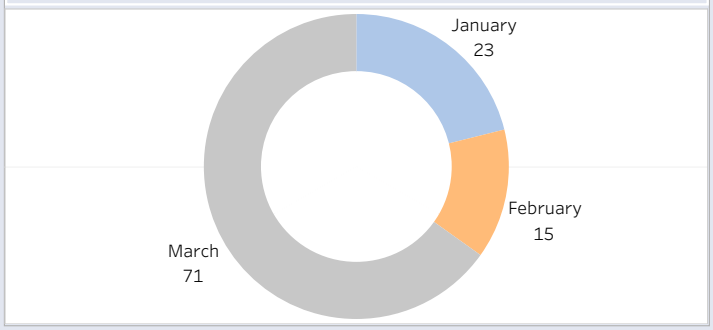
Board of Psychology

FY2022/23: Q3 | **PM3** - Investigations Cycle Time



Board of Psychology

FY2022/23: Q3 | **PM3** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instance..

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Cycle Time	Case Volume by Month
Board of Psychology	FY2022/23	Q3	Actual Target	January February March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

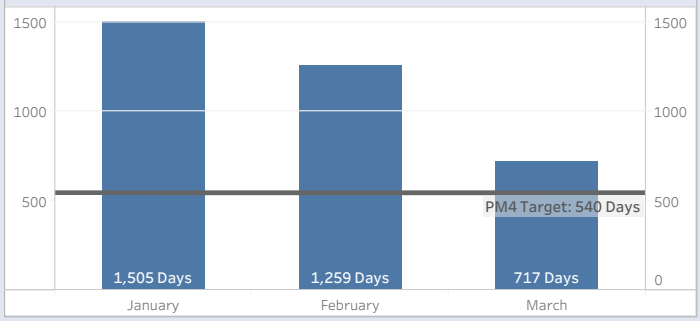
Board of Psychology PM4 Performance Summary

Data last refreshed on 07/28/2023

Case Volume	Target	Actual	Variance
6	540 Days	1,292 Day(s)	▲ 752 Day(s)

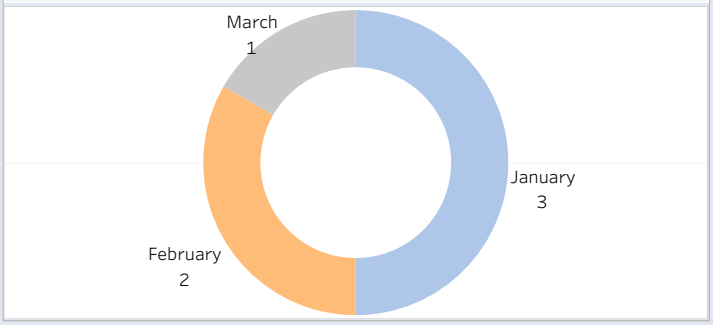
Board of Psychology

FY2022/23: Q3 | **PM4** - Formal Discipline Cycle Time



Board of Psychology

FY2022/23: Q3 | **PM4** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instance..

Select a DCA Entity	Select a Fiscal Year	Performance Measure	Select a Quarter	Cycle Time	Case Volume by Month
Board of Psychology	FY2022/23	PM7	Q3	Cycle Time, Target	January, February, March

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.

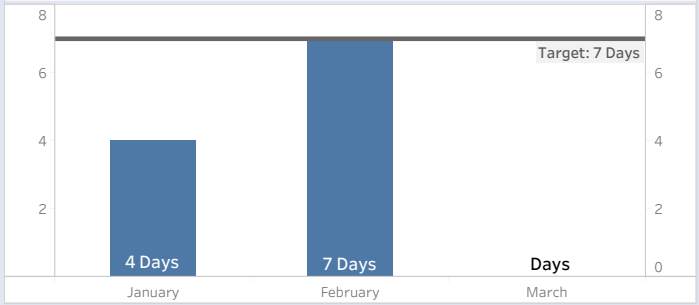
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Board of Psychology PM7 Performance Summary

Data last refreshed on 07/28/2023

Case Volume	Target	Actual	Variance
2	7 Days	6 Day(s)	▼ -2 Day(s)

Board of Psychology
FY2022/23: Q3 - PM7: Probation Intake Cycle Time



Board of Psychology
FY2022/23: Q3 -PM7: Probation Cases

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(a)(1) Board-Sponsored Legislation –SB 816 (Roth): Professions and Vocations- Fee Schedule: Business and Professions Code Section 2987

Background

The Board of Psychology (Board) is currently facing a budget structural deficit, with expenditures outpacing revenue streams. The Board has not increased its initial application or renewal fees since 1992 and as operating costs have increased, it has resulted in a structural imbalance.

On January 26, 2022, the newly formed Budget Ad Hoc Committee met with Board staff and were presented with application and renewal transaction cost options that would eliminate the Board's structural imbalance and rebuild its fund reserves.

On February 25, 2022, the Budget Ad Hoc Committee held a public meeting, moderated by the Department of Consumer Affairs (DCA) SOLID Training and Planning Solutions Unit to present stakeholders of the Board with options that would eliminate the Board's structural imbalance. Public comment was provided by the California Psychological Association.

On April 29, 2022, the Board voted to accept the recommendation of the Budget Ad Hoc Committee allowing staff to pursue a legislative proposal to the Senate and Assembly Business and Professions Committees.

On April 21, 2023, the Board was notified SB 816 would include fee increases for boards not currently going through sunset as long as there was no significant opposition. Minor technical changes were made in coordination with the DCA legal office.

On April 26, 2023, the updated language was submitted to the Legislative Affairs Division within the DCA.

On May 8, 2023, SB 816 was referred to the Senate floor.

On May 24, 2023, SB 816 passed the Senate, and was ordered to the Assembly.

On May 25, 2023, SB 816 was read for the first time in the Assembly.

On June 27, 2023, the bill was amended to include the Board's proposed fee language and was referred to the Assembly Committee on Business and Professions.

On June 28, 2023, a Support Position Letter was submitted to the Committee Members and Author.

On July 11, 2023, Board staff testified in Support at the Committee Hearing.

On July 11, 2023. The bill passed the Committee and was referred to the Assembly Committee on Appropriations.

Board of Psychology staff will continue to monitor this proposal.

Action Requested

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

Attachment 1: Board Position Letter
Attachment 2: Assembly Business and Professions bill analysis
Attachment 3: Bill Amended Text

California Board of PSYCHOLOGY

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June 28, 2023

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 6130
Sacramento, CA 95814

RE: SB 816 – Professions and vocations - SUPPORT

Dear Assembly Member Berman:

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

The Board of Psychology (Board) is in **SUPPORT** of SB 816. This bill would allow the Board to increase the application, renewal, and exam fees for psychologists and increase the application and renewal fee for registered psychological associates. The Board has not increased application and renewal fees for psychologists since 1992. Increased operating costs and the cost of living in this time has caused a structural imbalance. By increasing the fees, the Board will be able to avoid fiscal insolvency and eliminate the Board's structural imbalance, so the Board can continue in its mission of consumer protection.

The Board asks for your support of SB 816 when it is heard in the Assembly Committee on Business and Professions. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Heath Flora (Vice Chair)
Members of the Assembly Committee on Business and Professions
Senator Roth
Robby Sumner, Chief Consultant
Bill Lewis, Assembly Republican Caucus

Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

SB 816 (Roth) – As Amended June 27, 2023

SENATE VOTE: 39-0

SUBJECT: Professions and vocations

SUMMARY: Raises several types of licensing fees imposed by the Board of Psychology, Board of Pharmacy, Board of Accountancy, and the Landscape Architects Technical Committee and makes two technical changes pertaining to the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) and Veterinary Medical Board (VMB). Makes numerous technical changes, statutory improvements, and policy reforms raised during the California Council for Interior Design Certification's (CCIDC) sunset review in 2022.

EXISTING LAW RELATED TO THE BOARD OF PSYCHOLOGY:

1) Establishes the Board of Psychology within the Department of Consumer Affairs (DCA) for the purpose of licensing, regulating, and enforcement of psychologists and psychological associates. (Business and Professions Code (BPC) §§ 2900-2919)

2) Sets forth specified licensing fees assessed by the Board of Psychology (BPC §§ 2900-2919)

EXISTING LAW RELATED TO THE BOARD OF PHARMACY:

1) Establishes the California State Board of Pharmacy within DCA for the purpose of licensing, regulating, and enforcement of pharmacists, advanced practice pharmacists, intern pharmacists, pharmacy technicians, designated representatives, and designated paramedics, and facility licenses. (BPC §§ 4000 - 4427.8)

2) Sets forth specified licensing fees assessed by the Board of Pharmacy (BPC §§ 4000 - 4427.8)

EXISTING LAW RELATED TO THE BOARD OF ACCOUNTANCY:

1) Establishes the California Board of Accountancy within DCA for the purpose of licensing, regulating, and enforcement of certified public accountants and accountancy corporations. (BPC §§ 5000 - 5025.3)

3) Sets forth specified licensing fees assessed by the Board of Accountancy (BPC §§ 5000 - 5025.3)

EXISTING LAW RELATED TO THE LANDSCAPE ARCHITECTS TECHNICAL COMMITTEE:

1) Establishes the California Architects Board within DCA for the purpose of licensing, regulating, and enforcement of architects. (BPC §§ 5500 - 5610.7)

2) Establishes the Landscape Architects Technical Committee within the California Architects Board and authorizes the Landscape Architects Technical Committee to assist with all of the following:

    a. Assist in the examination of candidates for a landscape architect's license and, after investigation, evaluate and make recommendations regarding potential violations.

    b. Investigate, assist, and make recommendations to the board regarding the regulation of landscape architects in this state.

    c. Perform duties and functions that have been delegated to it by the California Architects Board.

    d. Send a representative to all meetings of the full California Architects Board to report on their activities.

    (BPC §§ 5621 - 5622)

4) Sets forth specified licensing fees assessed by the California Architects Board. (BPC § 5681)

EXISTING LAW RELATED TO THE BOARD OF VOCATIONAL NURSING AND PSYCHIATRIC TECHNICIANS:

1) Establishes the BVNPT within the DCA to license and regulate vocational nurses and psychiatric technicians, and enforce the Vocational Nursing Practice Act and Psychiatric Technicians Law. (BPC §§ 2841, 4501)

2) Requires a vocational nursing and psychiatric technician school or program seeking approval by the BVNPT to pay specified fees, including a continuing approval fee in an amount equal to the reasonable costs incurred by the BVNPT in providing oversight and review of the school or program up to $5,000 once every four years. (BPC § 2881.2(b)(3) and BPC § 4531.1(b)(3))

3) Authorizes the BVNPT to reduce the continuing approval fees, by no more than one-half of the established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity. (BPC § 2881.2(d) and BPC § 4531.1(d))

EXISTING LAW RELATED TO THE VETERINARY MEDICAL BOARD:

1) Establishes the VMB within the DCA for the purpose of licensing, regulating, and enforcement of veterinarians, veterinary technicians, and veterinary assistants in California. (BPC § 4800 *et seq.*)

2) Authorizes the VMB to issue a probationary veterinary assistant controlled substance permit, subject to terms and conditions deemed appropriate by the board. (BPC § 4836.2(b))

3) Prohibits the VMB from issuing a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction if, among other reasons, the applicant or permit holder has been convicted of a state or federal felony controlled substance violation. (BPC § 4836.2(c))

4) Authorizes the VMB to deny, revoke, or suspend a license or registration or assess a fine as provided, for, among other things,

    a. A conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, surgery, or dentistry, in which case the record of the conviction shall be conclusive evidence.

    b. Unprofessional conduct, that includes, but is not limited to, a conviction of a charge of violating any state or federal statutes or rules regulating dangerous drugs or controlled substances, as specified.

EXISTING LAW RELATED TO CALIFORNIA COUNCIL FOR INTERIOR DESIGN CERTIFICATION:

1) Defines "certified interior designer" (CID) to mean a person who prepares and submits nonstructural or nonseismic plans consistent with Sections 5805 and 5538 to local building departments that are of sufficient complexity so as to require the skills of a licensed contractor to implement them, and who engages in programming, planning, designing, and documenting the construction and installation of nonstructural or nonseismic elements, finishes and furnishings within the interior spaces of a building, and has demonstrated by means of education, experience and examination, the competency to protect and enhance the health, safety, and welfare of the public. (BPC § 5800(a))

2) Defines an "interior design organization" to mean a nonprofit organization of CIDs whose governing board shall include representatives of the public as specified. (BPC § 5800(b))

3) Authorizes a CID to obtain a stamp from an interior design organization that includes a number that uniquely identifies and bears the name of that CID. The stamp certifies that the interior designer has provided the interior design organization with evidence of passage of an interior design examination approved by that interior design organization and met education and/or experience requirements, as specified. (BPC § 5801)

4) Requires all drawings, specifications, or documents prepared for submission to any government regulatory agency by any CID to be affixed by a stamp, as specified, and signed by that CID. (BPC § 5802(a))

5) Provides that it is an unfair business practice for any CID or any other person to advertise or put out any sign or card or other device, including any stamp or seal, or to represent to

the public through any print or electronic media, that they are "state certified" to practice interior design, or to use any other words or symbols that represent to the public that they are so certified. (BPC § 5804)

6) States that nothing precludes CIDs or any other person from submitting interior design plans to local building officials, except as specified. In exercising discretion with respect to the acceptance of interior design plans, the local building official shall reference the California Building Standards Code. (BPC § 5805)

7) States that nothing prohibits interior design or interior decorator services by any person or retail activity. (BPC § 5806)

8) Requires a CID to use a written contract when contracting to provide interior design services to a client, except as specified. The written contract shall be executed by the CID and the client, or their representative, prior to the CID commencing work. The written contract shall contain specified information. (BPC § 5807)

9) States that it is an unfair business practice for any person to represent or hold himself or herself out as, or to use the title "certified interior designer" or any other term, such as "licensed," "registered," or "CID," that implies or suggests that the person is certified as an interior designer when they do not hold a valid certification. (BPC § 5812)

10) Sunsets the aforementioned provisions on January 1, 2027. (BPC § 5810(b))

11) States that the Architect Practice Act does not prohibit any person from furnishing either alone, or with contractors, labor and materials, with or without plans, drawings, specifications, instruments of service, or other data covering such labor and materials to be used for any of the following:

    a) Nonstructural or non-seismic storefronts, interior alterations or additions, fixtures, cabinetwork, furniture, or other appliances or equipment.

    b) Nonstructural or non-seismic work necessary to provide for their installation.

    c) Nonstructural or non-seismic alterations or additions to any building necessary to or attendant upon the installation of those storefronts, interior alterations or additions, fixtures, cabinetwork, furniture, appliances, or equipment, provided those alterations do not change or affect the structural system or safety of the building.

    (BPC § 5588)

THIS BILL:

1) Makes the following change related to the Board of Vocational Nursing and Psychiatric Technicians:

    a. Authorizes the BVNPT to reduce the continuing approval fees for vocational nursing programs, by no more than one-half of the established fee, for a program

that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding.

b. Authorizes the BVNPT to reduce the continuing approval fees for psychiatric technician programs, by no more than one-half of the established fee, for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding.

2) Makes the following changes related to the Board of Psychology:

a. Sets the application fee for a psychologist at $236.

b. Sets the application fee for the California Psychology Law and Ethics Examination at $127.

c. Deletes the provision of existing law that specifies that the initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date for the date on which the license is issued.

d. Sets the initial license fee for a psychologist at $231.

e. Sets the biennial renewal fee for a psychologist at $795 and authorizes the Board of Psychology to adopt regulations to set the fee at a higher amount, up to a maximum of $1,100.

f. Sets the application fee for registration as a registered psychological associate at $424.

g. Sets the annual renewal fee for the registration of a psychological association at $224 and authorized the Board of Psychology to adopt regulations to set the fee at a higher amount, up to a maximum of $400.

h. Specifies that the delinquency fee for renewal of each license type may not exceed $397.50.

i. Sets the fee for Fingerprint Hard Card Processing for Out of State Applicants to be $184 and specifies that applicants must also pay the Board of Psychology for the actual cost of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation.

j. Sets the fee for a psychological associate to add or change their supervisor to be $210 and requires the fee to be the actual cost to the Board of Pharmacy of processing the addition or change.

k. Requires a licensed psychologist who holds an inactive license to pay a biennial renewal fee of $221 and authorizes the Board of Psychology to adopt regulations to set the fee at a higher amount, up to a maximum of $400.

3) Makes the following change to the Board of Pharmacy:

a. Repeals BPC § 4119.01 on January 1, 2025, and recasts those provisions in a new BPC § 4119.01 beginning January 1, 2025, in order to delay implementation of the following fee changes:

    i. Sets the application and initial license fee to operate an emergency medical services automated drug delivery system (EMSADDS) at $100 per machine. Requires the license to be renewed annually and prohibits the license fee from being transferred to a different location if the EMSADDS Is moved.

    ii. Sets the penalty fee for failure to renew an EMSADDS license at $35.

    iii. Sets the application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency at $780.

b. Repeals BPC § 4119.11 on January 1, 2025, and recasts those provisions in a new BPC § 4119.11 beginning January 1, 2025, in order to delay implementation of the following fee:

    i. Sets the application and renewal fee for a pharmacy to operate an automated patient dispensing system at $300, which may be increased to $500. Authorizes the Board of Pharmacy to lower to renewal fee to not less than $200 if a lower fee level will provide sufficient resources to support their regulatory activities.

c. Repeals BPC § 4128.2 on January 1, 2025, and recasts those provisions in a new BPC § 4128.2 beginning January 1, 2025, to delay repealing a provision that specifies that until January 1, 2017, the fee for issuance or annual renewal of a centralized hospital packaging pharmacy license must be $600 and may be increased by the Board of Pharmacy to $800.

d. Repeals BPC § 4161 on January 1, 2025, and recasts those provisions in a new BPC § 4161 beginning January 1, 2025, in order to delay implementation of the following fee:

    i. Specifies that a temporary license fee for a nonresident wholesaler or nonresident third-party logistics provider must be $550 or another amount established by the Board of Pharmacy not to exceed the annual fee for renewal of a license to compound sterile drug products.

e. Repeals BPC § 4202.5 on January 1, 2025, and recasts those provisions in a new BPC § 4202.5 beginning January 1, 2025, to delay repealing a provision that specifies that the fee for application and issuance of an initial license as a designated paramedic must be $140 for a two-year license, the biennial renewal must be $140, and the penalty fee for failure to renew an authorized paramedic license must be $65.

f. Repeals BPC § 4210 on January 1, 2025, and recasts those provisions in a new BPC § 4210 beginning January 1, 2025, to delay repealing a provision that specifies that the Board of Pharmacy may, by regulation, set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advances practice pharmacists pursuant and prohibits the fee from exceeding $300.

g. Repeals BPC § 4400 on January 1, 2025, and recasts those provisions in a new BPC § 4400 beginning January 1, 2025, to delay the following changes to various fees assessed by the Board of Pharmacy:

   i. Sets the fee for a pharmacy license at $750 and authorizes the fee to be increased to $2,000. Sets the fee for the issuance of a temporary pharmacy permit at $1,600 and authorizes the fee to be increased to $2,740.

   ii. Sets the fee for a nonresident pharmacy license at $2,427 and authorizes the fee to be increased to $3,424. Sets the fee for the issuance of a temporary nonresident pharmacy permit at $2,000 and authorizes it to be increased to $2,469.

   iii. Sets the fee for a pharmacy license annual renewal at $1,025 and authorizes the fee to be increased to $2,000.

   iv. Sets the fee for a nonresident pharmacy license annual renewal at $1,025 and authorizes the fee to be increased to $2,000.

   v. Set the fee for regrading an examination at $115 and authorized the fee to be increased to $200.

   vi. Sets the fee for a pharmacist biennial renewal at $450 and authorizes the fee to be reduced to $360.

   vii. Sets the fee for a wholesaler or third-party logistics provider license and annual renewal at $1,000 and authorizes the fee to be increases to $1,411. Deletes a provision that specifies that the application fee for any additional location after licensure of the first 20 locations is $300 and may be decreased to no less than $225. Specifies that a temporary license fee may be increased to $1,009.

   viii. Sets the fee for a hypodermic license at $550 and authorizes the fee to be increased to $775. Sets the fee for a hypodermic license renewal at $400 and authorizes the fee to be increased to $561.

   ix. Sets the fee for application, investigation, and issuance of a license as a designative representative, designated representative-3PL, or designated representative-reverse distributor at $345 and authorizes the fee to be increased to $485.

x. Sets the fee for the annual renewal of license as a designative representative, designated representative-3PL, or designated representative-reverse distributor at $388 and authorizes the fee to be increased to $547.

xi. Sets the fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer at $345 and authorizes the fee to be increased to $485.

xii. Sets the fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer at $388 and authorizes the fee to be increased to $547.

xiii. Sets the application fee for a nonresident wholesaler or third-party logistics provider license at $1,000 and authorizes the fee to be increased to $1,411.

xiv. Deletes a provision specifying that for nonresident wholesalers or third-party logistics providers that have 21 or more facilities operating nationwide the application fees for the first 20 locations must $780 and may be increased to $820, that the application fee for any additional location after licensure of the first 20 locations is $300 and may be decreased to no less than $225, and that a temporary license fee is $715 and may be decreased to no less $550.

xv. Sets a temporary license fee at $715 and authorizes the fee to be increased to $1,009.

xvi. Sets the annual renewal fee for a nonresident wholesaler license or third-party logistics provider license at $1,000 and authorizes the fee to be increased to $1,411.

xvii. Sets the fee for an intern pharmacist license at $175 and authorizes the fee to be increased to $245. Set the fee for transfer of intern hours or verification of licensure to another state at $120 and authorizes the fee to be increased to $168.

xviii. Sets the fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change at $75 and authorizes the fee to be increased to $100.

xix. Sets the fee for processing an application to change information on a premises license record at $395 and authorizes the fee to be increased to $557.

xx. Sets the fee for processing an application to change a name or correct an address on a premises license record at $206 and authorizes the fee to be increased to $282.

xxi. Sets the fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license at $250 and authorizes the fee to be increased to $353.

xxii. Sets the fee for any applicant for a clinic license to be $620 and authorizes the fee to be increased to $873. Sets the annual fee for renewal of the license at $400 and authorizes the fee to be increased to $561.

xxiii. Sets the fee for the issuance of a pharmacy technician license at $120 and authorizes the fee to be increased to $165. Sets the fee for the renewal of a pharmacy technician license at $180 and authorizes the fee to be reduced to $125.

xxiv. Sets the fee for veterinary food-animal drug retailer license at $610 and authorizes the fee to be increased to $825. Sets the annual renewal fee for a veterinary food-animal drug retailer license at $460 and authorizes the fee to be increased to $561. Sets the fee for the temporary license at $520 and authorizes the fee to be increased to $732.

xxv. Sets the fee for issuance of a retired license, as specified, at $50 and authorizes the fee to be increased to $100.

xxvi. Specifies that the fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy at $3,875 and authorizes the fee to be increased to $2,466. Sets the fee for a temporary license at $1.065 and authorizes the fee to be increased to $1,503. Sets the annual renewal fee of the license at $4,085 and authorizes the fee to be increased to $5,762.

xxvii. Sets the fee for the issuance of a nonresident sterile compounding pharmacy license at $8,500 and authorizes the fee to be increased to $16,502. Sets the annual renewal of the license at $8,500 and authorizes the fee to be increased to $17,040. Sets the fee for a temporary license at $1,500 and authorizes the fee to be increased to $2,000.

xxviii. Sets the fee for the issuance of an outsourcing facility license at $25,000 and authorizes the fee to be increased to $35,256. Sets the fee for the renewal of an outsourcing facility license at $25,000 and authorizes the fee to be increased to $41,366. Sets the fee for a temporary outsourcing facility license at $4,000 and authorizes the fee to be increased to $5,642.

xxix. Sets the fee for the issuance of a nonresident outsourcing facility license at $28,500 and authorizes the fee to be increased to $43,318. Sets the fee for the renewal of a nonresident outsourcing facility license at $28,500 and authorizes the fee to be increased to $46,353. Sets the fee for a temporary nonresident outsourcing facility license at $4,000 and authorizes the fee to be increased to $5,642.

xxx. Sets the fee for the issuance of a centralized hospital packaging license at $3,815 and authorizes the fee to be increased to $5,318. Sets the annual renewal of the license at $2,912 and authorizes the fee to be increased to $4,107.

xxxi. Sets the fee for the issuance of a license to a correctional facility, as specified, at $620 and authorizes the fee to be increased to $873. Sets the annual renewal fee for that correctional clinic license at $400 and authorizes the fee to be increased to $561.

xxxii. Specifies that the fee for the issuance of an Automated Drug Delivery System (ADDS) license to a correctional clinic, as specified, is $500 and authorizes the fee to be increased to $705. The annual renewal fee for the correctional clinic ADDs shall be $400 and authorizes the fee to be increased to $561.

xxxiii. Sets the fee for an ADDS license at $525 and authorizes the fee to be increased to $741. Sets the fee for the annual renewal of the license at $453 and authorizes the fee to be increased to $639.

xxxiv. Sets the application and initial license fee for a remote dispensing site pharmacy application at $1,730 and authorizes the fee to be increased to $2,440. Sets the fee for the annual renewal at $1,025 and authorizes the fee to be increased to $2,000. Sets the fee for a temporary license at $890 and authorizes the fee to be increased to $1,199.

xxxv. Sets the application and initial license fee to operate EMSADDS at $150 and authorizes the fee to be increased to $380 per machine. Sets the fee for the annual renewal at $273 and specifies that the license fee may not be transferred to a different location if the EMSADDS is moved. Sets the application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency at $810 and authorizes the fee to be increased to $1,143.

xxxvi. Sets the fee for the application and issuance of an initial license as a designated paramedic to $350 and authorizes the fee to be increased to $494. Sets the biennial renewal at $200 and authorizes the fee to be increased to $292.

xxxvii. Sets the fee for an application for an advanced practice pharmacist license and renewal of advanced practice pharmacist license to be $300 and authorizes the fee to be increased to $418.

4) Makes the following change related to the Veterinary Medical Board:

   a. Deletes the provision of existing law that prohibits the VMB from issuing a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

5) Makes the following changes to the Board of Accountancy:

    a. Deletes the provision of existing law that limits the amount of the fee that can be charged to out-of-state candidates for the certified public accountant examination.

    b. Authorizes the Board of Accountancy to set the application fee to be charged to each applicant for the issuance of a certified public accountant certificate at an amount not to exceed $700.

    c. Deletes the provision of existing law that authorizes the Board of Accountancy to set the application fee to be charged to each applicant for issuance of a certified public accountant certificate by waiver of an examination at an amount not to exceed $250.

    d. Specifies that after June 30, 2023, the fee to be charged to each applicant for registration as a partnership or professional corporation must not be less than $250, nor more than $2,000.

    e. Sets the biennial renewal fee for a certified public accountant to engage in the practice of public accountancy at $340 for permits expiring after June 30, 2024, and $400 for permits expiring after June 30, 2026.

    f. Sets the biennial renewal fee for a partnership or professional corporation to be $400 for permits expiring after June 30, 2024, and $525 for permits expiring after June 30, 2026.

    g. Specifies that if the Board of Accountancy has unencumbered funds in an amount that is equal to more than their operating budget for the next two fiscal years, it may fix the biennial renewal fees by regulation at an amount less than those specified.

6) Makes the following changes to the Landscape Architects Technical Committee:

    a. Sets the application fee for reviewing an applicant's eligibility to take any section of the examination at $100.

    b. Sets the fee for the California Supplemental Examination at $350. Authorizes the California Architects Board to adopt regulations to set the fee at a higher amount, up to a maximum of $400.

    c. Sets the fee for an original license at $700 and authorizes the California Architects Board to adopt regulations to set the fee at a higher amount, up to a maximum of $800.

    d. Sets the fee for a duplicate license at $300.

    e. Sets the renewal fee at $700 and authorizes the California State Board of Landscape Architects to adopt regulations to set the fee at a higher amount, up to a maximum of $800.

7) Makes the following changes related to the California Council for Interior Design Certification:

    a. Defines "interior design organization" to mean the CCIDC, a nonprofit organization that is exempt from taxation under Section 501(c)(3) of Title 26 of the United States Code and consists of CIDs whose governing board includes representatives of the public.

    b. Authorizes a CID to obtain a stamp from the CCIDC that identifies the individual as a CID *with commercial designation* if the CID has met specified requirements.

    c. Specifies that CIDs, nor any other person, are precluded from submitting interior design plans for commercial or residential buildings to local building officials, except as provided in the Architects Practice Act.

    d. Requires local building officials, when exercising discretion with respect to the acceptance of interior design plans, to reference the occupational title standard in statute in addition to the California Building Standards Code.

    e. Clarifies that the CCIDC is established for the purpose of carrying out the responsibilities and duties specified in existing law.

    f. Authorizes the CCIDC to do all of the following:

        i. Take reasonable actions to carry out its responsibilities and duties, as provided in statute.

        ii. Adopt bylaws, rules, and procedures necessary to effectuate the purposes of the CCIDC and related laws.

        iii. Establish application fees, renewal fees, and other fees related to the regulator costs of providing services and carry out the CCIDC responsibilities and duties. Specifies that these fees may not exceed the reasonable costs to the council of providing those services and carrying out those responsibilities and duties.

    g. Authorizes the CCIDC to issue a certification to any applicant who provides satisfactory evidence that they meet all of the requirements and who complies with the bylaws, rules, and procedures established by the CCIDC.

    h. Codifies the CCIDC's existing certification requirements, specifically:

        i. Passage of an interior design examination approved by the council.

        ii. Completion of specified education and experience pathways.

        iii. Payment of all fees required by the CCIDC.

i. Authorizes the CCIDC to issue a commercial designation to a CID or qualified applicant who passes additional interior design courses and examinations, as determined to be required by the council.

j. Specifies that CID certificates are subject to renewal every two years in a manner prescribed by the CCIDC and will expire unless renewed in that manner.

k. Authorizes the CCIDC to provide for the late renewal of a registration.

l. Authorizes the CCIDC to require CIDs to complete continuing education specific to the practice of interior design each two-year certification cycle.

m. Makes additional technical, non-substantive, and conforming changes.

FISCAL EFFECT: According to the Senate Appropriations Committee pursuant to Senate Rule 28.8, no significant state costs anticipated.

COMMENTS:

Purpose. This bill is the annual omnibus committee bill authored by the Senate Business, Professions and Economic Development Committee which consolidates a number of non-controversial provisions related to various regulatory programs and professions governed by the BPC within the DCA. Consolidating the provisions in one bill is designed to relieve the various licensing Boards, bureaus and professions from the necessity and burden of having separate measures for a number of non-controversial revisions. As noted by the author, many of the provisions in this bill are minor and technical changes which update outdated references or titles in existing law. Other provisions may be substantive consensus changes which aim to improve the efficacy of the various healing arts entities in administering and enforcing the provisions of their respective licensing laws.

Background.

Fee Increases. Within DCA there are 36 boards, bureaus, commissions, and councils responsible for licensing, regulating, and enforcing the laws and regulations pertaining to a myriad of professions in California.[1] Each entity is expected to be self-sustaining via its licensing fees and receives no financial support from the state's General Fund. This bill modifies the fee schedules of the following entities: The Board of Psychology; Board of Pharmacy; Board of Accountancy, and Landscape Architects Technical Committee. The fee changes included in this bill were deemed necessary based on fee analyses from 2022.

Code Clean Up. This bill includes the following two changes:

1) Existing law requires vocational nursing and psychiatric technician schools and programs seeking approval by the BVNPT to pay specified fees, including a continuing approval fee

[1] Department of Consumer Affairs. (n.d.). *DCA Boards/Bureaus*. Department of Consumer Affairs. https://www.dca.ca.gov/about_us/entities.shtml

every four years.[2] That fee is statutorily required to be equal to the reasonable costs incurred by the BVNPT for providing oversight and review of the school or program—up to $5,000. However, existing law authorizes BVNPT to reduce the continuing approval fee by up to one-half of the established fee, for a program that experiences a reduction in *state funding* that directly leads to a reduction in *enrollment capacity*.[3] However, the causal relationship expressed in this provision of law is inaccurate. State appropriation is based on enrollment, therefore a reduction in enrollment causes the reduction in funding. This bill clarifies that the BVNPT may reduce the continuing approval fee by up to one-half of the established fee for a program that experiences a reduction in *enrollment capacity* that directly leads to a reduction in *state funding*.

2) Existing law is conflicting in regards to whether the VBM may issue a veterinary assistant controlled substance permit to an applicant with a state or federal controlled substance conviction. Prior to the enactment of SB 1480 (Hill), Chapter 571, Statutes of 2018, the law clearly prohibited the VMB from issuing a veterinary assistant controlled substance permit to an applicant with a state or federal controlled substance conviction, if the applicant or permit holder has been convicted of a state or federal felony controlled substance violation.[4] However, SB 1480 (Hill) authorized the VBM to issue a probationary veterinary assistant controlled substance permit, subject to terms and conditions deemed appropriate by the board.[5] This bill would delete the outdated prohibition on issuing a controlled substance permit to an applicant with a state or federal controlled substance conviction.

California Council on Interior Design Certification (CCIDC). The current law provides for a voluntary system whereby an interior designer may become certified and obtain a "stamp" from an interior design organization (CCIDC) by demonstrating competency through education, experience, and examination.[6] Although any person may call themselves an interior designer, only those who have become certified and obtained a stamp from the CCIDC may use the title, "Certified Interior Designer" (CID). As the entity responsible for certifying interior designers, the CCIDC is subject to the sunset review[7] process and was reauthorized by SB 1437 (Roth), Chapter 311, Statutes of 2022, which extended the CCIDC's sunset (repeal) date to January 1, 2027. This bill makes numerous technical changes, statutory improvements, and policy reforms raised during the CCIDC's sunset review in 2022. For more background information about the CCIDC and a complete list of

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[2] BPC § 2881.2(b)(3)
[3] BPC § 2881.2(d)
[4] BPC § 4836.2(c)
[5] BPC § 4836.2(b)
[6] BPC § 5800 *et seq.*
[7] In order to ensure that California's myriad of professional boards, bureaus, and councils are meeting the state's public protection priorities, authorizing statutes for these regulatory bodies are subject to statutory dates of repeal, at which point the entity "sunsets" unless the date is extended by the Legislature. The sunset process provides a regular forum for discussion around the successes and challenges of various programs and the consideration of proposed changes to laws governing the regulation of professionals. Legislation is subsequently introduced extending the repeal date for the entity along with any reforms identified during the sunset review process.

issues raised during their 2022 sunset review, please refer to the committee background paper available on this committee's website: https://abp.assembly.ca.gov/jointsunsethearings.

Prior Related Legislation.

SB 1437 (Roth), Chapter 311, Statutes of 2022, extended the sunset date for the CCIDC by four years, until January 1, 2027, and deleted an obsolete reference.

ARGUMENTS IN SUPPORT:

The *Board of Psychology* writes in support:

> This bill would allow the Board to increase the application, renewal, and exam fees for psychologists and increase the application and renewal fee for registered psychological associates. The Board has not increased application and renewal fees for psychologists since 1992. Increased operating costs and the cost of living in this time has caused a structural imbalance. By increasing the fees, the Board will be able to avoid fiscal insolvency and eliminate the Board's structural imbalance, so the Board can continue in its mission of consumer protection.

The *Board of Pharmacy* writes in support:

> The Board is a consumer protection agency charged with regulating the practice of pharmacy. Senate Bill 816 seeks to recast the Board's current fee structure consistent with the findings of an independent fee analysis, which demonstrated that the Board is not fully recovering its costs in many areas. An aye vote on Senate Bill 816 would address these budgetary shortfalls and ensure the Board maintains sufficient resources to continue providing vital consumer protection services to the public. The scope of the fee change varies based on the license type. For example, the intern application fee, pharmacy technician application and renewal fees and pharmacist renewal fees will be reduced. Further, several license types would not experience a fee increase based on legislation unless the Board raised fees via regulation after the statutory changes proposed by the bill become effective. As an example, the current advanced practice pharmacist application and renewal fees are $300. As proposed the statutory minimum would remain $300 and a new statutory maximum would be added. As another example, the veterinary food-animal drug retailer renewal fee would remain at $610 with a new maximum range established using the model offered by the fee auditor. Other fees will be immediately increased with new minimum and maximum fees established consistent with the recommendations of the audit findings.

AMENDMENTS:

At the request of the author, amend the bill as follows to continue requiring a junk dealer or recycler to, until January 1, 2028, submit additional information regarding its junk dealer business to the Department of Food and Agriculture when applying for a weighmaster's license or a renewal license, along with the payment of additional fees for each fixed location:

On page 61, after line 19, add:

SEC. 33. Section 12703.1 of the Business and Professions Code is amended to read:

12703.1. (a) In addition to any other requirements for issuance of a license pursuant to this chapter, if the applicant is a recycler or junk dealer as defined in Section 21601, the department shall require the applicant to furnish all of the following information accurately on any application for a new license or the renewal of a license issued pursuant to this chapter:

(1) A copy of the applicant's current business license.

(2) A statement indicating that the applicant has either filed an application for a stormwater permit or is not required to obtain a stormwater permit.

(3) A statement indicating that the applicant has the equipment necessary to comply with the photographic and thumbprinting requirements for the purchase and sale of nonferrous materials pursuant to Section 21608.5 or a statement indicating that the applicant will not be purchasing or selling nonferrous materials and is not required to comply with Section 21608.5.

(4) A statement indicating that the applicant has requested to receive theft alert notifications pursuant to subdivision (a) of Section 21608.7, unless that requirement does not apply pursuant to subdivision (b) of that section.

(5) The name or names of any deputy weighmasters.

(b) The department shall issue a license to a junk dealer or recycler upon receipt of an application for a new license or renewal of a license that contains the information required by subdivision (a) and that is accompanied by the appropriate fee.

(c) (1) The department shall make a thorough investigation of all the information contained in the application required by subdivision (a) within 90 days for a new license, and within one calendar year for a renewal of a license.

(2) Notwithstanding Section 12708, if the department determines that the information submitted pursuant to subdivision (a) is materially inaccurate, the department shall revoke the license issued to a junk dealer or recycler unless the junk dealer or recycler complies with the requirements of subdivision (a) within 14 days of notice from the department of a proposed revocation pursuant to this subdivision.

(3) A junk dealer or recycler whose license has been revoked pursuant to this subdivision is entitled to a hearing conducted pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) The secretary may enter into a cooperative agreement with any county sealer to carry out the provisions of this section.

(e) This section shall not apply to a pawnbroker licensed pursuant to Chapter 3 (commencing with Section 21300) of Division 8 of the Financial Code and a secondhand dealer licensed pursuant to Article 4 (commencing with Section 21625) of Chapter 9 of Division 8.

(f) This section shall remain in effect only until January 1, 2024, 2028, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, ~~2024,~~ *2028,* deletes or extends that date.

SEC. 34. Section 12704 of the Business and Professions Code is amended to read:

12704. (a) A weighmaster shall pay to the department the following license fee for each license year as applicable to the operation:

(1) Seventy-five dollars ($75) if the weighmaster is operating at a fixed location.

(2) Thirty dollars ($30) for each additional fixed location at which the weighmaster is operating.

(3) Two hundred dollars ($200) if the weighmaster is operating at other than a fixed location.

(4) Twenty dollars ($20) for each deputy weighmaster.

(b) In addition to the license fees set forth in subdivision (a), a weighmaster who is a recycler or a junk dealer as defined in Section 21601 or is performing services on behalf of a recycler or junk dealer shall also pay to the department the following license fee for each license year as applicable to the operation:

(1) Five hundred dollars ($500) if the weighmaster is operating at a fixed location.

(2) Five hundred dollars ($500) for each additional fixed location at which the weighmaster is operating.

(3) Five hundred dollars ($500) if the weighmaster is operating at other than a fixed location.

(c) “License year” means the period of time beginning with the first day of the month the weighmaster is required to be licensed in this state, and ending on the date designated by the secretary for expiration of the license, or yearly intervals after the first renewal.

(d) “Location” means a premise on which weighing, measuring, or counting devices are used.

(e) This section shall remain in effect only until January 1, ~~2024,~~ *2028,* and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, ~~2024,~~ *2028,* deletes or extends that date.

SEC. 35. Section 12704 of the Business and Professions Code is amended to read:

12704. (a) A weighmaster shall pay to the department the following license fee for each license year as applicable to the operation:

(1) Seventy-five dollars ($75) if the weighmaster is operating at a fixed location.

(2) Thirty dollars ($30) for each additional fixed location at which the weighmaster is operating.

(3) Two hundred dollars ($200) if the weighmaster is operating at other than a fixed location.

(4) Twenty dollars ($20) for each deputy weighmaster.

(b) "License year" means the period of time beginning with the first day of the month the weighmaster is required to be licensed in this state, and ending on the date designated by the secretary for expiration of the license, or yearly intervals after the first renewal.

(c) "Location" means a premise on which weighing, measuring, or counting devices are used.

(d) This section shall become operative on January 1, ~~2024,~~ *2028.*

SEC. 36. Section 12709 of the Business and Professions Code is amended to read:

12709. (a) All license fees collected pursuant to this chapter shall be deposited in the Department of Food and Agriculture Fund to be expended by the department

for the administration and enforcement of this chapter, except as provided in subdivision (b).

(b) License fees collected pursuant to subdivision (b) of Section 12704 shall be deposited in a special account in the Department of Food and Agriculture Fund to be expended by the department for the administration and enforcement of Section 12703.1.

(c) This section shall remain in effect only until January 1, ~~2024,~~ *2028,* and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, ~~2024,~~ *2028,* deletes or extends that date.

SEC. 37. Section 12709 of the Business and Professions Code is amended to read:

12709. (a) All license fees collected pursuant to this chapter shall be deposited in the Department of Food and Agriculture Fund to be expended by the department for the administration and enforcement of this chapter.

(b) This section shall become operative on January 1, ~~2024,~~ *2028.*

~~SEC. 33.~~ *SEC. 38.* No reimbursement is required by this act pursuant to Section 6 of Article XIIIB 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 XIIIB of the California Constitution.

REGISTERED SUPPORT:

California Board of Psychology
California State Board of Pharmacy
International Interior Design Association Northern California Chapter
International Interior Design Association Southern California Chapter
One individual

REGISTERED OPPOSITION:

None on file.

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

AMENDED IN ASSEMBLY JUNE 27, 2023

AMENDED IN SENATE APRIL 20, 2023

SENATE BILL No. 816

Introduced by Senator Roth

February 17, 2023

An act to amend Sections 2881.2, *2987, 2988,* 4531.1, 4836.2, *5134, 5681,* 5800, 5801, 5801.1, 5802, 5803, 5804, 5805, 5807, and 5812 of, ~~and~~ to amend, renumber, and add Section 5811.1 of, *and to amend, repeal, and add Sections 4119.01, 4119.11, 4128.2, 4161, 4202.5, 4210, and 4400 of,* the Business and Professions Code, relating to professions and ~~vocations.~~ *vocations, and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

SB 816, as amended, Roth. Professions and vocations.

(1) Existing law, the Vocational Nursing Practice Act, establishes in the Department of Consumer Affairs a Board of Vocational Nursing and Psychiatric Technicians of the State of California, which is charged with various licensing, regulatory, and disciplinary functions related to vocational nursing. Existing law, effective until January 1, 2025, sets forth an approval process for a vocational nursing school or program and authorizes the board to reduce the continuing approval fees, by no more than ½ of the established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity.

Existing law, the Psychiatric Technicians Law, also grants the board authority to license and regulate psychiatric technicians. That law, effective until January 1, 2025, similarly establishes an approval process for a school or program for psychiatric technicians and authorizes the board to reduce the continuing approval fees, by no more than ½ of the

established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity.

This bill would instead authorize the board to reduce the continuing approval fees in the above-described circumstances for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding. The bill would revise related provisions to require the board to require a program to provide documentation for purposes of issuing the fee reduction.

(2) Existing law, the Psychology Licensing Law, imposes various fees on applicants for licensure and on licensees, including an application fee for registration as a psychologist of $50, a biennial renewal fee for registration as a psychologist of $400, an initial psychologist licensing fee in an amount not to exceed the renewal fee, an application fee for registration as a psychological associate of $75, an annual renewal fee for registration of a psychological associate of no more than $75, and a delinquency fee for each license type not to exceed $150. Existing law requires a licensed psychologist who holds an inactive license to pay a biennial renewal fee of no more than $40.

This bill would increase various fees imposed under the Psychology Licensing Law. In this regard, the bill would increase the application fee for registration as a psychologist to $236, the biennial renewal fee for registration as a psychologist to $795, the initial psychologist licensing fee to $231, the application fee for registration as a psychological associate to $424, and the annual renewal fee for registration of a psychological associate to $224. The bill would increase the maximum delinquency fee for each of these license types to $397.50. The bill would also establish an application fee in the amount of $127 for the California Psychology Law and Ethics Examination and a fee in the amount of $184 for Fingerprint Hard Card Processing for Out of State Applicants. The bill would increase the biennial renewal fee that a licensed psychologist with an inactive license must pay to $221.

~~(2)~~

(3) Existing law, until January 1, 2027, provides a comprehensive scheme for the certification and regulation of interior designers. Under existing law, a Certified Interior Designer may obtain a stamp from an interior design organization that includes a number that identifies and bears the name of the designer, and that stamp certifies that the Certified Interior Designer has provided the interior design organization with

evidence of passage of an interior design examination and completion of certain interior design education or experience requirements.

This bill would, instead, establish the California Council for Interior Design Certification to carry out duties and responsibilities governing the stamp certification and regulation of interior designers. The bill would authorize the council to issue certifications pursuant to these provisions to applicants who provide satisfactory evidence of compliance with specified education, experience, and examination requirements. The bill would identify the individual as either a "Certified Interior Designer" or "Certified Commercial Interior Designer" if the designer has completed certain additional interior design courses and examination requirements for the commercial designation, as determined by the council.

This bill would authorize the council to adopt bylaws, rules, and procedures and establish reasonable application fees, renewal fees, and other fees related to the regulatory cost of providing services and carrying out the council's duties. The bill would make other related and conforming changes to these provisions.

(4) Existing law, the Pharmacy Law, establishes the licensure and regulation of the practice of pharmacy, including, among others, pharmacies, wholesalers or third-party logistics providers, nonresident wholesalers or third-party logistic providers, centralized hospital packing pharmacies, sterile compounding pharmacies, and paramedics. Existing law specifies the fees for issuance or renewal of licenses issued pursuant to the Pharmacy Law, including, among others, pharmacy licenses, outsourcing facility licenses, and centralized hospital packaging licenses.

This bill would reorganize and revise the fee schedule for specified licenses issued pursuant to the Pharmacy Law to both increase and decrease the amounts charged for the original issuance and renewal of those licenses, as well as for temporary licenses. The bill would also establish the fee schedule for the application and licensing fees of remote dispensing site pharmacies. The bill would make these provisions operative on January 1, 2025.

~~(3)~~

(5) Existing law, the Veterinary Medicine Practice Act, provides for the regulation of the practice of veterinary medicine by the Veterinary Medical Board in the Department of Consumer Affairs. Existing law requires the board to adopt regulations establishing animal health care tasks that may be performed by licensed veterinarians, registered

veterinary technicians, or veterinary assistants. Existing law establishes a process by which a veterinary assistant may apply for a controlled substance permit. Existing law prohibits the board from issuing a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction. Existing law makes it a misdemeanor for any person to violate or aid or abet in the violation of the act.

This bill would delete the prohibition on the board issuing a veterinary assistant controlled substance permit to an applicant with a conviction, as described above. By expanding the application of the act, the violation of which is a crime, the bill would impose a state-mandated local program.

(6) Existing law establishes the California Board of Accountancy, which is within the Department of Consumer Affairs, and requires the board to license and regulate accountants in this state. Existing law imposes various fees on applicants for licensure as a certified public accountant and on certified public accountant licensees, including an application fee for a certified public accountant certificate in an amount not to exceed $250 and a biennial renewal fee for each permit to engage in the practice of public accountancy in an amount not to exceed $280. Existing law imposes a fee in an amount not to exceed $250 to each applicant for registration as a partnership or professional corporation. Existing law credits all moneys received by the board to the Accountancy Fund and continuously appropriates all money in that fund derived from fees.

This bill would increase various fees, including the application fee for a certified public accountant certificate to $700. The bill would adjust and increase the biennial renewal fee for each permit to engage in the practice of public accountancy that expires after June 30, 2024, to $340 for a certified public accountant and $400 for a partnership or professional corporation. The bill would adjust and increase the biennial renewal fee for each permit to engage in the practice of public accountancy that expires after June 30, 2026, to $400 for a certified public accountant and $520 for a partnership or professional corporation. The bill would increase the fee imposed on an applicant for registration as a partnership or professional corporation to no less than $250, but no more than $2,000. By increasing the fees deposited in a continuously appropriated fund, this bill would make an appropriation.

(7) Existing law establishes the California Architects Board within the Department of Consumer Affairs, and sets forth its powers and duties relating to the licensing and regulation of landscape architects, including the authority to issue licenses for the practice of landscape architecture. Existing law imposes various fees on applicants for licensure as a landscape architect and on landscape architect licensees, including an application fee not to exceed $100, a fee for the examination for a license to practice landscape architecture in an amount not to exceed the actual cost to the board to administer each exam, a fee not to exceed $400 for an original license, a fee not to exceed $50 for a duplicate license, and a renewal fee not to exceed $400.

This bill would increase the above-described fees imposed on landscape architect applicants and licensees. In this regard, the bill would impose an application fee of $100 and a fee for the California Supplemental Examination of not less than $350. The bill would authorize the board to increase the examination fee by regulation up to $400. The bill would increase the fee for an original license to $700. The bill would authorize the board to increase the fee by regulation up to $800. The bill would increase the fee for a duplicate license to $300 and would increase the renewal fee to be not less than $700. The bill would authorize the board to increase the original license fee by regulation up to $800.

~~The~~

(8) 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~~ *yes*. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 2881.2 of the Business and Professions Code is amended to read:

2881.2. (a) The approval process for a school or program shall be consistent with the following timelines:

(1) (A) Upon receipt of a letter of intent to submit an application for approval as a school or program of licensed vocational nursing,

the board shall notify the proposed school or program of the steps in the approval process and provide an estimated wait time until active assignment to a nursing education consultant.

(B) Upon active assignment of a nursing education consultant, the school or program shall submit an initial application for approval within 60 days.

(2) (A) Within 30 days of the date the board receives an initial application for approval, the board shall notify the school or program whether the application is complete.

(B) A notice that an initial application is not complete shall specify what additional documents or payment of fees the school or program is required to submit to the board to make the application complete.

(3) Within 60 days from the date the board notifies the school or program that the initial application is not complete, the school or program shall provide the missing information. If a school or program fails to submit the required information, the board shall take the application out of consideration consistent with subdivision (c) of Section 2881.3. The board may provide a school or program with an additional 30 days to complete its application.

(4) Within six months of the date the board receives an initial application for approval as a school or program, the board shall approve the school or program, deny approval, or notify the school or program that corrective action is required.

(b) A school or program of vocational nursing seeking approval by the board shall remit to the board for deposit in the Vocational Nursing and Psychiatric Technicians Fund fees in accordance with the following schedule:

(1) The nonrefundable initial application fee shall be in an amount equal to the reasonable costs incurred by the board in reviewing and processing the application up to five thousand dollars ($5,000).

(2) (A) Except as provided in subparagraph (B), the final approval fee shall be in an amount equal to the reasonable costs incurred by the board in the application approval process up to fifteen thousand dollars ($15,000).

(B) The final approval fee for an applicant program that meets all of the following criteria shall be *in* an amount equal to the reasonable costs incurred by the board in the application approval process up to five thousand dollars ($5,000):

(i) The program is affiliated with an approved school or program that is in good standing.

(ii) The program utilizes the curriculum and policies approved by the board for the approved school or program.

(3) The continuing approval fee shall ~~in be~~ *be in* an amount equal to the reasonable costs incurred by the board in providing oversight and review of a school or program up to five thousand dollars ($5,000) once every four years.

(c) If the board makes an initial determination that the cost of providing oversight and review of a school or program under this section is less than the amount of any fees required to be paid by that school or program, the board shall decrease the fees applicable to that institution to an amount that is proportional to the board's reasonable costs associated with that school or program.

(d) The board may reduce the continuing approval fees, by no more than one-half of the established fee, for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding. The board shall require a program to provide documentation for the purposes of issuing the fee reduction.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the board shall, without taking any further regulatory action, implement, interpret, or make specific this section by means of provider bulletins or similar instructions until emergency regulations are adopted pursuant to paragraph (2). The board shall provide written notice 30 days prior to the adoption of any instruction under this paragraph and post the notice on its internet website. It is the intent of the Legislature that the board have temporary authority as necessary to implement program changes until completion of the regulatory process.

(2) The board shall adopt emergency regulations no later than June 30, 2022. The adoption of regulations shall be deemed an emergency and necessary to avoid serious harm to the public peace, health, safety, or general welfare within the meaning of Section 11342.545 of the Government Code, and the board need not make a written finding of emergency as required by Section 11346.1 of the Government Code. Notwithstanding subdivisions (e) and (h) of Section 11346.1 of the Government Code, the board may annually readopt any emergency regulation authorized by this

section that is the same as or substantially equivalent to an emergency regulation previously adopted pursuant to this section until January 1, 2024.

(3) The initial adoption of emergency regulations and the readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State. The emergency regulations shall remain in effect for no more than one year from the date any regulation became effective as an emergency regulation.

(f) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

SEC. 2. Section 2987 of the Business and Professions Code is amended to read:

2987. The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:

(a) The application fee for a psychologist shall ~~not be more than fifty dollars ($50).~~ *be two hundred thirty-six dollars ($236).*

(b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.

(c) The application fee for the California Psychology Law and Ethics Examination (CPLEE) shall be one hundred twenty-seven dollars ($127).

(d) The initial license fee for a psychologist shall be two hundred thirty-one dollars ($231).

~~(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued.~~

~~(d)~~

(e) The biennial renewal fee for a psychologist shall be ~~four hundred dollars ($400). The board may increase the renewal fee to an amount not to exceed five hundred dollars ($500).~~ *seven hundred ninety-five dollars ($795). The board may adopt regulations to set the fee at a higher amount, up to a maximum of one thousand one hundred dollars ($1,100).*

~~(e)~~

(f) The application fee for registration as a registered psychological associate under Section 2913 shall ~~not be more than~~

~~seventy-five dollars ($75).~~ *be four hundred twenty-four dollars ($424).*

~~(f)~~

(g) The annual renewal fee for registration of a psychological associate shall ~~not be more than seventy-five dollars ($75).~~ *be two hundred twenty-four dollars ($224). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars ($400).*

~~(g)~~

(h) The duplicate license or registration fee is five dollars ($5).

~~(h)~~

(i) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed ~~one hundred fifty dollars ($150).~~ *three hundred ninety-seven dollars and fifty cents ($397.50).*

~~(i)~~

(j) The endorsement fee is five dollars ($5).

~~(j)~~

(k) The file transfer fee is ten dollars ($10).

~~(k)~~

(l) The registration fee for a psychological testing technician shall be seventy-five dollars ($75).

~~(l)~~

(m) The annual renewal fee for a psychological testing technician is seventy-five dollars ($75).

~~(m) The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars ($25).~~

(n) The fee for Fingerprint Hard Card Processing for Out of State Applicants shall be one hundred eighty-four dollars ($184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation.

(o) The fee for a psychological associate to add or change their supervisor shall be two hundred ten dollars ($210). The fee shall be the actual cost to the board of processing the addition or change.

~~Notwithstanding~~

(p) Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.

SEC. 3. Section 2988 of the Business and Professions Code is amended to read:

2988. A licensed psychologist who for reasons, including, but not limited to, retirement, ill health, or absence from the state, is not engaged in the practice of psychology, may apply to the board to request that ~~his or her~~ *their* license be placed on an inactive status. A licensed psychologist who holds an inactive license shall pay a biennial renewal fee, fixed by the board, ~~of no more than forty dollars ($40).~~ *of two hundred twenty-one dollars ($221). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars ($400).* A psychologist holding an inactive license shall be exempt from continuing education requirements specified in Section 2915, but shall otherwise be subject to this chapter and shall not engage in the practice of psychology in this state. Licensees on inactive status who have not committed any acts or crimes constituting grounds for denial of licensure and have completed the continuing education requirements specified in Section 2915 may, upon their request have their license to practice psychology placed on active status.

SEC. 4. Section 4119.01 of the Business and Professions Code is amended to read:

4119.01. (a) Notwithstanding any other law, a pharmacy, or a licensed wholesaler that is also an emergency medical services provider agency, may restock dangerous drugs or dangerous devices into an emergency medical services automated drug delivery system (EMSADDS) that is licensed by the board under this section. Dangerous drugs and dangerous devices stored or maintained in an EMSADDS shall be used for the sole purpose of restocking a secured emergency pharmaceutical supplies container as authorized in subdivision (b) of Section 4119. The EMSADDS may be used only if all of the following conditions are met:

(1) The emergency medical services provider agency obtains a license from the board to operate the EMSADDS. As a requirement for licensure, the EMSADDS shall be located on the premises of a fire department headquarters, a fire station, or at an emergency medical services provider agency's location. A separate license shall be required for each location.

(A) As part of its license application, the emergency medical services provider agency shall provide: the address where the EMSADDS will be located; the name of the medical director

responsible for overseeing the emergency medical services provider agency; the name of any designated pharmacist or licensed designated paramedic who is responsible for performing the duties as required under this section; the policies and procedures detailing the provisions under which the EMSADDS will operate; and the name and license number of the pharmacy or emergency medical services provider agency wholesaler that will furnish the dangerous drugs and dangerous devices through the EMSADDS.

(B) The application and initial license fee to operate EMSADDS shall be one hundred dollars ($100) per machine. The license shall be renewed annually. The license fee may not be transferred to a different location if the EMSADDS is moved. The penalty fee for failure to renew an EMSADDS license shall be thirty-five dollars ($35).

(C) The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be seven hundred eighty dollars ($780).

(2) Each EMSADDS shall collect, control, and maintain all transaction information necessary to accurately track the movement of drugs into and out of the system for purposes of security, accuracy, and accountability.

(3) The medical director and designated pharmacist, or the medical director and the licensed designated paramedic, shall develop, adopt, and maintain policies and procedures detailing the provisions under which the EMSADDS will operate. At a minimum, the policies and procedures shall address (A) inventory controls, (B) training, (C) storage and security of the dangerous drugs and dangerous devices, and (D) safeguards to limit access to the EMSADDS to authorized staff only.

(4) The licensed EMSADDS operator shall limit access to the EMSADDS only to employees of the operator who are licensed by the state and as authorized in this section.

(A) An EMSADDS may only be restocked by the medical director, a pharmacist, or a licensed designated paramedic, each of whom may possess and transport dangerous drugs or dangerous devices for that purpose. The transport of dangerous drugs or dangerous devices for restocking into an EMSADDS shall be done in a secured manner to prevent theft or unauthorized access, and shall be done under conditions appropriate to meet storage and handling requirements of the dangerous drugs or dangerous

devices. While the dangerous drugs or dangerous devices may be transported, representatives shall not store a dangerous drug or dangerous device at an unlicensed location.

(B) Only a medical director, a pharmacist, or a paramedic may remove dangerous drugs or dangerous devices from an EMSADDS to fill a secured emergency pharmaceutical supplies container. This access shall be observed by a second person who is also a paramedic, a pharmacist, or a medical director. Both the individual who removes dangerous drugs or dangerous devices from the EMSADDS and the observer shall record their participation in the removal of the dangerous drugs or dangerous devices via their signatures or use of biometric identifiers. The restocking of the secured emergency pharmaceutical supplies container from the EMSADDS shall occur at the licensed location of the EMSADDS.

(C) A medical director, a pharmacist, or a licensed designated paramedic may remove outdated dangerous drugs or dangerous devices from an EMSADDS. Any outdated dangerous drugs or dangerous devices shall be provided to a licensed reverse distributor for destruction.

(5) Every EMSADDS operator shall perform monthly inventory and inventory reconciliation functions. The medical director, designated pharmacist, or licensed designated paramedic shall perform a reconciliation and prepare a written report based on written policies and procedures developed to maintain the security and quality of the dangerous drugs and dangerous devices. The written inventory reconciliation report shall include all of the following:

(A) A physical count of all quantities of dangerous drugs and dangerous devices stored in the EMSADDS.

(B) A review of all dangerous drugs and dangerous devices added into and removed from each EMSADDS since the last monthly inventory.

(C) A comparison of subparagraphs (A) and (B), and identification of any variances.

(D) A review of all individuals who accessed the EMSADDS since the last inventory and identification of unauthorized individuals accessing the EMSADDS or suspicious activity.

(E) Identification of possible causes of shortages and overages.

(6) The medical director and designated pharmacist, or medical director and licensed designated paramedic, shall be jointly

responsible for monthly review of the inventory reconciliation report, the training, storage, and security of dangerous drugs and dangerous devices, and the restocking of the EMSADDS. Any inventory losses from an EMSADDS shall be reported to the board within seven days from identification of the loss.

(7) In order for an individual to perform the functions of a licensed designated paramedic described in this section, that individual shall be licensed by the board pursuant to Section 4202.5. A paramedic who only restocks a secured emergency pharmaceutical supplies container from an EMSADDS need not be licensed with the board.

(8) A record of each access to the EMSADDS, as well as all records used to compile an inventory reconciliation report, shall be maintained at the operator's location for at least three years in a readily retrievable form. The records shall include the identity of every individual who accessed the system or witnessed such access; the date of each access; and the drug, dosage, form, strength, and quantity of dangerous drugs or dangerous devices added or removed.

(b) A violation of any of the provisions of this section shall constitute unprofessional conduct and provides the board the authority to take action against the EMSADDS operator's license.

(c) This section shall be repealed on January 1, 2025.

SEC. 5. Section 4119.01 is added to the Business and Professions Code, to read:

4119.01. (a) Notwithstanding any other law, a pharmacy, or a licensed wholesaler that is also an emergency medical services provider agency, may restock dangerous drugs or dangerous devices into an emergency medical services automated drug delivery system (EMSADDS) that is licensed by the board under this section. Dangerous drugs and dangerous devices stored or maintained in an EMSADDS shall be used for the sole purpose of restocking a secured emergency pharmaceutical supplies container as authorized in subdivision (b) of Section 4119. The EMSADDS may be used only if all of the following conditions are met:

(1) The emergency medical services provider agency obtains a license from the board to operate the EMSADDS. As a requirement for licensure, the EMSADDS shall be located on the premises of a fire department headquarters, a fire station, or at an emergency medical services provider agency's location. A separate license

shall be required for each location. As part of its license application, the emergency medical services provider agency shall provide: the address where the EMSADDS will be located; the name of the medical director responsible for overseeing the emergency medical services provider agency; the name of any designated pharmacist or licensed designated paramedic who is responsible for performing the duties as required under this section; the policies and procedures detailing the provisions under which the EMSADDS will operate; and the name and license number of the pharmacy or emergency medical services provider agency wholesaler that will furnish the dangerous drugs and dangerous devices through the EMSADDS.

(2) Each EMSADDS shall collect, control, and maintain all transaction information necessary to accurately track the movement of drugs into and out of the system for purposes of security, accuracy, and accountability.

(3) The medical director and designated pharmacist, or the medical director and the licensed designated paramedic, shall develop, adopt, and maintain policies and procedures detailing the provisions under which the EMSADDS will operate. At a minimum, the policies and procedures shall address (A) inventory controls, (B) training, (C) storage and security of the dangerous drugs and dangerous devices, and (D) safeguards to limit access to the EMSADDS to authorized staff only.

(4) The licensed EMSADDS operator shall limit access to the EMSADDS only to employees of the operator who are licensed by the state and as authorized in this section.

(A) An EMSADDS may only be restocked by the medical director, a pharmacist, or a licensed designated paramedic, each of whom may possess and transport dangerous drugs or dangerous devices for that purpose. The transport of dangerous drugs or dangerous devices for restocking into an EMSADDS shall be done in a secured manner to prevent theft or unauthorized access, and shall be done under conditions appropriate to meet storage and handling requirements of the dangerous drugs or dangerous devices. While the dangerous drugs or dangerous devices may be transported, representatives shall not store a dangerous drug or dangerous device at an unlicensed location.

(B) Only a medical director, a pharmacist, or a paramedic may remove dangerous drugs or dangerous devices from an EMSADDS

to fill a secured emergency pharmaceutical supplies container. This access shall be observed by a second person who is also a paramedic, a pharmacist, or a medical director. Both the individual who removes dangerous drugs or dangerous devices from the EMSADDS and the observer shall record their participation in the removal of the dangerous drugs or dangerous devices via their signatures or use of biometric identifiers. The restocking of the secured emergency pharmaceutical supplies container from the EMSADDS shall occur at the licensed location of the EMSADDS.

(C) A medical director, a pharmacist, or a licensed designated paramedic may remove outdated dangerous drugs or dangerous devices from an EMSADDS. Any outdated dangerous drugs or dangerous devices shall be provided to a licensed reverse distributor for destruction.

(5) Every EMSADDS operator shall perform monthly inventory and inventory reconciliation functions. The medical director, designated pharmacist, or licensed designated paramedic shall perform a reconciliation and prepare a written report based on written policies and procedures developed to maintain the security and quality of the dangerous drugs and dangerous devices. The written inventory reconciliation report shall include all of the following:

(A) A physical count of all quantities of dangerous drugs and dangerous devices stored in the EMSADDS.

(B) A review of all dangerous drugs and dangerous devices added into and removed from each EMSADDS since the last monthly inventory.

(C) A comparison of subparagraphs (A) and (B), and identification of any variances.

(D) A review of all individuals who accessed the EMSADDS since the last inventory and identification of unauthorized individuals accessing the EMSADDS or suspicious activity.

(E) Identification of possible causes of shortages and overages.

(6) The medical director and designated pharmacist, or medical director and licensed designated paramedic, shall be jointly responsible for monthly review of the inventory reconciliation report, the training, storage, and security of dangerous drugs and dangerous devices, and the restocking of the EMSADDS. Any inventory losses from an EMSADDS shall be reported to the board within seven days from identification of the loss.

(7) In order for an individual to perform the functions of a licensed designated paramedic described in this section, that individual shall be licensed by the board pursuant to Section 4202.5. A paramedic who only restocks a secured emergency pharmaceutical supplies container from an EMSADDS need not be licensed with the board.

(8) A record of each access to the EMSADDS, as well as all records used to compile an inventory reconciliation report, shall be maintained at the operator's location for at least three years in a readily retrievable form. The records shall include the identity of every individual who accessed the system or witnessed such access; the date of each access; and the drug, dosage, form, strength, and quantity of dangerous drugs or dangerous devices added or removed.

(b) A violation of any of the provisions of this section shall constitute unprofessional conduct and provides the board the authority to take action against the EMSADDS operator's license.

(c) This section shall become operative on January 1, 2025.

SEC. 6. Section 4119.11 of the Business and Professions Code is amended to read:

4119.11. (a) A pharmacy located in the state may provide pharmacy services to the patients of a "covered entity," as defined in Section 256b of Title 42 of the United States Code, through the use of an automated patient dispensing system located on the premises of the covered entity or on the premises of medical professional practices under contract to provide medical services to covered entity patients, which need not be the same location as the pharmacy, if all of the following conditions are met:

(1) The pharmacy obtains a license from the board to operate the automated patient dispensing system at the covered entity or affiliated site. As part of the application, the pharmacy shall provide the address at which the automated patient dispensing system shall be placed and identify the covered entity. A separate license shall be required for each location and shall be renewed annually concurrent with the pharmacy license. The application and renewal fee shall be three hundred dollars ($300) and may be increased to five hundred dollars ($500). The board is authorized to lower the renewal fee to not less than two hundred dollars ($200) if a lower fee level will provide sufficient resources to support the regulatory activities.

(2) The pharmacy providing the pharmacy services to the patients of the covered entity, including, unless otherwise prohibited by any other law, patients enrolled in the Medi-Cal program, shall be under contract with that covered entity as described in Section 4126 to provide those pharmacy services through the use of the automated patient dispensing system.

(3) Drugs stored in an automated patient dispensing system shall be part of the inventory of the pharmacy providing pharmacy services to the patients of the covered entity and drugs dispensed from the automated patient dispensing system shall be considered to have been dispensed by that pharmacy.

(4) The pharmacy shall maintain records of the acquisition and disposition of dangerous drugs stored in the automated patient dispensing system separate from other pharmacy records.

(5) The pharmacy shall be solely responsible for the security, operation, and maintenance of the automated patient dispensing system.

(6) The pharmacy shall provide training regarding the operation and use of the automated patient dispensing system to both pharmacy and covered entity personnel using the system.

(7) The operation of the automated patient dispensing system shall be under the supervision of a licensed pharmacist acting on behalf of the pharmacy providing services to the patients of the covered entity. The pharmacist need not be physically present at the site of the automated patient dispensing system and may supervise the system electronically.

(8) Notwithstanding Section 4107, the board may issue a license for the operation of an automated patient dispensing system at an address for which it has issued another site license.

(9) The board, within 30 days after receipt of an application for an automated patient dispensing system license, shall conduct a prelicensure inspection at the proposed location of the automated patient dispensing system. Relocation of the automated patient dispensing system shall require a new application for licensure. Replacement of an automated patient dispensing system shall require notice to the board within 30 days.

(10) The automated patient dispensing system license shall be canceled by operation of law if the underlying pharmacy license is not current, valid, and active. Upon reissuance or reinstatement of the underlying pharmacy license, a new application for an

automated patient dispensing system license may be submitted to the board.

(11) A pharmacy that holds an automated patient dispensing system license shall advise the board in writing within 30 days if use of the automated patient dispensing system is discontinued.

(b) For purposes of this section, the following definitions shall apply:

(1) An "automated drug delivery system" (ADDS) means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An ADDS shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.

(2) An "automated patient dispensing system" (APDS) is an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

(3) An "automated unit dose system" (AUDS) is an ADDS for storage and retrieval of unit doses of drugs for administration to patients by persons authorized to perform these functions.

(c) (1) An automated patient dispensing system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.

(2) Transaction information shall be made readily available in a downloadable format for review and inspection by individuals authorized by law. These records shall be maintained by the pharmacy for a minimum of three years.

(d) Drugs from the automated patient dispensing system may be dispensed directly to the patient, if all of the following requirements are met:

(1) The pharmacy shall develop, implement, and annually review written policies and procedures with respect to all of the following:

(A) Maintaining the security of the automated patient dispensing system and the dangerous drugs and devices within that automated patient dispensing system.

(B) Determining and applying inclusion criteria regarding which drugs and devices are appropriate for placement in the automated patient dispensing system and for which patients.

(C) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including those delivered via the automated patient dispensing system.

(D) Describing assignment of responsibilities to, and training of, pharmacy personnel, and other personnel using the automated patient dispensing system at the location where the automated patient dispensing system is placed, regarding maintenance and filing procedures for the automated patient dispensing system.

(E) Orienting participating patients on the use of the automated patient dispensing system, notifying patients when expected prescription medications are not available in the automated patient dispensing system, and ensuring that patient use of the automated patient dispensing system does not interfere with delivery of drugs and devices.

(F) Ensuring delivery of drugs and devices to patients expecting to receive them from the automated patient dispensing system if the automated patient dispensing system is disabled or malfunctions.

(2) The automated patient dispensing system shall only be used for patients who have signed a written consent demonstrating their informed consent to receive prescribed drugs and devices from an automated patient dispensing system and whose use of the automated patient dispensing system meet the criteria pursuant to paragraph (1).

(3) The automated patient dispensing system shall have a means to identify each patient and only release the identified patient's drugs and devices to the patient or the patient's agent.

(4) A pharmacist shall perform all clinical services conducted as part of the dispensing process, including, but not limited to, drug utilization review and consultation.

(5) Drugs shall be dispensed from the automated patient dispensing system only upon authorization from a pharmacist after the pharmacist has reviewed the prescription and the patient's profile for potential contraindications and adverse drug reactions.

(6) All prescribed drugs and devices dispensed from the automated patient dispensing system for the first time shall be accompanied by a consultation conducted by a pharmacist licensed by the board via a telecommunications link that has two-way audio and video.

(7) The automated patient dispensing system shall include a notice, prominently posted on the automated patient dispensing system, that provides the name, address, and telephone number of the pharmacy that holds the automated patient dispensing system license for that automated patient dispensing system.

(8) The labels on all drugs dispensed by the automated patient dispensing system shall comply with Section 4076 of this code and with Section 1707.5 of Title 16 of the California Code of Regulations.

(9) Any complaint, error, or omission involving the automated patient dispensing system shall be reviewed as part of the pharmacy's quality assurance program pursuant to Section 4125.

(10) The board shall not issue a pharmacy more than 15 licenses for automated patient dispensing system units under this section. Consistent with Section 4001.1, the board may adopt regulations to reduce the number of automated patient dispensing system licenses that may be issued to a pharmacy.

(11) The pharmacy holding the license for the automated patient dispensing system shall maintain the policies and procedures developed pursuant to paragraph (1) for three years after the last date of use of that automated patient dispensing system.

(e) Access to the automated patient dispensing system shall be controlled and tracked using an identification or password system or biosensor. A system that is accessed via a password system shall include a camera that records a picture of the individual accessing the machine. Picture records shall be maintained for a minimum of 180 days.

(f) The automated patient dispensing system shall make a complete and accurate record of all transactions that will include all users accessing the system and all drugs added to, or removed from, the system.

(g) The stocking of an automated patient dispensing system shall be performed by a pharmacist. If the automated patient dispensing system utilizes removable pockets, cards, drawers, similar technology, or unit of use or single dose containers as defined by the United States Pharmacopeia, the stocking system may be done outside of the facility and be delivered to the facility, if all of the following conditions are met:

(1) The task of placing drugs into the removable pockets, cards, drawers, similar technology, or unit of use or single dose containers

is performed by a pharmacist, or by an intern pharmacist or a pharmacy technician working under the direct supervision of a pharmacist.

(2) The removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are transported between the pharmacy and the facility in a secure tamper-evident container.

(3) The pharmacy, in conjunction with the covered entity, has developed policies and procedures to ensure that the removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are properly placed into the automated patient dispensing system.

(h) Review of the drugs contained within, and the operation and maintenance of, the automated patient dispensing system shall be done in accordance with law and shall be the responsibility of the pharmacy. A pharmacist shall conduct the review on a monthly basis, which shall include a physical inspection of the drugs in the automated patient dispensing system, an inspection of the automated patient dispensing system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system.

(i) A pharmacy holding an automated patient dispensing system license shall complete a self-assessment, performed pursuant to Section 1715 of Title 16 of the California Code of Regulations, evaluating the pharmacy's compliance with pharmacy law relating to the use of the automated patient dispensing system. All information regarding operation, maintenance, compliance, error, omissions, or complaints pertaining to the automated patient dispensing system shall be included in the self-assessment.

(j) The pharmacy shall comply with all recordkeeping and quality assurance requirements pursuant to this chapter, and shall maintain those records within the pharmacy holding the automated patient dispensing system license and separately from other pharmacy records.

(k) This section shall be repealed on January 1, 2025.

SEC. 7. Section 4119.11 is added to the Business and Professions Code, to read:

4119.11. (a) A pharmacy located in the state may provide pharmacy services to the patients of a "covered entity," as defined in Section 256b of Title 42 of the United States Code, through the use of an automated patient dispensing system located on the

premises of the covered entity or on the premises of medical professional practices under contract to provide medical services to covered entity patients, which need not be the same location as the pharmacy, if all of the following conditions are met:

(1) The pharmacy obtains a license from the board to operate the automated patient dispensing system at the covered entity or affiliated site. As part of the application, the pharmacy shall provide the address at which the automated patient dispensing system shall be placed and identify the covered entity. A separate license shall be required for each location and shall be renewed annually concurrent with the pharmacy license.

(2) The pharmacy providing the pharmacy services to the patients of the covered entity, including, unless otherwise prohibited by any other law, patients enrolled in the Medi-Cal program, shall be under contract with that covered entity as described in Section 4126 to provide those pharmacy services through the use of the automated patient dispensing system.

(3) Drugs stored in an automated patient dispensing system shall be part of the inventory of the pharmacy providing pharmacy services to the patients of the covered entity and drugs dispensed from the automated patient dispensing system shall be considered to have been dispensed by that pharmacy.

(4) The pharmacy shall maintain records of the acquisition and disposition of dangerous drugs stored in the automated patient dispensing system separate from other pharmacy records.

(5) The pharmacy shall be solely responsible for the security, operation, and maintenance of the automated patient dispensing system.

(6) The pharmacy shall provide training regarding the operation and use of the automated patient dispensing system to both pharmacy and covered entity personnel using the system.

(7) The operation of the automated patient dispensing system shall be under the supervision of a licensed pharmacist acting on behalf of the pharmacy providing services to the patients of the covered entity. The pharmacist need not be physically present at the site of the automated patient dispensing system and may supervise the system electronically.

(8) Notwithstanding Section 4107, the board may issue a license for the operation of an automated patient dispensing system at an address for which it has issued another site license.

(9) The board, within 30 days after receipt of an application for an automated patient dispensing system license, shall conduct a prelicensure inspection at the proposed location of the automated patient dispensing system. Relocation of the automated patient dispensing system shall require a new application for licensure. Replacement of an automated patient dispensing system shall require notice to the board within 30 days.

(10) The automated patient dispensing system license shall be canceled by operation of law if the underlying pharmacy license is not current, valid, and active. Upon reissuance or reinstatement of the underlying pharmacy license, a new application for an automated patient dispensing system license may be submitted to the board.

(11) A pharmacy that holds an automated patient dispensing system license shall advise the board in writing within 30 days if use of the automated patient dispensing system is discontinued.

(b) For purposes of this section, the following definitions shall apply:

(1) An "automated drug delivery system" (ADDS) means a mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, dispensing, or distribution of drugs. An ADDS shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.

(2) An "automated patient dispensing system" (APDS) is an ADDS for storage and dispensing of prescribed drugs directly to patients pursuant to prior authorization by a pharmacist.

(3) An "automated unit dose system" (AUDS) is an ADDS for storage and retrieval of unit doses of drugs for administration to patients by persons authorized to perform these functions.

(c) (1) An automated patient dispensing system shall collect, control, and maintain all transaction information to accurately track the movement of drugs into and out of the system for security, accuracy, and accountability.

(2) Transaction information shall be made readily available in a downloadable format for review and inspection by individuals authorized by law. These records shall be maintained by the pharmacy for a minimum of three years.

(d) Drugs from the automated patient dispensing system may be dispensed directly to the patient, if all of the following requirements are met:

(1) The pharmacy shall develop, implement, and annually review written policies and procedures with respect to all of the following:

(A) Maintaining the security of the automated patient dispensing system and the dangerous drugs and devices within that automated patient dispensing system.

(B) Determining and applying inclusion criteria regarding which drugs and devices are appropriate for placement in the automated patient dispensing system and for which patients.

(C) Ensuring that patients are aware that consultation with a pharmacist is available for any prescription medication, including those delivered via the automated patient dispensing system.

(D) Describing assignment of responsibilities to, and training of, pharmacy personnel, and other personnel using the automated patient dispensing system at the location where the automated patient dispensing system is placed, regarding maintenance and filing procedures for the automated patient dispensing system.

(E) Orienting participating patients on the use of the automated patient dispensing system, notifying patients when expected prescription medications are not available in the automated patient dispensing system, and ensuring that patient use of the automated patient dispensing system does not interfere with delivery of drugs and devices.

(F) Ensuring delivery of drugs and devices to patients expecting to receive them from the automated patient dispensing system if the automated patient dispensing system is disabled or malfunctions.

(2) The automated patient dispensing system shall only be used for patients who have signed a written consent demonstrating their informed consent to receive prescribed drugs and devices from an automated patient dispensing system and whose use of the automated patient dispensing system meet the criteria pursuant to paragraph (1).

(3) The automated patient dispensing system shall have a means to identify each patient and only release the identified patient's drugs and devices to the patient or the patient's agent.

(4) A pharmacist shall perform all clinical services conducted as part of the dispensing process, including, but not limited to, drug utilization review and consultation.

(5) Drugs shall be dispensed from the automated patient dispensing system only upon authorization from a pharmacist after the pharmacist has reviewed the prescription and the patient's profile for potential contraindications and adverse drug reactions.

(6) All prescribed drugs and devices dispensed from the automated patient dispensing system for the first time shall be accompanied by a consultation conducted by a pharmacist licensed by the board via a telecommunications link that has two-way audio and video.

(7) The automated patient dispensing system shall include a notice, prominently posted on the automated patient dispensing system, that provides the name, address, and telephone number of the pharmacy that holds the automated patient dispensing system license for that automated patient dispensing system.

(8) The labels on all drugs dispensed by the automated patient dispensing system shall comply with Section 4076 of this code and with Section 1707.5 of Title 16 of the California Code of Regulations.

(9) Any complaint, error, or omission involving the automated patient dispensing system shall be reviewed as part of the pharmacy's quality assurance program pursuant to Section 4125.

(10) The board shall not issue a pharmacy more than 15 licenses for automated patient dispensing system units under this section. Consistent with Section 4001.1, the board may adopt regulations to reduce the number of automated patient dispensing system licenses that may be issued to a pharmacy.

(11) The pharmacy holding the license for the automated patient dispensing system shall maintain the policies and procedures developed pursuant to paragraph (1) for three years after the last date of use of that automated patient dispensing system.

(e) Access to the automated patient dispensing system shall be controlled and tracked using an identification or password system or biosensor. A system that is accessed via a password system shall include a camera that records a picture of the individual accessing the machine. Picture records shall be maintained for a minimum of 180 days.

(f) The automated patient dispensing system shall make a complete and accurate record of all transactions that will include all users accessing the system and all drugs added to, or removed from, the system.

(g) The stocking of an automated patient dispensing system shall be performed by a pharmacist. If the automated patient dispensing system utilizes removable pockets, cards, drawers, similar technology, or unit of use or single dose containers as defined by the United States Pharmacopeia, the stocking system may be done outside of the facility and be delivered to the facility, if all of the following conditions are met:

(1) The task of placing drugs into the removable pockets, cards, drawers, similar technology, or unit of use or single dose containers is performed by a pharmacist, or by an intern pharmacist or a pharmacy technician working under the direct supervision of a pharmacist.

(2) The removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are transported between the pharmacy and the facility in a secure tamper-evident container.

(3) The pharmacy, in conjunction with the covered entity, has developed policies and procedures to ensure that the removable pockets, cards, drawers, similar technology, or unit of use or single dose containers are properly placed into the automated patient dispensing system.

(h) Review of the drugs contained within, and the operation and maintenance of, the automated patient dispensing system shall be done in accordance with law and shall be the responsibility of the pharmacy. A pharmacist shall conduct the review on a monthly basis, which shall include a physical inspection of the drugs in the automated patient dispensing system, an inspection of the automated patient dispensing system machine for cleanliness, and a review of all transaction records in order to verify the security and accountability of the system.

(i) A pharmacy holding an automated patient dispensing system license shall complete a self-assessment, performed pursuant to Section 1715 of Title 16 of the California Code of Regulations, evaluating the pharmacy's compliance with pharmacy law relating to the use of the automated patient dispensing system. All information regarding operation, maintenance, compliance, error,

omissions, or complaints pertaining to the automated patient dispensing system shall be included in the self-assessment.

(j) The pharmacy shall comply with all recordkeeping and quality assurance requirements pursuant to this chapter, and shall maintain those records within the pharmacy holding the automated patient dispensing system license and separately from other pharmacy records.

(k) This section shall become operative on January 1, 2025.

SEC. 8. Section 4128.2 of the Business and Professions Code is amended to read:

4128.2. (a) In addition to the pharmacy license requirement described in Section 4110, a centralized hospital packaging pharmacy shall obtain a specialty license from the board prior to engaging in the functions described in Section 4128.

(b) An applicant seeking a specialty license pursuant to this article shall apply to the board on forms established by the board.

(c) Before issuing the specialty license, the board shall inspect the pharmacy and ensure that the pharmacy is in compliance with this article and regulations established by the board.

(d) A license to perform the functions described in Section 4128 may only be issued to a pharmacy that is licensed by the board as a hospital pharmacy.

(e) A license issued pursuant to this article shall be renewed annually and is not transferrable.

(f) An applicant seeking renewal of a specialty license shall apply to the board on forms established by the board.

(g) A license to perform the functions described in Section 4128 shall not be renewed until the pharmacy has been inspected by the board and found to be in compliance with this article and regulations established by the board.

(h) Until July 1, 2017, the fee for issuance or annual renewal of a centralized hospital packaging pharmacy license shall be six hundred dollars ($600) and may be increased by the board to eight hundred dollars ($800).

(i) This section shall be repealed on January 1, 2025.

SEC. 9. Section 4128.2 is added to the Business and Professions Code, to read:

4128.2. (a) In addition to the pharmacy license requirement described in Section 4110, a centralized hospital packaging

pharmacy shall obtain a specialty license from the board prior to engaging in the functions described in Section 4128.

(b) An applicant seeking a specialty license pursuant to this article shall apply to the board on forms established by the board.

(c) Before issuing the specialty license, the board shall inspect the pharmacy and ensure that the pharmacy is in compliance with this article and regulations established by the board.

(d) A license to perform the functions described in Section 4128 may only be issued to a pharmacy that is licensed by the board as a hospital pharmacy.

(e) A license issued pursuant to this article shall be renewed annually and is not transferrable.

(f) An applicant seeking renewal of a specialty license shall apply to the board on forms established by the board.

(g) A license to perform the functions described in Section 4128 shall not be renewed until the pharmacy has been inspected by the board and found to be in compliance with this article and regulations established by the board.

(h) This section shall become operative on January 1, 2025.

SEC. 10. Section 4161 of the Business and Professions Code is amended to read:

4161. (a) A person located outside this state that (1) ships, sells, mails, warehouses, distributes, or delivers dangerous drugs or dangerous devices into this state or (2) sells, brokers, warehouses, or distributes dangerous drugs or devices within this state shall be considered a nonresident wholesaler or a nonresident third-party logistics provider.

(b) A nonresident wholesaler or nonresident third-party logistics provider shall be licensed by the board prior to shipping, selling, mailing, warehousing, distributing, or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, warehousing, or distributing dangerous drugs or devices within this state.

(c) (1) A separate license shall be required for each place of business owned or operated by a nonresident wholesaler or nonresident third-party logistics provider from or through which dangerous drugs or dangerous devices are shipped, sold, mailed, warehoused, distributed, or delivered to a site located in this state or sold, brokered, warehoused, or distributed within this state. Each place of business may only be issued a single license by the

board, except as provided in paragraph (2). A license shall be renewed annually and shall not be transferable.

(2) A nonresident wholesaler and a nonresident third-party logistics provider under common ownership may be licensed at the same place of business provided that all of the following requirements are satisfied:

(A) The wholesaler and the third-party logistics provider each separately maintain the records required under Section 4081.

(B) Dangerous drugs and dangerous devices owned by the wholesaler are not commingled with the dangerous drugs and dangerous devices handled by the third-party logistics provider.

(C) Any individual acting as a designated representative for the wholesaler is not concurrently acting as a designated representative-3PL on behalf of the third-party logistics provider. Nothing in this subparagraph shall be construed to prohibit an individual from concurrently holding a license to act as a designated representative and to act as a designated representative-3PL.

(D) The wholesaler has its own designated representative-in-charge responsible for the operations of the wholesaler and the third-party logistics provider has its own responsible manager responsible for the operations of the third-party logistics provider. The same individual shall not concurrently serve as the responsible manager and the designated representative-in-charge for a wholesaler and a third-party logistics provider licensed at the same place of business.

(E) The third-party logistics provider does not handle the prescription drugs or prescription devices owned by a prescriber.

(F) The third-party logistics provider is not a reverse third-party logistics provider.

(G) The wholesaler is not acting as a reverse distributor.

(d) The following information shall be reported, in writing, to the board at the time of initial application for licensure by a nonresident wholesaler or a nonresident third-party logistics provider, on renewal of a nonresident wholesaler or nonresident third-party logistics provider license, or within 30 days of a change in that information:

(1) Its agent for service of process in this state.

(2) Its principal corporate officers, as specified by the board, if any.

(3) Its general partners, as specified by the board, if any.

(4) Its owners if the applicant is not a corporation or partnership.

(e) A report containing the information in subdivision (d) shall be made within 30 days of any change of ownership, office, corporate officer, or partner.

(f) A nonresident wholesaler or nonresident third-party logistics provider shall comply with all directions and requests for information from the regulatory or licensing agency of the state in which it is licensed, as well as with all requests for information made by the board.

(g) A nonresident wholesaler or nonresident third-party logistics provider shall maintain records of dangerous drugs and dangerous devices sold, traded, transferred, warehoused, or distributed to persons in this state or within this state, so that the records are in a readily retrievable form.

(h) A nonresident wholesaler or nonresident third-party logistics provider shall at all times maintain a valid, unexpired license, permit, or registration to conduct the business of the wholesaler or nonresident third-party logistics provider in compliance with the laws of the state in which it is a resident. An application for a nonresident wholesaler or nonresident third-party logistics provider license in this state shall include a license verification from the licensing authority in the applicant's state of residence. The board may waive the home state licensure requirement for a nonresident third-party logistics provider if the board inspects the location and finds it to be in compliance with this article and any regulations adopted by the board or the applicant provides evidence of its accreditation by the Drug Distributor Accreditation program of the National Association of Boards of Pharmacy. The nonresident third-party logistics provider shall reimburse the board for all actual and necessary costs incurred by the board in conducting an inspection of the location, pursuant to subdivision (v) of Section 4400.

(i) (1) The board shall not issue or renew a nonresident wholesaler license until the nonresident wholesaler identifies a designated representative-in-charge and notifies the board in writing of the identity and license number of the designated representative-in-charge.

(2) The board shall not issue or renew a nonresident third-party logistics provider license until the nonresident third-party logistics

provider identifies a responsible manager and notifies the board in writing of the identity and license number of the designated representative-3PL who will be the responsible manager.

(j) The designated representative-in-charge shall be responsible for the compliance of the nonresident wholesaler with state and federal laws governing wholesalers. The responsible manager shall be responsible for the compliance of the nonresident third-party logistics provider's place of business with state and federal laws governing third-party logistics providers. A nonresident wholesaler or nonresident third-party logistics provider shall identify and notify the board of a new designated representative-in-charge or responsible manager within 30 days of the date that the prior designated representative-in-charge or responsible manager ceases to be the designated representative-in-charge or responsible manager.

(k) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. A temporary license fee shall be five hundred fifty dollars ($550) or another amount established by the board not to exceed the annual fee for renewal of a license to compound sterile drug products. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

(*l*) The registration fee shall be the fee specified in subdivision (f) of Section 4400.

(m) This section shall be repealed on January 1, 2025.

SEC. 11. Section 4161 is added to the Business and Professions Code, to read:

4161. (a) A person located outside this state that (1) ships, sells, mails, warehouses, distributes, or delivers dangerous drugs

or dangerous devices into this state or (2) sells, brokers, warehouses, or distributes dangerous drugs or devices within this state shall be considered a nonresident wholesaler or a nonresident third-party logistics provider.

(b) A nonresident wholesaler or nonresident third-party logistics provider shall be licensed by the board prior to shipping, selling, mailing, warehousing, distributing, or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, warehousing, or distributing dangerous drugs or devices within this state.

(c) (1) A separate license shall be required for each place of business owned or operated by a nonresident wholesaler or nonresident third-party logistics provider from or through which dangerous drugs or dangerous devices are shipped, sold, mailed, warehoused, distributed, or delivered to a site located in this state or sold, brokered, warehoused, or distributed within this state. Each place of business may only be issued a single license by the board, except as provided in paragraph (2). A license shall be renewed annually and shall not be transferable.

(2) A nonresident wholesaler and a nonresident third-party logistics provider under common ownership may be licensed at the same place of business provided that all of the following requirements are satisfied:

(A) The wholesaler and the third-party logistics provider each separately maintain the records required under Section 4081.

(B) Dangerous drugs and dangerous devices owned by the wholesaler are not commingled with the dangerous drugs and dangerous devices handled by the third-party logistics provider.

(C) Any individual acting as a designated representative for the wholesaler is not concurrently acting as a designated representative-3PL on behalf of the third-party logistics provider. Nothing in this subparagraph shall be construed to prohibit an individual from concurrently holding a license to act as a designated representative and to act as a designated representative-3PL.

(D) The wholesaler has its own designated representative-in-charge responsible for the operations of the wholesaler and the third-party logistics provider has its own responsible manager responsible for the operations of the third-party logistics provider. The same individual shall not

concurrently serve as the responsible manager and the designated representative-in-charge for a wholesaler and a third-party logistics provider licensed at the same place of business.

(E) The third-party logistics provider does not handle the prescription drugs or prescription devices owned by a prescriber.

(F) The third-party logistics provider is not a reverse third-party logistics provider.

(G) The wholesaler is not acting as a reverse distributor.

(d) The following information shall be reported, in writing, to the board at the time of initial application for licensure by a nonresident wholesaler or a nonresident third-party logistics provider, on renewal of a nonresident wholesaler or nonresident third-party logistics provider license, or within 30 days of a change in that information:

(1) Its agent for service of process in this state.

(2) Its principal corporate officers, as specified by the board, if any.

(3) Its general partners, as specified by the board, if any.

(4) Its owners if the applicant is not a corporation or partnership.

(e) A report containing the information in subdivision (d) shall be made within 30 days of any change of ownership, office, corporate officer, or partner.

(f) A nonresident wholesaler or nonresident third-party logistics provider shall comply with all directions and requests for information from the regulatory or licensing agency of the state in which it is licensed, as well as with all requests for information made by the board.

(g) A nonresident wholesaler or nonresident third-party logistics provider shall maintain records of dangerous drugs and dangerous devices sold, traded, transferred, warehoused, or distributed to persons in this state or within this state, so that the records are in a readily retrievable form.

(h) A nonresident wholesaler or nonresident third-party logistics provider shall at all times maintain a valid, unexpired license, permit, or registration to conduct the business of the wholesaler or nonresident third-party logistics provider in compliance with the laws of the state in which it is a resident. An application for a nonresident wholesaler or nonresident third-party logistics provider license in this state shall include a license verification

from the licensing authority in the applicant's state of residence. The board may waive the home state licensure requirement for a nonresident third-party logistics provider if the board inspects the location and finds it to be in compliance with this article and any regulations adopted by the board or the applicant provides evidence of its accreditation by the Drug Distributor Accreditation program of the National Association of Boards of Pharmacy. The nonresident third-party logistics provider shall reimburse the board for all actual and necessary costs incurred by the board in conducting an inspection of the location, pursuant to subdivision (v) of Section 4400.

(i) (1) The board shall not issue or renew a nonresident wholesaler license until the nonresident wholesaler identifies a designated representative-in-charge and notifies the board in writing of the identity and license number of the designated representative-in-charge.

(2) The board shall not issue or renew a nonresident third-party logistics provider license until the nonresident third-party logistics provider identifies a responsible manager and notifies the board in writing of the identity and license number of the designated representative-3PL who will be the responsible manager.

(j) The designated representative-in-charge shall be responsible for the compliance of the nonresident wholesaler with state and federal laws governing wholesalers. The responsible manager shall be responsible for the compliance of the nonresident third-party logistics provider's place of business with state and federal laws governing third-party logistics providers. A nonresident wholesaler or nonresident third-party logistics provider shall identify and notify the board of a new designated representative-in-charge or responsible manager within 30 days of the date that the prior designated representative-in-charge or responsible manager ceases to be the designated representative-in-charge or responsible manager.

(k) The board may issue a temporary license, upon conditions and for periods of time as the board determines to be in the public interest. When needed to protect public safety, a temporary license may be issued for a period not to exceed 180 days, subject to terms and conditions that the board deems necessary. If the board determines that a temporary license was issued by mistake or denies the application for a permanent license, the temporary

license shall terminate upon either personal service of the notice of termination upon the licenseholder or service by certified mail, return receipt requested, at the licenseholder's address of record with the board, whichever occurs first. Neither for purposes of retaining a temporary license, nor for purposes of any disciplinary or license denial proceeding before the board, shall the temporary licenseholder be deemed to have a vested property right or interest in the license.

(l) The registration fee shall be the fee specified in subdivision (f) of Section 4400.

(m) This section shall become operative on January 1, 2025.

SEC. 12. Section 4202.5 of the Business and Professions Code is amended to read:

4202.5. (a) The board may issue a designated paramedic license to an individual if ~~he or she holds~~ *they hold* a license as a paramedic in this state and meets the criteria of this section.

(b) The board shall conduct a criminal background check of the applicant to determine if the applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(c) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(d) A license issued under this section is dependent on the validity of the holder's paramedic license and shall be automatically suspended if the individual's paramedic license is expired, revoked, or otherwise invalidated by the issuing authority.

(e) The fee for application and issuance of an initial license as a designated paramedic shall be one hundred forty dollars ($140) for a two-year license. The biennial renewal shall be one hundred forty dollars ($140). The penalty fee for failure to renew an authorized paramedic license shall be sixty-five dollars ($65).

(f) This section shall be repealed on January 1, 2025.

SEC. 13. Section 4202.5 is added to the Business and Professions Code, to read:

4202.5. (a) The board may issue a designated paramedic license to an individual if they hold a license as a paramedic in this state and meets the criteria of this section.

(b) The board shall conduct a criminal background check of the applicant to determine if the applicant has committed acts that

would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(c) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(d) A license issued under this section is dependent on the validity of the holder's paramedic license and shall be automatically suspended if the individual's paramedic license is expired, revoked, or otherwise invalidated by the issuing authority.

(e) This section shall become operative on January 1, 2025.

SEC. 14. Section 4210 of the Business and Professions Code is amended to read:

4210. (a) A person who seeks recognition as an advanced practice pharmacist shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) (A) Satisfy any two of the following criteria:

(i) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(ii) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(iii) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

(B) For purposes of this paragraph, if, as a condition of completion of one of the required criteria fulfillment of a second criterion is also required, that completion shall be deemed to satisfy this paragraph.

(3) File an application with the board for recognition as an advanced practice pharmacist.

(4) Pay the applicable fee to the board.

(b) An advanced practice pharmacist recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) The board shall, by regulation, set the fee for the issuance and renewal of advanced practice pharmacist recognition at the reasonable cost of regulating advanced practice pharmacists pursuant to this chapter. The fee shall not exceed three hundred dollars ($300).

(e) This section shall be repealed on January 1, 2025.

SEC. 15. Section 4210 is added to the Business and Professions Code, to read:

4210. (a) A person who seeks recognition as an advanced practice pharmacist shall meet all of the following requirements:

(1) Hold an active license to practice pharmacy issued pursuant to this chapter that is in good standing.

(2) (A) Satisfy any two of the following criteria:

(i) Earn certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the board.

(ii) Complete a postgraduate residency through an accredited postgraduate institution where at least 50 percent of the experience includes the provision of direct patient care services with interdisciplinary teams.

(iii) Have provided clinical services to patients for at least one year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, or health system.

(B) For purposes of this paragraph, if, as a condition of completion of one of the required criteria fulfillment of a second criterion is also required, that completion shall be deemed to satisfy this paragraph.

(3) File an application with the board for recognition as an advanced practice pharmacist.

(4) Pay the applicable fee to the board.

(b) An advanced practice pharmacist recognition issued pursuant to this section shall be valid for two years, coterminous with the certificate holder's license to practice pharmacy.

(c) The board shall adopt regulations establishing the means of documenting completion of the requirements in this section.

(d) This section shall become operative on January 1, 2025.

SEC. 16. Section 4400 of the Business and Professions Code is amended to read:

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) The fee for a pharmacy license shall be five hundred twenty dollars ($520) and may be increased to five hundred seventy dollars ($570). The fee for the issuance of a temporary pharmacy permit shall be two hundred fifty dollars ($250) and may be increased to three hundred twenty-five dollars ($325).

(b) The fee for a pharmacy license annual renewal shall be six hundred sixty-five dollars ($665) and may be increased to nine hundred thirty dollars ($930).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be ninety dollars ($90) and may be increased to one hundred fifteen dollars ($115). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be three hundred sixty dollars ($360) and may be increased to five hundred five dollars ($505).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(g) The fee for a hypodermic license shall be one hundred seventy dollars ($170) and may be increased to two hundred forty dollars ($240). The fee for a hypodermic license renewal shall be two hundred dollars ($200) and may be increased to two hundred eighty dollars ($280).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be one hundred fifty dollars ($150) and may be increased to two hundred ten dollars ($210).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be two hundred fifteen dollars ($215) and may be increased to three hundred dollars ($300).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(2) For nonresident wholesalers or third-party logistics providers that have 21 or more facilities operating nationwide the application fees for the first 20 locations shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820). The application fee for any additional location after licensure of the first 20 locations shall be three hundred dollars ($300) and may be decreased to no less than two hundred twenty-five dollars ($225). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be decreased to no less than five hundred fifty dollars ($550).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be seven hundred eighty dollars ($780) and may be increased to eight hundred twenty dollars ($820).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(*l*) The fee for an intern pharmacist license shall be one hundred sixty-five dollars ($165) and may be increased to two hundred thirty dollars ($230). The fee for transfer of intern hours or verification of licensure to another state shall be twenty-five dollars ($25) and may be increased to thirty dollars ($30).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

(o) The fee for processing an application to change information on a premises license record shall be one hundred dollars ($100) and may be increased to one hundred thirty dollars ($130).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be five hundred twenty dollars ($520) for each license and may be increased to five hundred seventy dollars ($570). The annual fee for renewal of the license shall be three hundred twenty-five dollars ($325) for each license and may be increased to three hundred sixty dollars ($360).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred forty dollars ($140) and may be increased to one hundred ninety-five dollars ($195). The fee for renewal of a pharmacy technician license shall be one hundred forty dollars ($140) and may be increased to one hundred ninety-five dollars ($195).

(s) The fee for a veterinary food-animal drug retailer license shall be four hundred thirty-five dollars ($435) and may be

increased to six hundred ten dollars ($610). The annual renewal fee for a veterinary food-animal drug retailer license shall be three hundred thirty dollars ($330) and may be increased to four hundred sixty dollars ($460).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be thirty-five dollars ($35) and may be increased to forty-five dollars ($45).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be one thousand six hundred forty-five dollars ($1,645) and may be increased to two thousand three hundred five dollars ($2,305). The fee for a temporary license shall be five hundred fifty dollars ($550) and may be increased to seven hundred fifteen dollars ($715). The annual renewal fee of the license shall be one thousand three hundred twenty-five dollars ($1,325) and may be increased to one thousand eight hundred fifty-five dollars ($1,855).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be two thousand three hundred eighty dollars ($2,380) and may be increased to three thousand three hundred thirty-five dollars ($3,335). The annual renewal of the license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to three thousand one hundred eighty dollars ($3,180). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(w) The fee for the issuance of an outsourcing facility license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to up to three thousand one hundred eighty dollars ($3,180) by the board. The fee for the renewal of an outsourcing facility license shall be one thousand three hundred twenty-five dollars ($1,325) and may be increased to up to one

thousand eight hundred fifty-five dollars ($1,855) by the board. The fee for a temporary outsourcing facility license shall be seven hundred fifteen dollars ($715).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be two thousand three hundred eighty dollars ($2,380) and may be increased to up to three thousand three hundred thirty-five dollars ($3,335) by the board. The fee for the renewal of a nonresident outsourcing facility license shall be two thousand two hundred seventy dollars ($2,270) and may be increased to up to three thousand one hundred eighty dollars ($3,180) by the board. In addition to paying that application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant.

(y) The fee for the issuance of a centralized hospital packaging license shall be eight hundred twenty dollars ($820) and may be increased to one thousand one hundred fifty dollars ($1,150). The annual renewal of the license shall be eight hundred five dollars ($805) and may be increased to one thousand one hundred twenty-five dollars ($1,125).

(z) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) that is not owned by the state shall be five hundred twenty dollars ($520) and may be increased to five hundred seventy dollars ($570). The annual renewal fee for that correctional clinic license shall be three hundred twenty-five dollars ($325) and may be increased to three hundred sixty dollars ($360).

(aa) Beginning on and after July 1, 2019, the fee for an ADDS license shall be two hundred dollars ($200) and may be increased to two hundred fifty dollars ($250). The fee for the annual renewal of the license shall be two hundred dollars ($200) and may be increased to two hundred fifty dollars ($250).

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

(ac) This section shall be repealed on January 1, 2025.

SEC. 17. Section 4400 is added to the Business and Professions Code, to read:

4400. The amount of fees and penalties prescribed by this chapter, except as otherwise provided, is that fixed by the board according to the following schedule:

(a) (1) The fee for a pharmacy license shall be seven hundred fifty dollars ($750) and may be increased to two thousand dollars ($2,000). The fee for the issuance of a temporary pharmacy permit shall be one thousand six hundred dollars ($1,600) and may be increased to two thousand seven hundred forty dollars ($2,740).

(2) The fee for a nonresident pharmacy license shall be two thousand four hundred twenty-seven dollars ($2,427) and may be increased to three thousand four hundred twenty-four dollars ($3,424). The fee for the issuance of a temporary nonresident pharmacy permit shall be two thousand dollars ($2,000) and may be increased to two thousand four hundred sixty-nine dollars ($2,469).

(b) (1) The fee for a pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(2) The fee for a nonresident pharmacy license annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000).

(c) The fee for the pharmacist application and examination shall be two hundred sixty dollars ($260) and may be increased to two hundred eighty-five dollars ($285).

(d) The fee for regrading an examination shall be one hundred fifteen dollars ($115) and may be increased to two hundred dollars ($200). If an error in grading is found and the applicant passes the examination, the regrading fee shall be refunded.

(e) The fee for a pharmacist license shall be one hundred ninety-five dollars ($195) and may be increased to two hundred fifteen dollars ($215). The fee for a pharmacist biennial renewal shall be four hundred fifty dollars ($450) and may be reduced to three hundred sixty dollars ($360).

(f) The fee for a wholesaler or third-party logistics provider license and annual renewal shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars

($1,411). A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(g) The fee for a hypodermic license shall be five hundred fifty dollars ($550) and may be increased to seven hundred seventy-five dollars ($775). The fee for a hypodermic license renewal shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(h) (1) The fee for application, investigation, and issuance of a license as a designated representative pursuant to Section 4053, as a designated representative-3PL pursuant to Section 4053.1, or as a designated representative-reverse distributor pursuant to Section 4053.2 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative, designated representative-3PL, or designated representative-reverse distributor shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(i) (1) The fee for the application, investigation, and issuance of a license as a designated representative for a veterinary food-animal drug retailer pursuant to Section 4053 shall be three hundred forty-five dollars ($345) and may be increased to four hundred eighty-five dollars ($485).

(2) The fee for the annual renewal of a license as a designated representative for a veterinary food-animal drug retailer shall be three hundred eighty-eight dollars ($388) and may be increased to five hundred forty-seven dollars ($547).

(j) (1) The application fee for a nonresident wholesaler or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(2) A temporary license fee shall be seven hundred fifteen dollars ($715) and may be increased to one thousand nine dollars ($1,009).

(3) The annual renewal fee for a nonresident wholesaler license or third-party logistics provider license issued pursuant to Section 4161 shall be one thousand dollars ($1,000) and may be increased to one thousand four hundred eleven dollars ($1,411).

(k) The fee for evaluation of continuing education courses for accreditation shall be set by the board at an amount not to exceed forty dollars ($40) per course hour.

(l) The fee for an intern pharmacist license shall be one hundred seventy-five dollars ($175) and may be increased to two hundred forty-five dollars ($245). The fee for transfer of intern hours or verification of licensure to another state shall be one hundred twenty dollars ($120) and may be increased to one hundred sixty-eight dollars ($168).

(m) The board may waive or refund the additional fee for the issuance of a license where the license is issued less than 45 days before the next regular renewal date.

(n) The fee for the reissuance of any license, or renewal thereof, that has been lost or destroyed or reissued due to a name change shall be seventy-five dollars ($75) and may be increased to one hundred dollars ($100).

(o) (1) The fee for processing an application to change information on a premises license record shall be three hundred ninety-five dollars ($395) and may be increased to five hundred fifty-seven dollars ($557).

(2) The fee for processing an application to change a name or correct an address on a premises license record shall be two hundred six dollars ($206) and may be increased to two hundred eighty-two dollars ($282).

(3) The fee for processing an application to change a pharmacist-in-charge, designated representative-in-charge, or responsible manager on a premises license record shall be two hundred fifty dollars ($250) and may be increased to three hundred fifty-three dollars ($353).

(p) It is the intent of the Legislature that, in setting fees pursuant to this section, the board shall seek to maintain a reserve in the Pharmacy Board Contingent Fund equal to approximately one year's operating expenditures.

(q) The fee for any applicant for a clinic license shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The annual fee for renewal of the license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(r) The fee for the issuance of a pharmacy technician license shall be one hundred twenty dollars ($120) and may be increased

to one hundred sixty-five dollars ($165). The fee for renewal of a pharmacy technician license shall be one hundred eighty dollars ($180) and may be reduced to one hundred twenty-five dollars ($125).

(s) The fee for a veterinary food-animal drug retailer license shall be six hundred ten dollars ($610) and may be increased to eight hundred twenty-five dollars ($825). The annual renewal fee for a veterinary food-animal drug retailer license shall be four hundred sixty dollars ($460) and may be increased to five hundred sixty-one dollars ($561). The fee for the temporary license shall be five hundred twenty dollars ($520) and may be increased to seven hundred thirty-two dollars ($732).

(t) The fee for issuance of a retired license pursuant to Section 4200.5 shall be fifty dollars ($50) and may be increased to one hundred dollars ($100).

(u) The fee for issuance of a sterile compounding pharmacy license or a hospital satellite compounding pharmacy shall be three thousand eight hundred seventy-five dollars ($3,875) and may be increased to five thousand four hundred sixty-six dollars ($5,466). The fee for a temporary license shall be one thousand sixty-five dollars ($1,065) and may be increased to one thousand five hundred three dollars ($1,503). The annual renewal fee of the license shall be four thousand eighty-five dollars ($4,085) and may be increased to five thousand seven hundred sixty-two dollars ($5,762).

(v) The fee for the issuance of a nonresident sterile compounding pharmacy license shall be eight thousand five hundred dollars ($8,500) and may be increased to sixteen thousand five hundred two dollars ($16,502). The annual renewal of the license shall be eight thousand five hundred dollars ($8,500) and may be increased to seventeen thousand forty dollars ($17,040). In addition to paying that application fee, the nonresident sterile compounding pharmacy shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4127.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount

has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary license shall be one thousand five hundred dollars ($1,500) and may be increased to two thousand dollars ($2,000).

(w) The fee for the issuance of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to thirty-five thousand two hundred fifty-six dollars ($35,256). The fee for the renewal of an outsourcing facility license shall be twenty-five thousand dollars ($25,000) and may be increased to forty-one thousand three hundred sixty-six dollars ($41,366). The fee for a temporary outsourcing facility license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(x) The fee for the issuance of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-two thousand three hundred eighteen dollars ($42,318). The fee for the renewal of a nonresident outsourcing facility license shall be twenty-eight thousand five hundred dollars ($28,500) and may be increased to forty-six thousand three hundred fifty-three dollars ($46,353). In addition to paying that application fee, the nonresident outsourcing facility shall deposit, when submitting the application, a reasonable amount, as determined by the board, necessary to cover the board's estimated cost of performing the inspection required by Section 4129.2. If the required deposit is not submitted with the application, the application shall be deemed to be incomplete. If the actual cost of the inspection exceeds the amount deposited, the board shall provide to the applicant a written invoice for the remaining amount and shall not take action on the application until the full amount has been paid to the board. If the amount deposited exceeds the amount of actual and necessary costs incurred, the board shall remit the difference to the applicant. The fee for a temporary nonresident outsourcing license shall be four thousand dollars ($4,000) and may be increased to five thousand six hundred forty-two dollars ($5,642).

(y) The fee for the issuance of a centralized hospital packaging license shall be three thousand eight hundred fifteen dollars ($3,815) and may be increased to five thousand three hundred eighteen dollars ($5,318). The annual renewal of the license shall

be two thousand nine hundred twelve dollars ($2,912) and may be increased to four thousand one hundred seven dollars ($4,107).

(z) (1) The fee for the issuance of a license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be six hundred twenty dollars ($620) and may be increased to eight hundred seventy-three dollars ($873). The annual renewal fee for that correctional clinic license shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(2) The fee for the issuance of an ADDS license to a correctional clinic pursuant to Article 13.5 (commencing with Section 4187) shall be five hundred dollars ($500) and may be increased to seven hundred five dollars ($705). The annual renewal fee for the correctional clinic ADDS shall be four hundred dollars ($400) and may be increased to five hundred sixty-one dollars ($561).

(aa) The fee for an ADDS license shall be five hundred twenty-five dollars ($525) and may be increased to seven hundred forty-one dollars ($741). The fee for the annual renewal of the license shall be four hundred fifty-three dollars ($453) and may be increased to six hundred thirty-nine dollars ($639).

(ab) The application and initial license fee for a remote dispensing site pharmacy application shall be one thousand seven hundred thirty dollars ($1,730) and may be increased to two thousand four hundred forty dollars ($2,440). The fee for the annual renewal shall be one thousand twenty-five dollars ($1,025) and may be increased to two thousand dollars ($2,000). The fee for a temporary license shall be eight hundred ninety dollars ($890) and may be increased to one thousand one hundred ninety-nine dollars ($1,199).

(ac) The application and initial license fee to operate EMSADDS shall be one hundred fifty dollars ($150) and may be increased to three hundred eighty dollars ($380) per machine. The fee for the annual renewal shall be two hundred dollars ($200) and may be increased to two hundred seventy-three dollars ($273). The license fee may not be transferred to a different location if the EMSADDS is moved. The application and renewal fee for a licensed wholesaler that is also an emergency medical services provider agency shall be eight hundred ten dollars ($810) and may be increased to one thousand one hundred forty-three dollars ($1,143).

(ad) The fee for application and issuance of an initial license as a designated paramedic shall be three hundred fifty dollars ($350) and may be increased to four hundred ninety-four dollars ($494). The fee of biennial renewal shall be two hundred dollars ($200) and may be increased to two hundred ninety-two dollars ($292).

(ae) The fee for an application for an advanced practice pharmacist license and renewal of advanced practice pharmacist license shall be three hundred dollars ($300) and may be increased to four hundred eighteen dollars ($418).

(af) This section shall become operative on January 1, 2025.

~~SEC. 2.~~

SEC. 18. Section 4531.1 of the Business and Professions Code is amended to read:

4531.1. (a) The approval process for a school or program shall be consistent with the following timelines:

(1) (A) Upon receipt of a letter of intent to submit an application for approval as a school or program for psychiatric technicians, the board shall notify the proposed school or program of the steps in the approval process and provide an estimated wait time until active assignment to a nursing education consultant.

(B) Upon active assignment of a nursing education consultant, the school or program shall submit an initial application for approval within 60 days.

(2) (A) Within 30 days of the date the board receives an initial application for approval, the board shall notify the school or program whether the application is complete.

(B) A notice that an initial application is not complete shall specify what additional documents or payment of fees the school or program is required to submit to the board to make the application complete.

(3) Within 60 days from the date the board notifies the school or program that the initial application is not complete, the school or program shall provide the missing information. If a school or program fails to submit the required information, the board shall take the application out of consideration consistent with subdivision (c) of Section 4531.2. The board may provide a school or program with an additional 30 days to complete its application.

(4) Within six months of the date the board receives an initial application for approval as a school or program, the board shall

approve the school or program, deny approval, or notify the school or program that corrective action is required.

(b) A school or program for psychiatric technicians seeking approval by the board shall remit to the board for deposit in the Vocational Nursing and Psychiatric Technicians Fund fees in accordance with the following schedule:

(1) The nonrefundable initial application fee shall be in an amount equal to the reasonable costs incurred by the board in reviewing and processing the application up to five thousand dollars ($5,000).

(2) (A) Except as provided in subparagraph (B), *the* final approval fee shall be in an amount equal to the reasonable costs incurred by the board in the application approval process up to fifteen thousand dollars ($15,000).

(B) The final approval fee for an applicant program that meets the following criteria shall be *in* an amount equal to the reasonable costs incurred by the board in the application approval process up to five thousand dollars ($5,000):

(i) The program is affiliated with an approved school or program that is in good standing.

(ii) The program utilizes the curriculum and policies approved by the board for the approved school or program.

(3) The continuing approval fee shall ~~in be~~ *be in* an amount equal to the reasonable costs incurred by the board in providing oversight and review of a school or program up to five thousand dollars ($5,000) once every four years.

(c) If the board makes an initial determination that the cost of providing oversight and review of a school or program under this section is less than the amount of any fees required to be paid by that school or program, the board shall decrease the fees applicable to that institution to an amount that is proportional to the board's reasonable costs associated with that school or program.

(d) The board may reduce the continuing approval fees, by no more than one-half of the established fee, for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding. The board shall require a program to provide documentation for the purposes of issuing the fee reduction.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code,

the board shall, without taking any further regulatory action, implement, interpret, or make specific this section by means of provider bulletins or similar instructions until emergency regulations are adopted pursuant to paragraph (2). The board shall provide written notice 30 days prior to the adoption of any instruction under this paragraph and post the notice on its internet website. It is the intent of the Legislature that the board have temporary authority as necessary to implement program changes until completion of the regulatory process.

(2) The board shall adopt emergency regulations no later than June 30, 2022. The adoption of regulations shall be deemed an emergency and necessary to avoid serious harm to the public peace, health, safety, or general welfare within the meaning of Section 11342.545 of the Government Code, and the board need not make a written finding of emergency as required by Section 11346.1 of the Government Code. Notwithstanding subdivisions (e) and (h) of Section 11346.1 of the Government Code, the board may annually readopt any emergency regulation authorized by this section that is the same as or substantially equivalent to an emergency regulation previously adopted pursuant to this section until January 1, 2024.

(3) The initial adoption of emergency regulations and the readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State. The emergency regulations shall remain in effect for no more than one year from the date any regulation became effective as an emergency regulation.

(f) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

~~SEC. 3.~~

SEC. 19. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code,

and the board shall have all the powers granted therein. The board may deny, revoke, or suspend a veterinary assistant controlled substance permit, or, subject to terms and conditions deemed appropriate by the board, issue a probationary veterinary assistant controlled substance permit, for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) The applicant or permitholder has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(5) Conviction of a crime substantially related to the qualifications, functions, or duties of veterinary medicine, veterinary surgery, or veterinary dentistry, in which case the record of the conviction shall be conclusive evidence.

(c) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on the person's own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(d) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (c).

SEC. 20. Section 5134 of the Business and Professions Code is amended to read:

5134. The amount of fees prescribed by this chapter is as follows:

(a) The fee to be charged to each applicant for the certified public accountant examination shall be fixed by the board at an amount not to exceed six hundred dollars ($600). The board may charge a reexamination fee not to exceed seventy-five dollars ($75) for each part that is subject to reexamination.

~~(b) The fee to be charged to out-of-state candidates for the certified public accountant examination shall be fixed by the board at an amount not to exceed six hundred dollars ($600) per candidate.~~

~~(c)~~

(b) The application fee to be charged to each applicant for issuance of a certified public accountant certificate shall be fixed by the board at an amount not to exceed ~~two hundred fifty dollars ($250).~~ *seven hundred dollars ($700).*

~~(d) The application fee to be charged to each applicant for issuance of a certified public accountant certificate by waiver of examination shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).~~

~~(e) The~~

(c) After June 30, 2024, the fee to be charged to each applicant for registration as a partnership or professional corporation shall ~~be fixed by the board at an amount not to exceed~~ *not be less than* two hundred fifty dollars ~~($250).~~ *($250) and shall not exceed two thousand dollars ($2,000).*

~~(f) The biennial fee for the renewal of each of the permits to engage in the practice of public accountancy specified in Section 5070 shall not be less than two hundred fifty dollars ($250) and shall not exceed two hundred eighty dollars ($280).~~

(d) (1) The biennial renewal fee for a certified public accountant to engage in the practice of public accountancy, as specified in Section 5070, shall be three hundred forty dollars ($340) for permits expiring after June 30, 2024.

(2) The biennial renewal fee for a certified public accountant to engage in the practice of public accountancy, as specified in Section 5070, shall be four hundred dollars ($400) for permits expiring after June 30, 2026.

(e) (1) The biennial renewal fee for a partnership or professional corporation shall be four hundred dollars ($400) for permits expiring after June 30, 2024.

(2) The biennial renewal fee a partnership or professional corporation shall be five hundred twenty dollars ($520) for permits expiring after June 30, 2026.

(f) If the board has unencumbered funds in an amount that is equal to more than the board's operating budget for the next two fiscal years, the board may fix the biennial renewal fees by regulation at an amount less than those identified in subdivision (d) for certified public accountants and subdivision (e) for partnerships and professional corporations.

(g) The application fee to be charged to each applicant for a retired status license, as described in Section 5070.1, shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).

(h) The application fee to be charged to each applicant for restoration of a license in a retired status to an active status pursuant to subdivision (f) of Section 5070.1 shall be fixed by the board at an amount not to exceed one thousand dollars ($1,000).

(i) The delinquency fee shall be 50 percent of the accrued renewal fee.

(j) The initial permit fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the permit is issued, except that, if the permit is issued one year or less before it will expire, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued. The board may, by regulation, provide for the waiver or refund of the initial permit fee where the permit is issued less than 45 days before the date on which it will expire.

(k) (1) The annual fee to be charged an individual for a practice privilege pursuant to Section 5096 with an authorization to sign attest reports shall be fixed by the board at an amount not to exceed one hundred twenty-five dollars ($125).

(2) The annual fee to be charged an individual for a practice privilege pursuant to Section 5096 without an authorization to sign attest reports shall be fixed by the board at an amount not to exceed 80 percent of the fee authorized under paragraph (1).

(*l*) The fee to be charged for the certification of documents evidencing passage of the certified public accountant examination, the certification of documents evidencing the grades received on the certified public accountant examination, or the certification of documents evidencing licensure shall be twenty-five dollars ($25).

(m) The board shall fix the fees in accordance with the limits of this section and any increase in a fee fixed by the board shall be pursuant to regulation duly adopted by the board in accordance with the limits of this section.

(n) It is the intent of the Legislature that, to ease entry into the public accounting profession in California, any administrative cost to the board related to the certified public accountant examination or issuance of the certified public accountant certificate that exceeds the maximum fees authorized by this section shall be covered by the fees charged for the biennial renewal of the permit to practice.

SEC. 21. Section 5681 of the Business and Professions Code is amended to read:

5681. The fees prescribed by this chapter for landscape architect applicants and landscape architect licensees shall be fixed by the board as follows:

(a) The application fee for reviewing an applicant's eligibility to take any section of the examination ~~may not exceed~~ *shall be* one hundred dollars ($100).

(b) The fee for any section of the examination administered by the board shall not exceed the actual cost to the board for purchasing and administering each exam. *The fee for the California Supplemental Examination shall be three hundred fifty dollars ($350). 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 an original license ~~may not exceed four hundred dollars ($400),~~ *shall be seven hundred dollars ($700) and the board may adopt regulations to set the fee at a higher amount, up to a maximum of eight hundred dollars ($800),* except that, if the license is issued less than one year before the date on which it will expire, then the fee shall equal 50 percent of the fee fixed by the board

for an original license. The board may, by appropriate regulation, provide for the waiver or refund of the initial license fee where the license is issued less than 45 days before the date on which it will expire.

(d) The fee for a duplicate license ~~may not exceed fifty dollars ($50).~~ *shall be three hundred dollars ($300).*

(e) The renewal fee ~~may not exceed four hundred dollars ($400).~~ *shall be seven hundred dollars ($700). The board may adopt regulations to set the fee at a higher amount, up to a maximum of eight hundred dollars ($800).*

(f) The penalty for failure to notify the board of a change of address within 30 days from an actual change in address may not exceed fifty dollars ($50).

(g) The delinquency fee shall be 50 percent of the renewal fee for the license in effect on the date of the renewal of the license, but not less than fifty dollars ($50) nor more than two hundred dollars ($200).

(h) The fee for filing an application for approval of a school pursuant to Section 5650 may not exceed six hundred dollars ($600) charged and collected on an biennial basis.

~~SEC. 4.~~

SEC. 22. Section 5800 of the Business and Professions Code is amended to read:

5800. As used in this chapter:

(a) "Certified Interior Designer" means a person who prepares and submits nonstructural or nonseismic plans consistent with Sections 5805 and 5538 to local building departments that are of sufficient complexity so as to require the skills of a licensed contractor to implement them, and who engages in programming, planning, designing, and documenting the construction and installation of nonstructural or nonseismic elements, finishes and furnishings within the interior spaces of a building, and has demonstrated by means of education, experience and examination, the competency to protect and enhance the health, safety, and welfare of the public.

(b) An "interior design organization" means the California Council for Interior Design Certification ~~("council"),~~ *(council),* a nonprofit organization that is exempt from taxation under Section 501(c)(3) of Title 26 of the United States Code, and consists of

Certified Interior Designers whose governing board includes representatives of the public.

~~SEC. 5.~~

SEC. 23. Section 5801 of the Business and Professions Code is amended to read:

5801. A Certified Interior Designer may obtain a stamp from the council that shall include a number that uniquely identifies and bears the name of that Certified Interior Designer and identifies the individual as either a Certified Interior Designer or *a* Certified ~~Commercial~~ Interior Designer *with commercial designation* if the Certified Interior Designer has met the requirements ~~to use the title "Certified Commercial Interior Designer,"~~ pursuant to paragraph (2) of subdivision (a) of Section 5811.1. The stamp certifies that the Certified Interior Designer has provided the council with evidence of meeting the education, experience, and examination requirements pursuant to Section 5811.1.

~~SEC. 6.~~

SEC. 24. Section 5801.1 of the Business and Professions Code is amended to read:

5801.1. The procedure for the issuance of a stamp by the council under Section 5801, including the examinations recognized and required by the council, shall be subject to the occupational analyses and examination validation required by Section 139 every five to seven years.

~~SEC. 7.~~

SEC. 25. Section 5802 of the Business and Professions Code is amended to read:

5802. (a) All drawings, specifications, or documents prepared for submission to any government regulatory agency by any Certified Interior Designer, or under their supervision shall be affixed by a stamp, as specified in Section 5801, and signed by that Certified Interior Designer.

(b) All documents shall be identified as interior design documents, which are not architectural or engineering documents.

~~SEC. 8.~~

SEC. 26. Section 5803 of the Business and Professions Code is amended to read:

5803. A Certified Interior Designer, as defined in this chapter, is exempt from Chapter 9 (commencing with Section 7000) of

Division 3 insofar as they are designing systems for work to be performed by a licensed contractor.

~~SEC. 9.~~

SEC. 27. Section 5804 of the Business and Professions Code is amended to read:

5804. It is an unfair business practice for any Certified Interior Designer or any other person to advertise or put out any sign or card or other device, including any stamp or seal, or to represent to the public through any print or electronic media, that the person is "state certified" to practice interior design, or to use any other words or symbols that represent to the public that the person is so certified.

~~SEC. 10.~~

SEC. 28. Section 5805 of the Business and Professions Code is amended to read:

5805. Nothing in this chapter shall preclude Certified Interior Designers or any other person from submitting interior design plans for commercial or residential buildings to local building officials, except as provided in Section 5538. In exercising discretion with respect to the acceptance of interior design plans, the local building official shall reference the California Building Standards Code and the occupational title standard set forth in Section 5800.

~~SEC. 11.~~

SEC. 29. Section 5807 of the Business and Professions Code is amended to read:

5807. (a) A Certified Interior Designer shall use a written contract when contracting to provide interior design services to a client pursuant to this chapter. The written contract shall be executed by the Certified Interior Designer and the client, or the client's representative, prior to the Certified Interior Designer commencing work. The written contract shall include, but not be limited to, all of the following:

(1) A description of the services to be provided to the client by the Certified Interior Designer.

(2) A description of any basis of compensation applicable to the contract and the method of payment agreed upon by the parties.

(3) The name, address, and certification number of the Certified Interior Designer and the name and address of the client.

(4) A description of the procedure that the Certified Interior Designer and the client will use to accommodate additional services.

(5) A description of the procedure to be used by any party to terminate the contract.

(6) A three-day rescission clause in accordance with Chapter 2 (commencing with Section 1688) of Title 5 of Part 2 of Division 3 of the Civil Code.

(7) A written disclosure stating whether the Certified Interior Designer carries errors and omissions insurance.

(b) Subdivision (a) shall not apply to any of the following:

(1) Interior design services rendered by a Certified Interior Designer for which the client will not pay compensation.

(2) Interior design services rendered by a Certified Interior Designer to any of the following:

(A) An architect licensed under Chapter 3 (commencing with Section 5500).

(B) A landscape architect licensed under Chapter 3.5 (commencing with Section 5615).

(C) An engineer licensed under Chapter 7 (commencing with Section 6700).

(c) As used in this section, "written contract" includes a contract in electronic form.

~~SEC. 12.~~

SEC. 30. Section 5811.1 of the Business and Professions Code is amended and renumbered to read:

5811. (a) The California Council for Interior Design Certification, as defined in subdivision (b) of Section 5800, is hereby established to carry out the responsibilities and duties set forth in this chapter.

(b) The meetings of the council issuing stamps under Section 5801 shall be subject to the rules of 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).

(c) The council may take reasonable actions to carry out its responsibilities and duties, as set forth in this chapter.

(d) The council may adopt bylaws, rules, and procedures necessary to effectuate the purposes of this chapter.

(e) The council may establish application fees, renewal fees, and other fees related to the regulatory costs of providing services and carrying out the council's responsibilities and duties pursuant to this chapter. These fees shall not exceed the reasonable costs to the council of providing those services and carrying out those responsibilities and duties.

~~SEC. 13.~~

SEC. 31. Section 5811.1 is added to the Business and Professions Code, to read:

5811.1. (a) The council may issue a certification to any applicant who provides satisfactory evidence that they meet all of the requirements of this chapter and who complies with the bylaws, rules, and procedures established by the council.

(1) In order to obtain a certification, an applicant shall submit an application as provided by the council and provide the council with satisfactory evidence that they meet all of the following requirements:

(A) Passage of an interior design examination approved by the council.

(B) Any of the following education and experience pathways:

(i) The person is a graduate of a four- or five-year accredited interior design degree program, and has two years of diversified interior design experience.

(ii) The person has completed a three-year accredited interior design certificate program, and has completed three years of diversified interior design experience.

(iii) The person has completed a two-year accredited interior design program and has completed four years of diversified interior design experience.

(iv) The person has at least eight years of interior design education, or at least eight years of diversified interior design experience, or a combination of interior design education and diversified interior design experience that together total at least eight years.

(C) All fees required by the council, as described in subdivision (e) of Section 5811, have been paid.

(2) The council may issue a commercial designation to a Certified Interior Designer or qualified applicant who, in addition to the requirements in paragraph (1), passes additional interior

design courses and examinations, as determined to be required by the council.

(b) (1) Any certificate under this chapter shall be subject to renewal every two years in a manner prescribed by the council, and shall expire unless renewed in that manner. The council may provide for the late renewal of a registration.

(2) The council may require Certified Interior Designers to complete continuing education specific to the practice of interior design each two-year certification cycle.

~~SEC. 14.~~

SEC. 32. Section 5812 of the Business and Professions Code is amended to read:

5812. It is an unfair business practice for any person to represent or hold themselves out as, or to use the title "Certified Interior Designer" or any other term, such as "licensed," "registered," or "CID," that implies or suggests that the person is certified as an interior designer when they do not hold a valid certification as provided in Sections 5800 and 5801.

~~SEC. 15.~~

SEC. 33. 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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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(a)(2) - SB 887 Consumer Affairs (Senate Committee on Business, Professions and Economic Development) - Suicide Risk Assessment and Intervention Coursework and Aging and Long-Term Care Coursework: Business and Professions Code sections 2915.4 and 2915.5

Background

On March 14, 2023, Senate Bill 887 – Consumer Affairs (Omnibus bill) was introduced. This bill included the language that would streamline the application process to allow verification following review of a transcript that clearly indicated in the course title that the specified coursework had been completed. Additionally, this bill would allow the department chair to act as an additional entity who could provide written certification for convenience for applicants, in cases where the course title did not adequately indicate the coursework completed.

On April 20, 2023, the bill was amended and referred to the Senate Committee on Business, Professions, and Economic Development. The proposed amendments did not impact the Board of Psychology's (Board) language regarding coursework. A support position letter was submitted to the Committee.

On April 24, 2023, the bill passed the Senate Committee on Business, Professions, and Economic Development, and was referred to the Senate Committee on Appropriations.

On May 2, 2023, a support position letter was submitted to the Senate Committee on Appropriations.

On May 5, 2023, a support floor alert letter was submitted to the Senate members.

On May 11, 2023, the bill was ordered to the Assembly.

On May 18, 2023, SB 887 was referred to the Assembly Committee on Business and Professions.

On June 1, 2023, a Support Position Letter was submitted to the Committee Members and Author.

On July 11, 2023, the bill passed the Committee and was referred to the Assembly Committee on Appropriations

Board of Psychology staff will continue to monitor this proposal.

Action Requested

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

Attachment 1: Board Position Letter
Attachment 2: Assembly Business and Professions bill analysis
Attachment 3: Senate Bill 887 amended bill text

California Board of PSYCHOLOGY

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June 1, 2023

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 6130
Sacramento, CA 95814

RE: **SB 887 – Consumer Affairs - SUPPORT**

Dear Assembly Member Berman:

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

The Board of Psychology (Board) is in **SUPPORT** of SB 887. This bill would streamline the application process to allow verification following review of a transcript that clearly indicated in the course title that the specified coursework had been completed. Additionally, the Board believes that to allow the department chair to act as an additional entity who could provide written certification would be an added convenience for applicants, in cases where the course title did not adequately indicate the coursework completed.

The Board asks for your support of SB 887 when it is heard in the Assembly Committee on Business and Professions. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Heath Flora (Vice Chair)
Members of the Assembly Committee on Business and Professions.
Robby Sumner, Chief Consultant
Bill Lewis, Assembly Republican Caucus

Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 887 (Committee on Business, Professions and Economic Development) – As Amended April 20, 2023

SENATE VOTE: 39-0

SUBJECT: Consumer affairs

SUMMARY: Makes various technical corrections, clarifying amendments, and nonsubstantive changes to provisions of law governing boards, bureaus, and programs under the Department of Consumer Affairs (DCA) as well as the Department of Real Estate (DRE).

EXISTING LAW:

1) Establishes the DRE within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BCP) §§ 10004 *et seq.*)

2) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (BPC §§ 100 *et seq.*)

3) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction. (BPC § 101)

4) Defines "board" as also inclusive of "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency" as applicable (BPC § 22)

5) Requires the DCA to compile information on military, veteran, and spouse licensure into an annual report for the Legislature. (BPC § 115.8)

6) Places the DCA under the control of the Director of Consumer Affairs, who is appointed by the Governor and may investigate the work of boards under the DCA. (BPC §§ 150 *et seq.*)

7) Establishes the Speech Language Pathology, Audiology, and Hearing Aide Dispensers Board (SLPAHAD) to license and regulate speech-language pathologists, audiologists, and hearing aid dispensers. (BPC §§ 2530 *et seq.*)

8) Establishes the Board of Registered Nursing (BRN) to license and regulate registered nurses and advanced practice registered nurses. (BPC §§ 2700 *et seq.*)

9) Establishes the Board of Psychology to license and regulate psychologists, psychologist assistants, and registered psychologists. (BPC §§ 2900 *et seq.*)

10) Establishes the California State Board of Pharmacy to license and regulate the pharmacy profession. (BPC §§ 4000 *et seq.*)

11) Establishes the Veterinary Medical Board (VMB) to license and regulate veterinarians, registered veterinary technicians, veterinary assistant substance controlled permits, and veterinary premises. (BPC §§ 4800 *et seq.*)

12) Establishes the Board of Behavioral Sciences (BBS) to license and regulate marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors. (BPC) §§ 4980 *et seq*.)

13) Establishes the California Board of Accountancy (CBA) to license and regulate certified public accountants (CPAs). (BPC §§ 5000 *et seq.*)

14) Establishes the California Architects Board (CAB) to license and regulate professional architects. (BPC §§ 5500 *et seq.*)

15) Establishes the Cemetery and Funeral Bureau (CFB) to license and regulate cemeteries, mortuaries, crematories, and hydrolysis facilities. (BPC §§ 7611 *et seq.*)

16) Requires the DCA to establish a certification program for third-party dispute resolution process used for the arbitration of disputes. (BPC § 472.1)

17) Defines "secondhand dealer" to mean any person, copartnership, firm, or corporation whose business includes buying, selling, trading, taking in pawn, accepting for sale on consignment, accepting for auctioning, or auctioning secondhand tangible personal property, excluding coin dealers or participants at gun shows. (BPC § 21626(a))

18) Requires secondhand dealers to report all secondhand tangible personal property acquisitions to the California Pawn and SecondhandDealer System (CAPSS) database and make certain information available to law enforcement. (BPC § 21628)

19) Establishes the Bureau for Private Postsecondary Education (BPPE) within the DCA to license and regulate private postsecondary educational institutions. (Education Code §§ 94800 *et seq.*)

THIS BILL:

1) Changes the timeline for the DCA to report to the Legislature on military and military spouse licensure from each calendar year to each fiscal year and makes other technical changes.

2) Authorizes the DCA's inspections of qualified third-party dispute resolution processes to be conducted either onsite or virtually.

3) Requires the BRN to send special meeting notices electronically, repeals the notice requirement for terminating an interim permit or temporary certificate, requires the BRN's to incorporate the National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies, and creates a Nursing Education and Workforce Advisory Committee to study and recommend nursing education standards and workforce solutions.

4) Authorizes an applicant for licensure under the Board of Psychology to show completion of training requirements by submitting a transcript indicating completion of coursework.

5) Changes the due date for the Board of Pharmacy to submit a report on the regulation of automated drug delivery system (ADDS) units from January 1, 2024 to January 1, 2025.

6) Allows the VMB to verify licenses through electronic means, requires wellness evaluation committees to include at least one veterinarian, authorizes the VMB to issue citations, and removes the requirement that a veterinarian who reviews and investigates alleged violations be licensed or employed by the state and not out of practice for more than 4 years.

7) Authorizes a person to rely on the BBS's internet website for purposes of verifying licenses and registrations and applies the definition of "educationally related mental health services" for purposes of supervising associate licensees under the BBS to the supervision of marriage and family therapist trainees.

8) Repeals the CBA's authority to establish an advisory continuing education committee and repeals the annual fee for a practice privilege.

9) Provides that a candidate for licensure under the CAB who has received full credit for all divisions of the Architect Registration Examination (ARE) before May 1, 2023, shall be deemed to have passed the ARE.

10) Updates the Cemetery and Funeral Act to include references to hydrolysis and reduction and revises the required statement that must appear on the first page of a contract.

11) Allows for applications for recovery from the Consumer Recovery Account within the DRE's special fund to be delivered electronically.

12) Exempts personal property pledged to a pawnbroker with respect to the redemption of personal property by the pledger exempt from the CAPSS holding period.

13) Repeals the authorization of an institution that has been granted approval to operate by the BPPE to indicate that the institution is licensed or licensed to operate.

14) Requires an audiologist to suggest that an individual consult a physician specializing in diseases of the ear if certain conditions are found to exist.

15) Makes various other technical, clarifying, and nonsubstantive changes.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author: "This bill is the annual "committee bill" authored by the Business, Professions, and Economic Development Committee, which is intended to consolidate a number of non-controversial provisions related to various regulatory programs and professions governed by the BPC. Consolidating the provisions in one bill aims to relieve the various licensing boards, bureaus, professions, and other regulatory agencies from the necessity and burden of having separate measures for a number of non-controversial revisions. Many of the provisions of this bill are minor, technical, and updating changes."

Background.

Military and Military Spouse Licensure. Currently, statute provides for several accommodations of both military family and veteran license applicants. Boards are required to inquire about the military status of each of their applicants so that military experience may potentially be applied toward licensure training requirements. Boards are also required to expedite licensure for military veterans as well as the spouses and partners of active duty military. Statute also provides that temporary licenses be provided to military spouses and partners in specified occupations and professions. The DCA is required to compile information on military, veteran, and spouse licensure into an annual report for the Legislature, which requires information to be reported by calendar year. This bill would change that timeline to require the information to be reported by fiscal year and makes other technical and conforming changes.

Third Party Dispute Resolution Processes. Statute requires the DCA to establish a program for certifying each third-party dispute resolution process used for the arbitration of disputes. This process is provided by manufacturers to buyers or lessees of new motor vehicles. As part of this certification program, the DCA is required to conduct onsite inspections of each qualified third-party dispute resolution process not less frequently than twice annually. This bill would allow for those inspections to be conducted virtually.

Board of Registered Nursing. The BRN is responsible for administering and enforcing the Nursing Practice Act, which outlines the regulatory framework for the practice, licensing, education, and discipline of registered nurses, and advanced practice registered nurses, which includes certified nurse-midwives, nurse anesthetists, nurse practitioners, and clinical nurse specialists. Current law requires the BRN to establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category and requires the BRN to take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education; this bill would require the BRN to incorporate the nurse practitioner curriculum core competencies specified in the National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies in that determination. This bill would also create a Nursing Education and Workforce Advisory Committee within the BRN to study and recommend nursing education standards and solutions to workforce issues, and would require the BRN to send special meeting notices electronically and would repeal the notice requirement for terminating an interim permit or temporary certificate.

Board of Psychology. The Board of Psychology licenses and regulates psychologists under the Psychology Licensing Law. Statute currently requires an applicant for licensure as a psychologist to show that they have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as well as six contact hours of coursework or applied experience in aging and long-term care. This bill would allow for proof having met these requirements to be verified through the submission of a transcript indicating completion of this coursework.

Board of Pharmacy. The Board of Pharmacy is responsible for licensing and regulating professionals, premises, and devices used in the practice of pharmacy. This includes the licensure of Automated Drug Delivery Systems, or ADDs. An ADDS is a mechanical system controlled remotely by a pharmacist that performs operations or activities relative to the storage, dispensing, or distribution of prepackaged dangerous drugs or devices in certain settings.

Current law requires the Board of Pharmacy to submit a report to the Legislature on the regulation of ADDS units on or before January 1, 2024 as part of its sunset evaluation process; however, the Board of Pharmacy's sunset review has been moved to 2025. This bill would reconcile those timelines by changing the due date for the ADDS report until January 1, 2025.

Veterinary Medical Board. The VMB licenses and regulates veterinarians, registered veterinary technicians, veterinary assistant controlled substances permit holders, veterinary schools, and veterinary premises. The VMB derives its authority through the enforcement of the Veterinary Medicine Practice Act, which requires an applicant for licensure to disclose each state, Canadian province, or United States territory in which the applicant currently holds or has ever held a license to practice veterinary medicine. Statute requires that license verification, including any disciplinary or enforcement history, be submitted to the VMB directly from each state, province, or territory. This bill would allow that verification to be confirmed through either electronic means or direct submission. Current law also provides for the establishment of wellness evaluation committees within the VMB; this bill would change the composition of these committees and require that their membership include at least one veterinarian, one registered veterinary technician, and two public members.

Board of Behavioral Sciences. The BBS licenses and regulates healing arts professionals engaged in the practice of providing behavioral health services. Specifically, the BBS provides for the oversight of Licensed Marriage and Family Therapists (LMFTs); Licensed Clinical Social Workers (LCSWs); Licensed Professional Clinical Counselors (LPCCs); and Licensed Educational Psychologists (LEPs). The BBS also oversees associates completing supervised training requirements for full licensure as an LMFT, LCSW, LEP, or LPCC. Currently statute defines "educationally related mental health services" for purposes of these associates; this bill would extend that same definition to marriage and family therapist trainees. This bill would also provide that a person may rely upon the licensing and registration information as it is displayed on the BBS's internet website.

California Board of Accountancy. Existing law establishes the CBA in the DCA for the purpose of licensing and regulating the accounting profession. The CBA regulates over 100,000 licensees, including individuals and CPA firms. Current law authorizes the CBA to establish an advisory committee to perform specified duties, including the evaluation of educational courses offered by professional accounting societies shall be accepted by the board as qualifying if the courses are approved by the committee as meeting the profession's continuing education requirements. This advisory committee is no longer active, and this bill would repeal it from statute. This bill would also replace the term "substandard" with the more consistent term "fail" on peer reviewed reports for purposes of accounting firms that have not met certain professional standards to align with national standards.

California Architecture Board. The CAB licenses architects in California, who are required to take and pass the national ARE, an exam administered by the National Council of Architecture Registration Boards (NCARB) that consists of five divisions. The NCARB recently updated its timeframe pertaining to how long the scores count when a person passes a section, and the CAB has reconciled its regulations to these timeframes; however, those regulations will become outdated. This bill would provide that a candidate who received full credit for all divisions of the ARE prior to May 1, 2023, shall be deemed to have passed the ARE.

Cemetery and Funeral Bureau. The CFB licenses and regulates more than 13,000 licensees in 13 different licensing categories, including embalmers, cemetery managers, crematories, and funeral directors. In 2017, legislation was enacted to require the CFB to license and regulate hydrolysis facilities and hydrolysis facilities managers beginning July 1, 2020. Alkaline hydrolysis is a process using heat or heat and applied pressure, water, and potassium hydroxide or sodium hydroxide in a hydrolysis chamber to reduce the body of a deceased person to its essential organic components and bone fragments. This bill would add references to hydrolysis in provisions of law informing consumers of when to contact the CFB, beginning January 1, 2027.

Department of Real Estate. The DRE is the entity currently charged with responsibility to enforce the Real Estate Law, the Subdivided Lands Act, and the Vacation Ownership and Time-share Act of 2004. The DRE currently licenses 421,624 persons in California. The DRE is also responsible for administering a victim's fund, known as the Consumer Recovery Account, funded from a portion of license fees. To receive payment from the Consumer Recovery Account, an applicant must have obtained a final civil judgment or arbitration award, or a criminal restitution order against a licensee based on intentional fraud or conversion of trust funds in connection with a transaction requiring a real estate license. Since 1964, the DRE has paid more than $65,000,000 to members of the public from the Consumer Recovery Account. Current law requires an application for payment to be delivered in person or by certified mail; this bill would allow the application to be delivered electronically in a manner prescribed by the DRE.

Secondhand Dealers. California has long regulated sellers of secondhand goods. In 1937, a law was enacted to require secondhand dealers to report new acquisitions of property to law enforcement so that these items could potentially be matched with stolen goods. Current law requires a seven-day holding period for all tangible personal property received by a secondhand dealer or cold dealer, during which time the property must be produced for inspection by law enforcement. There are several exemptions to this holding requirement; this bill would add an additional exemption for personal property pledged to a pawnbroker with respect to the redemption of personal property by the pledgor.

Bureau for Private Postsecondary Education. The BPPE is responsible for oversight of private postsecondary educational institutions that have a physical presence in California and enforcing the California Private Postsecondary Education Act, which prohibits false advertising and inappropriate recruiting and requires disclosure of specific information about the educational programs being offered, graduation and job placement rates, and licensing information. Specifically, the Act directs BPPE to, in part, review and approve private postsecondary educational institutions; establish minimum operating standards to ensure educational quality; provide an opportunity for student complaints to be resolved; and ensure private postsecondary educational institutions offer accurate information to prospective students about school and student performance. Current law authorizes an institution that has been granted approval to operate by the BPPE to indicate that the institution is licensed or licensed to operate; this bill would repeal that authorization and make other technical changes.

Speech Language Pathology and Audiology, and Hearing Aide Dispensers Board. This board licenses and regulates speech-language pathologists, audiologists, and hearing aid dispensers.

Current law requires a licensee of the board who either observes or is informed of the existence certain health conditions in a hearing aid user—such as deformities, drainage, hearing loss, or dizziness—that it would be in the user's best interest to consult with a physician specializing in diseases of the year, or any other physician. This bill would update the statutory language establishing this requirement and make other technical changes.

Replacement of Gendered Terms. This bill additionally replaces gendered terms with gender-neutral language in various statutes in accordance with Assembly Concurrent Resolution 260 (Low, Res. Chapter 190, Statutes of 2018).

ARGUMENTS IN SUPPORT:

The **Board of Psychology** supports this bill, writing: "This bill would streamline the application process to allow verification following review of a transcript that clearly indicated in the course title that the specified coursework had been completed. Additionally, the Board believes that to allow the department chair to act as an additional entity who could provide written certification would be an added convenience for applicants, in cases where the course title did not adequately indicate the coursework completed."

The **Veterinary Medical Board** also supports this bill, writing: "This bill would, among other things, authorize the Board to receive out-of-state license verification of license applicants through electronic means, revise the Board's Wellness Evaluation Committee composition to require at least one licensed veterinarian, at least two public members, and at least one registered veterinary technician, and delete the provision related to the criteria for a subject matter expert in citation cases. The Board supports these changes to the Practice Act in SB 887, as these amendments were requested by the Board this legislative session to improve the Practice Act."

ARGUMENTS IN OPPOSITION:

None on file.

REGISTERED SUPPORT:

Board of Registered Nursing
California Board of Accountancy
California Board of Psychology
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Veterinary Medical Board

REGISTERED OPPOSITION:

None on file.

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

AMENDED IN SENATE APRIL 20, 2023

SENATE BILL No. 887

Introduced by Committee on Business, Professions and Economic Development (Senators Roth (Chair), Alvarado-Gil, Archuleta, Ashby, Becker, Dodd, Eggman, Glazer, Nguyen, Niello, Smallwood-Cuevas, Wahab, and Wilk)

March 14, 2023

An act to amend Sections *115.8, 472.4,* 2530.3, 2532, 2532.5, 2535.4, 2537.3, 2538.20, 2538.21, 2538.27, 2538.28, 2538.30, 2538.32, 2538.33, 2538.34, 2538.36, 2538.40, 2538.49, 2538.50, 2538.51, 2538.56, 2539.1, 2539.6, 2710, 2728, 2732, 2732.1, 2733, 2734, 2736, 2746.8, 2759, 2760, 2761, *2762,* 2765, 2770.11, 2770.7, 2780, 2785.6, 2800, 2811, *2811.5,* 2816, 2826, 2828, 2830.6, 2833, 2836, 2838.1, 2838.2, 2915.4, 2915.5, *4427.8,* 4846, 4861, 4875.3, 4989.14, 5017.1, 5017.5, 5022, 5028, 5037, 5051, 5053, 5057, 5058.2, 5058.3, 5058.4, 5060, 5063.3, 5070.7, 5076, 5082.4, 5094, 5096.20, 5096.21, 5103.5, 5104, 5107, 5121, 5134, *5550.3, 10471,* and 21638.5 of, *to amend, repeal, and add Section 7685.3 of,* to add Section 4990.11 to, and to repeal Sections 2738, 5029, and 5092.1 of, the Business and Professions Code, and to amend Sections 94874.8, 94874.9, 94878, 94897, 94902, 94905, 94910, 94910.5, 94911, 94913, 94941, 94942, and 94949.73 of the Education Code, relating to consumer affairs.

LEGISLATIVE COUNSEL'S DIGEST

SB 887, as amended, Committee on Business, Professions and Economic Development. Consumer affairs.

(1) Existing law requires the Department of Consumer Affairs to compile an annual report for the Legislature containing specified

information relating to the professional licensure of veterans, servicemembers, and their spouses from each calendar year.

This bill would instead require the report to contain specified information relating to the professional licensure of military members, military spouses, and honorably discharged military members from each fiscal year. The bill would make corrections and other conforming changes to those provisions.

(2) Existing law requires the Department of Consumer Affairs to establish procedures to assist owners and lessees of new motor vehicles who have complaints regarding the operation of a qualified third-party dispute resolution process. Existing law further requires the department to monitor and inspect qualified third-party dispute resolution processes to determine whether they continue to meet standards for certification, including, among other things, through onsite inspections of each qualified third-party dispute resolution process no less than twice annually.

This bill would also permit those inspections of qualified third-party dispute resolution processes to be conducted virtually.

~~(1)~~

(3) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. Existing law authorizes special meetings of the board pursuant to a call of the president or board members, as provided, and requires the board to send a notice by mail to board members who are not parties to the call. Existing law authorizes the board to issue an interim permit to practice nursing or a temporary certificate to practice professional nursing, or as a certified public health nurse, certified clinical nurse specialist, or certified nurse-midwife, upon approval of an application to be licensed or certified, as specified. Under existing law, the interim permit or temporary certificate terminates if the applicant fails the examination or if it is issued by mistake or the application for permanent licensure is denied, as applicable, upon notice by mail.

This bill would instead require the board to send the notice of a special meeting electronically instead of by mail. The bill would delete the notice requirement for terminating an interim permit or temporary certificate.

The act requires the board to establish categories of nurse practitioners and standards for each category, and requires the standards to take into account the types of advanced levels of nursing practice and the education needed to practice at each level.

This bill would require those standards to be as specified in a certain publication of the National Organization of Nurse Practitioner Faculties, or successor.

The act creates within the board a Nursing Education and Workforce Advisory Committee to study and recommend nursing education standards and solutions to workforce issues to the board, and requires one representative from the California State University Office of the Chancellor to serve on the committee.

This bill would specify an initial appointment for a term of 4 years for the representative from the California State University Office of the Chancellor.

This bill would also delete a requirement that the board hold at least 2 examinations each year, would update references to the National Board of Certification and Recertification of Nurse Anesthetists, and would make other technical and nonsubstantive changes to the act.

~~(2)~~

(4) Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate the practice of psychology. Existing law requires an applicant for licensure to show completion of specified training on suicide risk assessment and intervention and on aging and long-term care by submitting written verification from the registrar or training director of the educational institution or program from which the applicant graduated, except as specified.

This bill would also authorize an applicant to show completion of that training by submitting a transcript to the board indicating completion of the coursework.

(5) Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy. Existing law requires the board, on or before January 1, 2024, to report to the appropriate committees of the Legislature on the regulation of automated drug delivery system (ADDS) units, as part of the board's sunset evaluation process.

This bill would instead require the board to provide that report on or before January 1, 2025.

~~(3)~~

(6) Existing law, the Veterinary Medicine Practice Act, establishes the Veterinary Medical Board to license and regulate the practice of veterinary medicine. Existing law requires an individual, in order to obtain a license to practice veterinary medicine, to disclose each state,

Canadian province, or United States territory in which the applicant holds or has ever held a license to practice veterinary medicine. Existing law requires license verification to be directly submitted to the board from each state, Canadian province, or United States territory. The act authorizes the board to establish one or more wellness evaluation committees consisting of 3 licensed veterinarians and 2 members of the public, and requires the board, in making appointments of the 3 licensed veterinarians, to consider individuals who have recovered from or who have knowledge and expertise in management of impairment.

This bill would also authorize license verification to be confirmed through electronic means. The bill would revise the composition of wellness evaluation committees to require at least one licensed veterinarian, at least 2 public members, and at least one registered veterinary technician. The bill would require the board to give consideration to appointing individuals with specified experience, knowledge, or expertise in impairment to be applicable to all appointments to a wellness evaluation committee.

The act authorizes an executive officer to issue a citation to a veterinarian, registered veterinary technician, or unlicensed person upon completion of an investigation and probable cause to believe that the person has violated the act. The act requires a veterinarian who reviews and investigates an alleged violation pursuant to those provisions to be licensed in or employed by the state and not out of practice for more than 4 years.

This bill would delete the provision requiring a veterinarian to be licensed or employed by the state and not out of practice for more than 4 years.

~~(4)~~

(7) Existing law establishes the Board of Behavioral Sciences to license and regulate licensed clinical social workers, licensed educational psychologists, licensed marriage and family therapists, and licensed professional clinical counselors. Existing law requires the board to keep an accurate record of all applicants for licensure and all individuals to whom it has issued a license.

This bill would authorize a person to rely upon the licensing and registration information displayed on the board's internet website for purposes of license and registration verification.

~~(5)~~

(8) Existing law, the Educational Psychologist Practice Act, provides for the licensing and regulation of the practice of educational psychology

by the Board of Behavioral Sciences and defines "educationally related mental health services" for purposes of supervising associate marriage and family therapists, associate clinical social workers, or associate professional clinical counselors.

This bill would also make the definition applicable for purposes of supervising marriage and family therapist trainees.

~~(6)~~

(9) Existing law establishes the California Board of Accountancy to license and regulate accountants, and authorizes the board to establish an advisory continuing education committee to perform specified duties, including evaluating programs and advising the board as to whether they qualify under regulations adopted by the board. Existing law requires an accounting firm to have a peer review report of its accounting and auditing practice every 3 years in order to renew its registration or convert to an active status, and requires a firm issued a substandard peer review report to submit a copy of the report to the board. Under existing law, an individual whose principal place of business is not in California and who has a valid and current license, certificate, or permit to practice public accountancy from another state may engage in the practice of public accountancy in California through a practice privilege if specified conditions are met. Existing law establishes an annual fee to be charged an individual for a practice privilege.

This bill would delete the provision authorizing the board to establish an advisory continuing education committee. The bill would require a firm issued a peer report with a rating of "fail" instead of a substandard peer report to submit a copy of the report to the board. The bill would delete the annual fee for a practice privilege.

(10) Existing law, the Architects Practice Act, establishes the California Architects Board in the Department of Consumer Affairs for the licensure and regulation of persons engaged in the practice of architecture. Existing law authorizes the board to adopt guidelines for the delegation of its authority to grade examinations of applicants for licensure to a vendor under contract to the board for provision of an architect's registration examination, subject to specified procedures and limitations.

This bill would provide that a candidate who received full credit for all divisions of the Architect Registration Examination (ARE) before May 1, 2023, shall be deemed to have passed the ARE.

(11) Existing law, the Cemetery and Funeral Act, establishes the Cemetery and Funeral Bureau within the Department of Consumer

Affairs for the licensure and regulation of cemeteries, crematoria, hydrolysis facilities, cremated remains disposers, funeral establishments, and their personnel. Under existing law, the violation of the act is a misdemeanor.

Existing law requires the first page of a contract for goods or services offered by a licensee to include a prescribed statement providing the name, telephone number, and address of the bureau for more information on funeral, cemetery, and cremation matters.

This bill would revise the prescribed statement to add "hydrolysis" as one of the specified matters for which to contact the bureau for more information. By expanding the definition of an existing crime, this bill would impose a state-mandated local program.

Existing law requires the bureau, commencing on January 1, 2027, to license and regulate reduction facilities, as defined, and to enact requirements applicable to reduction facilities substantially similar to those applicable to crematoria and hydrolysis facilities.

This bill, commencing January 1, 2027, would require the licensee to revise the prescribed statement that is required to appear on the first page of a contract to add "reduction" as one of the specified matters. By expanding the definition of an existing crime, this bill would impose a state-mandated local program.

(12) Existing law, the Real Estate Law, provides for the licensure and regulation of real estate brokers and salespersons by the Department of Real Estate. Existing law establishes, within the Real Estate Fund, a Consumer Recovery Account, which is funded by fees and fines imposed on licensees. Existing law authorizes an aggrieved person who obtains either a criminal restitution order or an arbitration award, as specified, against a licensee for specified misconduct to submit an application for recovery from the Consumer Recovery Account. Existing law requires the application to be delivered in person or by certified mail to an office of the department, as specified.

This bill would additionally allow the application to be delivered electronically in a manner prescribed by the department.

~~(7)~~

(13) Existing law requires every secondhand dealer and coin dealer to report the receipt or purchase of secondhand tangible personal property, except firearms, to the California Pawn and Secondhand Dealer System (CAPSS), a system operated by the Department of Justice. Existing law requires every secondhand dealer and coin dealer

to retain in their possession for 7 days all tangible personal property reported electronically to CAPSS.

This bill would make the holding period specified above inapplicable to personal property pledged to a pawnbroker with respect to the redemption of personal property by the pledgor.

~~(8)~~

(14) Existing law, the California Private Postsecondary Education Act of 2009, provides for student protections and regulatory oversight of private postsecondary institutions in the state. The act is enforced by the Bureau for Private Postsecondary Education within the Department of Consumer Affairs. Existing law authorizes an institution that has been granted approval to operate by the bureau to indicate that the institution is licensed or licensed to operate.

This bill would delete that authorization, and would make other technical and nonsubstantive changes to the act.

~~(9)~~

(15) Existing law, the Speech-Language Pathologist and Audiologist and Hearing Aid Dispensers Licensure Act, establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to license and regulate speech-language pathologists, audiologists, and hearing aid dispensers. Under the act, when specified conditions are found to exist, a licensed audiologist is required to, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that their best interests would be served if they consult a licensed physician specializing in diseases of the ear, or, if no licensed physician is available in the community, then to a duly licensed physician.

This bill would require a licensed audiologist in the above-specified circumstance to suggest the individual consult a licensed physician and surgeon specializing in diseases of the ear, or, if none are available in the community, then to any duly licensed physician and surgeon. The bill would make technical and other nonsubstantive changes to that act and to other provisions in this bill, including changes relating to the elimination of gendered pronouns.

(16) 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 115.8 of the Business and Professions Code is amended to read:

115.8. The Department of Consumer Affairs shall compile information on ~~military, veteran,~~ *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:~~ *following for each license type of each board:*

(a) The number of applications for a temporary license submitted by ~~active duty servicemembers, veterans, or~~ military spouses per ~~calendar~~ *fiscal* year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses ~~submitted by veterans and active duty~~ *received from honorably discharged military members and military* spouses pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per ~~calendar~~ *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 ~~calendar~~ *fiscal* year.

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

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

SEC. 2. Section 472.4 of the Business and Professions Code is amended to read:

472.4. In addition to any other requirements of this chapter, the department shall do all of the following:

(a) Establish procedures to assist owners or lessees of new motor vehicles who have complaints regarding the operation of a qualified third-party dispute resolution process.

(b) Establish methods for measuring customer satisfaction and to identify violations of this chapter, which shall include an annual random postcard or telephone survey by the department of the customers of each qualified third-party dispute resolution process.

(c) Monitor and inspect, on a regular basis, qualified third-party dispute resolution processes to determine whether they continue to meet the standards for certification. Monitoring and inspection shall include, but not be limited to, all of the following:

(1) ~~Onsite~~ *Virtual or onsite* inspections of each qualified third-party dispute resolution process not less frequently than twice annually.

(2) Investigation of complaints from consumers regarding the operation of qualified third-party dispute resolution processes and analyses of representative samples of complaints against each process.

(3) Analyses of the annual surveys required by subdivision (b).

(d) Notify the Department of Motor Vehicles of the failure of a manufacturer to honor a decision of a qualified third-party dispute resolution process to enable the Department of Motor Vehicles to take appropriate enforcement action against the manufacturer pursuant to Section 11705.4 of the Vehicle Code.

(e) Submit a biennial report to the Legislature evaluating the effectiveness of this chapter, make available to the public summaries of the statistics and other information supplied by each qualified third-party dispute resolution process, and publish educational materials regarding the purposes of this chapter.

(f) Adopt regulations as necessary and appropriate to implement this chapter and subdivision (d) of Section 1793.22 of the Civil Code.

(g) Protection of the public shall be the highest priority for the department in exercising its certification, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

~~SECTION 1.~~

SEC. 3. Section 2530.3 of the Business and Professions Code is amended to read:

2530.3. (a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any title or description of services incorporating the words “speech pathologist,” “speech pathology,” “speech therapy,” “speech correction,” “speech correctionist,” “speech therapist,” “speech clinic,” “speech clinician,” “language pathologist,” “language pathology,” “logopedics,” “logopedist,”

"communicology," "communicologist," "aphasiologist," "voice therapy," "voice therapist," "voice pathology," or "voice pathologist," "language therapist," or "phoniatrist," or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any title or description of services incorporating the terms "audiology," "audiologist," "audiological," "hearing clinic," "hearing clinician," "hearing therapist," or any similar titles.

~~SEC. 2.~~

SEC. 4. Section 2532 of the Business and Professions Code is amended to read:

2532. No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this chapter.

~~SEC. 3.~~

SEC. 5. Section 2532.5 of the Business and Professions Code is amended to read:

2532.5. Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.

~~SEC. 4.~~

SEC. 6. Section 2535.4 of the Business and Professions Code is amended to read:

2535.4. A person who fails to renew their license within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license if they meet all of the following requirements:

(a) Have not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.

(c) Pays all of the fees that would be required if an initial application for licensure was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

~~SEC. 5.~~

SEC. 7. Section 2537.3 of the Business and Professions Code is amended to read:

2537.3. The income of a speech-language pathology corporation or an audiology corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of that shareholder or their share in the speech-language pathology or audiology corporation.

~~SEC. 6.~~

SEC. 8. Section 2538.20 of the Business and Professions Code is amended to read:

2538.20. It is unlawful for an individual to engage in the practice of fitting or selling hearing aids, or to display a sign or in any other way to advertise or hold themselves out as being so engaged without having first obtained a license from the board under the provisions of this article. Nothing in this article shall prohibit a corporation, partnership, trust, association or other like organization maintaining an established business address from engaging in the business of fitting or selling, or offering for sale, hearing aids at retail without a license, provided that any and all fitting or selling of hearing aids is conducted by the individuals who are licensed pursuant to the provisions of this article. A person whose license as a hearing aid dispenser has been suspended or revoked shall not be the proprietor of a business that engages in the practice of fitting or selling hearing aids nor shall that person be a partner, shareholder, member, or fiduciary in a partnership, corporation, association, or trust that maintains or operates that business, during the period of the suspension or revocation. This restriction shall not apply to stock ownership in a corporation that is listed on a stock exchange regulated by the Securities and Exchange Commission if the stock is acquired in a transaction conducted through that stock exchange.

~~SEC. 7.~~

SEC. 9. Section 2538.21 of the Business and Professions Code is amended to read:

2538.21. This article does not apply to a person engaged in the practice of fitting hearing aids if their practice is for a governmental agency, or private clinic, or is part of the academic curriculum of an accredited institution of higher education, or part of a program conducted by a public, charitable institution or other nonprofit organization, and who does not engage directly or indirectly in the sale or offering for sale of hearing aids.

~~SEC. 8.~~

SEC. 10. Section 2538.27 of the Business and Professions Code is amended to read:

2538.27. (a) An applicant who has fulfilled the requirements of Section 2538.24 and has made application therefor, may have a temporary license issued to them upon satisfactory proof to the board that the applicant holds a hearing aid dispenser's license in another state, that the licensee has not been subject to formal disciplinary action by another licensing authority, and that the applicant has been engaged in the fitting and sale of hearing aids for the two years immediately prior to application.

(b) A temporary license issued pursuant to this section shall be valid for one year from date of issuance and is not renewable. A temporary license shall automatically terminate upon issuance of a license prior to expiration of the one-year period.

(c) The holder of a temporary license issued pursuant to this section who fails either license examination shall be subject to and shall comply with the supervision requirements of Section 2538.28 and any regulations adopted pursuant thereto.

~~SEC. 9.~~

SEC. 11. Section 2538.28 of the Business and Professions Code is amended to read:

2538.28. (a) An applicant who has fulfilled the requirements of Section 2538.24, and has made application therefor, and who proves to the satisfaction of the board that they will be supervised and trained by a hearing aid dispenser who is approved by the board may have a trainee license issued to them. The trainee license shall entitle the trainee licensee to fit or sell hearing aids as set forth in regulations of the board. The supervising dispenser shall be responsible for any acts or omissions committed by a trainee licensee under their supervision that may constitute a violation of this chapter.

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

~~SEC. 10.~~

SEC. 12. Section 2538.30 of the Business and Professions Code is amended to read:

2538.30. (a) A temporary or trainee licensee shall not be the sole proprietor of, manage, or independently operate a business that engages in the fitting or sale of hearing aids.

(b) A temporary or trainee licensee shall not advertise or otherwise represent that they hold a license as a hearing aid dispenser.

~~SEC. 11.~~

SEC. 13. Section 2538.32 of the Business and Professions Code is amended to read:

2538.32. Every applicant who obtains a passing score determined by the Angoff criterion-referenced method of establishing the point in each examination shall be deemed to have passed that examination. An applicant shall pass the written examination before they may take the practical examination. An applicant shall obtain a passing score on both the written and the practical examination in order to be issued a license.

~~SEC. 12.~~

SEC. 14. Section 2538.33 of the Business and Professions Code is amended to read:

2538.33. (a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in their place of business within 30 days of engaging in that practice.

(b) If a street address is not the address at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address of their place or places of business.

~~SEC. 13.~~

SEC. 15. Section 2538.34 of the Business and Professions Code is amended to read:

2538.34. (a) Every licensee who engages in the practice of fitting or selling hearing aids shall have and maintain an established retail business address to engage in that fitting or selling, routinely open for service to customers or clients. The address of the licensee's place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a licensee maintains more than one place of business within this state, they shall apply for and procure a duplicate license for each branch office maintained. The application shall state the name of the person and the location of the place or places of business for which the duplicate license is desired.

(c) A hearing aid dispenser may, without obtaining a duplicate license for a branch office, engage on a temporary basis in the practice of fitting or selling hearing aids at the primary or branch location of another licensee's business or at a location or facility that they may use on a temporary basis, provided that the hearing aid dispenser notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

~~SEC. 14.~~

SEC. 16. Section 2538.36 of the Business and Professions Code is amended to read:

2538.36. (a) Whenever any of the following conditions are found to exist, either from observations by the licensee or based

on information furnished by the prospective hearing aid user, a licensee shall, before fitting or selling a hearing aid to any individual, suggest to that individual in writing that it would be in the individual's best interest to consult with a licensed physician and surgeon specializing in diseases of the ear, or, if none are available in the community, then to any duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap when generally acceptable standards have been established.

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensee in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensee for the period provided for in Section 2538.38. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt, and the receipt shall be kept with other documents retained by the licensee for the period provided for in Section 2538.38. Nothing in this section required to be performed by a licensee shall mean that the licensee is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

~~SEC. 15.~~

SEC. 17. Section 2538.40 of the Business and Professions Code is amended to read:

2538.40. (a) Upon denial of an application for license, the board shall notify the applicant in writing of the following:

(1) The reason for the denial.

(2) That the applicant has a right to a hearing under Section 2533.2 if they make a written request within 60 days after notice of denial.

(b) Service of the notice required by this section may be made by certified mail addressed to the applicant at the latest address filed by the applicant in writing with the board in their application or otherwise.

~~SEC. 16.~~

SEC. 18. Section 2538.49 of the Business and Professions Code is amended to read:

2538.49. It is unlawful for a licensed hearing aid dispenser to fit or sell a hearing aid unless they first do all of the following:

(a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.

(b) Conduct a direct observation of the purchaser's ear canals.

(c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

~~SEC. 17.~~

SEC. 19. Section 2538.50 of the Business and Professions Code is amended to read:

2538.50. It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked license or temporary license.

~~SEC. 18.~~

SEC. 20. Section 2538.51 of the Business and Professions Code is amended to read:

2538.51. It is unlawful to engage in the practice of fitting or selling hearing aids without the licensee having and maintaining an established business address, routinely open for service to their clients.

~~SEC. 19.~~

SEC. 21. Section 2538.56 of the Business and Professions Code is amended to read:

2538.56. A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:

(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.

(b) They pay all of the fees that would be required if they were applying for a license for the first time.

(c) They take and pass the examination that would be required if they were applying for a license for the first time, or otherwise establishes to the satisfaction of the board that they are qualified to engage in the practice of fitting or selling hearing aids. The board may, by regulation, provide for the waiver or refund of all or any part of the application fee in those cases in which a license is issued without an examination under this section.

~~SEC. 20.~~

SEC. 22. Section 2539.1 of the Business and Professions Code is amended to read:

2539.1. (a) (1) On and after January 1, 2010, in addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

(b) (1) On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to the provisions of this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph shall not prevent an audiologist who also has a hearing aid dispenser's license from maintaining dual or separate licenses if they choose to do so.

(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be

subject to the requirements described in subdivision (a) as well as the other provisions of this chapter.

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser's examination provided by the former Hearing Aid Dispensers Bureau until such time as the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

~~SEC. 21.~~

SEC. 23. Section 2539.6 of the Business and Professions Code is amended to read:

2539.6. (a) Whenever any of the following conditions are found to exist either from observations by the licensed audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active, drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap (when generally acceptable standards have been established).

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed audiologist in the instance of replacement only of a hearing

aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed audiologist shall mean that the licensed audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

~~SEC. 22.~~

SEC. 24. Section 2710 of the Business and Professions Code is amended to read:

2710. (a) Special meetings may be held at such times as the board may elect, or on the call of the president of the board, or of not less than three members thereof.

(b) A written notice of the time, place, and object of any special meeting shall be sent electronically by the executive officer to all members of the board who are not parties to the call, at least 15 days before the day of the meeting.

~~SEC. 23.~~

SEC. 25. Section 2728 of the Business and Professions Code is amended to read:

2728. If adequate medical and nursing supervision by a professional nurse or nurses is provided, nursing service may be given by attendants, psychiatric technicians, or psychiatric technician interim permittees in institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health or the Department of Corrections and Rehabilitation. Services given by a psychiatric technician shall be limited to services that they are authorized to perform by their license as a psychiatric technician. Services given by a psychiatric technician interim permittee shall be limited to skills included in their basic course of study and performed under the supervision of a licensed psychiatric technician or registered nurse.

The Director of State Hospitals, the Director of Developmental Services, and the State Public Health Officer shall determine what

shall constitute adequate medical and nursing supervision in any institution under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services or subject to visitation by the State Department of Public Health.

Notwithstanding any other provision of law, institutions under the jurisdiction of the State Department of State Hospitals or the State Department of Developmental Services may utilize graduates of accredited psychiatric technician training programs who are not licensed psychiatric technicians or psychiatric technician interim permittees to perform skills included in their basic course of study when supervised by a licensed psychiatric technician or registered nurse, for a period not to exceed nine months.

~~SEC. 24.~~

SEC. 26. Section 2732 of the Business and Professions Code is amended to read:

2732. No person shall engage in the practice of nursing, as defined in Section 2725, without holding a license that is in an active status issued under this chapter except as otherwise provided in this act.

Every licensee may be known as a registered nurse and may place the letter "R.N." after their name.

~~SEC. 25.~~

SEC. 27. Section 2732.1 of the Business and Professions Code is amended to read:

2732.1. (a) An applicant for license by examination shall submit a written application in the form prescribed by the board.

Upon approval of the application, the board may issue an interim permit authorizing the applicant to practice nursing pending the results of the first licensing examination following completion of their nursing course or for a maximum period of six months, whichever occurs first.

If the applicant passes the examination, the interim permit shall remain in effect until a regular renewable license is issued by the board. If the applicant fails the examination, the interim permit shall terminate.

(b) The board upon written application may issue a license without examination to any applicant who is licensed or registered as a nurse in a state, district or territory of the United States or Canada having, in the opinion of the board, requirements for licensing or registration equal to or higher than those in California

at the time the application is filed with the Board of Registered Nursing, if they have passed an examination for the license or registration that is, in the board's opinion, comparable to the board's examination, and if they meet all the other requirements set forth in Section 2736.

(c) Each application shall be accompanied by the fee prescribed by this chapter for the filing of an application for a regular renewable license.

The interim permit shall terminate if it is issued by mistake or if the application for permanent licensure is denied.

~~SEC. 26.~~

SEC. 28. Section 2733 of the Business and Professions Code is amended to read:

2733. (a) (1) (A) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (k) of Section 2815, the board may issue a temporary license to practice professional nursing, and a temporary certificate to practice as a certified public health nurse for a period of six months from the date of issuance.

(B) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (d) of Section 2838.2, the board may issue a temporary certificate to practice as a certified clinical nurse specialist for a period of six months from the date of issuance.

(C) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (e) of Section 2815.5, the board may issue a temporary certificate to practice as a certified nurse-midwife for a period of six months from the date of issuance.

(D) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (d) of Section 2830.7, the board may issue a temporary certificate to practice as a certified nurse anesthetist for a period of six months from the date of issuance.

(E) Upon approval of an application filed pursuant to subdivision (b) of Section 2732.1, and upon the payment of the fee prescribed by subdivision (p) of Section 2815, the board may issue a temporary certificate to practice as a certified nurse practitioner for a period of six months from the date of issuance.

(2) A temporary license or temporary certificate shall terminate if it is issued by mistake or if the application for permanent licensure is denied.

(b) Upon written application, the board may reissue a temporary license or temporary certificate to any person who has applied for a regular renewable license pursuant to subdivision (b) of Section 2732.1 and who, in the judgment of the board has been excusably delayed in completing their application for or the minimum requirements for a regular renewable license, but the board may not reissue a temporary license or temporary certificate more than twice to any one person.

(c) The board shall prominently display on the front page of its website the availability of temporary licenses and certificates pursuant to this section.

~~SEC. 27.~~

SEC. 29. Section 2734 of the Business and Professions Code is amended to read:

2734. Upon application in writing to the board and payment of the biennial renewal fee, a licensee may have their license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status may not practice nursing. However, a licensee does not have to comply with the continuing education standards of Section 2811.5.

~~SEC. 28.~~

SEC. 30. Section 2736 of the Business and Professions Code is amended to read:

2736. (a) An applicant for licensure as a registered nurse shall comply with each of the following:

(1) Have completed such general preliminary education requirements as shall be determined by the board.

(2) Have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state which, in the opinion of the board at the time the application is filed with the Board of Registered Nursing, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.

(3) Not be subject to denial of licensure under Section 480.

(b) An applicant who has received their training from a school of nursing in a country outside the United States and who has complied with the provisions of subdivision (a), or has completed training equivalent to that required by subdivision (a), shall qualify for licensure by successfully passing the examination prescribed by the board.

~~SEC. 29.~~

SEC. 31. Section 2738 of the Business and Professions Code is repealed.

~~SEC. 30.~~

SEC. 32. Section 2746.8 of the Business and Professions Code is amended to read:

2746.8. (a) Each certificate issued pursuant to this article shall be renewable biennially, and each person holding a certificate under this article shall apply for a renewal of the certificate and pay the biennial renewal fee required by Section 2815.5 every two years on or before the last day of the month following the month in which their birthday occurs, beginning with the second birthday following the date on which the certificate was issued, whereupon the board shall renew the certificate.

(b) Each certificate that is not renewed in accordance with this section shall expire, but may, within a period of eight years, be reinstated upon payment of the biennial renewal fee and penalty fee required by Section 2815.5 and submission of proof of the applicant's qualifications as may be required by the board. During the eight-year period, no examination shall be required as a condition for the reinstatement of an expired certificate that has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of the eight-year period, the board may require, as a condition of reinstatement, that the applicant pass an examination as it deems necessary to determine the applicant's present fitness to resume the practice of nurse-midwifery.

~~SEC. 31.~~

SEC. 33. Section 2759 of the Business and Professions Code is amended to read:

2759. The board shall discipline the holder of any license, whose default has been entered or who has been heard by the board and found guilty, by any of the following methods:

(a) Suspending judgment.

(b) Placing upon them probation.

(c) Suspending their right to practice nursing for a period not exceeding one year.

(d) Revoking their license.

(e) Taking other action in relation to disciplining them as the board in its discretion may deem proper.

~~SEC. 32.~~

SEC. 34. Section 2760 of the Business and Professions Code is amended to read:

2760. (a) If the holder of a license is suspended, they shall not be entitled to practice nursing during the term of suspension.

(b) Upon expiration of the term of suspension, they shall be reinstated by the board and shall be entitled to resume the practice of nursing unless it is established to the satisfaction of the board that they have practiced nursing in this state during the term of suspension. In this event, the board shall revoke their license.

~~SEC. 33.~~

SEC. 35. Section 2761 of the Business and Professions Code is amended to read:

2761. (a) The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(1) Unprofessional conduct, which includes, but is not limited to, the following:

(2) Incompetence or gross negligence in carrying out usual certified or licensed nursing functions.

(A) A conviction of practicing medicine without a license in violation of Chapter 5 (commencing with Section 2000), in which event the record of conviction shall be conclusive evidence thereof.

(B) The use of advertising relating to nursing that violates Section 17500.

(C) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action against a health care professional license or certificate by another state or territory of the United States, by any other government agency, or by another California health care professional licensing board. A certified copy of the decision or judgment shall be conclusive evidence of that action.

(3) Procuring their certificate or license by fraud, misrepresentation, or mistake.

(4) Procuring, or aiding, or abetting, or attempting, or agreeing, or offering to procure or assist at a criminal abortion.

(5) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or regulations adopted pursuant to it.

(6) Making or giving any false statement or information in connection with the application for issuance of a certificate or license.

(7) Conviction of a felony or of any offense substantially related to the qualifications, functions, and duties of a registered nurse, in which event the record of the conviction shall be conclusive evidence thereof.

(8) Impersonating any applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a certificate or license.

(9) Impersonating another certified or licensed practitioner, or permitting or allowing another person to use their certificate or license for the purpose of nursing the sick or afflicted.

(10) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of, or arranging for, a violation of any of the provisions of Article 12 (commencing with Section 2220) of Chapter 5.

(11) Holding oneself out to the public or to any practitioner of the healing arts as a nurse practitioner or as meeting the standards established by the board for a nurse practitioner unless meeting the standards established by the board pursuant to Article 8 (commencing with Section 2834) or holding oneself out to the public as being certified by the board as a nurse anesthetist, nurse midwife, clinical nurse specialist, or public health nurse unless the person is at the time certified by the board.

(12) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from licensed or certified nurse to patient, from patient to patient, and from patient to licensed or certified nurse. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Health Services developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300),

Division 5, Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the Board of Podiatric Medicine, the Dental Board of California, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

(b) The board shall seek to ensure that licentiates and others regulated by the board are informed of the responsibility of licentiates to minimize the risk of transmission of blood-borne infectious diseases from health care provider to patient, from patient to patient, and from patient to health care provider, and of the most recent scientifically recognized safeguards for minimizing the risks of transmission.

~~SEC. 34.~~

SEC. 36. Section 2762 of the Business and Professions Code is amended to read:

2762. In addition to other acts constituting unprofessional conduct within the meaning of this chapter, it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administer to themselves, or furnish or administer to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug or dangerous device as defined in Section 4022.

(b) Use any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug or dangerous device as defined in Section 4022, or alcoholic beverages, to an extent or in a manner dangerous or injurious to themselves, any other person, or the public or to the extent that such use impairs their ability to conduct with safety to the public the practice authorized by their license.

(c) Be convicted of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in subdivisions (a) and (b) of this section, or the possession of, or falsification of a record pertaining to, the

substances described in subdivision (a) of this section, in which event the record of the conviction is conclusive evidence thereof.

(d) Be committed or confined by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in subdivisions (a) and (b) of this section, in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.

(e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a) of this section.

~~SEC. 35.~~

SEC. 37. Section 2765 of the Business and Professions Code is amended to read:

2765. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions and duties of a registered nurse is deemed to be a conviction within the meaning of this article. The board may order the license or certificate suspended or revoked, or may decline to issue a license or certificate, when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

~~SEC. 36.~~

SEC. 38. Section 2770.11 of the Business and Professions Code is amended to read:

2770.11. (a) Each registered nurse who requests participation in an intervention program shall agree to cooperate with the rehabilitation program designed by the committee and approved by the program manager. Any failure to comply with a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

(b) If the program manager determines that a registered nurse, who is denied admission into the program or terminated from the program, presents a threat to the public or their own health and safety, the program manager shall report the name and license number, along with a copy of all intervention program records for that registered nurse, to the board's enforcement program. The board may use any of the records it receives under this subdivision in any disciplinary proceeding.

~~SEC. 37.~~

SEC. 39. Section 2770.7 of the Business and Professions Code is amended to read:

2770.7. (a) The board shall establish criteria for the acceptance, denial, or termination of registered nurses in the intervention program. Only those registered nurses who have voluntarily requested to participate in the intervention program shall participate in the program.

(b) A registered nurse under current investigation by the board may request entry into the intervention program by contacting the board. Before authorizing a registered nurse to enter into the intervention program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that any violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action in accordance with this section.

(c) (1) Neither acceptance nor participation in the intervention program shall preclude the board from investigating or continuing to investigate, or, except as provided in this subdivision, taking disciplinary action or continuing to take disciplinary action against, any registered nurse for any unprofessional conduct committed before, during, or after participation in the intervention program.

(2) The board may investigate at its discretion complaints against registered nurses participating in the intervention program.

(3) Disciplinary action with regard to acts committed before or during participation in the intervention program shall not take place unless the registered nurse withdraws or is terminated from the program.

(d) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the

intervention program at a time when the program manager or intervention evaluation committee determines the licentiate presents a threat to the public's health and safety shall result in the utilization by the board of intervention program treatment records in disciplinary or criminal proceedings.

(e) Any registered nurse terminated from the intervention program for failure to comply with program requirements is subject to disciplinary action by the board for acts committed before, during, and after participation in the intervention program. A registered nurse who has been under investigation by the board and has been terminated from the intervention program by an intervention evaluation committee shall be reported by the intervention evaluation committee to the board.

~~SEC. 38.~~

SEC. 40. Section 2780 of the Business and Professions Code is amended to read:

2780. The income of a nursing corporation attributable to professional services rendered while a shareholder is a disqualified person, as defined in Section 13401 of the Corporations Code, shall not in any manner accrue to the benefit of the shareholder or their shares in the nursing corporation.

~~SEC. 39.~~

SEC. 41. Section 2785.6 of the Business and Professions Code is amended to read:

2785.6. There is created within the jurisdiction of the board a Nursing Education and Workforce Advisory Committee, which shall solicit input from approved nursing programs and members of the nursing and health care professions to study and recommend nursing education standards and solutions to workforce issues to the board.

(a) The committee shall be comprised of the following:

(1) One nursing program director representative of a statewide association for associate's degrees in nursing programs.

(2) One nursing program director representative of a statewide association representing bachelor's degrees in nursing programs.

(3) One California Community Colleges Chancellor's Office representative.

(4) One California State University Office of the Chancellor representative.

(5) One currently practicing registered nurse representative.

(6) Two currently practicing advanced practice registered nurse representatives.

(7) Two registered nurse employer representatives in nursing service administration.

(8) One professional nursing organization representative.

(9) Three nursing union organization representatives.

(10) One public representative.

(11) One Health Workforce Development Division representative.

(12) One board research vendor.

(13) Any other members representing an organization in the nursing education or workforce field that the board determines is necessary for the work of the committee and is not listed under this subdivision.

(b) (1) Except as provided in paragraph (2), all appointments shall be for a term of four years and vacancies shall be filled for the unexpired term. No person shall serve more than two consecutive terms except for the representatives from organizations.

(2) (A) The initial appointments for the education representatives shall be for the following terms:

(i) One Nursing Program Director who is a member of a statewide association for associate's degrees in nursing programs shall serve three years.

(ii) One nursing program director who is a member of a statewide association representing bachelor's degrees in nursing programs shall serve a term of two years.

(iii) One California Community Colleges Chancellor's Office representative shall serve a term of four years.

(iv) One representative from the California State University Office of the Chancellor shall serve a term of four years.

(B) The initial appointments for the workforce representatives shall be for the following terms:

(i) One practicing registered nurse representative shall serve a term of four years.

(ii) One of the two practicing advanced practice registered nurse representatives shall serve a term of three years and the other shall serve a term of two years.

(C) The initial appointments for the employer representatives shall be for the following terms:

(i) One of the two registered nurse employer representatives shall serve a term of three years and the other shall serve a term of four years.

(ii) One professional nursing organization representative shall serve a term of two years.

(D) The public member shall serve a term of four years.

(c) The committee shall meet a minimum of two times per year and shall appoint officers annually.

(d) (1) The committee shall dedicate a minimum of one meeting each towards nursing education issues and nursing workforce issues.

(2) The committee may establish subcommittees to study issues specific to education, workforce, or any other topic relevant to the purpose of the committee.

(e) The committee may refer information and recommendations to the board or other committees of the board.

(f) (1) The board may implement, interpret, or make specific this section by means of a charter, or other similar document, approved by the board.

(2) The board may revise the charter, or other similar document, developed pursuant to this section, as necessary. The development or revision of the charter, or other similar document, shall be exempt from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Title 2 of the Government Code).

(g) The committee shall study and recommend standards for simulated clinical experiences based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards.

~~SEC. 40.~~

SEC. 42. Section 2800 of the Business and Professions Code is amended to read:

2800. None of the sections in this article, except Sections 2796 and 2797, shall be applicable to any person or persons specifically exempted from the general provisions of this act by Section 2731 hereof, or to schools conducted by any well-recognized church or denomination for the purpose of training the adherents of the church or denomination in the care of the sick in accordance with its religious tenets. An adherent of any well-recognized church or

denomination who engages in nursing or the care of the sick in connection with the practice of the religious tenets of the well-recognized church or denomination may use the word "nurse" in connection with or following their name, provided they shall not use the title "registered nurse," the letters "R.N.," the words "graduate nurse," "trained nurse," "nurse anesthetist," or any other name, word or symbol in connection with or following their name so as to lead another or others to believe that they are a professional nurse licensed under the provisions of this chapter.

~~SEC. 41.~~

SEC. 43. Section 2811 of the Business and Professions Code is amended to read:

2811. (a) Each person holding a regular renewable license under this chapter, whether in an active or inactive status, shall apply for a renewal of their license and pay the biennial renewal fee required by this chapter every two years on or before the last day of the month following the month in which their birthday occurs, beginning with the second birthday following the date on which the license was issued, whereupon the board shall renew the license.

(b) A license not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the fee required by this chapter and upon submission of proof of the applicant's qualifications as may be required by the board. During the eight-year period, no examination shall be required as a condition for the reinstatement of an expired license that has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of the eight-year period, the board may require as a condition of reinstatement that the applicant pass an examination as the board deems necessary to determine their present fitness to resume the practice of professional nursing.

(c) A license in an inactive status may be restored to an active status if the licensee meets the continuing education standards of Section 2811.5.

SEC. 44. Section 2811.5 of the Business and Professions Code is amended to read:

2811.5. (a) Each person renewing their license under Section 2811 shall submit proof satisfactory to the board that, during the preceding two-year period, they have been informed of the

developments in the registered nurse field or in any special area of practice engaged in by the licensee, occurring since the last renewal thereof, either by pursuing a course or courses of continuing education in the registered nurse field or relevant to the practice of the licensee, and approved by the board, or by other means deemed equivalent by the board.

(b) Notwithstanding Section 10231.5 of the Government Code, the board, in compliance with Section 9795 of the Government Code, shall do the following:

(1) By January 1, 2019, deliver a report to the appropriate legislative policy committees detailing a comprehensive plan for approving and disapproving continuing education opportunities.

(2) By January 1, 2020, report to the appropriate legislative committees on its progress implementing this plan.

(c) For purposes of this section, the board shall, by regulation, establish standards for continuing education. The standards shall be established in a manner to ensure that a variety of alternative forms of continuing education are available to licensees, including, but not limited to, online, academic studies, in-service education, institutes, seminars, lectures, conferences, workshops, extension studies, and home study programs. The standards shall take cognizance of specialized areas of practice, and content shall be relevant to the practice of nursing and shall be related to the scientific knowledge or technical skills required for the practice of nursing or be related to direct or indirect patient or client care. The continuing education standards established by the board shall not exceed 30 hours of direct participation in a course or courses approved by the board, or its equivalent in the units of measure adopted by the board.

(d) The board shall audit continuing education providers at least once every five years to ensure adherence to regulatory requirements, and shall withhold or rescind approval from any provider that is in violation of the regulatory requirements.

(e) The board shall encourage continuing education in spousal or partner abuse detection and treatment. In the event the board establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.

(f) In establishing standards for continuing education, the board shall consider including a course in the special care needs of individuals and their families, including, but not limited to, all of the following:

(1) Pain and symptom management, including palliative care.

(2) The psychosocial dynamics of death.

(3) Dying and bereavement.

(4) Hospice care.

(g) This section shall not apply to licensees during the first two years immediately following their initial licensure in California or any other governmental jurisdiction, except that, beginning January 1, 2023, those licensees shall complete one hour of direct participation in an implicit bias course offered by a continuing education provider approved by the board that meets all the same requirements outlined in paragraph (1) of subdivision ~~(e)~~ *(f)* of Section 2786, including, but not limited to, the identification of the licensees previous or current unconscious biases and misinformation and corrective measures to decrease implicit bias at the interpersonal and institutional levels, including ongoing policies and practices for that purpose.

(h) The board may, in accordance with the intent of this section, make exceptions from continuing education requirements for licensees residing in another state or country, or for reasons of health, military service, or other good cause.

~~SEC. 42.~~

SEC. 45. Section 2816 of the Business and Professions Code is amended to read:

2816. The nonrefundable fee to be paid by a registered nurse for an evaluation of their qualifications to use the title "public health nurse" shall not be less than three hundred dollars ($300) or more than one thousand dollars ($1,000). The fee to be paid upon the application for renewal of the certificate to practice as a public health nurse shall not be less than one hundred twenty-five dollars ($125) and not more than five hundred dollars ($500). The penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time shall be 50 percent of the renewal fee in effect on the date of renewal of the certificate, but not less than sixty-two dollars and fifty cents ($62.50), and not more than two hundred fifty dollars ($250). All fees payable under this section shall be collected by and paid to the Board of

Registered Nursing Fund. It is the intention of the Legislature that the costs of carrying out the purposes of this article shall be covered by the revenue collected pursuant to this section. The board shall refund any registered nurse who paid more than three hundred dollars ($300) for an evaluation of their qualifications to use the title "public health nurse" between April 5, 2018, and December 31, 2018.

~~SEC. 43.~~

SEC. 46. Section 2826 of the Business and Professions Code is amended to read:

2826. As used in this article:

(a) "Nurse anesthetist" means a person who is a registered nurse licensed by the board who has met standards for certification from the board. In the certification and recertification process, the board shall consider the standards of the National Board of Certification and Recertification for Nurse Anesthetists, or a successor national professional organization approved by the board, and may develop new standards if there is a public safety need for standards more stringent than the councils' standards. In determining the adequacy for public safety of the councils' standards or in developing board standards, the board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) "Accredited Program" means a program for the education of nurse anesthetists that has received approval from the board. In the approval process, the board shall consider the standards of the Council on Accreditation of Nurse Anesthesia Education Programs and Schools and may develop new standards if the councils' standards are determined to be inadequate for public safety. In determining the adequacy for public safety of the councils' standards or in developing board standards, the board shall comply with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(c) "Appropriate committee" means the committee responsible for anesthesia practice that is responsible to the executive committee of the medical staff.

(d) "Trainee" means a registered nurse enrolled in an accredited program of nurse anesthesia.

(e) "Graduate" means a nurse anesthetist who is a graduate of an accredited program of nurse anesthesia awaiting initial

certification results for not more than one year from the date of graduation.

~~SEC. 44.~~

SEC. 47. Section 2828 of the Business and Professions Code is amended to read:

2828. In an acute care facility, a nurse anesthetist who is not an employee of the facility shall, nonetheless, be subject to the bylaws of the facility and may be required by the facility to provide proof of current professional liability insurance coverage. Notwithstanding any other provision of law, a nurse anesthetist shall be responsible for their own professional conduct and may be held liable for those professional acts.

~~SEC. 45.~~

SEC. 48. Section 2830.6 of the Business and Professions Code is amended to read:

2830.6. Notwithstanding Section 2830, the board shall certify all applicants who can show certification by the National Board of Certification and Recertification for Nurse Anesthetists or a successor national professional organization approved by the board. This certification shall be documented to the board in a manner to be determined by the board. Proof of certification shall be filed with the board within six months from the effective date of this article and the board shall, within one year from the effective date of this article, issue a certificate to applicants who have filed proof of certification within that six-month period.

~~SEC. 46.~~

SEC. 49. Section 2833 of the Business and Professions Code is amended to read:

2833. (a) Each certificate issued pursuant to this article shall be renewable biennially, and each person holding a certificate under this article shall apply for a renewal of their certificate and pay the biennial renewal fee required by Section 2830.7 every two years on or before the last day of the month following the month in which their birthday occurs, beginning with the second birthday following the date on which the certificate was issued, whereupon the board shall renew the certificate.

(b) Each certificate not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the biennial renewal fee and penalty fee required by Section 2830.7 and upon submission of proof of

the applicant's qualifications as may be required by the board. During the eight-year period, no examination shall be required as a condition for the reinstatement of any expired certificate that has lapsed solely by reason of nonpayment of the renewable fee. After the expiration of the eight-year period the board may require, as a condition of reinstatement, that the applicant pass an examination as it deems necessary to determine their present fitness to resume the practice of nurse anesthesia.

~~SEC. 47.~~

SEC. 50. Section 2836 of the Business and Professions Code is amended to read:

2836. (a) The board shall establish categories of nurse practitioners and standards for nurses to hold themselves out as nurse practitioners in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, as outlined in the nurse practitioner curriculum core competencies specified in the National Organization of Nurse Practitioner Faculties' Nurse Practitioner Role Core Competencies (2022), or a successor approved by the board, experience, or both, needed to practice safely at those levels. In setting the standards, the board shall consult with nurse practitioners, physicians and surgeons with expertise in the nurse practitioner field, and health care organizations using nurse practitioners. Established standards shall apply to persons without regard to the date of meeting the standards. If the board sets standards for use of nurse practitioner titles that include completion of an academically affiliated program, it shall provide equivalent standards for registered nurses who have not completed the program.

(b) Any regulations promulgated by a state department that affect the scope of practice of a nurse practitioner shall be developed in consultation with the board.

~~SEC. 48.~~

SEC. 51. Section 2838.1 of the Business and Professions Code is amended to read:

2838.1. (a) On and after July 1, 1998, any registered nurse who holds themselves out as a clinical nurse specialist or who desires to hold themselves out as a clinical nurse specialist shall, within the time prescribed by the board and before their next license renewal or the issuance of an initial license, submit their

education, experience, and other credentials, and any other information required by the board to determine that the person qualifies to use the title "clinical nurse specialist."

(b) Upon finding that a person is qualified to hold themselves out as a clinical nurse specialist, the board shall appropriately indicate on the license issued or renewed that the person is qualified to use the title "clinical nurse specialist." The board shall also issue to each qualified person a certificate indicating that the person is qualified to use the title "clinical nurse specialist."

~~SEC. 49.~~

SEC. 52. Section 2838.2 of the Business and Professions Code is amended to read:

2838.2. (a) A clinical nurse specialist is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of their role.

(b) The board may establish categories of clinical nurse specialists and the standards required to be met for nurses to hold themselves out as clinical nurse specialists in each category. The standards shall take into account the types of advanced levels of nursing practice that are or may be performed and the clinical and didactic education, experience, or both needed to practice safety at those levels. In setting the standards, the board shall consult with clinical nurse specialists, physicians and surgeons appointed by the Medical Board of California with expertise with clinical nurse specialists, and health care organizations that use clinical nurse specialists.

(c) A registered nurse who meets one of the following requirements may apply to become a clinical nurse specialist:

(1) Possession of a master's degree in a clinical field of nursing.

(2) Possession of a master's degree in a clinical field related to nursing with coursework in the components referred to in subdivision (a).

(3) On or before July 1, 1998, meets the following requirements:

(A) Current licensure as a registered nurse.

(B) Performs the role of a clinical nurse specialist as described in subdivision (a).

(C) Meets any other criteria established by the board.

(d) (1) A nonrefundable fee of not less than five hundred dollars ($500), but not to exceed one thousand five hundred dollars

($1,500) shall be paid by a registered nurse applying to be a clinical nurse specialist for the evaluation of their qualifications to use the title "clinical nurse specialist."

(2) The fee to be paid for a temporary certificate to practice as a clinical nurse specialist shall be not less than thirty dollars ($30) nor more than fifty dollars ($50).

(3) A biennial renewal fee shall be paid upon submission of an application to renew the clinical nurse specialist certificate and shall be established by the board at no less than one hundred fifty dollars ($150) and no more than one thousand dollars ($1,000).

(4) The penalty fee for failure to renew a certificate within the prescribed time shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than seventy-five dollars ($75) nor more than five hundred dollars ($500).

(5) The fees authorized by this subdivision shall not exceed the amount necessary to cover the costs to the board to administer this section.

~~SEC. 50.~~

SEC. 53. Section 2915.4 of the Business and Professions Code is amended to read:

2915.4. (a) Effective January 1, 2020, an applicant for licensure as a psychologist shall show, as part of the application, that they have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of the applicant's qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a transcript indicating completion of this coursework. In the absence of this coursework title in the transcript, the applicant shall submit a written certification from the registrar, department chair, or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of the applicant's applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets

the requirement of Section 2911, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of subdivision (e) or (f) of Section 2915 and that qualifies as a continuing education learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2915. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) Effective January 1, 2020, as a one-time requirement, a licensee prior to the time of their first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a). Proof of compliance with this section shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.

~~SEC. 51.~~

SEC. 54. Section 2915.5 of the Business and Professions Code is amended to read:

2915.5. (a) Any applicant for licensure as a psychologist as a condition of licensure, a minimum of six contact hours of coursework or applied experience in aging and long-term care, which may include, but need not be limited to, the biological, social, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(b) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a transcript indicating completion of this coursework. In the absence of this coursework title in the transcript, the applicant shall submit a written certification from the registrar, department chair, or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution’s required curriculum for

graduation at the time the applicant graduated, or within the coursework, that was completed by the applicant.

(c) (1) If an applicant does not have coursework pursuant to this section, the applicant may obtain evidence of compliance as part of their applied experience in a practicum, internship, or formal postdoctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience.

(2) To satisfy the applied experience requirement of this section, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience occurred stating that the training required by this section is included within the applied experience.

(d) If an applicant does not meet the curriculum or coursework requirement pursuant to this section, the applicant may obtain evidence of compliance by taking a continuing education course that meets the requirements of subdivision (d) or (e) of Section 2915 and that qualifies as a learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2915. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(e) A written certification made or submitted pursuant to this section shall be done under penalty of perjury.

SEC. 55. Section 4427.8 of the Business and Professions Code is amended to read:

4427.8. (a) This article shall become operative on July 1, 2019.

(b) On or before January 1, ~~2024~~, *2025*, as part of the board's sunset evaluation process, and notwithstanding Sections 9795 and 10231.5 of the Government Code, the board shall report to the appropriate committees of the Legislature on the regulation of ADDS units as provided in this article. At a minimum, this report shall require all of the following:

(1) The use and dispersion of ADDS throughout the health care system.

(2) The number of ADDS inspections conducted by the board each year and the findings from the inspections.

(3) Public safety concerns relating to the use of ADDS as identified by the board.

~~SEC. 52.~~

SEC. 56. Section 4846 of the Business and Professions Code is amended to read:

4846. (a) In order to obtain a license to practice veterinary medicine in California, an individual shall meet the following requirements:

(1) Graduate from a veterinary college recognized by the board or receive a certificate from the Educational Commission for Foreign Veterinary Graduates (ECFVG) or the Program for the Assessment of Veterinary Education Equivalence (PAVE). Proof of graduation must be directly submitted to the board by the veterinary college or from the American Association of Veterinary State Boards (AAVSB). Proof of certificate must be directly submitted to the board by ECFVG or PAVE.

(2) Complete a board-approved license application.

(3) Pay the applicable fees specified in Section 4905.

(4) As directed by the board pursuant to Section 144, submit a full set of fingerprints for the purpose of conducting a criminal history record check and undergo a state and federal criminal offender record information search conducted through the Department of Justice, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state or federal response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(5) Pass an examination consisting of the following:

(A) A licensing examination that is administered on a national basis. If the applicant passed the national licensing examination over five years from the date of submitting the California Veterinarian license application, the applicant shall satisfy one of the following:

(i) Retake and pass the national licensing examination.

(ii) Submit proof of having practiced clinical veterinary medicine for a minimum of two years and completed a minimum of 2,500 hours of clinical practice in another state, Canadian province, or United States territory within the three years immediately preceding filing an application for licensure in this state.

(iii) Complete the minimum continuing education requirements of Section 4846.5 for the current and preceding year.

(B) A veterinary law examination administered by the board concerning the Veterinary Medicine Practice Act statutes and regulations. The examination may be administered by regular mail, email, or by other electronic means. The applicant shall certify that the applicant personally completed the examination. Any false

statement is a violation subject to Section 4831. Every applicant who obtains a score of at least 80% on the veterinary law examination shall be deemed to have passed. University of California and Western University of Health Sciences veterinary medical students who have successfully completed a board-approved course on veterinary law and ethics covering the Veterinary Medicine Practice Act shall be exempt from this subparagraph.

(b) The applicant shall disclose each state, Canadian province, or United States territory in which the applicant currently holds or has ever held a license to practice veterinary medicine. License verification, including any disciplinary or enforcement history, shall be confirmed through electronic means or direct submission from each state, Canadian province, or United States territory in which the applicant has identified the applicant holds or has ever held a license to practice veterinary medicine.

(c) A veterinarian license application shall be subject to denial pursuant to Sections 480, 4875, and 4883.

~~SEC. 53.~~

SEC. 57. Section 4861 of the Business and Professions Code is amended to read:

4861. (a) One or more wellness evaluation committees is hereby authorized to be established by the board. Each wellness evaluation committee shall be composed of five persons appointed by the board. The board, in making its appointments, shall give consideration to recommendations of state and local associations and shall consider, among others, where appropriate, the appointment of individuals who have recovered from impairment or who have knowledge and expertise in the management of impairment.

(b) Each wellness evaluation committee shall have the following composition:

(1) At least one veterinarian licensed under this chapter.

(2) At least two public members.

(3) At least one registered veterinary technician registered under this chapter.

(c) Each person appointed to a wellness evaluation committee shall have experience or knowledge in the evaluation or management of persons who are impaired due to alcohol or drug abuse.

(d) It shall require the majority vote of the board to appoint a person to a wellness evaluation committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion the board may stagger the terms of the initial members appointed.

(e) The board president may suspend any wellness evaluation committee member pending an investigation into allegations of existing alcohol or drug addiction. If, after investigation, there is evidence of an alcohol or drug addiction relapse, the board president shall have authorized discretion to remove the member without input from the board.

(f) The board may appoint a program director and other personnel as necessary to carry out this article.

~~SEC. 54.~~

SEC. 58. Section 4875.3 of the Business and Professions Code is amended to read:

4875.3. If the board determines, as a result of its inspection of the premises pursuant to Section 4809.5, or any other place where veterinary medicine, veterinary dentistry, veterinary surgery, or the various branches thereof is practiced, or that is otherwise in the possession of a veterinarian for purpose of that practice, that it is not in compliance with the standards established by the board, the board shall provide a notice of any deficiencies and provide a reasonable time for compliance with those standards prior to commencing any further action pursuant to this article. The board may issue an interim suspension order pursuant to Section 494 in those cases where the violations represent an immediate threat to the public and animal health and safety.

~~SEC. 55.~~

SEC. 59. Section 4989.14 of the Business and Professions Code is amended to read:

4989.14. (a) The practice of educational psychology is the performance of any of the following professional functions pertaining to academic learning processes or the educational system or both:

(1) Educational evaluation.

(2) Diagnosis of psychological disorders related to academic learning processes.

(3) Administration of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.

(4) Interpretation of diagnostic tests related to academic learning processes including tests of academic ability, learning patterns, achievement, motivation, and personality factors.

(5) Providing psychological counseling for individuals, groups, and families.

(6) Consultation with other educators and parents on issues of social development and behavioral and academic difficulties.

(7) Conducting psychoeducational assessments for the purposes of identifying special needs.

(8) Developing treatment programs and strategies to address problems of adjustment.

(9) Coordinating intervention strategies for management of individual crises.

(b) For purposes of supervising an associate marriage and family therapist or a marriage and family therapist trainee pursuant to Section 4980.03, an associate clinical social worker pursuant to Section 4996.20, or an associate professional clinical counselor pursuant to Section 4999.12, "educationally related mental health services" are mental health services provided to clients who have social, emotional, or behavioral issues that interfere with their educational progress. These services include all of the following:

(1) Educationally related counseling services to clients qualified for special education that are necessary to receive a free appropriate public education in the least restrictive environment pursuant to the federal requirements of Section 1412 of Title 20 of the United States Code.

(2) Intensive counseling services on a continuum that may reflect an increase in frequency, duration, or staff specialization to address the client's emotional and behavioral needs.

(3) Counseling services provided by qualified practitioners.

(4) Parent counseling and training.

(5) Psychological services that include consulting with staff members in planning school programs to meet the client's educational needs and assisting in developing positive behavioral intervention strategies for the client.

(6) Social work services such as preparing a social or developmental history on a client with a disability.

(7) Group and individualized counseling with the client and family.

(8) Mobilizing school and community resources to enable the client to learn as effectively as possible in their educational program, as outlined in Section 300.34 of Title 34 of the Code of Federal Regulations.

~~SEC. 56.~~

SEC. 60. Section 4990.11 is added to the Business and Professions Code, to read:

4990.11. For purposes of license and registration verification, a person may rely upon the licensing and registration information as it is displayed on the board's internet website that includes the issuance and expiration dates of any license or registration issued by the board.

~~SEC. 57.~~

SEC. 61. Section 5017.1 of the Business and Professions Code is amended to read:

5017.1. The board shall post, within 10 days of board approval, the finalized minutes from meetings of the board that are open and public pursuant to Section 5017 on the board's internet website. The minutes shall remain on the board's internet website for at least three years. Providing a link on the internet website to the minutes shall satisfy this requirement.

~~SEC. 58.~~

SEC. 62. Section 5017.5 of the Business and Professions Code is amended to read:

5017.5. (a) The board shall provide a live audio or video broadcast, on its internet website, of each of its board meetings that are open and public.

(b) (1) If technical failure prevents the board from providing a live broadcast as specified in subdivision (a), that failure shall not constitute a violation of this section if the board exercised reasonable diligence in providing a live broadcast.

(2) Failure to provide a live broadcast of its board meetings due to technical failure shall not prohibit the board from meeting and taking actions.

(c) The recording of the live audio or video broadcast shall remain on the internet website for at least three years. Providing a link on the internet website to the recording of the live audio or video broadcast shall satisfy this requirement.

~~SEC. 59.~~

SEC. 63. Section 5022 of the Business and Professions Code is amended to read:

5022. The qualifications committee shall make recommendations and forward its report to the board for action on any matter on which it is authorized to act. An applicant for registration as a certified public accountant who is aggrieved by any action taken by the committee with respect to their qualifications may appeal to the board in accordance with rules or regulations prescribed by the board. The board on the appeal may give an oral or written examination as an aid in determining whether the applicant is qualified under the terms of this chapter.

~~SEC. 60.~~

SEC. 64. Section 5028 of the Business and Professions Code is amended to read:

5028. The board may, in accordance with the intent of this article, make exceptions from continuing education requirements for licensees not engaged in public practice, or for reasons of health, military service, or other good cause. If the licensee returns to the practice of public accounting, they shall meet continuing education requirements as the board may determine.

~~SEC. 61.~~

SEC. 65. Section 5029 of the Business and Professions Code is repealed.

~~SEC. 62.~~

SEC. 66. Section 5037 of the Business and Professions Code is amended to read:

5037. (a) All statements, records, schedules, working papers and memoranda made by a licensee or a partner, shareholder, officer, director, or employee of a licensee, incident to, or in the course of, rendering services to a client in the practice of public accountancy, except the reports submitted by the licensee to the client and except for records that are part of the client's records, shall be and remain the property of the licensee in the absence of an express agreement between the licensee and the client to the contrary. No such statement, record, schedule, working paper, or memoranda shall be sold, transferred, or bequeathed, without the consent of the client or their personal representative or assignee, to anyone other than one or more surviving partners or stockholders

or new partners or stockholders of the licensee, or any combined or merged firm or successor in interest to the licensee.

(b) A licensee shall furnish to ~~a~~ *their* client or former client, upon request and reasonable notice:

(1) A copy of the licensee's working papers, to the extent that those working papers include records that would ordinarily constitute part of the client's records and are not otherwise available to the client.

(2) Any accounting or other records belonging to, or obtained from or on behalf of, the client that the licensee removed from the client's premises or received for the client's account. The licensee may make and retain copies of documents of the client when they form the basis for work done by them.

~~SEC. 63.~~

SEC. 67. Section 5051 of the Business and Professions Code is amended to read:

5051. Except as provided in Sections 5052 and 5053, a person shall be deemed to be engaged in the practice of public accountancy within the meaning and intent of this chapter if they do any of the following:

(a) Hold themselves out to the public in any manner as one skilled in the knowledge, science, and practice of accounting, and as qualified and ready to render professional service as a public accountant for compensation.

(b) Maintain an office for the transaction of business as a public accountant.

(c) Offer to prospective clients to perform for compensation, or does perform on behalf of clients for compensation, professional services that involve or require an audit, examination, verification, investigation, certification, presentation, or review of financial transactions and accounting records.

(d) Prepare or certify for clients reports on audits or examinations of books or records of account, balance sheets, and other financial, accounting and related schedules, exhibits, statements, or reports that are to be used for publication, for the purpose of obtaining credit, for filing with a court of law or with any governmental agency, or for any other purpose.

(e) In general or as an incident to that work, render professional services to clients for compensation in any or all matters relating

to accounting procedure and to the recording, presentation, or certification of financial information or data.

(f) Keep books, make trial balances, prepare statements, make audits, or prepare reports, all as a part of bookkeeping operations for clients.

(g) Prepare or sign, as the tax preparer, tax returns for clients.

(h) Prepare personal financial or investment plans or provide to clients products or services of others in implementation of personal financial or investment plans.

(i) Prepare management consulting services to clients.

The activities set forth in subdivisions (f) to (i), inclusive, are "public accountancy" only when performed by a certified public accountant or public accountant, as defined in this chapter.

A person is not engaged in the practice of public accountancy if the only services they engage in are those defined by subdivisions (f) to (i), inclusive, and they do not hold themselves out, solicit, or advertise for clients using the certified public accountant or public accountant designation. A person is not holding themselves out, soliciting, or advertising for clients within the meaning of this section solely by reason of displaying a CPA or PA certificate in their office or identifying themselves as a CPA or PA on other than signs, advertisements, letterhead, business cards, publications directed to clients or potential clients, or financial or tax documents of a client.

~~SEC. 64.~~

SEC. 68. Section 5053 of the Business and Professions Code is amended to read:

5053. Nothing contained in this chapter precludes a person who is not a certified public accountant or public accountant from serving as an employee of, or an assistant to, a certified public accountant or public accountant or partnership or a corporation composed of certified public accountants or public accountants holding a permit to practice pursuant to this chapter if the employee or assistant works under the control and supervision of a certified public accountant, or a public accountant authorized to practice public accountancy pursuant to this chapter and if the employee or assistant does not issue any statement over their name.

This section does not apply to an attorney at law in connection with the practice of law.

~~SEC. 65.~~

SEC. 69. Section 5057 of the Business and Professions Code is amended to read:

5057. Notwithstanding any other provision of law, an individual holding a valid and current license, certificate, or permit to practice public accountancy from another state shall be exempt from the requirement to obtain a permit to practice public accountancy issued by the board under this chapter or to secure a practice privilege pursuant to Article 5.1 (commencing with Section 5096) if all of the following conditions are satisfied:

(a) The individual's client is located in another state.

(b) The individual's engagement with the client relates to work product to be delivered in another state.

(c) The individual does not solicit California clients, or have their principal place of business in this state.

(d) The individual does not assert or imply that they are licensed to practice public accountancy in California.

(e) The individual's practice of public accountancy in this state on behalf of the client located in another state is of a limited duration, not extending beyond the period required to service the engagement for the client located in another state.

(f) The individual's practice of public accountancy in this state specifically relates to servicing the engagement for the client located in another state.

~~SEC. 66.~~

SEC. 70. Section 5058.2 of the Business and Professions Code is amended to read:

5058.2. The holder of an inactive license issued by the board pursuant to Section 462, when lawfully using the title "certified public accountant," the CPA designation, or any other reference that would suggest that the person is licensed by the board on materials such as correspondence, internet websites, business cards, nameplates, or name plaques, shall place the term "inactive" immediately after that designation.

~~SEC. 67.~~

SEC. 71. Section 5058.3 of the Business and Professions Code is amended to read:

5058.3. The holder of a retired license issued by the board pursuant to Section 5070.1, when lawfully using the title "certified public accountant," the CPA designation, or any other reference

that would suggest that the person is licensed by the board on materials such as correspondence, internet websites, business cards, nameplates, or name plaques, shall place the term "retired" immediately after that title, designation, or reference.

~~SEC. 68.~~

SEC. 72. Section 5058.4 of the Business and Professions Code is amended to read:

5058.4. The holder of a permit in a military inactive status issued by the board pursuant to Section 5070.2, when lawfully using the title "certified public accountant," the CPA designation, or any other reference that would suggest that the person is licensed by the board, on materials such as correspondence, internet websites, business cards, nameplates, or name plaques, shall place the term "military inactive" immediately after that title, designation, or reference.

~~SEC. 69.~~

SEC. 73. Section 5060 of the Business and Professions Code is amended to read:

5060. (a) No person or firm may practice public accountancy under any name which is false or misleading.

(b) No person or firm may practice public accountancy under any name other than the name under which the person or firm holds a valid permit to practice issued by the board.

(c) Notwithstanding subdivision (b), a sole proprietor may practice under a name other than the name set forth on their permit to practice, provided the name is registered by the board, is in good standing, and complies with the requirements of subdivision (a).

(d) The board may adopt regulations to implement, interpret, and make specific the provisions of this section including, but not limited to, regulations designating particular forms of names as being false or misleading.

~~SEC. 70.~~

SEC. 74. Section 5063.3 of the Business and Professions Code is amended to read:

5063.3. (a) No confidential information obtained by a licensee, in their professional capacity, concerning a client or a prospective client shall be disclosed by the licensee without the written permission of the client or prospective client, except the following:

(1) Disclosures made by a licensee in compliance with a subpoena or a summons enforceable by order of a court.

(2) Disclosures made by a licensee regarding a client or prospective client to the extent the licensee reasonably believes it is necessary to maintain or defend themselves in a legal proceeding initiated by the client or prospective client.

(3) Disclosures made by a licensee in response to an official inquiry from a federal or state government regulatory agency.

(4) Disclosures made by a licensee or a licensee's duly authorized representative to another licensee or person in connection with a proposed sale or merger of the licensee's professional practice, provided the parties enter into a written nondisclosure agreement with regard to all client information shared between the parties.

(5) Disclosures made by a licensee to either of the following:

(A) Another licensee to the extent necessary for purposes of professional consultation.

(B) Organizations that provide professional standards review and ethics or quality control peer review.

(6) Disclosures made when specifically required by law.

(7) Disclosures specified by the board in regulation.

(b) In the event that confidential client information may be disclosed to persons or entities outside the United States of America in connection with the services provided, the licensee shall inform the client in writing and obtain the client's written permission for the disclosure.

~~SEC. 71.~~

SEC. 75. Section 5070.7 of the Business and Professions Code is amended to read:

5070.7. (a) A permit that is not renewed within five years following its expiration may not be renewed, restored, or reinstated thereafter, and the certificate of the holder of the permit shall be canceled immediately upon expiration of the five-year period, except as provided in subdivision (e).

(b) A partnership or corporation whose certificate has been canceled by operation of this section may obtain a new certificate and permit only if it again meets the requirements set forth in this chapter relating to registration and pays the registration fee and initial permit fee.

(c) A certified public accountant whose certificate is canceled by operation of this section may apply for and obtain a new certificate and permit if the applicant:

(1) Is not subject to denial of a certificate and permit under Section 480.

(2) Pays all of the fees that would be required of them if they were then applying for the certificate and permit for the first time.

(3) Takes and passes the examination that would be required of them if they were then applying for the certificate for the first time. The examination may be waived in any case in which the applicant establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to engage in practice as a certified public accountant.

(d) The board may, by appropriate regulation, provide for the waiver or refund of all or any part of the application fee in those cases in which a certificate is issued without an examination under this section.

(e) Revoked permits may not be renewed, but may be reinstated by the board, without regard to the length of time that has elapsed since the permit was revoked, and with conditions and restrictions as the board shall determine.

~~SEC. 72.~~

SEC. 76. Section 5076 of the Business and Professions Code is amended to read:

5076. (a) In order to renew its registration in an active status or convert to an active status, a firm, as defined in Section 5035.1, shall have a peer review report of its accounting and auditing practice accepted by a board-recognized peer review program no less frequently than every three years.

(b) For purposes of this article, the following definitions apply:

(1) "Peer review" means a study, appraisal, or review conducted in accordance with professional standards of the professional work of a firm, and may include an evaluation of other factors in accordance with the requirements specified by the board in regulations. The peer review report shall be issued by an individual who has a valid and current license, certificate, or permit to practice public accountancy from this state or another state and is unaffiliated with the firm being reviewed.

(2) "Accounting and auditing practice" includes any services that were performed in the prior three years using professional standards defined by the board in regulations.

(c) The board shall adopt regulations as necessary to implement, interpret, and make specific the peer review requirements in this

section, including, but not limited to, regulations specifying the requirements for board recognition of a peer review program, standards for administering a peer review, extensions of time for fulfilling the peer review requirement, exclusions from the peer review program, and document submission.

(d) Nothing in this section shall prohibit the board from initiating an investigation and imposing discipline against a firm or licensee, either as the result of a complaint that alleges violations of statutes, rules, or regulations, or from information contained in a peer review report received by the board.

(e) A firm issued a peer reviewed report with a rating of "fail," as defined by the board in regulation, shall submit a copy of that report to the board. The board shall establish in regulation the time period that a firm must submit the report to the board. This period shall not exceed 60 days from the time the report is accepted by a board-recognized peer review program provider to the date the report is submitted to the board.

(f) (1) A board-recognized peer review program provider shall file a copy with the board of all peer review reports issued to California-licensed firms with a rating of "fail." The board shall establish in regulation the time period that a board-recognized peer review program provider shall file the report with the board. This period shall not exceed 60 days from the time the report is accepted by a board-recognized peer review program provider to the date the report is filed with the board. These reports may be filed with the board electronically.

(2) Nothing in this subdivision shall require a board-recognized peer review program provider, when administering peer reviews in another state, to violate the laws of that state.

(g) The board shall define a peer review report rating of "fail" in regulation.

(h) Any requirements imposed by a board-recognized peer review program on a firm in conjunction with the completion of a peer review shall be separate from, and in addition to, any action by the board pursuant to this section.

(i) Any peer review report with a rating of "fail" submitted to the board in conjunction with this section shall be collected for investigatory purposes.

(j) Nothing in this section affects the discovery or admissibility of evidence in a civil or criminal action.

(k) Nothing in this section requires any firm to become a member of any professional organization.

(*l*) A peer reviewer shall not disclose information concerning licensees or their clients obtained during a peer review, unless specifically authorized pursuant to this section, Section 5076.1, or regulations prescribed by the board.

~~(m) (1) By January 1, 2015, the board shall provide the Legislature and Governor with a report regarding the peer review requirements of this section that includes, without limitation:~~

~~(A) The number of peer review reports completed to date and the number of reports that were submitted to the board as required in subdivision (e).~~

~~(B) The number of enforcement actions that were initiated as a result of an investigation conducted pursuant to subdivision (i).~~

~~(C) The number of firms that were recommended to take corrective actions to improve their practice through the mandatory peer review process, and the number of firms that took corrective actions to improve their practice following recommendations resulting from the mandatory peer review process.~~

~~(D) The extent to which mandatory peer review of accounting firms enhances consumer protection.~~

~~(E) The cost impact on firms undergoing mandatory peer review and the cost impact of mandatory peer review on the firm's clients.~~

~~(F) A recommendation as to whether the mandatory peer review program should continue.~~

~~(G) The extent to which mandatory peer review of small firms or sole practitioners that prepare nondisclosure compiled financial statements on another comprehensive basis of accounting enhances consumer protection.~~

~~(H) The impact of peer review required by this section on small firms and sole practitioners that prepare nondisclosure compiled financial statements on another comprehensive basis of accounting.~~

~~(I) The impact of peer review required by this section on small businesses, nonprofit corporations, and other entities that utilize small firms or sole practitioners for the purposes of nondisclosure compiled financial statements prepared on another comprehensive basis of accounting.~~

~~(J) A recommendation as to whether the preparation of nondisclosure compiled financial statements on another~~

~~comprehensive basis of accounting should continue to be a part of the mandatory peer review program.~~

~~(2) A report to the Legislature pursuant to this section shall be submitted in compliance with Section 9795 of the Government Code.~~

~~SEC. 73.~~

SEC. 77. Section 5082.4 of the Business and Professions Code is amended to read:

5082.4. A Canadian Chartered Accountant in good standing may be deemed by the board to have met the examination requirements of Section 5082, 5092, or 5093 if they have successfully passed the Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination of the American Institute of Certified Public Accountants or the International Uniform Certified Public Accountant Qualification Examination referenced in subdivision (b) Section 5082.3.

~~SEC. 74.~~

SEC. 78. Section 5092.1 of the Business and Professions Code is repealed.

~~SEC. 75.~~

SEC. 79. Section 5094 of the Business and Professions Code is amended to read:

5094. (a) In order for education to be qualifying, it shall meet the standards described in subdivision (b) or (c) of this section.

(b) At a minimum, education shall be from a degree-granting university, college, or other institution of learning accredited by a regional or national accrediting agency included in a list of these agencies published by the United States Secretary of Education under the requirements of the Higher Education Act of 1965 as amended (20 U.S.C. Sec. 1001 et seq.).

(c) Education from a college, university, or other institution of learning located outside the United States may be qualifying provided it is deemed by the board to be equivalent to education obtained under subdivision (b). The board may require an applicant to submit documentation of their education to a credential evaluation service approved by the board for evaluation and to cause the results of this evaluation to be reported to the board in order to assess educational equivalency.

(d) The board shall adopt regulations specifying the criteria and procedures for approval of credential evaluation services. These

regulations shall, at a minimum, require that the credential evaluation service (1) furnish evaluations directly to the board, (2) furnish evaluations written in English, (3) be a member of the American Association of Collegiate Registrars and Admissions Officers, NAFSA: Association of International Educators, or the National Association of Credential Evaluation Services, (4) be used by accredited colleges and universities, (5) be reevaluated by the board every five years, (6) maintain a complete set of reference materials as specified by the board, (7) base evaluations only upon authentic, original transcripts and degrees and have a written procedure for identifying fraudulent transcripts, (8) include in the evaluation report, for each degree held by the applicant, the equivalent degree offered in the United States, the date the degree was granted, the institution granting the degree, an English translation of the course titles, and the semester unit equivalence for each of the courses, (9) have an appeal procedure for applicants, and (10) furnish the board with information concerning the credential evaluation service that includes biographical information on evaluators and translators, three letters of references from public or private agencies, statistical information on the number of applications processed annually for the past five years, and any additional information the board may require in order to ascertain that the credential evaluation service meets the standards set forth in this subdivision and in any regulations adopted by the board.

~~SEC. 76.~~

SEC. 80. Section 5096.20 of the Business and Professions Code is amended to read:

5096.20. (a) To ensure that Californians are protected from out-of-state licensees with disqualifying conditions who may unlawfully attempt to practice in this state under a practice privilege, prior to July 1, 2013, the board shall add an out-of-state licensee feature to its license lookup tab of the home page of its internet website that allows consumers to obtain information about an individual whose principal place of business is not in this state and who seeks to exercise a practice privilege in this state, that is at least equal to the information that was available to consumers through its home page prior to January 1, 2013, through the practice privilege form previously filed by out-of-state licensees pursuant to Section 5096, as added by Chapter 921 of the Statutes of 2004,

and the regulations adopted thereunder. At minimum, these features shall include all of the following:

(1) The ability of the consumer to search by name and state of licensure.

(2) The disclosure of information in the possession of the board, which the board is otherwise authorized to publicly disclose, about an individual exercising a practice privilege in this state, including, but not limited to, whether the board has taken action of any form against that individual and, if so, what the action was or is.

(3) A disclaimer that the consumer must click through prior to being referred to any other internet website, which in plain language explains that the consumer is being referred to an internet website that is maintained by a regulatory agency or other entity that is not affiliated with the board. This disclaimer shall include a link to relevant sections of this article that set forth disqualifying conditions, including, but not limited to, Section 5096.2.

(4) A statement in plain language that notifies consumers that they are permitted to file complaints against such individuals with the board.

(5) A link to the internet website or sites that the board determines, in its discretion, provides the consumer the most complete and reliable information available about the individual's status as a licenseholder, permitholder, or certificate holder.

(6) If the board of another state does not maintain an internet website that allows a consumer to obtain information about its licensees including, but not limited to, disciplinary history, and that information is not available through a link to an internet website maintained by another entity, a link to contact information for that board, which contains a disclaimer in plain language that explains that the consumer is being referred to a board that does not permit the consumer to obtain information, including, but not limited to, disciplinary history, about individuals through the internet website, and that the out-of-state board is not affiliated with the board.

(b) The board shall biennially survey the internet websites and disclosure policies of other boards to ensure that its disclaimers are accurate.

~~SEC. 77.~~

SEC. 81. Section 5096.21 of the Business and Professions Code is amended to read:

5096.21. (a) (1) On and after January 1, 2016, if the board determines, through a majority vote of the board at a regularly scheduled meeting, that allowing individuals from a particular state to practice in this state pursuant to a practice privilege as described in Section 5096, violates the board's duty to protect the public, pursuant to Section 5000.1, the board shall require out-of-state individuals licensed from that state, as a condition to exercising a practice privilege in this state, to file the notification form and pay the applicable fees as required by Section 5096.22.

(2) A state for which the board has made a determination pursuant to paragraph (1) to require individuals licensed from that state to file a notification form and pay the applicable fees may subsequently be redetermined by the board, by majority vote of the board at a regularly scheduled meeting, to allow individuals from that state to practice in this state pursuant to a practice privilege as described in Section 5096.

(b) The board shall, at minimum, consider the following factors when making a determination or redetermination pursuant to subdivision (a):

(1) Whether the state timely and adequately addresses enforcement referrals made by the board to the accountancy regulatory board of that state, or otherwise fails to respond to requests the board deems necessary to meet its obligations under this article.

(2) Whether the state makes the disciplinary history of its licensees publicly available through the Internet in a manner that allows the board to adequately link consumers to an internet website to obtain information that was previously made available to consumers about individuals from the state prior to January 1, 2013, through the notification form.

(3) Whether the state imposes discipline against licensees that is appropriate in light of the nature of the alleged misconduct.

(4) Whether the state has in place and is operating pursuant to enforcement practices substantially equivalent to the current best practices guidelines adopted by the National Association of State Boards of Accountancy provided those guidelines have been determined by the board to meet or exceed the board's own enforcement practices.

(c) On or before July 1, 2014, the board shall convene a stakeholder group consisting of members of the board, board

enforcement staff, and representatives of the accounting profession and consumer representatives to consider whether the provisions of this article are consistent with the board's duty to protect the public consistent with Section 5000.1, and whether the provisions of this article satisfy the objectives of stakeholders of the accounting profession in this state, including consumers. The group, at its first meeting, shall adopt policies and procedures relative to how it will conduct its business, including, but not limited to, policies and procedures addressing periodic reporting of its findings to the board. The group shall provide recommendations to the board on any matter upon which it is authorized to act.

~~SEC. 78.~~

SEC. 82. Section 5103.5 of the Business and Professions Code is amended to read:

5103.5. (a) The board shall post on its internet website, in an easily marked and identifiable location, notice of all formal accusations. The notice of any formal accusation shall contain a link to where a person may request and have sent to them a copy of the formal accusation, and the basis for the accusation and alleged violations filed by the board against a licensee.

(b) The link to where a person may request and have sent to them a copy of the formal accusation shall be clearly and conspicuously located on the same internet website page on which the notice is posted and shall authorize a person to request and receive the information described in subdivision (a) by regular mail or electronic mail.

(c) The board shall develop a statement that informs any person requesting a copy of a formal accusation and any person receiving a copy of a formal accusation that any allegations contained in the accusation are not a final determination of wrongdoing and are subject to adjudication and final review by the board pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). This statement shall be provided to a person requesting and receiving a copy of a formal accusation in a manner to be determined by the board.

~~SEC. 79.~~

SEC. 83. Section 5104 of the Business and Professions Code is amended to read:

5104. Any certified public accountant or public accountant whose certificate, registration, or permit has been revoked or suspended shall, upon request of the board, relinquish their certificate or permit. However, upon the expiration of the period of suspension, the board shall immediately return any suspended certificate or permit that has been relinquished.

~~SEC. 80.~~

SEC. 84. Section 5107 of the Business and Professions Code is amended to read:

5107. (a) The executive officer of the board may request the administrative law judge, as part of the proposed decision in a disciplinary proceeding, to direct any holder of a permit or certificate found to have committed a violation or violations of this chapter to pay to the board all reasonable costs of investigation and prosecution of the case, including, but not limited to, attorney's fees. The board shall not recover costs incurred at the administrative hearing.

(b) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the executive officer, shall be prima facie evidence of reasonable costs of investigation and prosecution of the case.

(c) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested to do so by the executive officer pursuant to subdivision (a). Costs are payable 120 days after the board's decision is final, unless otherwise provided for by the administrative law judge or if the time for payment is extended by the board.

(d) The finding of the administrative law judge with regard to cost shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge where the proposed decision fails to make a finding on costs requested by the executive officer pursuant to subdivision (a).

(e) The administrative law judge may make a further finding that the amount of reasonable costs awarded shall be reduced or eliminated upon a finding that respondent has demonstrated that they cannot pay all or a portion of the costs or that payment of the costs would cause an unreasonable financial hardship that cannot be remedied through a payment plan.

(f) When an administrative law judge makes a finding that costs be waived or reduced, they shall set forth the factual basis for their finding in the proposed decision.

(g) Where an order for recovery of costs is made and timely payment is not made as directed by the board's decision, the board may enforce the order for payment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any holder of a permit or certificate directed to pay costs.

(h) In a judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms of payment.

(i) All costs recovered under this section shall be deposited in the Accountancy Fund.

(j) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the permit or certificate of a holder who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1) or paragraph (2) of subdivision (g) of Section 125.3, the board may, in its discretion, conditionally renew or reinstate for a maximum of three years the permit or certificate of a holder who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that three-year period for those unpaid costs.

(k) Nothing in this section shall preclude the board from seeking recovery of costs in an order or decision made pursuant to an agreement entered into between the board and the holder of a permit or certificate.

(*l*) (1) Costs may not be recovered under this section as a result of a citation issued pursuant to Section 125.9 and its implementing language if the licensee complies with the citation.

(2) The Legislature hereby finds and declares that this subdivision is declaratory of existing law.

~~SEC. 81.~~

SEC. 85. Section 5121 of the Business and Professions Code is amended to read:

5121. The display or uttering by a person of a card, sign, advertisement or other printed, engraved or written instrument or device, bearing a person's name in conjunction with the words "certified public accountant" or any abbreviation thereof or the

words "public accountant" or any abbreviation thereof shall be prima facie evidence in any prosecution, proceeding or hearing brought under this article that the person whose name is so displayed caused or procured the display or uttering of such card, sign, advertisement or other printed, engraved or written instrument or device. Any such display or uttering shall be prima facie evidence that the person whose name is so displayed holds themselves out as a certified public accountant, or a public accountant holding a permit to practice public accountancy in this State under the provisions of this chapter. In any prosecution or hearing under this chapter, evidence of the commission of a single act prohibited by this chapter shall be sufficient to justify a conviction without evidence of a general course of conduct.

~~SEC. 82.~~

SEC. 86. Section 5134 of the Business and Professions Code is amended to read:

5134. The amount of fees prescribed by this chapter is as follows:

(a) The fee to be charged to each applicant for the certified public accountant examination shall be fixed by the board at an amount not to exceed six hundred dollars ($600). The board may charge a reexamination fee not to exceed seventy-five dollars ($75) for each part that is subject to reexamination.

(b) The fee to be charged to out-of-state candidates for the certified public accountant examination shall be fixed by the board at an amount not to exceed six hundred dollars ($600) per candidate.

(c) The application fee to be charged to each applicant for issuance of a certified public accountant certificate shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).

(d) The application fee to be charged to each applicant for issuance of a certified public accountant certificate by waiver of examination shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).

(e) The fee to be charged to each applicant for registration as a partnership or professional corporation shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).

(f) The biennial fee for the renewal of each of the permits to engage in the practice of public accountancy specified in Section

5070 shall not be less than two hundred fifty dollars ($250) and shall not exceed two hundred eighty dollars ($280).

(g) The application fee to be charged to each applicant for a retired status license, as described in Section 5070.1, shall be fixed by the board at an amount not to exceed two hundred fifty dollars ($250).

(h) The application fee to be charged to each applicant for restoration of a license in a retired status to an active status pursuant to subdivision (f) of Section 5070.1 shall be fixed by the board at an amount not to exceed one thousand dollars ($1,000).

(i) The delinquency fee shall be 50 percent of the accrued renewal fee.

(j) The initial permit fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the permit is issued, except that, if the permit is issued one year or less before it will expire, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued. The board may, by regulation, provide for the waiver or refund of the initial permit fee where the permit is issued less than 45 days before the date on which it will expire.

(k) The fee to be charged for the certification of documents evidencing passage of the certified public accountant examination, the certification of documents evidencing the grades received on the certified public accountant examination, or the certification of documents evidencing licensure shall be twenty-five dollars ($25).

(*l*) The board shall fix the fees in accordance with the limits of this section and any increase in a fee fixed by the board shall be pursuant to regulation duly adopted by the board in accordance with the limits of this section.

(m) It is the intent of the Legislature that, to ease entry into the public accounting profession in California, any administrative cost to the board related to the certified public accountant examination or issuance of the certified public accountant certificate that exceeds the maximum fees authorized by this section shall be covered by the fees charged for the biennial renewal of the permit to practice.

SEC. 87. Section 5550.3 of the Business and Professions Code is amended to read:

5550.3. (a) Notwithstanding Section 111, the board may adopt guidelines for the delegation of its authority to grade the examinations of applicants for licensure to any vendor under contract to the board for provision of an architect's registration examination. The guidelines shall be within the board's legal authority to establish the standards for registration in this state, and shall include, but not be limited to:

(1) Goals for the appropriate content, development, grading, and administration of an examination, against which the vendor's rules and procedures can be judged.

(2) Procedures through which the board can reasonably assure itself that the vendor adequately meets the goals established by the board.

(b) The board shall not delegate its authority to grade the examinations of candidates for registration in this state to any vendor or any party not in compliance with Section 111 or with the guidelines established in subdivision (a).

(c) A candidate who received full credit for all divisions of the Architect Registration Examination (ARE) prior to May 1, 2023, shall be deemed to have passed the ARE.

SEC. 88. Section 7685.3 of the Business and Professions Code is amended to read:

7685.3. *(a)* The current address, telephone number, and name of the Department of Consumer Affairs, Cemetery and Funeral Bureau shall appear on the first page of any contract for goods and services offered by a licensee. At a minimum, the information shall be in 8-point boldface type and make this statement:

"FOR MORE INFORMATION ON FUNERAL, CEMETERY, ~~AND CREMATION MATTERS~~, *CREMATION, AND HYDROLYSIS MATTERS,* CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU (ADDRESS), (TELEPHONE NUMBER)."

(b) This section shall remain in effect only until January 1, 2027, and as of that date is repealed.

SEC. 89. Section 7685.3 is added to the Business and Professions Code, to read:

7685.3. (a) The current address, telephone number, and name of the Department of Consumer Affairs, Cemetery and Funeral

Bureau shall appear on the first page of any contract for goods and services offered by a licensee. At a minimum, the information shall be in 8-point boldface type and make this statement:

"FOR MORE INFORMATION ON FUNERAL, CEMETERY, CREMATION, HYDROLYSIS, AND REDUCTION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETERY AND FUNERAL BUREAU (ADDRESS), (TELEPHONE NUMBER)."

(b) This section shall become operative on January 1, 2027.

SEC. 90. Section 10471 of the Business and Professions Code is amended to read:

10471. (a) When an aggrieved person obtains (1) a final judgment in a court of competent jurisdiction, including, but not limited to, a criminal restitution order issued pursuant to subdivision (f) of Section 1202.4 of the Penal Code or Section 3663 of Title 18 of the United States Code, or (2) an arbitration award that includes findings of fact and conclusions of law rendered in accordance with the rules established by the American Arbitration Association or another recognized arbitration body, and in accordance with Sections 1281 to 1294.2, inclusive, of the Code of Civil Procedure when applicable, and when the arbitration award has been confirmed and reduced to judgment pursuant to Section 1287.4 of the Code of Civil Procedure, against a defendant based upon the defendant's fraud, misrepresentation, or deceit, made with intent to defraud, or conversion of trust funds, arising directly out of any transaction in which the defendant, while licensed under this part, performed acts for which a real estate license or a prepaid rental listing service license was required, the aggrieved person may, upon the judgment becoming final, file an application with the Department of Real Estate for payment from the Consumer Recovery Account, within the limitations specified in Section 10474, of the amount unpaid on the judgment that represents an actual and direct loss to the claimant in the transaction. As used in this chapter, "court of competent jurisdiction" includes the federal courts, but does not include the courts of another state.

(b) The application shall be delivered in ~~person or~~ *person,* by certified ~~mail~~ *mail, or electronically in a manner prescribed by*

the department, to an office of the department not later than one year after the judgment has become final.

(c) The application shall be made on a form prescribed by the department, verified by the claimant, and shall include the following:

(1) The name and address of the claimant.

(2) If the claimant is represented by an attorney, the name, business address, and telephone number of the attorney.

(3) The identification of the judgment, the amount of the claim and an explanation of its computation.

(4) A detailed narrative statement of the facts in explanation of the allegations of the complaint upon which the underlying judgment is based.

(5) (A) Except as provided in subparagraph (B), a statement by the claimant, signed under penalty of perjury, that the complaint upon which the underlying judgment is based was prosecuted conscientiously and in good faith. As used in this section, "conscientiously and in good faith" means that no party potentially liable to the claimant in the underlying transaction was intentionally and without good cause omitted from the complaint, that no party named in the complaint who otherwise reasonably appeared capable of responding in damages was dismissed from the complaint intentionally and without good cause, and that the claimant employed no other procedural means contrary to the diligent prosecution of the complaint in order to seek to qualify for the Consumer Recovery Account.

(B) For the purpose of an application based on a criminal restitution order, all of the following statements by the claimant:

(i) The claimant has not intentionally and without good cause failed to pursue any person potentially liable to the claimant in the underlying transaction other than a defendant who is the subject of a criminal restitution order.

(ii) The claimant has not intentionally and without good cause failed to pursue in a civil action for damages all persons potentially liable to the claimant in the underlying transaction who otherwise reasonably appeared capable of responding in damages other than a defendant who is the subject of a criminal restitution order.

(iii) The claimant employed no other procedural means contrary to the diligent prosecution of the complaint in order to seek to qualify for the Consumer Recovery Account.

(6) The name and address of the judgment debtor or, if not known, the names and addresses of persons who may know the judgment debtor's present whereabouts.

(7) The following representations and information from the claimant:

(A) That the claimant is not a spouse of the judgment debtor nor a personal representative of the spouse.

(B) That the claimant has complied with all of the requirements of this chapter.

(C) That the judgment underlying the claim meets the requirements of subdivision (a).

(D) A description of searches and inquiries conducted by or on behalf of the claimant with respect to the judgment debtor's assets liable to be sold or applied to satisfaction of the judgment, an itemized valuation of the assets discovered, and the results of actions by the claimant to have the assets applied to satisfaction of the judgment.

(E) That the claimant has diligently pursued collection efforts against all judgment debtors and all other persons liable to the claimant in the transaction that is the basis for the underlying judgment.

(F) That the underlying judgment and debt have not been discharged in bankruptcy, or, in the case of a bankruptcy proceeding that is open at or after the time of the filing of the application, that the judgment and debt have been declared to be nondischargeable.

(G) That the application was ~~mailed or delivered to the department~~ *submitted to the department, as prescribed in subdivision (b),* no later than one year after the underlying judgment became final.

(d) If the claimant is basing the application upon a judgment against a salesperson, and the claimant has not obtained a judgment against that salesperson's employing broker, if any, or has not diligently pursued the assets of that broker, the application shall be denied for failure to diligently pursue the assets of all other persons liable to the claimant in the transaction unless the claimant can demonstrate, by clear and convincing evidence, either that the salesperson was not employed by a broker at the time of the transaction, or that the salesperson's employing broker would not have been liable to the claimant because the salesperson was acting

outside the scope of their employment by the broker in the transaction.

(e) The application form shall include detailed instructions with respect to documentary evidence, pleadings, court rulings, the products of discovery in the underlying litigation, and a notice to the applicant of their obligation to protect the underlying judgment from discharge in bankruptcy, to be appended to the application.

(f) An application for payment from the Consumer Recovery Account that is based on a criminal restitution order shall comply with all of the requirements of this chapter. For the purpose of an application based on a criminal restitution order, the following terms have the following meanings:

(1) "Judgment" means the criminal restitution order.

(2) "Complaint" means the facts of the underlying transaction upon which the criminal restitution order is based.

(3) "Judgment debtor" means any defendant who is the subject of the criminal restitution order.

~~SEC. 83.~~

SEC. 91. Section 21638.5 of the Business and Professions Code is amended to read:

21638.5. Sections 21636, 21636.1, 21637, and 21638, insofar as they apply to holding periods for personal property, are not applicable to personal property pledged to a pawnbroker with respect to the redemption of personal property by the pledgor.

~~SEC. 84.~~

SEC. 92. Section 94874.8 of the Education Code is amended to read:

94874.8. (a) An institution exempt from all or part of this chapter pursuant to subdivision (i) of Section 94874 or Section 94874.1 may apply to the bureau for an approval to operate pursuant to this section, but only subject to all of the following provisions:

(1) The bureau may approve the operation of an institution that is exempt from all or part of this chapter as specified above in accordance with the authority granted pursuant to Article 6 (commencing with Section 94885). Upon issuing an approval to operate to an institution pursuant to this section, the bureau is authorized to regulate that institution through the full set of powers granted, and duties imposed, by this chapter, as those powers and

duties would apply to an institution that is not exempt from this chapter.

(2) Notwithstanding any other law, upon issuance of an approval to operate pursuant to this section, the institution is no longer eligible for exemption, from the provisions of this chapter pursuant to subdivision (i) of Section 94874 or Section 94874.1, unless authorized by subsequent legislation.

(3) Upon issuance of an approval to operate pursuant to this section, an institution is subject to all provisions of this chapter, and any regulations adopted pursuant to this chapter, that apply to an institution subject to this chapter, except as expressly provided in paragraph (4).

(4) (A) With respect to the placement and salary or wage data required to be collected, calculated, and reported by Article 16 (commencing with Section 94928), an institution issued an approval to operate pursuant to this section is not required to report on its first School Performance Fact Sheet any data from the period prior to the date of the issuance of the approval to operate that the institution was not required to collect and does not have available to it. An institution shall, however, report available data collected and calculated in accordance with this chapter and applicable regulations, regardless of the purpose for which the data was collected. If the required data is unavailable, the institution shall also disclose the unavailability of the data on all documents required by this chapter and regulations adopted pursuant to this chapter. Upon receiving an approval to operate pursuant to this section, an institution shall commence to collect and calculate all information necessary to comply with Article 16 (commencing with Section 94928).

(B) An institution receiving an approval to operate pursuant to this section shall provide to prospective students the School Performance Fact Sheet, file that fact sheet with the bureau, and post it on the institution’s internet website no later than the first August 1 after the institution is approved to operate and no later than August 1 of each year thereafter. These School Performance Fact Sheets shall report data for the previous two calendar years based upon the number of students who began the program or the number of graduates for each reported calendar year. If two calendar years have not passed since the issuance of the approval to operate by the August 1 deadline for the School Performance

Fact Sheet, unless data for two years is available, the institution shall report the required data for the period subsequent to the date of the issuance of the notice of approval.

(b) An institution exempt from all or part of this chapter pursuant to subdivision (i) of Section 94874 or Section 94874.1 that was approved to operate by the bureau before the effective date of this section shall be deemed to have been approved pursuant to this section.

~~SEC. 85.~~

SEC. 93. Section 94874.9 of the Education Code is amended to read:

94874.9. (a) An independent institution of higher education, as defined in Section 66010, that is exempt from this chapter pursuant to subdivision (i) of Section 94874 shall comply with all applicable state and federal laws, including laws relating to fraud, abuse, and false advertising.

(b) An institution described in subdivision (a) may execute a contract with the bureau for the bureau to review and, as appropriate, act on complaints concerning the institution, in accordance with Section 600.9 of Title 34 of the Code of Federal Regulations.

(c) The execution of a contract by the bureau with an institution pursuant to subdivision (b) shall constitute establishment by the state of that institution to offer programs beyond secondary education, including programs leading to a degree or certificate, in accordance with Section 600.9 of Title 34 of the Code of Federal Regulations.

(d) The bureau shall use a standard form contract for purposes of this section.

(e) A contract executed pursuant to this section shall, at a minimum, do all of the following:

(1) Require an institution to do all of the following:

(A) Cooperate with the bureau to resolve complaints received pursuant to this section.

(B) Provide the following disclosure notice in all written and internet-based documentation in which the institution's complaint process is described, including the student catalog, student handbook, and the institution's internet website:

"An individual may contact the Bureau for Private Postsecondary Education for review of a complaint. The bureau may be contacted at (address), Sacramento, CA (ZIP Code), (internet website address), (telephone and fax numbers)."

(C) Designate a person at the institution to act as a liaison to the bureau.

(D) Pay one thousand seventy-six dollars ($1,076) each year for costs incurred by the bureau to perform activities pursuant to the contract, unless another amount is determined by the bureau.

(2) (A) Authorize the bureau, for any complaint it receives, including any complaints related to the institution's policies or procedures, or both, as determined by the bureau, to refer the complaint to the institution, an accrediting agency, or another appropriate entity for resolution.

(B) The bureau shall notify the complainant and the institution of a referral.

(C) This paragraph shall not be construed to relieve the bureau of its responsibility to ensure that a complaint it has referred for purposes of resolution is resolved by the receiving entity.

(f) The bureau may terminate a contract executed pursuant to this section if an institution is no longer an independent institution of higher education as defined in Section 66010 or fails to comply with the provisions of the contract.

(g) All moneys collected by the bureau that relate to a contract executed pursuant to this section, including payments collected in accordance with subparagraph (D) of paragraph (1) of subdivision (e), shall be deposited in the Private Postsecondary Education Administration Fund.

(h) The bureau shall maintain, on its internet website, both of the following:

(1) The provisions of the standard form contract used for purposes of this section.

(2) A list of institutions with which the bureau has executed a contract pursuant to this section.

(i) On or before February 1, 2017, and each year thereafter, the bureau shall report to the Director of Finance and, in conformity with Section 9795 of the Government Code, to the Legislature regarding implementation of this section. The report shall include all of the following information:

(1) A list of institutions with which the bureau has executed a contract pursuant to this section.

(2) The total number of complaints received by the bureau relating to institutions listed in paragraph (1).

(3) The general nature of those complaints.

(4) The total number of those complaints referred to another entity, disaggregated by the entity to which each complaint was referred.

(5) The total number of complaints resolved, disaggregated by the entity that resolved each complaint.

(6) The total number of complaints pending, disaggregated by the entity to which each complaint was referred.

(j) Notwithstanding any other law, the Department of General Services, at the request of the bureau, may exempt contracts executed pursuant to this section from any laws, rules, resolutions, or procedures that are otherwise applicable to public contracts that the Department of General Services administers.

~~SEC. 86.~~

SEC. 94. Section 94878 of the Education Code is amended to read:

94878. (a) The bureau shall establish an internet website that includes at least all of the following information:

(1) An explanation of the bureau's scope of authority.

(2) (A) A directory of approved institutions, and a link, if feasible, to the internet website of each institution.

(B) For each institution, the directory shall be developed in a manner that allows the user to search by institution and shall include all of the following information:

(i) The status of the institution's approval to operate.

(ii) The information provided by the institutions, including, but not limited to, the annual report, as required by Section 94934, including the school catalog and the School Performance Fact Sheet. The School Performance Fact Sheet shall be maintained on the directory for at least five years after the date of its submission to the bureau.

(iii) If a law school satisfies the requirements of this chapter regarding a School Performance Fact Sheet by complying with the requirements of Section 94910.5, the bureau shall include the information provided by the institution pursuant to Section 94910.5

on its internet website and shall maintain the information in the same manner as required by clause (ii).

(iv) The disciplinary history of the institution, which shall include, but shall not be limited to, all of the following:

(I) Pending formal accusations filed by the bureau.

(II) Suspensions, revocations, citations, fines, infractions, probations, pending litigation filed by the bureau, and final judgments resulting from litigation filed by the bureau.

(III) Pending or final civil or criminal cases filed by the Attorney General, a city attorney, or a district attorney in this state, or filed in any state by an attorney general or a federal regulatory or prosecutorial agency of which the bureau has received notice.

(IV) Final administrative actions by the United States Department of Education, including orders requiring restitution to students.

(V) All disciplinary actions ordered by an accreditation agency, including any order to show cause, of which the bureau has received notice pursuant to Section 94934 or other information otherwise publicly available of which the bureau has received notice.

(b) The bureau shall maintain the internet website described in subdivision (a). The bureau shall ensure that the information specified in subdivision (a) is kept current. The bureau shall update the internet website at least annually, to coincide with the submission of annual reports by the institutions pursuant to Section 94934.

(c) (1) The bureau shall post on its internet website a list of all institutions that were denied approval to operate, after the denial is final, and describe in clear and conspicuous language the reason the institution was denied approval. The bureau shall include with this list the statement provided in paragraph (2) on its internet website:

(2) "The following institutions were denied approval to operate by the Bureau for Private Postsecondary Education for failing to satisfy the standards relating to educational quality, or consumer protection, or both. These unlicensed institutions are not operating in compliance with the law, and students are strongly discouraged from attending these institutions."

~~SEC. 87.~~

SEC. 95. Section 94897 of the Education Code is amended to read:

94897. An institution shall not do any of the following:

(a) Use, or allow the use of, any reproduction or facsimile of the Great Seal of the State of California on a diploma.

(b) Promise or guarantee employment, or otherwise overstate the availability of jobs upon graduation.

(c) Advertise concerning job availability, degree of skill, or length of time required to learn a trade or skill unless the information is accurate and not misleading.

(d) Advertise, or indicate in promotional material, without including the fact that the educational programs are delivered by means of distance education if the educational programs are so delivered.

(e) Advertise, or indicate in promotional material, that the institution is accredited, unless the institution has been accredited by an accrediting agency.

(f) Solicit students for enrollment by causing an advertisement to be published in "help wanted" columns in a magazine, newspaper, or publication, or use "blind" advertising that fails to identify the institution.

(g) Offer to compensate a student to act as an agent of the institution with regard to the solicitation, referral, or recruitment of any person for enrollment in the institution, except that an institution may award a token gift to a student for referring an individual, provided that the gift is not in the form of money, no more than one gift is provided annually to a student, and the gift's cost is not more than one hundred dollars ($100).

(h) Pay any consideration to a person to induce that person to sign an enrollment agreement for an educational program.

(i) Use a name in any manner improperly implying any of the following:

(1) The institution is affiliated with any government agency, public or private corporation, agency, or association if it is not, in fact, thus affiliated.

(2) The institution is a public institution.

(3) The institution grants degrees, if the institution does not grant degrees.

(j) In any manner make an untrue or misleading change in, or untrue or misleading statement related to, a test score, grade or record of grades, attendance record, record indicating student completion, placement, employment, salaries, or financial information, including any of the following:

(1) A financial report filed with the bureau.

(2) Information or records relating to the student's eligibility for student financial aid at the institution.

(3) Any other record or document required by this chapter or by the bureau.

(k) Willfully falsify, destroy, or conceal any document of record while that document of record is required to be maintained by this chapter.

(*l*) Use the terms "approval," "approved," "approval to operate," or "approved to operate" without stating clearly and conspicuously that approval to operate means compliance with state standards as set forth in this chapter. An institution may not state or imply either of the following:

(1) The institution or its educational programs are endorsed or recommended by the state or by the bureau.

(2) The approval to operate indicates that the institution exceeds minimum state standards as set forth in this chapter.

(m) Direct any individual to perform an act that violates this chapter, to refrain from reporting unlawful conduct to the bureau or another government agency, or to engage in any unfair act to persuade a student not to complain to the bureau or another government agency.

(n) Compensate an employee involved in recruitment, enrollment, admissions, student attendance, or sales of educational materials to students on the basis of a commission, commission draw, bonus, quota, or other similar method related to the recruitment, enrollment, admissions, student attendance, or sales of educational materials to students, except as provided in paragraph (1) or (2):

(1) If the educational program is scheduled to be completed in 90 days or less, the institution shall pay compensation related to a particular student only if that student completes the educational program.

(2) For institutions participating in the federal student financial aid programs, this subdivision shall not prevent the payment of

compensation to those involved in recruitment, admissions, or the award of financial aid if those payments are in conformity with federal regulations governing an institution's participation in the federal student financial aid programs.

(o) Require a prospective student to provide personal contact information in order to obtain, from the institution's internet website, educational program information that is required to be contained in the school catalog or any information required pursuant to the consumer information requirements of Title IV of the federal Higher Education Act of 1965, and any amendments thereto.

(p) Offer an associate, baccalaureate, master's, or doctoral degree without disclosing to prospective students before enrollment whether the institution or the degree program is unaccredited and any known limitation of the degree, including, but not limited to, all of the following:

(1) Whether a graduate of the degree program will be eligible to sit for the applicable licensure exam in California and other states.

(2) A statement that reads: "A degree program that is unaccredited or a degree from an unaccredited institution is not recognized for some employment positions, including, but not limited to, positions with the State of California."

(3) That a student enrolled in an unaccredited institution is not eligible for federal financial aid programs.

(q) In any manner commit fraud against, or make a material untrue or misleading statement to, a student or prospective student under the institution's authority or the pretense or appearance of the institution's authority.

(r) Charge or collect any payment for institutional charges that are not authorized by an executed enrollment agreement.

(s) Violate Section 1788.93 of the Civil Code.

(t) Require a prospective, current, or former student or employee to sign a nondisclosure agreement pertaining to their relationship to, or experience with, the institution, except that an institution may use a nondisclosure agreement to protect the institution's intellectual property and trade secrets. Any nondisclosure agreement in violation of this section is void and not enforceable at law or in equity.

(u) Fail to maintain policies related to compliance with this chapter or adhere to the institution's stated policies.

~~SEC. 88.~~

SEC. 96. Section 94902 of the Education Code is amended to read:

94902. (a) A student shall enroll solely by means of executing an enrollment agreement. The enrollment agreement shall be signed by the student and by an authorized employee of the institution.

(b) An enrollment agreement is not enforceable unless all of the following requirements are met:

(1) The student has received the institution's catalog and School Performance Fact Sheet prior to signing the enrollment agreement.

(2) At the time of the execution of the enrollment agreement, the institution held a valid approval to operate.

(3) Prior to the execution of the enrollment agreement, the student and the institution have signed and dated the information required to be disclosed in the School Performance Fact Sheet pursuant to subdivisions (a) to (d), inclusive, of Section 94910. Each of these items in the School Performance Fact Sheet shall include a line for the student to initial and shall be initialed and dated by the student.

(c) A student shall receive a copy of the signed enrollment agreement, in writing or electronically, regardless of whether total charges are paid by the student.

~~SEC. 89.~~

SEC. 97. Section 94905 of the Education Code is amended to read:

94905. (a) During the enrollment process, an institution offering educational programs designed to lead to positions in a profession, occupation, trade, or career field requiring licensure in this state shall exercise reasonable care to determine if the student will not be eligible to obtain licensure in the profession, occupation, trade, or career field at the time of the student's graduation and shall provide all students enrolled in those programs with a written copy of the requirements for licensure established by the state, including any applicable course requirements established by the state.

(1) If the minimum course requirements of the institution exceed the minimum requirements for state licensure, the institution shall

disclose this information, including a list of those courses that are not required for state licensure.

(2) The institution shall not execute an enrollment agreement with a student that is known to be ineligible for licensure, unless the student's stated objective is other than licensure.

(b) During the enrollment process, an institution may discuss internships and student jobs available to the student during the student's attendance at the institution. If the institution discusses internships and student jobs, the institution shall disclose the number of requests for internship and student job placement assistance received by the institution during the immediately preceding calendar year and the number of actual placements during that year.

(c) During the enrollment process, an institution offering educational programs designed to lead to positions in a profession, occupation, trade, or career field where voluntary licensure by a government agency is available, shall provide its students seeking to enroll in those programs with a written copy of the requirements for that voluntary licensure.

~~SEC. 90.~~

SEC. 98. Section 94910 of the Education Code is amended to read:

94910. Except as provided in subdivision (d) of Section 94909 and Section 94910.5, prior to enrollment, an institution shall provide a prospective student with a School Performance Fact Sheet containing, at a minimum, the following information, as it relates to the educational program:

(a) Completion rates, as calculated pursuant to Article 16 (commencing with Section 94928).

(b) Placement rates for each educational program, as calculated pursuant to Article 16 (commencing with Section 94928), if the educational program is designed to lead to, or the institution makes any express or implied claim related to preparing students for, a recognized career, occupation, vocation, job, or job title.

(c) License examination passage rates for programs leading to employment for which passage of a state licensing examination is required, as calculated pursuant to Article 16 (commencing with Section 94928).

(d) Salary or wage information, as calculated pursuant to Article 16 (commencing with Section 94928).

(e) If a program is too new to provide data for any of the categories listed in this subdivision, the institution shall state on its fact sheet: "This program is new. Therefore, the number of students who graduate, the number of students who are placed, or the starting salary you can earn after finishing the educational program are unknown at this time. Information regarding general salary and placement statistics may be available from government sources or from the institution, but is not equivalent to actual performance data."

(f) All of the following:

(1) A description of the manner in which the figures described in subdivisions (a) to (d), inclusive, are calculated or a statement informing the reader of where they may obtain a description of the manner in which the figures described in subdivisions (a) to (d), inclusive, are calculated.

(2) A statement informing the reader of where they may obtain from the institution a list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates as required by subdivision (b).

(3) A statement informing the reader of where they may obtain from the institution a list of the objective sources of information used to substantiate the salary disclosure as required by subdivision (d).

(g) The following statements:

(1) "This fact sheet is filed with the Bureau for Private Postsecondary Education. Regardless of any information you may have relating to completion rates, placement rates, starting salaries, or license exam passage rates, this fact sheet contains the information as calculated pursuant to state law."

(2) "Any questions a student may have regarding this fact sheet that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at (address), Sacramento, CA (ZIP Code), (internet website), (telephone and fax numbers)."

(h) If the institution participates in federal financial aid programs, the most recent three-year cohort default rate reported by the United States Department of Education for the institution and the percentage of enrolled students receiving federal student loans.

(i) Data and information disclosed pursuant to subdivisions (a) to (d), inclusive, is not required to include students who satisfy the qualifications specified in subdivision (d) of Section 94909, but an institution shall disclose whether the data, information, or both provided in its fact sheet excludes students pursuant to this subdivision. An institution shall not actively use data specific to the fact sheet in its recruitment materials or other recruitment efforts of students who are not California residents and do not reside in California at the time of their enrollment.

~~SEC. 91.~~

SEC. 99. Section 94910.5 of the Education Code is amended to read:

94910.5. (a) Notwithstanding any other law, a law school that meets the criteria of subdivision (b) shall be deemed to satisfy the requirements of this chapter regarding a School Performance Fact Sheet by doing all of the following:

(1) Complying with Standard 509 of the American Bar Association's Standards and Rules of Procedure for Approval of Law Schools, as that standard may be amended.

(2) Providing completion rates of students and placement rates, bar passage rates, and salary and wage information of graduates to prospective students prior to enrollment through the law school application process administered by the Law School Admission Council.

(3) (A) Providing to prospective students any additional information required to be reported on a School Performance Fact Sheet that is not reported pursuant to paragraphs (1) and (2), including, but not limited to, the most recent three-year cohort default rate reported by the United States Department of Education for the law school and the percentage of enrolled students receiving federal student loans.

(B) If the law school's three-year cohort default rate reported by the United States Department of Education is aggregated with the three-year cohort default rate of an institution to which the law school belongs, then the law school shall provide to prospective students the law school's three-year cohort default rate disaggregated from the institution's three-year cohort default rate.

(C) The law school shall, at a minimum, provide the information described in this paragraph to prospective students by clearly

posting the information in a conspicuous location on the law school's internet website.

(4) Annually providing the information required to be disclosed pursuant to this subdivision to the bureau.

(b) Subdivision (a) shall apply to a law school that meets all of the following criteria:

(1) The law school is accredited by the Council of the Section of Legal Education and Admissions to the Bar of the American Bar Association.

(2) The law school is owned by an institution authorized to operate by the bureau.

(3) The law school reports graduate salary information and other information to the National Association for Law Placement.

(4) The law school is approved to operate by the bureau pursuant to Section 94874.8.

~~SEC. 92.~~

SEC. 100. Section 94911 of the Education Code is amended to read:

94911. An enrollment agreement shall include, at a minimum, all of the following:

(a) The name of the institution and the name of the educational program, including the total number of credit hours, clock hours, or other increment required to complete the educational program.

(b) A schedule of total charges, including a list of any charges that are nonrefundable and the student's obligations to the Student Tuition Recovery Fund, clearly identified as nonrefundable charges.

(c) In underlined capital letters on the same page of the enrollment agreement in which the student's signature is required, "THE TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE," "THE ESTIMATED TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM," and "THE TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON ENROLLMENT," followed by the relevant amounts of charges in bold, underlined type.

(d) A clear and conspicuous statement that the enrollment agreement is legally binding when signed by the student and accepted by the institution.

(e) (1) A disclosure with a clear and conspicuous caption, "STUDENT'S RIGHT TO CANCEL," under which it is explained

that the student has the right to cancel the enrollment agreement and obtain a refund of charges paid through attendance at the first class session, or the seventh day after enrollment, whichever is later.

(2) The disclosure shall contain the institution's refund policy and a statement that, if the student has received federal student financial aid funds, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

(3) The text shall also include a description of the procedures that a student is required to follow to cancel the enrollment agreement or withdraw from the institution and obtain a refund.

(f) A statement specifying that, if the student obtains a loan to pay for an educational program, the student will have the responsibility to repay the full amount of the loan plus interest, less the amount of any refund.

(g) A statement specifying that, if the student is eligible for a loan guaranteed by the federal or state government and the student defaults on the loan, both of the following may occur:

(1) The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax refund to which the person is entitled to reduce the balance owed on the loan.

(2) The student may not be eligible for any other federal student financial aid at another institution or other government assistance until the loan is repaid.

(h) The transferability disclosure that is required to be included in the school catalog, as specified in paragraph (15) of subdivision (a) of Section 94909.

(i) (1) The following statement: "Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement."

(2) Immediately following the statement required by paragraph (1), a line for the student to initial, including the following

statement: "I certify that I have received the catalog, School Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, salary or wage information, and the most recent three-year cohort default rate, if applicable, included in the School Performance Fact sheet, and have signed, initialed, and dated the information provided in the School Performance Fact Sheet."

(j) The following statements:

(1) "Any questions a student may have regarding this enrollment agreement that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education at (address), Sacramento, CA (ZIP Code), (internet website address), (telephone and fax numbers)."

(2) "A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education by calling (toll-free telephone number) or by completing a complaint form, which can be obtained on the bureau's internet website (internet website address)."

(k) The following statement above the space for the student's signature:

"I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me."

~~SEC. 93.~~

SEC. 101. Section 94913 of the Education Code is amended to read:

94913. (a) An institution that maintains an internet website shall provide on that internet website all of the following:

(1) The school catalog.

(2) A School Performance Fact Sheet for each educational program offered by the institution.

(3) Student brochures offered by the institution.

(4) A link to the bureau's internet website.

(5) The institution's most recent annual report submitted to the bureau.

(b) An institution shall include information concerning where students may access the bureau's internet website anywhere the institution identifies itself as being approved by the bureau.

~~SEC. 94.~~

SEC. 102. Section 94941 of the Education Code is amended to read:

94941. (a) An individual who has cause to believe that an institution has violated this chapter, or regulations adopted pursuant to this chapter, may file a complaint with the bureau against the institution. The complaint shall set forth the alleged violation, and shall contain any other information as may be required by the bureau.

(b) To ensure that the bureau's resources are maximized for the protection of the public, the bureau, in consultation with the advisory committee, shall establish priorities for its inspections and other investigative and enforcement resources to ensure that institutions representing the greatest threat of harm to the greatest number of students are identified and disciplined by the bureau or referred to the Attorney General.

(c) In developing its priorities for inspection, investigation, and enforcement regarding institutions, the bureau shall consider as posing heightened risks the characteristics of the following institutions:

(1) An institution that receives significant public resources, including an institution that receives more than 70 percent of its revenues from federal financial aid, state financial aid, financial aid for veterans, and other public student aid funds.

(2) An institution with a large number of students defaulting on their federal loans, including an institution with a three-year cohort default rate above 15.5 percent.

(3) An institution with reported placement rates, completion rates, or licensure rates in an educational program that are far higher or lower than comparable educational institutions or programs.

(4) An institution that experiences a dramatic increase in enrollment, recently expanded educational programs or campuses, or recently consolidated campuses.

(5) An institution that offers only nonremedial educational program courses in English, but enrolls students with limited or no English language proficiency.

(6) An institution that has experienced a recent change of ownership or control, or a change in the business organization of the institution.

(7) An institution with audited financial statements that do not satisfy the bureau's requirements for financial stability.

(8) An institution that has recently been the subject of an investigation, judgment, or regulatory action by, or a settlement with, a governmental agency.

(9) An institution that experiences institutional or programmatic accreditation restriction by an accreditor, government restriction of, or injunction against, its approval to operate, or placement on cash-reimbursement or heightened monitoring status by the United States Department of Education.

(d) The bureau shall indicate in an annual report, to be made publicly available on its internet website, the number of temporary restraining orders, interim suspension orders, and disciplinary actions taken by the bureau, disaggregated by each priority category established pursuant to subdivision (b).

(e) The bureau shall, in consultation with the advisory committee, adopt regulations to establish categories of complaints or cases that are to be handled on a priority basis. The priority complaints or cases shall include, but not be limited to, those alleging unlawful, unfair or fraudulent business acts or practices, including unfair, deceptive, untrue, or misleading statements, including all statements made or required to be made pursuant to the requirements of this chapter, related to any of the following:

(1) Degrees, educational programs, or internships offered, the appropriateness of available equipment for a program, or the qualifications or experience of instructors.

(2) Job placement, graduation, time to complete an educational program, or educational program or graduation requirements.

(3) Loan eligibility, terms, whether the loan is federal or private, or default or forbearance rates.

(4) Passage rates on licensing or certification examinations or whether an institution's degrees or educational programs provide students with the necessary qualifications to take these exams and qualify for professional licenses or certifications.

(5) Cost of an educational program, including fees and other nontuition charges.

(6) Affiliation with or endorsement by any government agency, or by any organization or agency related to the Armed Forces, including, but not limited to, groups representing veterans.

(7) Terms of withdrawal and refunds from an institution.

(8) Payment of bonuses, commissions, or other incentives offered by an institution to its employees or contractors.

~~SEC. 95.~~

SEC. 103. Section 94942 of the Education Code is amended to read:

94942. (a) The bureau shall establish a toll-free telephone number staffed by a bureau employee by which a student or a member of the public may file a complaint under this chapter.

(b) The bureau shall make a complaint form available on its internet website. The bureau shall permit students and members of the public to file a complaint under this chapter through the bureau's internet website.

~~SEC. 96.~~

SEC. 104. Section 94949.73 of the Education Code is amended to read:

94949.73. (a) The office shall provide individualized assistance to students to relieve or mitigate the economic and educational opportunity loss incurred by those students who attended a Corinthian Colleges, Inc., institution or other eligible institution.

(b) Specific services provided by the office shall include all of the following:

(1) Outreach and education to students regarding the assistance available from the office.

(2) Screening requests for assistance received by the office and providing individualized assistance to help students determine their relief eligibility, identify and obtain necessary documents, complete and submit applications, and provide additional services as necessary.

(c) For purposes of this section, "other eligible institution" means an institution identified by the office whose unlawful activities or closure has resulted in its students being eligible for repayment from the Student Tuition Recovery Fund, debt relief from the United States Department of Education, or other student financial aid relief.

(d) (1) The office shall quarterly report by posting on the bureau's internet website, through September 1, 2018, on all of the following:

(A) A summary of the outreach and education activities conducted by the office pursuant to the requirements of paragraph (1) of subdivision (b) and the number of students served from Corinthian Colleges, Inc., institutions and every other eligible institution.

(B) A detailed summary of services provided to those students, as follows:

(i) The number of students assisted with submitting Student Tuition Recovery Fund claims to the bureau by the office, and of the claims submitted, the number that are pending, on appeal, or have been approved or denied. For the claims that have been approved, the office shall report the amount of student loans canceled, the total of student loans paid off, the total amount of cash reimbursed to students, and the total amount of educational credit granted.

(ii) The number of students assisted with submitting federal loan forgiveness claims, and of the claims submitted, the number of those claims that are pending, on appeal, or have been approved or denied. For the claims that have been approved, the office shall report the estimated total in student loans canceled and the total amount of funds refunded to students.

(iii) The number of students assisted with private student loan relief, other than through Student Tuition Recovery Fund claims, and a summary of assistance provided and relief outcomes obtained.

(iv) The number of students whom the office helped to obtain income-dependent repayment plans on their federal loans, and of those students, the number of students helped out of default on the federal loans through consolidation or rehabilitation.

(2) The office shall provide, pursuant to Section 9795 of the Government Code, the Legislature, the department, and the bureau a final report summarizing the information submitted pursuant to paragraph (1) by January 1, 2019.

SEC. 105. 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	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(1) AB 282 (Aguiar-Curry) Psychologists: Licensure

Background

This bill would revise section 2914 of the Business and Professions Code (BPC) by adding language to allow applicants seeking licensure to be eligible to take the required licensure exams, which include the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Law and Ethics Examination (CPLEE), at any time after all academic coursework required for a qualifying doctoral degree is completed.

In addition, the bill would require the Board of Psychology (Board) revise CCR sections 1388 and 1388(c) to remove the requirements of completing the qualified supervised professional experience hours to be eligible to take the licensure exams.

On March 21, 2023, the bill was amended to add the phrase “academic coursework” and provided that “academic coursework” does not include participation in an internship or writing a dissertation or thesis.

On April 7, 2023, the Board adopted an Oppose unless Amended position.

On April 12, 2023, a position letter was submitted to the Assembly Committee on Appropriations.

On April 20, 2023, the bill was ordered to Consent Calendar.

On April 24, 2023, a floor alert with the Board's position was submitted to the Assembly Members.

On April 27, 2023, the bill was ordered to the Senate.

On May 10, 2023, the bill was referred to the Senate Business, Professions and Economic Development Committee.

On May 12, 2023, an Oppose Unless Amended letter was submitted to the Senate Business, Professions and Economic Development Committee.

On July 3, 2024, the bill passed the Senate Business, Professions and Economic Development Committee, and was re-referred to the Committee on Appropriations.

On July 12, 2023, Board staff met with the California Psychology Association (CPA) to discuss the Board's proposed amendments in consideration of ASPPB's decision to allow applicants to take the EPPP Part-2, after the completion of the EPPP Part-1, degree conferral, and completion of supervised experience. Since the decision is not consistent with the proposed language in AB 282 as currently written, the Board would be required to create its own licensing exam. CPA advised that proposed amendments would be drafted and submitted to the author to address ASPPB's decision.

Board of Psychology staff will continue to monitor the proposal.

Action Requested

If AB 282 is amended to reflect the Board's concern regarding supervised professional experience occurring before the EPPP Part 2 is taken, the staff recommends the Board move to a Support position.

Attachment 1: Board position letter
Attachment 2: Senate Business, Professions and Economic Development Committee Analysis
Attachment 3: Amended bill text

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May 12, 2023

The Honorable Richard D. Roth
Chair, Senate Committee on Business, Professions and Economic Development
State Capitol, Room 3320
Sacramento, CA 95814

RE: **AB 282 (Aguiar-Curry) – Psychologists: licensure – Oppose Unless Amended**

Dear Senator Roth:

The Board's mission is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At its April 7, 2023, meeting, the Board of Psychology (Board) adopted a **Oppose Unless Amended** position on AB 282 (Aguiar-Curry). This bill would amend section 2914 of the Business and Professions Code by adding language to allow applicants seeking licensure to be eligible to take the required licensure exams at any time after all academic coursework required for a qualifying doctoral degree is completed. The required licensure exams include the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Law and Ethics Examination (CPLEE).

In addition, the bill would require the Board to revise California Code of Regulations (CCR) 1388 and CCR 1388(c) to remove the requirement of completing the qualified supervised professional experience hours to be eligible to take the licensure exam.

The Board supports and agrees with the author's intent in granting applicants the flexibility to take the required licensure exams, however, the Board requests the following amendment:

(d) An applicant for licensure shall take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter. An applicant for licensure who has completed all *academic* coursework required for a doctoral degree as required by subdivision (b), as documented by a written certification from the registrar of the applicant's educational institution or program, shall be eligible to take any and all examinations required for licensure, as specified by the Board. *For purposes of this subdivision, "academic coursework" does not include participation in an internship or writing a dissertation or thesis.*

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or antonette.sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PhD
President, Board of Psychology

cc: Senator Janet Nguyen (Vice Chair)
Assemblymember Aguiar-Curry
Members of the Senate Committee on Business, Professions and Economic Development
Dana Shaker, Consultant, Senate Committee on Business, Professions and Economic Development

SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
Senator Richard Roth, Chair
2023 - 2024 Regular

Bill No:	AB 282	**Hearing Date:**	July 3, 2023
Author:	Aguiar-Curry		
Version:	March 21, 2023		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Dana Shaker		

Subject: Psychologists: licensure

SUMMARY: Authorizes an applicant for licensure as a psychologist to take all examinations required for licensure when they have completed academic coursework required for a doctoral degree, as specified.

Existing law:

1) Establishes the Board of Psychology (Board) to license and regulate psychologists. (Business and Professions Code (BPC) § 2920)

2) States that no person may engage in the practice of psychology or represent himself or herself as a psychologist without a license issued by the Board, as specified. Defines the "practice of psychology" as rendering or offering to render to individuals, groups, organizations, or the public any psychological services involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships, and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. (BPC § 2903)

3) Requires an applicant for licensure to possess an earned doctoral degree in any of a number of specified subjects that is obtained from a college or institution of higher education accredited by a regional accrediting agency recognized by the United States Department of Education. Authorizes the Board to make the final determination as to whether a degree meets these requirements. Requires an applicant for licensure to have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist or under suitable alternative supervision, at least one year of which shall have occurred after the applicant was awarded the qualifying doctoral degree. (BPC § 2914)

4) Requires an applicant for licensure to take and pass any examination required by the board and pay related examination fees. (BPC § 2941)

5) Requires an applicant to successfully take and pass the Association of State and Provincial Psychology Boards' Examination for Professional Practice in Psychology (EPPP) and the California Psychology Laws and Ethics Examination (CPLEE). Specifies that an applicant is eligible to take the EPPP upon completion of a qualifying doctorate degree and 1500 hours of qualifying professional experience. Specifies that an applicant must pass the EPPP and complete all 3000 hours of supervised professional experience prior to being eligible for the CPLEE, whichever is applicable. Provides that upon application, the Board will notify applicants of their eligibility to take the EPPP. (Title 16 California Code of Regulations (CCR) § 1388)

This bill:

1) Authorizes an applicant for licensure who has completed all academic coursework required for a doctoral degree, as specified, and documented by a written certification from the registrar of the applicant's educational institution or program, to take any and all examinations required for licensure.

2) States "academic coursework" does not include participation in an internship or writing a dissertation or thesis.

FISCAL EFFECT: According to the Assembly Appropriations Committee, the Board projects minor and absorbable costs to implement this bill.

COMMENTS:

1. **Purpose.** The Sponsors of the bill are the California Psychological Association and the California Council of Community Behavioral Health Agencies. According to the Author, "This bill reduces the required steps of the BOP review process to determine if an applicant qualifies for their exam. By reducing the steps, processing delays will be reduced and applicants will have a clear streamlined process path of licensure."

   The Author cites recent survey data of psychologists conducted by the California Psychological Association as further justification for this measure. The 2022 survey results indicated "significant wait times at each step in the licensing process at the Board of Psychology. Each sequential step in the licensure process typically took 2-4 months to process, for a total wait time often lasting about one year. In addition, almost 60% of respondents reported that the delays created financial hardship and over 30% reported the delays caused interruptions in patient care…Psychologists answered that financial hardship (due to delay in qualify for employment opportunities), difficulty hiring, and interruptions in patient care were some of the top detrimental consequences experienced. In its letter, the California Psychological Association noted that once it made the Board aware of these survey results, wait times have improved."

   According to the Author, "by streamlining the process of licensee applicants to qualify for their licensing exam, this bill will help California's trained psychologists enter the workforce without delays. Applicants will be permitted to take their exam after they have verified completed their academic coursework."

According to Sponsors, currently it takes nine months from start to finish the licensing and examination process, largely due to the Board's processing times.

2. **Background.**

Board of Psychology. The Board regulates licensed psychologists, registered psychological assistants, and registered psychologists. The Board is funded by license, application, and examination fees, and receives no revenue from California's General Fund. The Board is comprised of nine members (five licensed psychologists and four public members) who are appointed to four-year terms. In 2021, there were approximately 25,000 licensees under the Board's jurisdiction.

The Board's mission is to "protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession." According to the Board's strategic plan, the Board focuses on the following areas: protecting the health, safety, and welfare of consumers of psychological services; advocating for the highest standards of professional psychology; and, empowering consumers and licensees through public and professional education.

Applicants for a psychologist license must have a qualifying doctorate degree, complete a minimum of 3,000 hours of supervised professional experience, and take and pass the national Examination for Professional Practice in Psychology (EPPP), which is administered by the Association of State and Provincial Psychology Boards (ASPPB) and the California Psychology Laws and Ethics Examination (CPLEE), which is administered by the Board. The EPPP and CPLEE are both computer-based examinations. Psychological assistants must earn a qualifying master's degree, must be registered to a licensed psychologist or a Board-certified psychiatrist as employees, and may provide limited psychological services under the direct supervision of the psychologist or psychiatrist with whom they are registered. Registered psychologists must earn a qualifying doctoral degree, must complete a specified number of hours of professional experience under supervision, and can only engage in psychological activities at qualifying nonprofit community agencies.

Applicants are eligible to take the EPPP when they complete their doctorate degree and 1500 hours of qualifying professional experience. After they pass the EPPP, the applicant must complete all 3000 hours of supervised professional experience to be eligible for the CPLEE.

Exceptions to the EPPP requirements, but not the CPLEE requirements, are provided for:

- a California-licensed psychologist who has been licensed for at least five years and has allowed their license to cancel by not renewing the license for at least three years, for an applicant who has been licensed in another state, Canadian province, or U.S. territory for at least two years

- an applicant who holds a Certificate of Professional Qualification issued by the Association of State and Provincial Psychology Boards

- an applicant credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology who has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory for a minimum of two years

- an applicant for licensure as a psychologist who is certified by the American Board of Professional Psychology (ABPP) and has been licensed based on a doctoral degree in another state, Canadian province, or U.S. territory (f) Although the EPPP is waived under this section, an applicant must file a complete application and meet all current licensing requirements not addressed above, including payment of any fees, take and pass the California Psychology Law and Ethics Examination (CPLEE), and not been subject to discipline.

According to the Author, ASPPB is in the process of converting the licensure exam into two parts. Part One will focus on clinical knowledge and will be taken after coursework has been completed. Part Two will be experienced-based and taken after completion of the clinical experience required for licensure. This, the Author argues, could lead to greater wait processing times for licensees, where each step in the licensure process typically took two-four months to process already, where the total wait time often lasts about one year.

ASPPB approved a motion during its June meeting affirming that Part Two of the exam experience cannot, in its view, be taken until Part One of the exam experience, degree conferral, and completion of supervised experience as determined by the jurisdictional licensing or registration authority have all been completed.

During the 2020-2021 sunset review oversight of the Board, it was reported that the Board has experienced increases in the average time to process complete applications and a significant increase in the average time to process incomplete applications. The number of pending applications had outpaced completed applications. In response to this trend, the Board conducted a comprehensive review of its statutes and regulations addressing how licensure can be obtained. The Board identified sections it believed create undue barriers to licensure, or are inconsistent with training environments, education, and new technologies related to the practice of psychology. The Board will be pursuing statutory and regulatory changes to enact these proposed changes.

3. **Arguments in Support.** California Psychological Association writes in support: "This bill would make an applicant for licensure eligible to take all examinations required for licensure as soon as all coursework required for such a doctoral degree has been completed, as documented by a written certification from the registrar of the applicant's educational institution or program. This important bill was created in response to the CPA membership survey conducted in 2022 that indicated

extremely long wait times at the Board of Psychology. Since the survey was completed and CPA shared the results with the Board of Psychology, wait times have improved. This bill is necessary to create efficiencies at the Board to help avoid long delays in the future."

The Association of Independent California Colleges & Universities writes in support: "In short, current practices create cumbersome barriers that delay these trained individuals to begin providing much-needed care in a timelier fashion, without sacrificing quality of services to patients."

California Access Coalition, California Council of Community Behavioral Health Agencies states that "According to the California Health Care Foundation, one in seven Californians experience a mental health condition. However, the licensure process for psychologists has been fraught with significant delays, as found in a member survey conducted in 2022 by the California Psychological Association (CPA)." The organizations believe that streamlining the licensure process would significantly reduce applicants' burdensome wait times and improve patient care access, as well as reduce the workload for licensing staff at the Board.

California Alliance of Child and Family Services says that nearly 1 in 7 California adults experiences a mental illness, and 1 in 14 children has an emotional disturbance that limits functioning in family, school, or community activities…Children and youth from historically underserved and marginalized communities are in an especially vulnerable position. For California to provide extensive access to mental health treatment, there must be a reduction in applicant wait times during the examination process for psychologists. By shortening extensive waiting periods for applicants, children and families searching for mental health treatment will be able to meet with a licensed psychologist sooner rather than later. This result guarantees better access to care and, in turn, will improve patient outcomes."

Govern for California writes in support: "As Californians recover from the COVID-19 pandemic, the importance of mental health and access to care has become evident…the Board of Psychology has experienced a notable increase in the average time to process complete applications for licensure and a significant increase in the average time to process incomplete applications for licensure. This bill makes a valuable change to reduce one of the significant delays by allowing applicants who have completed coursework for their doctoral degree to take the required examinations any time with written certification from the registrar instead of requiring step by step approval from the Board. Further, this bill aligns with changes being made by the Association of State and Provincial Psychology Board with the national licensure examination to have one part focusing on clinical knowledge and the second to clinical experience. Removing unnecessary licensing delays will help California's workforce pipeline for mental health providers."

Steinberg Institute and Sycamores write in support: "The intent of this legislation is to streamline the licensure process to reduce burdensome wait times for applicants and to improve access to care."

4. **Arguments in Opposition**. The California Board of Psychology writes in opposition unless amended: "The Board supports and agrees with the author's intent in granting applicants the flexibility to take the required licensure exams, however, the Board requests the following amendment:

> (d) An applicant for licensure shall take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter. An applicant for licensure who has completed all *academic* coursework required for a doctoral degree as required by subdivision (b), as documented by a written certification from the registrar of the applicant's educational institution or program, shall be eligible to take any and all examinations required for licensure, ***as specified by the Board***. ***For purposes of this subdivision, "academic coursework" does not include participation in an internship or writing a dissertation or thesis.***

The Association of State and Provincial Psychology Boards writes in opposition unless it is amended to include the Board's requested language. According to the organization, "[EPPP] Part 2 is a skills-based examination assessing an applicant's competencies in providing psychological services. This exam is intended to be administered after an applicant completes their necessary training and supervised experience. AB 282 as written would allow applicants to take this examination prior to obtaining their advanced training and supervised experience. One of the unintended consequences, if AB 282 were to be adopted in its current form, would likely be a negative impact in that applicants who take the skills part of the licensing examination after completion of academic coursework, but prior to obtaining the necessary training and supervised experience, likely would not pass the examination, since they would not have the requisite knowledge and experience required to pass the EPPP (Part 2 - Skills)." The organization notes that as amended, "California would continue to be consistent with other states in the approach that is taken to *allow their licensing boards to determine* when applicants can appropriately sit for licensing examinations. This in turn would benefit potential examination candidates from additional costs associated with having to retake the examination due to not having the experience and knowledge that is required."

5. **Policy Comments, Questions, and Amendments.**

Process Adjustments. While the effort to decrease licensing processing timeframes at healing arts board is laudable, and the outcome in this particular space, if increased opportunities for behavioral and mental health professionals are available, will certainly benefit patients by providing greater access to critical care, it is important to ask whether adjusting the process will make a meaningful difference or if there are elements of the Board's process that deserve comprehensive review and updates. Are there other extraneous steps in the existing process that could be condensed for efficiency? Simply allowing licensees to take an exam when they choose may not be the best procedural answer to the question of how to address lengthy license processing times that impact the ability for providers to meet necessary requirements in order to deliver care.

Drafting Challenges and Limitation on Examination Type. This bill authorizes an applicant for licensure to take "any and all examinations required for licensure" upon completion of academic coursework. However current law requires applicant for licensure possess an earned doctoral degree. Would an applicant even be eligible to apply without possession of a degree and simply by virtue of having completed coursework, since this bill does not clarify provisions in existing law related to all licensure requirements and instead only updates one statement outlining the necessity of applicants taking the Board exam?

Further, the authority provided in this bill to take "any and all examinations required for licensure" means that in theory, a person could take Parts One and Two of the national EPPP after they submit proof of academic course completion. The bill proponents assert that an individual would only take and pay for examinations they are ready for, however the lack of clarity in the bill to confirm that the skills-based portion of the national examination is not taken until the applicant has a degree and has completed supervised experience requirements could lead to unintended consequences. *In order to ensure that the bill is implementable and does not directly conflict with existing statute and regulations, and in order to ensure that only certain tests may be taken without meeting all licensure requirements, moving forward the Author should consider tasking the Board with reviewing the appropriateness of the steps required for applicant review and should work with the Board to determine necessary changes and steps to achieve the goal of quicker licensing processing timeframes.*

SUPPORT AND OPPOSITION:

Support:

Association of Independent California Colleges & Universities
California Access Coalition
California Alliance of Child and Family Services
California Council of Community Behavioral Health Agencies
California Psychological Association
Govern for California
Steinberg Institute
Sycamores
Tessie Cleveland Community Services Corporation

Opposition:

Association of State and Provincial Psychology Boards
California Board of Psychology

-- END --

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(2) - AB 665 (Carrillo) Minor: consent to mental health services

Background

AB 665 (Carrillo) was introduced on February 13, 2023.

This bill would allow a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, and without having to present a danger of serious physical or mental harm to themselves or to others, or if the minor is the alleged victim of incest or child abuse.

The bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others or be the alleged victim of incest or child abuse.

On March 28, 2023, the bill passed the Assembly Committee on Judiciary.

On April 10, 2023, the bill passed the Assembly Floor, and was ordered to the Senate.

On May 3, 2023, the bill was referred to the Committee on Judiciary.

On June 21, 2023, the bill passed the Committee on Judiciary.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

Staff recommend the Board discuss AB 665 and consider taking a position.

Attachment 1: AB 665 Board bill analysis
Attachment 1: AB 665 (Carrillo) Bill Text
Attachment 1: Senate Floor bill analysis

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2023 Bill Analysis

Author:	Bill Number:	Related Bills:
Assembly Member Carrillo	AB 665	SB 543
Sponsor:	**Version:** Amended	
Subject: Minors: Consent to Mental Health		

SUMMARY

This bill would allow a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, and without having to present a danger of serious physical or mental harm to themselves or to others, or if the minor is the alleged victim of incest or child abuse. The bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others or be the alleged victim of incest or child abuse.

RECOMMENDATION

FOR DISCUSSION – Staff recommend the Board discuss AB 665 and consider taking a position.

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, “California and the Nation are facing a youth mental health crisis.” The author believes that “AB 665 would allow Medi-Cal to cover mental health services that youth aged 12-18 can currently opt themselves into. Amid mass shootings and COVID-19 recovery, young people are experiencing high levels of anxiety, depression and other mental health challenges.”

The author states that this bill will align provisions of the Family Code, with provisions added to the Health & Safety Code in 2010 that recognized that, under certain circumstances, a mental health professional may determine that a minor is mature enough to intelligently consent to treatment and may have valid and vital reasons for not obtaining the consent of a parent.

ANALYSIS

Existing law, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services.

This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor’s parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor’s parent or guardian would be inappropriate.

Existing law defines professional person for these purposes to include, among other things, a mental health professional, a marriage and family therapist, a licensed

educational psychologist, a clinical psychologist, the chief administrator of an agency, and a licensed professional clinical counselor, as defined.

This bill would add a registered psychologist, a registered psychological assistant, a psychological trainee, an associate clinical social worker, a social work intern, a clinical counselor trainee working under the supervision of a licensed professional, and a board-certified psychiatrist to the definition of professional person for these purposes.

This bill would make all of the above changes operative on July 1, 2024.

LEGISLATIVE HISTORY

SB 543 (Leno, Ch. 503, Stats. 2010) SB 543 added only the new Section 124260 with the same conditions for obtaining services and parental notification requirement. SB 543 added a new section to the Welfare and Institutions Code specifically excluding recipients of Medi-Cal from obtaining care under Section 124260’s less restrictive framework. As a result, California currently has an explicitly two-tiered system of mental health care for minors.

OTHER STATES' INFORMATION

Not Applicable

PROGRAM BACKGROUND

The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

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 Board currently has policies and procedures in place to notify licensee’s and registrants of new requirements.

In the case a complaint is filed regarding a licensee and registrant regarding a minor giving consent and receiving services, the Board has policies and procedures in place to take, review and act upon the complaint if needed.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Support:

California Alliance of Child and Family Services (co-source)
The Children's Partnership (co-source)
National Health Law Program (co-source)
National Center for Youth Law (co-source)
A Greater Hope
ACCE Action
ACLU California Action
Alameda County Board of Supervisors
Alliance for a Better Community
Alum Rock Counseling Center
American Academy of Pediatrics
API Equality-LA
Asian Americans Advancing Justice Southern California
Aspiranet
Blue Shield of California
Board of Behavioral Sciences
Cal Voices
California Academy of Family Physicians
California Association of Certified Family Law Specialists
California Association of Social Rehabilitation Agencies
California Children's Trust California Coalition for Youth
California Family Resource Association
California High School Democrats California
Latinas for Reproductive Justice
California Psychological Association California
School-Based Health Alliance
California State Association of Psychiatrists
California Youth Empowerment Network
Casa Pacifica Centers for Children and Families
Children Now
California Pan-Ethnic Health Network
Child Abuse Prevention Center
Children's Hospital of Los Angeles, Division of Adolescent and Young Adult Medicine

Children's Specialty Care Coalition
Communities for Restorative Youth Justice
Community Health Councils
County Behavioral Health Directors Association of California
County of Santa Clara
County Welfare Directors Association of California
GENup
Health Net
Inland Coalition for Immigrant Justice
John Burton Advocates for Youth
KIPP SoCal Public Schools
Mental Health America of California
NAMI – CA
National Association of Social Workers – California Chapter
Oakland Privacy
Orange County United Way
Pacific Clinics
Public Counsel
Racial and Ethnic Mental Health Disparities Coalition
SEIU California
Seneca Family of Agencies
Sierra Vista Child and Family Services
Steinberg Institute
Sycamores
Thai Community Development Center
The Children's Partnership
The Kennedy Forum
The Los Angeles Trust for Children's Health
The W. Haywood Burns Institute
Vision y Compromiso
West Coast Children's Clinic
Western Center on Law & Poverty
Youth Forward

Opposition:

Bridge Network
CA Freedom Keepers Chapter of Freedom Keepers United
California Capitol Connection
California Catholic Families 4 Freedom CA
California Family Council
California Nurses United
California Parents Union
California Policy Center
California Rise Up
California's Legislative Voice

Concerned Women for America Legislative Action Committee
Freedom Angels
International Federation for Therapeutic & Counselling Choice
Natomas USD for Freedom
Our Duty
Parents for Liberty Pasadena
PERK
Real Impact
Silicon Valley Association of Republican Women
Stand Up California
Stand Up Sacramento County
Take A Stand Stanislaus
Approximately 150 individuals

ARGUMENTS

Proponents:

According to the Alameda County Board of Supervisors:

In Alameda County, 123,712 children are enrolled in Medi-Cal (35.5% of all children). Statewide, less than 19% of low-income teenagers on Medi-Cal received screenings for depression and a follow-up plan in 2020, while nearly 1 in 3 adolescents in California reported symptoms that meet the criteria for serious psychological distress. Less than 9% of Indigenous youth on Medi-Cal received a screening and plan. In 2018, the Children's Trust found that over 70% of youth with mental health needs did not have access to services, even if they have health insurance. This increases to 80% among youth with non-English speaking parents. Surveys show that making parental involvement or notification mandatory drastically reduces the likelihood that teens will seek timely treatment; reasons include significant family stigma surrounding mental health treatment or household fear of immigration enforcement. Barriers remain to ensuring youth receive timely mental health care and interventions despite recent and ongoing initiatives expanding prevention and early intervention services for children and youth. This bill would align the mental health care consent standards for all young people in California by not requiring youth on Medi-Cal to meet a higher standard of need than their peers on private insurance.

Opponents:

According to Real Impact:

Under existing law, minors aged 12 and above can receive mental health treatment if other criteria are met. These criteria serve as a reasonable basis to determine whether intervention is necessary to protect the minor. However, AB 665 proposes that a minor's judgment, along with the treatment of the minor's counselor, would determine whether parental involvement is necessary or "appropriate." By granting such discretionary

power to professionals, AB 665 undermines the fundamental role of parents in the lives of their children and disregards their inherent right to make informed decisions regarding their child’s welfare.

AMENDMENTS

Not Applicable

ASSEMBLY BILL No. 665

Introduced by Assembly Member Wendy Carrillo

February 13, 2023

An act to amend Section 6924 of the Family Code, relating to minors.

LEGISLATIVE COUNSEL'S DIGEST

AB 665, as introduced, Wendy Carrillo. Minors: consent to mental health services.

Existing law, for some purposes, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services.

This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other

purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

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

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

SECTION 1. The Legislature finds and declares all of the following:

(a) California is failing on children's mental health and preventive care. According to the most recent Commonwealth Fund Scorecard on State Health System Performance, our state ranks 48th in the nation for providing children with needed mental health care.

(b) Roughly one-half of California's children are covered by Medi-Cal, the vast majority of whom are Black and children of color.

(c) Less than 19 percent of low-income teenagers on Medi-Cal received screenings for depression and a followup plan in 2020. This is despite the reality that nearly one in three adolescents in California reported symptoms that meet the criteria for serious psychological distress.

(d) Less than 9 percent of Indigenous youth on Medi-Cal received a screening and plan, the lowest of any racial or ethnic group.

(e) Despite an overall decrease in the suicide rate in California, in 2020, youth, particularly Black and Latinx youth, and girls all showed disproportionate increases in suicide. A shocking 78 percent of LGBTQ+ youth who were surveyed shared they had considered suicide, with the vast majority of those who had considered suicide sharing they had done so in the last year, and nearly one-third had made an attempt in the past year.

(f) Seeking care for mental health issues is complicated by pervasive social stigma and centuries of systemic oppression by

government programs that create legitimate fears for families to engage in services.

(g) Youth, especially youth of color, express significant trepidation about needing to disclose to parents their mental health concerns and their need to access services. Without access to a trained professional, youth report they turn to mostly free resources of mixed quality that they access without parental intervention or adult assistance, such as social media accounts and online videos.

(h) For LGBTQ+ youth, the rejection from parents, harassment in school, and the overall LGBTQ negativity present in society can lead to depression, anxiety, drug and alcohol use, and other negative outcomes. Over one-half of surveyed LGBTQ+ youth reported that not being able to get permission from their parents or guardians was sometimes or always a barrier to accessing mental health services.

(i) Providers, particularly school-based providers, find that obtaining parental consent for a youth who needs support is complicated by the parent or caretakers' beliefs and stigma about mental health care.

(j) Most states allow youth under 18 years of age to consent to receiving mental health care on their own.

(k) In California, existing law in both Section 124260 of the Health and Safety Code and the Section 6924 of the Family Code establishes that a minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services; however, such services cannot be billed to Medi-Cal.

(*l*) Existing law in the Family Code authorizes providers to bill Medi-Cal if the above requirements are met and either the minor would present a danger of serious physical or mental harm to themselves or to others, or the minor is the alleged victim of incest or child abuse.

(m) Two laws with different standards are challenging for providers to implement and challenging for youth and families to understand, creating a chilling effect on their willingness to seek out care.

(n) This fundamentally inequitable policy is ultimately at odds with the state's commitment to racial, ethnic, and health equity as

demonstrated through ongoing efforts of the Children and Youth Behavioral Health Initiative and CalAIM, which are state efforts to advance the goal of greater early intervention to address the mental health needs of youth.

(o) Requiring young people from low-income families to delay sensitive treatment until they are in serious distress places youth at unnecessary risk of not seeking care, increasing the likelihood of suicide, self-harm, or substance overdose, and contributing to the alarming disparities in mental health outcomes for youth from marginalized communities.

SEC. 2. Section 6924 of the Family Code is amended to read:

6924. (a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of mental health treatment or counseling on an outpatient basis by any of the following:

(A) A governmental agency.

(B) A person or agency having a contract with a governmental agency to provide the services.

(C) An agency that receives funding from community united funds.

(D) A runaway house or crisis resolution center.

(E) A professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Article 8 of Subchapter 3 of Chapter 1 of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist as defined in Article 5 (commencing with Section 4986) of Chapter 13 of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist as described in Section 49424 of the Education Code.

(E) A clinical psychologist as defined in Section 1316.5 of the Health and Safety Code.

(F) The chief administrator of an agency referred to in paragraph (1) or (3).

(G) A person registered as an associate marriage and family therapist, as defined in Chapter 13 (commencing with Section

4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code.

(H) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(I) A person registered as an associate professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code.

(3) "Residential shelter services" means any of the following:

(A) The provision of residential and other support services to minors on a temporary or emergency basis in a facility that services only minors by a governmental agency, a person or agency having a contract with a governmental agency to provide these services, an agency that receives funding from community funds, or a licensed community care facility or crisis resolution center.

(B) The provision of other support services on a temporary or emergency basis by any professional person as defined in paragraph (2).

(b) A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if ~~both of the following requirements are satisfied:~~

~~(1) The~~ *the* minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services.

~~(2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse.~~

(c) A professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in paragraph (3) of subdivision (a), shall make their best efforts to notify the parent or guardian of the provision of services.

(d) The mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's

parent or guardian unless, ~~in the opinion of the professional person who is treating or counseling the minor,~~ *the professional person who is treating or counseling the minor, after consulting with the minor, determines that* the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(e) The minor's parents or guardian are not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian. The minor's parents or guardian are not liable for payment for any residential shelter services provided pursuant to this section unless the parent or guardian consented to the provision of those services.

(f) This section does not authorize a minor to receive convulsive therapy or psychosurgery as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.

O

Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 665
Author: Wendy Carrillo (D), et al.
Amended: 6/12/23 in Senate
Vote: 21

SENATE JUDICIARY COMMITTEE: 9-2, 6/20/23
AYES: Umberg, Allen, Ashby, Caballero, Durazo, Laird, Min, Stern, Wiener
NOES: Wilk, Niello

ASSEMBLY FLOOR: 55-9, 4/10/23 - See last page for vote

SUBJECT: Minors: consent to mental health services

SOURCE: California Alliance of Child and Family Services
Children's Partnership
National Health Law Program
National Center for Youth Law

DIGEST: This bill allows, beginning July 1, 2024, minors aged 12 years and older to consent to outpatient mental health treatment and residential shelter services provided that the treating professional determines that the minor is mature enough to participate intelligently, bringing the provision in line with the current authorization for 12-year-olds with private insurance to consent to mental health treatment.

ANALYSIS:

Existing law:

1) Defines "minor" as an individual under 18 years of age. (Fam. Code, § 6500.)

2) Defines the following relevant terms:

   a) "Mental health treatment or counseling services" is the provision of mental health treatment or counseling on an outpatient basis by a governmental agency; a person or agency having a contract with a governmental agency to

provide the services; an agency that receives funding from community united funds; a runaway hose or crisis resolution center; or a professional person, as defined below.

b) "Professional person" is a person designated as a mental health professional; a marriage and family therapist; a licensed educational psychologist; a credentialed school psychologist; a clinical psychologist; the chief administrator of an agency providing mental health treatment, counseling services, or residential shelter services; a person registered as an associate marriage and family therapist, who is working under the supervision of a licensed professional; a licensed professional clinical counselor; or a person registered as an associate professional clinical counselor, who is working under the supervision of a licensed professional.

c) "Residential shelter services" is any of the following:

i) The provision of residential and other support services to minors on a temporary or emergency basis in a facility that services only minors by a governmental agency, a person or agency having a contract with a governmental agency to provide these services, an agency that receives funding from community funds, or a licensed community care facility or crisis resolution center.

ii) The provision of other support services on a temporary or emergency basis by any professional person as defined in 2)(b). (Fam. Code, § 6924(a).

3) Permits a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, without the consent of their parent or guardian if both of the following requirements are satisfied:

a) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services; and

b) The minor (1) would present a danger of serious physical or mental harm to self or others without the mental health treatment or counseling or residential shelter services, or (2) is the alleged victim of incest or child abuse. (Fam. Code, §§ 6920, 6924(b).)

4) Requires a professional person offering residential shelter services, whether as an individual or as a representative of an entity specified in 1)(c), shall make

their best efforts to notify the parent or guardian of the provision of services. (Fam. Code, § 6924(b).)

5) Provides that the mental health treatment or counseling of a minor authorized by 3) shall include involvement of the minor's parent or guardian unless, in the opinion of the professional person who is treating or counseling the minor, the involvement would be inappropriate. The professional person shall state in the client record whether and when they attempted to contact the minor's parent or guardian, and whether the attempt was successful or unsuccessful or why, in their professional opinion, it would be inappropriate to contact the minor's parent or guardian. (Fam. Code, § 6924(d).)

6) Provides that a minor's parent or guardian are not liable for services provided pursuant to 3) except:

   a) For mental health treatment or counseling services, when the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the parent or guardian's participation.

   b) For residential shelter services, when the parent or guardian consented to the provision of those services. (Fam. Code, § 6924(e).)

7) Provides that 3) does not authorize a minor to receive convulsive therapy or psychosurgery, as defined, or psychotropic drugs without the consent of the minor's parent or guardian. (Fam. Code, § 6924(f).)

8) Permits a minor who is 12 years of age or older to consent to mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services. (Health & Saf. Code, § 124260(b).)

   a) The definition of "professional person" includes mental health professionals not included in 2)(b), including a registered psychologist, a registered psychological assistant, a psychological trainee, an associate clinical social worker, a social work intern, a clinical counselor trainee working under the supervision of a licensed professional, and a board-certified psychiatrist. (Health & Saf. Code, § 124260(a)(2).)

   b) The treatment shall involve the minor's parent or guardian unless the professional person, after consulting with the minor, determines that the involvement would be inappropriate. (Health & Saf. Code, § 124260(c).)

c) Provides that a minor's parent or guardian is not liable for payment for mental health treatment or counseling services unless the parent or guardian participates in the treatment, and then only for services rendered with the participation of the parent or guardian. (Health & Saf. Code, § 124260(d).)

d) Provides that 8) does not authorize a minor to receive convulsive therapy or psychosurgery, as defined, or psychotropic drugs without the consent of the minor's parent or guardian. (Health & Saf. Code, § 124260(f).)

9) Authorizes Medi-Cal coverage for mental health services consented to by a minor pursuant to 3), but not 8). (Welf. & Inst. Code, §§ 14010, 14029.8.)

This bill:

1) Makes findings and declarations regarding California's shortcomings in its provision of mental health care to minors and the pervasive stigma in some communities regarding the need for mental health treatment, which can prevent minors from obtaining essential mental health care.

2) Corrects an outdated cross-reference in the definition of "professional person" within Family Code section 6924 (set forth in 2)-7) above).

3) Provides that the current version of Family Code section 6924 will become inoperative on July 1, 2024.

4) Adds a new version of Family Code section 6924 that will take effect on July 1, 2024, which is substantially similar to the current version except:

a) The new version removes the requirement that a minor aged 12 years or older, in order to consent to mental health treatment, counseling, or residential services without the consent of a parent or guardian, either (1) present a danger of serious physical or mental harm to themselves or others without the services, or (2) be the alleged victim of rape or incest.

b) The new version modifies the provision addressing when a mental health professional providing treatment to a minor shall involve the minor's parents or guardian, to require parental or guardian involvement unless the professional person, after consulting with the minor, determines that involvement would be inappropriate.

5) Provides the new version's definition of "professional person" expressly incorporates the definition of "professional person" set forth in Health and Safety Code section 124260 (see 8)(a), above).

Comment

California has two statutes that permit minors who are 12 years of age and older to consent to outpatient mental health services without a parent's or guardian's consent; unfortunately the statutes have different criteria for determining when services may be provided without parental consent. The older statute, Family Code section 6924, allows a minor to consent to outpatient mental health treatment or counseling services, or residential shelter services, if (1) an attending professional determines that the minor is mature enough to intelligently consent; and (2) the minor would present a serious danger of physical or mental harm to self or to others without the treatment or services or is the victim of alleged incest or abuse. The newer statute, Health and Safety Code section 124260, authorizes consent to outpatient mental health treatment when only the former condition is present; it does not require the minor to be a serious threat to self or to others or a victim of incest or abuse in order to consent. Both regimes expressly prohibit a minor from consenting to convulsive therapy, psychosurgery, and psychotropic drugs without parental consent.

Under the usual rules of statutory construction, the later-enacted statute would prevail and all minors aged 12 years and older would be able to access outpatient mental health treatment without being in crisis or the victim of incest or abuse. In this case, however, minors with Medi-Cal were expressly exempted from obtaining mental health care under the newer statute. As a result, the state sets a higher bar for access to care for minors covered by Medi-Cal, who may consent to the services only if they present a danger to self or to others, or are the alleged victims of incest or child abuse. Minors covered by private health insurance, on the other hand, do not face this additional barrier to treatment. This creates unfair discrimination against minors from lower-income families who qualify for Medi-Cal, and puts mental health professionals in the precarious position of making treatment decisions based on payment methods rather than on the needs and maturity of the minor.

This bill aligns the two code sections by striking from the Family Code, as of July 1, 2024, the requirement that minors may consent to mental health services only if they present a danger of serious physical or mental harm to themselves or others or are the alleged victim of incest of child abuse. The bill also removes those requirements for an adolescent to access temporary or emergency shelter services, which can be essential for adolescents who are homeless or cannot safely return to their homes. These changes will allow minors covered by Medi-Cal the same access to mental health services as their non-Medi-Cal peers and provide greater protections for adolescents who have nowhere else to go.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

SUPPORT: (Verified 6/22/23)

California Alliance of Child and Family Services (co-source)
The Children's Partnership (co-source)
National Health Law Program (co-source)
National Center for Youth Law (co-source)
A Greater Hope
ACCE Action
ACLU California Action
Alameda County Board of Supervisors
Alliance for a Better Community
Alum Rock Counseling Center
American Academy of Pediatrics
API Equality-LA
Asian Americans Advancing Justice Southern California
Aspiranet
Blue Shield of California
Board of Behavioral Sciences
Cal Voices
California Academy of Family Physicians
California Association of Certified Family Law Specialists
California Association of Social Rehabilitation Agencies
California Children's Trust
California Coalition for Youth
California Family Resource Association
California High School Democrats
California Latinas for Reproductive Justice
California Psychological Association
California School-Based Health Alliance
California State Association of Psychiatrists
California Youth Empowerment Network
Casa Pacifica Centers for Children and Families
Children Now
California Pan-Ethnic Health Network
Child Abuse Prevention Center
Children's Hospital of Los Angeles, Division of Adolescent and Young Adult Medicine
Children's Specialty Care Coalition
Communities for Restorative Youth Justice

Community Health Councils
County Behavioral Health Directors Association of California
County of Santa Clara
County Welfare Directors Association of California
GENup
Health Net
Inland Coalition for Immigrant Justice
John Burton Advocates for Youth
KIPP SoCal Public Schools
Mental Health America of California
NAMI – CA
National Association of Social Workers – California Chapter
Oakland Privacy
Orange County United Way
Pacific Clinics
Public Counsel
Racial and Ethnic Mental Health Disparities Coalition
SEIU California
Seneca Family of Agencies
Sierra Vista Child and Family Services
Steinberg Institute
Sycamores
Thai Community Development Center
The Children's Partnership
The Kennedy Forum
The Los Angeles Trust for Children's Health
The W. Haywood Burns Institute
Vision y Compromiso
West Coast Children's Clinic
Western Center on Law & Poverty
Youth Forward

OPPOSITION: (Verified 6/22/23)

Bridge Network
CA Freedom Keepers Chapter of Freedom Keepers United
California Capitol Connection
California Catholic Families 4 Freedom CA
California Family Council
California Nurses United
California Parents Union

California Policy Center
California Rise Up
California's Legislative Voice
Concerned Women for America Legislative Action Committee
Freedom Angels
International Federation for Therapeutic & Counselling Choice
Natomas USD for Freedom
Our Duty
Parents for Liberty Pasadena
PERK
Real Impact
Silicon Valley Association of Republican Women
Stand Up California
Stand Up Sacramento County
Take A Stand Stanislaus
Approximately 150 individuals

ARGUMENTS IN SUPPORT: According to the Alameda County Board of Supervisors:

> In Alameda County, 123,712 children are enrolled in Medi-Cal (35.5% of all children). Statewide, less than 19% of low-income teenagers on Medi-Cal received screenings for depression and a follow-up plan in 2020, while nearly 1 in 3 adolescents in California reported symptoms that meet the criteria for serious psychological distress. Less than 9% of Indigenous youth on Medi-Cal received a screening and plan. In 2018, the Children's Trust found that over 70% of youth with mental health needs did not have access to services, even if they have health insurance. This increases to 80% among youth with non-English speaking parents. Surveys show that making parental involvement or notification mandatory drastically reduces the likelihood that teens will seek timely treatment; reasons include significant family stigma surrounding mental health treatment or household fear of immigration enforcement.
>
> Barriers remain to ensuring youth receive timely mental health care and interventions despite recent and ongoing initiatives expanding prevention and early intervention services for children and youth. This bill would align the mental health care consent standards for all young people in California by not requiring youth on Medi-Cal to meet a higher standard of need than their peers on private insurance.

ARGUMENTS IN OPPOSITION: According to Real Impact:

> Under existing law, minors aged 12 and above can receive mental health treatment if other criteria are met. These criteria serve as a reasonable basis to determine whether intervention is necessary to protect the minor. However, AB 665 proposes that a minor's judgment, along with the treatment of the minor's counselor, would determine whether parental involvement is necessary or "appropriate." By granting such discretionary power to professionals, AB 665 undermines the fundamental role of parents in the lives of their children and disregards their inherent right to make informed decisions regarding their child's welfare.

ASSEMBLY FLOOR: 55-9, 4/10/23
AYES: Addis, Aguiar-Curry, Alvarez, Arambula, Bains, Bennett, Berman, Boerner Horvath, Bonta, Calderon, Juan Carrillo, Wendy Carrillo, Cervantes, Connolly, Mike Fong, Friedman, Gabriel, Garcia, Gipson, Grayson, Haney, Hart, Holden, Irwin, Jackson, Jones-Sawyer, Kalra, Lee, Low, Lowenthal, Maienschein, McCarty, Muratsuchi, Stephanie Nguyen, Ortega, Pacheco, Papan, Pellerin, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Santiago, Schiavo, Soria, Ting, Villapudua, Ward, Weber, Wicks, Wood, Zbur, Rendon
NOES: Alanis, Megan Dahle, Dixon, Vince Fong, Gallagher, Lackey, Mathis, Joe Patterson, Ta
NO VOTE RECORDED: Bauer-Kahan, Bryan, Chen, Davies, Essayli, Flora, Hoover, McKinnor, Jim Patterson, Petrie-Norris, Quirk-Silva, Sanchez, Valencia, Waldron, Wallis, Wilson

Prepared by: Allison Whitt Meredith / JUD. / (916) 651-4113
6/23/23 12:29:07

****** END ******

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(3) AB 883 (Mathis) Business License: U.S. Department of Defense SkillBridge Program

Background

This bill proposes that boards under the Department of Consumer Affairs expedite the initial licensure process for an applicant who supplies satisfactory evidence to the Board of Psychology (Board), that the applicant is enrolled in the U.S Department of Defense SkillBridge program.

SkillBridge allows Service Members to gain civilian experience through specific industry training, apprenticeships, or internships during the last 180 days of service.

The bill was introduced on February 14, 2023 and was referred to the Business and Professions Committee on February 23, 2023.

On March 28, 2023, the bill passed the Assembly Committee on Business and Professions and was referred to Assembly Committee on Appropriations.

On April 7, 2023, the Board adopted a Support position.

On April 12, 2023, the Board submitted a Support position letter to the Assembly Committee on Appropriations.

On April 19, 2023, the bill was referred to suspense file.

On May 18, 2023, the bill passed the Assembly Committee on Appropriations

On May 22, 2023, the bill was order to the Assembly floor, and was ordered to a third reading.

On May 23, 2023, a Floor Alert Position Letter was submitted to the Assembly Members.

On May 30, 2023. The bill was ordered to the Senate.

On June 7, 2023, the bill was referred to the Senate Committee on Military and Veterans Affairs.

On June 15, 2023, a Support Position Letter was submitted the Committee Members and Author.

On July 11, 2023, the bill passed the Committee and was referred to the Committee on Appropriations.

Board of Psychology staff will continue to monitor the proposal.

Action Requested

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

Attachment 1: Board position letter
Attachment 2: Senate Committee on Military and Veterans Affairs bill analysis

California Board of PSYCHOLOGY

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June 15, 2023

The Honorable Bob Archuleta
Chair, Senate Military and Veterans Affairs Committee
State Capitol, Room 251
Sacramento, CA 95814

RE: **AB 883 (Mathis) – Business License: United States Department of Defense SkillBridge Program- SUPPORT**

Dear Senator Archuleta:

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

The Board adopted a **SUPPORT** position on AB 883 (Mathis). This bill would require Boards under the Department of Consumer Affairs expedite the initial licensure process for an applicant who supplies satisfactory evidence to the Board, that the applicant is enrolled in the U.S Department of Defense SkillBridge program. The Board believes the bill will provide additional support to active-duty military members who are transitioning into fields that require licensure and will allow them to enter their desired field quickly and be able to support themselves and their families.

The Board asks for your support of AB 883 (Mathis) when it is heard in the Senate Military and Veterans Affairs Committee. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Shannon Grove (Vice Chair)
Members of the Senate Military and Veterans Affairs Committee
Assemblymember Mathis
Jenny Leilani Callison, Committee Consultant
Kayla Williams, Senate Republican Caucus

SENATE COMMITTEE ON MILITARY AND VETERANS AFFAIRS

Senator Bob Archuleta, Chair

2023 - 2024 Regular

Bill No:	AB 883	**Hearing Date:**	7/10/23
Author:	Mathis		
Version:	5/18/23 Amended		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Jenny Callison		

Subject: Business licenses: United States Department of Defense SkillBridge program

DESCRIPTION

Summary:

Requires a licensing program within the Department of Consumer Affairs (DCA), after July 1, 2024, to expedite, and authorizes the program to assist with, the initial licensure process for an applicant who supplies satisfactory evidence they are 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.

Existing law:

1) Provides for the regulation and licensure of various professions and vocations by boards, bureaus, and other entities within the DCA.

2) States that any licensee or registrant of any board, commission, or bureau within the DCA whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces, may, upon application, reinstate their license or registration without examination or penalty.

3) Requires every board within the DCA to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, for any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard.

4) Requires a DCA board to inquire in every license application if the individual applying for licensure is serving in, or has previously served in, the military and, if the board's governing law authorizes veterans to apply military experience and training towards licensure requirements, to post information on the board's website about the ability of veteran applicants to apply military experience and training towards licensure requirements.

5) Requires a DCA board to expedite 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.

6) Requires a DCA board to expedite the licensure process for an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed

Forces of the United States who is assigned to a duty station in this state under official active duty military orders and who holds a current license in another state, district, or territory of the United States in the profession or vocation for which they are seeking a license from the board.

7) Requires a board, other than a board that has a process by which an out-of-state licensed applicant in good standing who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States is able to receive expedited, temporary authorization to practice while meeting state-specific requirements for a period of at least one year or is able to receive an expedited license by endorsement with no additional requirements, to issue a temporary license to practice a profession or vocation to an applicant who meets certain requirements, including:
   a) They provide evidence that they are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
   b) They hold a current, active, and unrestricted license from another state that authorizes them to practice the profession or vocation within the same scope for which the applicant seeks a temporary license from the board.
   c) They submit an application that includes written verification from their original licensing jurisdiction stating that they are in good standing in that jurisdiction.
   d) They have not committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed.
   e) They have not been disciplined by a licensing entity in another jurisdiction and are not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

BACKGROUND

SkillBridge is an employment assistance program that provides work experience opportunities to service members transitioning to the civilian sector. Enrollees must be within 180 days of discharge, have had at least 180 continuous days of active service, and obtain written authorization from their unit commander. If approved, members can be granted up to 180 days of permissive duty to participate full-time in the program. The SkillBridge opportunities are offered through partner organizations that have been authorized by the DOD through an official memorandum of understanding to work with each of the applicable military branches and respective installation commanders to develop SkillBridge training programs for their personnel. To be approved by the DOD, partnering organizations must submit a detailed training plan that specifies, among other things, specific learning objectives, instructor qualifications, and descriptions of assessments.

The DOD also specifies that "SkillBridge opportunities must provide eligible Service members with a job training and career development experience to acquire employment skills, knowledge, or abilities to assist them with job opportunities in the civilian sector. The opportunities must offer a high probability of post-service employment with the provider or any other employer and offer enrollment at no cost or minimal cost to eligible Service members."

The four SkillBridge opportunity types are: Apprenticeship/Pre-Apprenticeship programs, Employment Skills Training or On the Job Training, Internships, and Job Shadowing.

COMMENT

According to the Author, "The transition from active military duty to a civilian life is a stressful and isolating time for many service members, and as members of the legislature it is our responsibility to do all that we can to make this process as easy as possible. AB 883 will require state agencies to expedite applications of those who are enrolled in the Department of Defense's SkillBridge program, thus aligning existing state policy to expedite veteran applications and ensuring that every veteran is provided with the support, information and tools necessary to succeed."

In October 2016, the Little Hoover Commission released a report entitled *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers*. The report noted that one out of every five Californians must receive permission from the government to work, and for millions of Californians that means contending with the hurdles of becoming licensed. The report noted that many of the goals to professionalize occupations, standardize services, guarantee quality and limit competition among practitioners, while well intended, have had a larger impact of preventing Californians from working, particularly harder-to-employ groups such as former offenders and those trained or educated outside of California, including veterans, military spouses and foreign-trained workers. The study found that occupational licensing hurts those at the bottom of the economic ladder twice: first by imposing significant costs on them should they try to enter a licensed occupation and second by pricing the services provided by licensed professionals out of reach.

The report found that California compares poorly to the rest of the nation in the amount of licensing it requires for occupations traditionally entered into by people of modest means. According to the report, researchers from the Institute for Justice selected 102 lower-income occupations, defined by the Bureau of Labor Statistics as making less than the national average income, ranging from manicurist to pest control applicator. Of the 102 occupations selected, California required licensure for 62, or 61 percent of them. According to the report, California ranked third most restrictive among 50 states and the District of Columbia, following only Louisiana and Arizona. California ranked seventh of 51 when measuring the burden imposed on entrants into these lower- and moderate-income occupations: on average, California applicants must pay $300 in licensing fees, spend 549 days in education and/or training and pass one exam.

As a result of requirements for licensure for so many professions in California, when the spouse or partner of an active duty member of the military travels with the member to California under military orders, they may be required to apply for a new license, even if they are licensed in a different state. The process of applying for a new license can be lengthy, expensive, and burdensome. Military spouses may move under this process multiple times, despite having little choice in when or how often they move.

If licensed in another state, and depending on the license, military spouses and other applicants may be able to issue to utilize provisions that recognize out-of-state licenses, also known as reciprocity or licensure by endorsement. However, depending on the specific license requirements and the potential differences in requirements between states, concerns about applicants still experiencing long wait times as their qualifications are reviewed have been the source of numerous efforts and bills.

POSITIONS

Sponsor: Author.

Support: California Association of Realtors
California Board of Psychology
California Business Properties Association

Oppose: None on File.

-- END --

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(4) – SB 331 (Rubio) Child custody: child abuse and safety

Background

SB 331 (Rubio) was introduced on February 7, 2023.

This bill would establish the Piqui's Law, the Safe Child Act, which would prohibit a court from ordering family reunification treatments in a custody or visitation dispute, which includes any counseling, treatment, program, or service, including reunification or reconnection therapy, workshops, classes, and camps, intended to reunite, reestablish, or repair a relationship between a child and the parent seeking custody or visitation that is predicated on cutting the child off from, or restricting the contact with the primary custodial parent, provided that the primary custodial parent is not physically or sexually abusive or neglectful of the child to a degree that places the child at substantial risk of serious harm. Neglect does not include circumstances due solely to the parent's financial difficulty, and limits when a court may order counseling with a parent with whom the child has a damaged relationship. The court may not order counseling unless there is generally accepted and scientifically valid proof of the safety, effectiveness, and therapeutic value of the counseling.

Additionally, it would require judges involved in child custody proceedings to report to the Judicial Council, and the Judicial Council to report to the Legislature, on their trainings in the area of domestic violence; and modifies the training programs that Judicial Council must establish for individuals who perform duties in family law members.

Further, this bill provides that a person is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child abuse, including child sexual abuse, if the person has special knowledge, skills, experience, training, or education sufficient to qualify them as an expert on the subject to which their testimony relates.

Concerns regarding SB 331 include the stakeholder concerns regarding reunification camps.

Additionally, there is a concern regarding what type of therapy can be court-ordered.

On April 26, 2023, the bill passed the Senate Committee on Judiciary.

On May 18, 2023, the bill passed the Senate Committee on Appropriations.

On May 24, 2023, the bill was ordered to the Assembly.

On June 1, 2023, the bill was referred to the Committee on Judiciary.

On July 11, 2023, the bill passed the Committee on Judiciary and was referred to the Committee on Appropriations.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

The Legislative and Regulatory Committee recommends the Board take a Support Position.

Attachment 1: Board bill analysis
Attachment 2: SB 331 (Rubio) Bill Text
Attachment 3: Assembly Judiciary bill analysis

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2023 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Rubio	SB 331	
Sponsor:	**Version:**	
California Protective Parents Association	Amended	
Subject:		
Child custody: child abuse and safety		

SUMMARY

The bill, also known as “Piqui's Law: Safe Child Act” which would prohibit a court from ordering family reunification treatments in a custody or visitation dispute, which includes any counseling, treatment, program, or service, including reunification or reconnection therapy, workshops, classes, and camps, intended to reunite, reestablish, or repair a relationship between a child and the parent seeking custody or visitation that is predicated on cutting the child off from, or restricting the contact with the primary custodial parent, provided that the primary custodial parent is not physically or sexually abusive or neglectful of the child to a degree that places the child at substantial risk of serious harm. The court may not order counseling unless there is generally accepted and scientifically valid proof of the safety, effectiveness, and therapeutic value of the counseling. Additionally, the bill would require judges to undergo additional training, and court-ordered counseling would need to focus on the behavior of the parent seeking custody/visitation rather than ordering family reunification treatment.

RECOMMENDATION

FOR DISCUSSION –The Legislative and Regulatory Committee recommends the Board take a Support position.

REASON FOR THE BILL

According to the author, “protecting children and survivors should always be a top priority, but unfortunately, family courts continue to fail. Since 2008, statistics show an abusive parent or custodian have murdered over 900 children nationwide.” SB 331, also known as Piqui’s Law, is named after a 5-year-old boy who was tragically murdered in 2017 by his father during an unsupervised court ordered visitation. The author states “This is unacceptable, especially in circumstances where the protective parent, pleaded with the court to request full custody and supervised visitation, knowing her child was in danger.” Research shows that in custody cases involving domestic violence, children are at almost double the risk for child abuse. By expanding the training requirements for

judges and court-related professionals will ensure informed and appropriate decision-making resulting in better outcomes for children.

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

The bill would prohibit a court in a custody or visitation dispute from ordering family reunification treatment, which defines "family reunification treatment" as any counseling, treatment, program, or service, including reunification or reconnection therapy, workshops, classes, and camps, intended to reunite, reestablish, or repair a relationship between a child and the parent seeking custody or visitation that is predicated on cutting the child off from, or restricting the contact with, the primary custodial parent, provided that the primary custodial parent is not physically or sexually abusive or neglectful of the child that would place the child at risk of serious harm. The bill reflects that neglect does not include circumstances due solely to the parent's indigence or other financial difficulty.

Additionally, the bill provides that, if a court orders counseling of a child to connect with the parent seeking custody or visitation, or to improve the relationship with the parent seeking custody or visitation, the counseling must address the behavior of that parent before ordering the primary custodial parent to take steps to improve the child's relationship with the parent seeking custody or visitation. The court may not order counseling unless there is generally accepted and scientifically valid proof of the safety, effectiveness, and therapeutic value of the counseling. The bill also requires a court to state its reasons for ordering counseling, and the evidence relied on, in a written order or on the record, including all of the following:

- The dispute poses a substantial danger to the best interest of the child and the counseling is in the best interest of the child.
- The financial burden created by the court order for counseling does not otherwise jeopardize a party's other financial obligations.
- If the court is ordering counseling to remediate the resistance of the child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, the basis for determining that remediation is in the best interest of the child and that the parent

seeking custody or visitation has shown that they are willing to meaningfully participate in the counseling.

Furthermore, the bill provides that a person is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child abuse, including child sexual abuse, if the person has special knowledge, skills, experience, training, or education sufficient to qualify them as an expert on the subject to which their testimony relates.

Lastly, the bill requires individuals who perform duties in family law matters, including Judges, referees, commissioners, mediators, and others who are deemed appropriate by the Judicial Council to complete training in the following topics:

- Child sexual abuse.
- Physical abuse. o Emotional abuse.
- Coercive control.
- Implicit and explicit bias, including biases related to parents with disabilities.
- Trauma.
- Long- and short-term impacts of violence and abuse on children.
- Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence.

The training program shall be ongoing, and the Judicial Counsel shall report to the Legislature and the relevant policy committees on or before January 1, 2025, and each January thereafter.

LEGISLATIVE HISTORY

Not Applicable

OTHER STATES' INFORMATION

Not Applicable

PROGRAM BACKGROUND

The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

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 Board has policies and procedures in place to take, review and act upon the complaint if needed.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Support:

California Protective Parents Association ***(Sponsor)***
Crime Survivors **(Co-sponsor)**
Family Court Awareness Month **(Co-sponsor)**
Angelina Jolie, Humanitarian and Filmmaker
Advocates for Child Empowerment and Safety
Community Legal Aid SoCal
Incest Survivors Resource Center
Inner Circle Foster Family Agency/ Inner Circle Children's Advocacy
Joyfully Managed Family Consultants
Legal Aid Foundation of Los Angeles
Legislative Coalition to Prevent Child Abuse
Mothers of Los Children
One Mom's Battle, LLC
Public Counsel
Ridgeway Co-Parenting Services
San Gabriel Valley Council of Governments
Supervised Child Visits
University of California, Irvine School of Law Domestic Violence Clinic
U.S. Senator Dianne Feinstein

Opposition:

Heroes for Children's Rights
National Parents Organization
One Family at a Time

Parental Alienation Support Intervention Group (PASI)
PAS Intervention, Maryland Chapter
The Parental Alienation Legislative Group
Wisconsin for Children and Families

ARGUMENTS

Proponents:

Advocates for Child Empowerment and Safety (ACES), supports the bill states that SB 331 will:

“Increase safety for children who are currently being forced to reunify with parents, even when the children identified those parents as dangerous, violent or sexually abusive.” ACES claims that some “children are also being cut off from contact with their safe parents and forcibly ordered to reeducation camps, programs or workshops contrary to their wishes and best interests.” ACES believes that SB 331 will help address this situation, in part, by requiring experts “to have appropriate expertise and experience in the areas of domestic violence and child abuse. Also, provide that court personnel have expanded training in domestic violence and child abuse to be better able to address abuse cases.”

The Legal Foundation of Los Angeles supports this bill as they state:

In March of 2022, President Joe Biden signed the reauthorization of Violence Against Women’s Act Kayden’s Law, to improve child new groundbreaking provisions, known as VAWA), which included (federal funding is allocated to states that adopt child under this legislation, safety laws in family court. If custody and domestic violence statutes to further prioritize child safety as outlined in VAWA passed, California may become eligible to receive millions of dollars in federal funding over the next 5 years. Senate Bill 331 will help protect victims and children of domestic violence and child abuse by requiring critical judicial training and reporting, banning dangerous court ordered programs, limiting testimony to expert witnesses and prioritizing child safety and well-being. The number of children murdered by an abusive parent continues to rise across the nation. According to the Center for Judicial Excellence, over 900 children have been murdered by a divorcing or separating parent since 2008. It is time to

Opponents:

The Parental Alienation Support Intervention Group (PASI) opposes SB 331.

PASI agrees that the “murder of a child is tragic and legislation that is appropriately designed to prevent such tragedies is commendable.” However, PASI states, “in our zeal to improve flaws in the system it is negligent to enact legislation that is founded upon misrepresentations and distortions of science and facts. No amount of extra federal money can justify legislation that will harm the children it seeks to protect.” PASI rejects the characterization of “reunification therapy” and “parental alienation (PA)”.

PASI claims that in severe cases of PA – where one parent is manipulating the child to turn against the other parent – “it is sometimes necessary to impose no contact orders to protect the child from abuse and reunification programs are used to restore a healthy balance to the family structure. It is not the relationship between the alienated parent and the child that is the issue; rather, a healthy family system needs to be restored and the psychological manipulation of the child needs to be addressed.” PASI argues that “such reunification therapy is based on well-established therapeutic systems and its effectiveness and safety have been researched and reported upon in peer reviewed journals.” PASI contends that SB 331 “crafts a strawman argument against reunification therapy and consequently attempts to prohibit the therapy based upon this fabrication.” In sum, PASI argues that this bill will prevent the court from ordering a legitimate therapeutic approach that addresses a real phenomenon and serves the best interest of the child.

AMENDMENTS

Not Applicable

AMENDED IN ASSEMBLY JULY 12, 2023

AMENDED IN SENATE APRIL 27, 2023

AMENDED IN SENATE MARCH 22, 2023

SENATE BILL No. 331

Introduced by Senator Rubio
(Coauthors: Senators Caballero, Min, Portantino, and Roth)
(Coauthors: Assembly Members Bains, Essayli, Gipson, Hoover, Lackey, McCarty, and Blanca Rubio)

February 7, 2023

An act to amend Section 3190 of, and to add Sections 3033 and 3040.5 to, the Family Code, and to repeal and add Section 68555 of the Government Code, relating to child custody.

LEGISLATIVE COUNSEL'S DIGEST

SB 331, as amended, Rubio. Child custody: child abuse and safety.

Existing law governs the determination of child custody and visitation in contested proceedings. Existing law requires the court, for purposes of deciding custody, to determine the best interests of the child based on certain factors, including the nature and amount of contact with both parents and, consistent with specified findings, requires the court's primary concern to be the health, safety, and welfare of the child. Existing law prohibits the ordering of family reunification services as part of a child custody or visitation rights proceeding.

This bill, Piqui's Law, the ~~Safe Child Act,~~ *Children Safe from Family Violence Act,* would provide that a person is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child ~~abuse, as specified, if the person shows by any otherwise admissible evidence that the person has~~

~~sufficient special knowledge, skill, experience, training, or education relating to the subject of the person's testimony.~~ *abuse if the court finds that the witness possesses special knowledge or demonstrated expertise or experience in working directly with victims of domestic violence or child abuse.* This bill would require a ~~judge~~ *judicial officer* assigned to family law matters involving child custody proceedings and individual courts to submit the number of hours of continuing instruction in domestic violence ~~completed to the Judicial Council.~~ *completed, as specified.* The bill would require the Judicial Council to submit a report to the Legislature and the relevant policy committees on the trainings for ~~judges across all counties, as specified.~~ *judges, as specified.*

Existing law authorizes the court, upon making certain findings, to require the parent or parents, or any other party involved in a custody or visitation dispute, and the minor child to participate in outpatient counseling, as specified.

This bill would prohibit the court from ordering ~~family reunification treatment, as defined.~~ *counseling, programs, or services to remediate the resistance of a child to connect with, or to improve a deficient relationship with, the parent seeking custody or visitation under specified circumstances.* The bill would require court-ordered ~~counseling, as specified, to primarily address~~ *counseling to comply with various requirements, including, among others, that the counseling primarily addresses* the behavior *of,* or contribution to the resistance of the child ~~by~~ *by,* the parent seeking custody or visitation before ordering the primary custodial parent to take steps to improve the child's relationship with the parent seeking custody or visitation. This bill would require the court to state ~~all of~~ its reasons for ordering counseling, and the evidence it relied on, in a written order on the record. The bill would require the court to make findings that remediation is in the best interest of the child and that the parent seeking custody or visitation has shown they are willing to meaningfully participate in the counseling.

Existing law requires the Judicial Council to establish judicial training programs for individuals who perform duties in domestic violence matters. Existing law requires the training programs to include a domestic violence session in any orientation session for newly appointed or elected judges and an annual training session in domestic violence. Existing law requires the training programs to include instruction in all aspects of domestic violence, including, but not limited to, the detriment to children of residing with a person who perpetrates domestic violence.

This bill would repeal those provisions and instead require the Judicial Council to establish judicial training programs for individuals, including ~~judges and judges pro tem,~~ *judicial officers and referees*, who perform duties in family law matters, including, among other topics, child sexual abuse and coercive control, as specified.

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

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

SECTION 1. This act shall be known, and may be cited, as Piqui's Law, the ~~Safe Child Act.~~ *Children Safe from Family Violence Act.*

SEC. 2. (a) The Legislature finds and declares all of the following:

(1) Approximately 1 in 15 children in the United States is exposed to domestic violence each year.

(2) Most child abuse in America is perpetrated in the family and by a parent, and intimate partner violence and child abuse overlap in the same families at rates between 30 and 60 percent. A child's risk of abuse increases after a perpetrator of intimate partner violence separates from a domestic partner, even when the perpetrator has not previously directly abused the child. Children in the United States who have witnessed intimate partner violence are approximately four times more likely to experience direct child maltreatment than children who have not witnessed intimate partner violence.

(3) More than 75 percent of child sexual abuse in America is perpetrated by a family member or a person known to the child. Data from the United States Department of Justice shows that family members are 49 percent, or almost one-half, of the perpetrators of crimes against child sex assault victims younger than six years of age.

(4) ~~Federal scientific research~~ *Research* suggests that a child's exposure to an abuser is among the strongest indicators of risk of incest victimization. One national study found that female children with fathers who are abusers of their mothers were six and one-half times more likely to experience father-daughter incest than female children who do not have abusive fathers.

(5) Child abuse is a major public health issue in the United States. Total lifetime financial costs associated with just one year of confirmed cases of child maltreatment, including child physical abuse, sexual abuse, psychological abuse, and neglect, result in $124 billion in annual costs to the economy of the United States, or approximately 1 percent of the gross domestic product of the United States.

(b) It is the intent of the Legislature to do all of the following:

(1) Increase the priority given to child safety in any state court divorce, separation, visitation, paternity, child support, civil protection order, or family custody court proceeding affecting the custody and care of children, excluding child protective, abuse, or neglect proceedings and juvenile justice proceedings.

(2) Ensure that professional personnel involved in cases containing domestic violence or child abuse allegations receive trauma-informed and culturally appropriate training on the dynamics, signs, and impact of domestic violence and child abuse, including child sexual abuse.

(3) Ensure trainings are designed to improve the ability of judges, judges pro tem, referees, commissioners, mediators, child custody recommending counselors, minors counsel, evaluators, and others who are deemed appropriate and who perform duties in family law matters to recognize and respond to child abuse, domestic violence, and trauma in family victims.

(4) Ensure trainings are designed to improve the ability of judges, judges pro tem, referees, commissioners, mediators, child custody recommending counselors, minors counsel, evaluators, and others who are deemed appropriate and who perform duties in family law matters to prioritize children and to make appropriate custody decisions in the best interest of child safety and well-being that are culturally responsive and appropriate for diverse communities.

(5) ~~Make California~~ *Ensure that California becomes* eligible for additional grant funding through the United States Department of Justice's STOP Violence Against Women Formula Grant Program, as appropriated for states that meet the requirements of the federal Violence Against Women Act Reauthorization Act of 2022 (Division W of Public Law 117-103).

~~SEC. 3. Section 3033 is added to the Family Code, to read:~~

~~3033. (a) (1) A person is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child abuse, including child sexual abuse, if the person has special knowledge, skill, experience, training, or education sufficient to qualify them as an expert on the subject to which their testimony relates.~~

~~(2) Against the objection of a party, the special knowledge, skill, experience, training, or education shall be shown before the witness may testify as an expert.~~

~~(b) A witness' special knowledge, skill, experience, training, or education may be shown by otherwise admissible evidence, including their own testimony.~~

SEC. 3. Section 3033 is added to the Family Code, to read:

3033. For purposes of Article 1 (commencing with Section 720) of Chapter 3 of Division 6 of the Evidence Code, a witness is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child abuse, including child sexual abuse, if the court finds that the witness possesses special knowledge or demonstrated expertise or experience in working directly with victims of domestic violence or child abuse, including child sexual abuse.

SEC. 4. Section 3040.5 is added to the Family Code, to read:

3040.5. (a) A ~~judge~~ *judicial officer* assigned to family law matters involving child custody proceedings shall report to the ~~Judicial Council~~ *court* the number of hours in a program of continuing instruction in domestic violence, including, but not limited to, coercive control and child sexual abuse.

(b) Each individual court shall submit the hours of completed training to the Judicial Council.

(c) ~~(1)~~ The Judicial Council shall report to the Legislature and the relevant policy committees, on or before January 1, 2025, and each January thereafter, on the trainings for judges ~~across all counties.~~ *provided pursuant to Section 68555 of the Government Code.*

~~(2) The report submitted to the Legislature pursuant to paragraph (1) shall be submitted in accordance with Section 9795 of the Government Code.~~

SEC. 5. Section 3190 of the Family Code is amended to read:

3190. (a) (1) The court may require parents, or another party involved in a custody or visitation dispute, and the minor child to

participate in outpatient counseling with a licensed mental health professional, or through other community programs and services that provide appropriate counseling, including, but not limited to, mental health or substance abuse services, for not more than one year, provided that the program selected ~~has counseling available for the designated period of time,~~ *does not violate the prohibition in paragraph (2) and complies with the requirements of paragraph (3),* if the court finds both of the following:

(A) The dispute between the parents, between the parent or parents and the child, between the parent or parents and another party seeking custody or visitation rights with the child, or between a party seeking custody or visitation rights and the child, poses a substantial danger to the best interest of the child.

(B) The counseling is in the best interest of the child.

~~(2) (A) A court shall not order family reunification treatment.~~

~~(B) (i) Family reunification treatment is any counseling, treatment, program, or service, including reunification or reconnection therapy, workshops, classes, and camps, intended to reunite, reestablish, or repair a relationship between a child and the parent seeking custody or visitation that is predicated on cutting the child off from, or restricting the contact with, the primary custodial parent, provided that the primary custodial parent is not physically or sexually abusive or neglectful of the child to a degree that places the child at substantial risk of serious harm.~~

~~(ii) Neglect does not include circumstances due solely to the parent's indigence or other financial difficulty.~~

(2) A court shall not order counseling programs or services to remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, that occurs under any of the following circumstances:

(A) In a nonclinical setting or out-of-state facility. A nonclinical setting includes, but is not limited to, a parent's residence, camp, overnight hotel or motel, or vacation home.

(B) For any period that exceeds the generally accepted, age-appropriate length of time according to professional consensus.

(C) The child is transported to the premises where the counseling occurs against their will or by force, threat of force, or physical obstruction.

(D) The child is not given a reasonable opportunity to communicate with the other parent or a relative, except during a scheduled counseling session. For purposes of this subparagraph, "relative" has the same meaning as in paragraph (2) of subdivision (h) of Section 319 of the Welfare and Institutions Code.

(E) The counseling involves the use of threat, coercion, verbal abuse, intimidation, isolation from sources of support, or other acutely distressing circumstances to compel a child to participate against their will.

(3) (A) If a court orders counseling to remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, the counseling shall ~~primarily address the behavior of that parent or that parent's contribution to the resistance of the child before ordering the primary custodial parent to take steps to potentially improve the child's relationship with the parent seeking custody or visitation.~~ *comply with all of the following:*

(i) The counseling will primarily address the behavior of that parent or that parent's contribution to the resistance of the child before ordering the other parent to take steps to potentially improve the child's relationship with the parent seeking custody or visitation.

(ii) The counseling does not include any of the circumstances described in paragraph (2).

(iii) The counseling provider has been informed of the prohibitions set forth in paragraph (2).

(iv) The provider is a licensed behavioral health care professional in good standing with their licensing board.

(B) This paragraph shall not apply when the resistance is the result of separation due to military service, illness, or other circumstances beyond the parent's control.

~~(B) A~~

(C) The court shall not order counseling under this paragraph unless there is generally accepted ~~and scientifically valid proof of~~ *professional consensus on* the safety, effectiveness, and therapeutic value of the counseling.

(b) In determining whether a dispute, as described in paragraph (1) of subdivision (a), poses a substantial danger to the best interest of the child, the court shall consider, in addition to any other factors the court determines relevant, a history of domestic violence, as

defined in Section 6211, within the past five years between the parents, between the parent or parents and the child, between the parent or parents and another party seeking custody or visitation rights with the child, or between a party seeking custody or visitation rights and the child.

(c) Subject to Section 3192, if the court finds that the financial burden created by the order for counseling does not otherwise jeopardize a party's other financial obligations, the court shall fix the cost and shall order the entire cost of the services to be borne by the parties in the proportions the court deems reasonable.

(d) The court shall state ~~all of~~ its reasons for ordering counseling, and the evidence relied on, in a written order or on the record, including all of the following:

(1) The dispute poses a substantial danger to the best interest of the child, and the counseling is in the best interest of the child.

(2) The financial burden created by the court order for counseling does not otherwise jeopardize a party's other financial obligations.

(3) If the court is ordering counseling to remediate the resistance of the child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, the basis for determining that remediation is in the best interest of the child and that the parent seeking custody or visitation has shown that they are willing to meaningfully participate in the counseling.

(e) The court shall not order the parties to return to court upon the completion of counseling. A party may file a new order to show cause or motion after counseling has been completed, and the court may again order counseling consistent with this chapter.

SEC. 6. Section 68555 of the Government Code is repealed.

SEC. 7. Section 68555 is added to the Government Code, to read:

68555. (a) The Judicial Council shall establish judicial training programs for individuals who perform duties in family law matters, including, but not limited to, ~~judges, judges pro tem, referees, commissioners, mediators,~~ *judicial officers, referees, commissioners, guardians ad litem, custody evaluators, mediators,* and others who are deemed appropriate by the Judicial Council.

(b) (1) The training program described in this section shall be an ongoing training and education program designed to improve

the ability of courts to recognize and respond to child physical abuse, child sexual abuse, domestic violence, and trauma in family victims, particularly children, and to make appropriate custody decisions that prioritize child safety and well-being and are culturally sensitive and appropriate for diverse communities.

(2) The training program ~~shall include instruction in the following topics:~~ *described in this section shall include a domestic violence session in any orientation session conducted for newly appointed or elected judges, an annual training session in domestic violence, and periodic updates in all aspects of domestic violence, including, but not limited to:*

(A) Child sexual abuse.

(B) Physical abuse.

(C) Emotional abuse.

(D) Coercive control.

(E) Implicit and explicit ~~bias, including biases relating to parents with disabilities.~~ *bias related to parties involved in domestic violence cases.*

(F) Trauma.

(G) Long- and short-term impacts of domestic violence and child abuse on children.

(H) The detriment to children of residing with a person who perpetrates domestic violence.

(I) That domestic violence can occur without a party seeking or obtaining a restraining order, without a substantiated child protective services finding, and without other documented evidence of abuse.

~~(H)~~

(J) Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence.

O

Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON JUDICIARY
Brian Maienschein, Chair
SB 331 (Rubio) – As Amended April 27, 2023

As Proposed to be Amended

SENATE VOTE: 38-0

SUBJECT: CHILD CUSTODY: CHILD ABUSE AND SAFETY

KEY ISSUE: SHOULD A COURT BE PROHIBITED FROM ORDERING CERTAIN METHODS OF OUTPATIENT COUNSELING IN CHILD CUSTODY AND VISITATION CASES; AND SHOULD JUDICIAL TRAINING AND REPORTING REQUIREMENTS BE ENHANCED TO BETTER PROTECT CHILDREN FROM VIOLENCE AND ABUSE?

SYNOPSIS

California's Family Code establishes procedures and sets forth governing principles for resolving child custody and visitation disputes between divorcing or separating parents, and it authorizes the court to issue orders establishing child custody and visitation rights. While one of these principles is to maintain the child's relationship with both parents, another principle demands that child custody and visitation orders should prioritize the safety of the child. These principles potentially conflict when the effort to maintain parent-child relationships creates a risk to child safety. Recently, a series of high profile reports of children tragically harmed during court-approved custody or visitation arrangements have precipitated calls for family courts to take additional steps to ensure child safety when issuing custody, visitation, or counseling orders.

This bill would address problems of family violence and child abuse in three ways: First, the bill would enhance existing judicial training programs on domestic violence and to provide more transparency by bolstering reporting requirements. Second, the bill clarifies that expert witnesses in child custody cases, where violence or abuse on the part of one parent has been alleged, must have expertise and experience in domestic violence and child abuse. Third, in an effort to decrease the likelihood that a child will be placed in a dangerous situation, the bill would impose limits on the kinds of counseling that judges may order in custody and visitation disputes. The author contends that these changes will not only better protect children from violence and abuse; they will also make the state eligible for federal funding under the recently re-authorized Violence Against Women Act (VAWA).

This bill is supported by many child advocacy groups, several California cities, the domestic violence clinic at the University of California, Irvine, School Law, and U.S. Senator Dianne Feinstein. It is opposed by those who practice or endorse therapies that could be eliminated by the bill. The bill is opposed "unless amended" by other stakeholders who fear that it undermines judicial discretion to determine the "best interest of the child" on a case-by-case basis. It is opposed by the Judicial Council of California unless amended to remove training and reporting requirements that, it believes, impinge upon the independence of the judicial branch. The author has agreed to take amendments in this Committee, though it is unclear if these amendments will

remove any opposition. The amendments are already incorporated in the bill summary below and discussed in the analysis.

SUMMARY: Prohibits a court from ordering certain methods of outpatient counseling in child custody and visitation proceedings; modifies and expands judicial training programs on child abuse and family violence prevention; and clarifies requirements for admitting expert testimony in cases of domestic violence or child abuse. Specifically, **this bill**:

1) Provides that a witness is qualified to testify as an expert in a child custody proceeding in which a parent has allegedly committed domestic violence or child abuse, including child sexual abuse, if the court finds that the witness possesses special knowledge, demonstrated expertise, or experience in working directly with victims of domestic violence or child abuse, including child sexual abuse.

2) Requires a judicial officer assigned to family law matters involving child custody proceedings to report to the court the number of hours spent in a program of continuing instruction in domestic violence, as prescribed. Requires each individual court to submit the hours of completed training to the Judicial Council, and it requires the Judicial Council to report to the Legislature and the relevant policy committees on or before January 1, 2025, and each January thereafter, as specified.

3) Prohibits a court from ordering counseling, programs, or services to remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, if the counseling occurs under any of the following circumstances:

    a) In a nonclinical setting or out-of-state facility. A nonclinical setting includes, but is not limited to, a parent's residence, a camp, an overnight hotel or motel, or a vacation home.

    b) For any period that exceeds the generally accepted, age-appropriate length of time, according to professional consensus.

    c) The child is transported to the premises where the counseling occurs against their will or by force, threat of force, or physical abduction.

    d) The child is not given a reasonable opportunity to communicate with the other parent or a relative, as defined, except during a scheduled counseling session.

    e) The counseling involves the use of threat, coercion, verbal abuse, intimidation, isolation from sources of support, or other acutely distressing circumstances to compel a child to participate against their will.

4) Provides that if a court orders counseling to remediate the resistance of a child to connect with a parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, the counseling shall comply with all of the following:

    a) The counseling will primarily address the behavior of the parent seeking custody or visitation and that parent's contribution to the resistance of the child, before ordering the other parent to take steps to potentially improve the child's relationship with the parent seeking custody or visitation. Specifies that this provision does not apply if the child's

resistance is the result of separation due to military service, illness, or other circumstances beyond the parent's control.

b) The counseling does not include any of the circumstances described in 3) above.

c) The counseling provider has been informed of the prohibitions set forth in 3) above.

d) The provider is a licensed behavioral health care professional in good standing with the licensing board, and there is a generally accepted professional consensus on the safety, effectiveness, and therapeutic value of the counseling.

5) Specifies that an existing judicial training and education program for judicial officers and other family court personnel shall be ongoing and designed to improve the ability of courts to recognize and respond to child physical abuse, child sexual abuse, domestic violence, and trauma in family victims, particularly children, and to make appropriate custody decisions that prioritize child safety and well-being and that are culturally sensitive and appropriate for diverse communities.

6) Requires the training program described in 5) above to include a domestic violence session in any orientation session conducted for newly appointed or elected judges, an annual training session in domestic violence, and periodic updates in all aspects of domestic violence, including, but not limited to:

a) Child sexual abuse.

b) Physical abuse.

c) Emotional abuse.

d) Coercive control.

e) Implicit and explicit bias related to parties involved in domestic violence cases.

f) Trauma.

g) Long- and short-term impacts of domestic violence and child abuse on children.

h) The detriment to children of residing with a person who perpetrates domestic violence.

i) That domestic violence can occur without a party seeking or obtaining a restraining order, without a substantiated child protective services finding, and without other documented evidence of abuse.

j) Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence.

EXISTING LAW:

1) Provides that a person is qualified to testify as an expert if they have special knowledge, skill, experience, training, or education sufficient to qualify as an expert on the subject to which his testimony relates. Specifies a witness' special knowledge, skill, experience, training, or

education may be shown by any otherwise admissible evidence, including the witness's own testimony. Provides that if a party objects, such special knowledge, skill, experience, training, or education must be shown before the witness may testify as an expert. (Evidence Code Section 720.)

2) Requires the Judicial Council of California to establish judicial training programs for individuals who perform duties in domestic violence matters, including, but not limited to, judges, referees, commissioners, mediators, and others as deemed appropriate by the Judicial Council. The training programs shall include a domestic violence session in any orientation session conducted for newly appointed or elected judges and an annual training session in domestic violence. The training programs shall include instruction in all aspects of domestic violence, including, but not limited to, the detriment to children of residing with a person who perpetrates domestic violence and that domestic violence can occur without a party seeking or obtaining a restraining order, without a substantiated child protective services finding, and without other documented evidence of abuse. (Government Code Section 68555.)

3) Finds and declares that:

   a) It is the public policy of California to ensure that the health, safety, and welfare of children shall be the court's primary concern in determining the best interest of children when making any orders regarding the physical or legal custody of, or visitation with, children and that children have the right to be safe and free from abuse, and that the perpetration of child abuse or domestic violence in a household where a child resides is detrimental to the health, safety, and welfare of the child.

   b) It is the public policy of California to ensure that children have frequent and continuing contact with both parents and to encourage parents to share the rights and responsibilities of child rearing in order to affect this policy, except where the contact would not be in the child's best interests. Provides that where the policies set forth in 3a) and 3b) conflict, any custody or visitation order shall be made in a manner that ensures the health, safety, and welfare of the child and the safety of all family members. (Family Code Section 3020; subsequent section references are to the Family Code unless otherwise indicated.)

4) Requires the court, in making a best interests determination, to consider all of the following, among other relevant factors:

   a) The health, safety, and welfare of the child.

   b) Any history of abuse or domestic violence by the parent seeking custody of the child against a child, the other parent, or another person, as provided.

   c) The nature and amount of contact with both parents.

   d) The habitual or continual use of drugs or abuse of alcohol. (Section 3011.)

5) Provides, for purposes of 4) above, that if the court grants custody to a parent when there are allegations of child abuse or domestic violence, or drug or alcohol abuse against that parent, then the court shall state its reasons in writing or on the record. (Section 3011.)

6) Requires a court to grant reasonable visitation to a parent when it is shown that visitation is in the child's best interests. (Section 3100.)

7) Creates a rebuttable presumption against custody of a child to a parent who, the court finds, has perpetrated domestic violence against the other party, the child, the child's sibling, or certain other individuals, as provided, within the previous five years. Requires the court, in considering whether to overcome the presumption against custody, to consider, among other things, whether giving that parent custody is in the child's best interests; whether the perpetrator has completed a batterer's treatment program, substance abuse program or parenting classes; and whether there have been subsequent acts of domestic violence. (Section 3044.)

8) Authorizes a court to require parents and the minor child to participate in outpatient counseling with a licensed mental health professional, or through other community programs and services that provide appropriate counseling, including, but not limited to, mental health or substance abuse services, for not more than one year, provided that the court finds both of the following:

   a) The dispute between the parents, between the parent or parents and the child, between a parent and another party seeking custody or visitation rights with the child, or between a party seeking custody or visitation rights and the child, poses a substantial danger to the best interest of the child.

   b) The counseling is in the best interest of the child.

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: According the author, "protecting children and survivors should always be a top priority, but unfortunately, family courts continue to fail." The author references statistics showing that, since 2008, abusive parents or custodians have murdered nearly 900 children nationwide. The author believes that "SB 331 will strengthen protections for children by prioritizing child safety in family court, requiring critical training and reporting for judicial officers and others deemed appropriate in family law matters and would ban the practice of court-ordered reunification programs, which have demonstrated harmful impacts on children."

Background. SB 331, which if enacted will be entitled Piqui's Law, is named for just one of 851 children nationwide who have been murdered by a divorcing or separating parent since 2008, according to statistics collected by the Center for Judicial Excellence. Aramazd Andressian, Jr. – also known as Piqui – was smothered to death by his father in 2017 during a court-approved visitation. Eight days earlier, Piqui's mother, Ana Estevez, had reportedly sought sole custody of the child, with only *supervised* visitation rights for the father. Her requests were denied, notwithstanding the child reporting that the father had been physically and emotionally abusive toward him. In March of 2020, a father shot and killed his three daughters and the supervising chaperone during a supervised visitation in a church in Citrus Heights, California. As in Piqui's case, the mother had warned authorities about the father's violent tendencies and, indeed, had obtained a temporary restraining order against the father that was in effect at the time of the murder. (*Sacramento Bee*, March 1, 2020.)

Another example cited by the author, which shows the need for this bill, involves court orders that force children to participate in counseling with a parent with whom they have resisted

making a connection or are otherwise estranged. The supporters point, in particular, to a recent video, posted widely on social media, showing two clearly distressed and terrified children in Santa Cruz being physically dragged from their homes and forcefully transported to a treatment with their non-custodial parent.

According to the author and supporters, the tragedies and abuses noted above are not isolated incidents. Moreover, the author and supporters believe that these tragedies could have been prevented if judicial officers and other family court personnel received better training in recognizing the signs of domestic violence, and if there were more stringent limitations on the courts when issuing orders for custody, visitation, and counseling.

This bill seeks to reduce the kinds of tragedies described above by amending existing law in three areas: (1) judicial training and reporting; (2) expert witnesses; and (3) court-ordered counseling. The analysis discusses each of these below.

Judicial training and reporting. First, the bill provides specific direction as to the topics covered by the existing judicial training and education programs and establishes new reporting requirements to ensure compliance with those programs.

Existing law requires the Judicial Council to establish judicial training programs for judges and other court personnel whose work involves domestic violence. Existing law also requires the training programs to cover general topics. This bill provides a somewhat more specific list of topics that must be covered, but not substantially different from what is already required.

The bill makes a more substantive change by requiring *each judicial officer assigned to family law matters* to report the number of hours they have spent in training and education to the court, and it requires each court to report the total number of training hours for all judicial officers to the Judicial Council. The Judicial Council would then report this information to the Legislature on an annual basis starting on January 1, 2025. While there is presently no *statutory* reporting requirement, the California Rules of Court already require the presiding judge to maintain records on each judicial officer's training hours and report their compliance to the Judicial Council on a three-year cycle. (California Rule of Court, Rule 10.452(e)(7).) As noted below, the Judicial Council of California strongly opposes this part of the bill, arguing that it will not only impose a new burden on already over-worked family law judges, but that it violates the independence of the judicial branch in developing and providing judicial training and education to its judges and employees.

Expert testimony provisions. Second, the bill clarifies existing law on expert witness testimony to require that experts testifying in custody cases involving allegations of domestic violence or child abuse must possess "special knowledge, demonstrated expertise or experience in working directly with victims of domestic violence or child abuse, including child sexual abuse." Arguably, this provision does not greatly change existing law. Evidence Code Section 720 already requires expert witnesses to have "special knowledge, skill, experience, training, or education sufficient to qualify as an expert on the subject to which his [sic] testimony relates." This bill merely clarifies that if the "subject to which [the] testimony relates" involves domestic violence or child abuse, then the witness must have knowledge, expertise, or experience in those subjects. Having said that, the need for this provision is not entirely clear. *If the bill moves out of this Committee, the author may wish to clarify the relationship of this provision and its relationship to the Evidence Code. To be sure, this provision references the Evidence Code, but it is not entirely clear if the author intends this to be an "additional" requirement to the*

Evidence Code or an "alternative" to the Evidence Code. The author should also consider removing this provision entirely, especially since this provision was considered but apparently rejected by the Senate Judiciary Committee.

Limitations on court-ordered counseling. Third, the bill would impose limitations on the court's authority to order outpatient counseling in certain child custody and visitation disputes. Under existing law, the court may order outpatient counseling for the parents and the minor child with a licensed mental health professional, for up to one year. Before ordering such counseling, the court must find that the dispute between the parents poses a "substantial danger" to the best interest of the child and that the ordered counseling will be in the best interest of the child. The court must document its reasons for believing that the dispute poses a "substantial danger" and that the counseling would serve the best interest of the child. (Family Code Section 3190(a)(1)-(2).)

Existing law, therefore, gives the judge discretion in determining the type of counseling to be ordered, so long as the counseling is with a licensed mental health professional and the court finds that the counseling will serve the best interest of the child. This bill would substantially modify this section of existing law by imposing much more specific limitations on when counseling can be ordered and the conditions under which the counseling may occur. While the Judicial Council opposes the training and reporting requirements in this bill, they take no position on this provision because, while it imposes some limits on the orders that the court can make, it preserves "the court's core discretion to protect the best interests of the children who are the subjects of child custody disputes." Other groups that have expressed concerns with this part of the bill, suggest that determining the best interest the child is always best done on a "case-by-case" basis, and that overly prescriptive prohibitions do not give the court enough flexibility.

Restrictions on the methods of outpatient counseling. The provisions of this bill that have prompted the greatest concerns from family lawyers and mental health practitioners are those that *prohibit* courts from ordering certain therapeutic approaches to outpatient counseling. As noted above, existing law authorizes courts to order outpatient counseling if the disputing parents pose a substantial risk to the best interest of the child. The only limitations on the counseling are that it must be conducted by a licensed mental health professional; any counseling ordered must be in the best interest of the child; and the court must find that the nature of the parental dispute poses a substantial risk to the best of interest of child in the absence of such counseling.

Earlier versions of this bill expressly prohibited so-called "reunification treatment" or "reunification therapy," a counseling approach premised upon "parental alienation" (PA) theory. PA occurs when one parent has tried to turn the child against (or alienate the child from) the other parent through means of psychological manipulation or false accusations of abuse. The author and supporters contend that "reunification treatment" is based upon a false theory and uses questionable, coercive, and even dangerous methods to "reunify" the child with the supposedly "alienated" parent. The author and supporters presume, too, that the approach is based upon cutting off a child from the parent with whom the child has formed a positive and healthy attachment, in favor of forcing the child to spend time with the parent that the child is adamantly resisting. Not surprisingly, groups that either practice or endorse reunification therapy oppose this bill; moreover, they strongly disagree with the author's and supporter's characterization of their methods. They contend that their approach is supported by academic studies and that divorcing and separating parents fighting over custody and visitation sometimes do, in fact, attempt to turn the child against the other parent during a heated custody battle.

The Committee lacks the expertise to evaluate the validity of different therapeutic approaches, so long as they are practiced by licensed mental health professionals operating within the scope of their practice. Nonetheless, the Legislature has the authority, and arguably the duty, to prohibit concrete actions or behaviors that pose a serious risk to a child's safety. The author, therefore, has agreed to amend the bill to prohibit certain objectionable methods of counseling rather than prohibit certain types or schools of therapy. Another advantage of eliminating references to "reunification treatment" is to avoid confusion with "family reunification services" provided to foster children who, after an extended period of living in foster care, are returning to live with their natural or legal parents. These services reflect state policy favoring family reunification to the greatest extent possible, so long as it is in the best interest of the child. "Family reunification services," as defined in Welfare and Institutions Code Section 16601(d), is *not* the same thing as "reunification treatment" or "reunification therapy," as defined or characterized by either the supporters or the opponents.

Specific restrictions imposed by the bill as it is proposed to be amended. Rather than prohibiting a particular form of therapy, therefore, the bill as proposed to be amended will impose limitations on the form that outpatient counseling may take, and only where the purpose of the counseling is to *remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation.* The supporters contend that, in the past, counseling designed to combat the child's resistance to one of the parents too often would take place in remote or inappropriate places. The bill, as proposed to be amended, therefore, would prohibit a court from ordering counseling that would take place in an isolated or nonclinical setting, such as a parent's residence, a camp, a hotel, or an out-of-state location. In addition, the bill specifies that the counseling cannot exceed the generally accepted, age-appropriate length of time. The bill also prohibits the court from ordering any counseling that involves threats, intimidation, or coercion, and it prevents any counseling that does not give the child a reasonable opportunity to communicate with the other parent. Finally, the bill would require that the counseling provider be informed of these restrictions. It may seem that these restrictions amount to common sense, and that no judge would knowingly order a child to participate in counseling of this sort. But the author and supporters contend that courts have nonetheless issued such orders, and this bill would prevent them from doing so.

Does the bill leave adequate discretion to the courts? As noted above, people who practice or endorse therapies that address "parental alienation" oppose this bill, even in its amended form, because it seems to target and malign their therapeutic approach and the theory underlying it. However, these groups are not the only ones who oppose all or parts of the bill, or who have expressed "concerns" to the Committee. For example, the California Lawyers Association Family Law Executive Committee (FLEXCOM), opposes this bill unless it is amended to restore the court's discretion to order the kinds of therapy and counseling the court finds will serve the best interest of the child. FLEXCOM believes that some forms of "reunification" therapy may be appropriate in limited cases, and it rejects the author's and supporter's assumption that a child's resistance to one parent is always the result of that non-custodial parent's prior behavior, and that it is never the result of the primary custodial parent's conduct or behavior.

FLEXCOM also points out that reunification of the parent and child is not the only goal of reunification therapy; sometimes it is needed to determine the cause of the fractured relationship. The bill as proposed to be amended appears to address this concern, at least partially, by removing the absolute prohibition on "reunification treatment." However, it is less clear that the

proposed amendments would address FLEXCOM's more general objection to decreasing the court's discretion. Other groups, whether in opposition or merely expressing concern, believe that judges should have the discretion to order appropriate counseling on a case-by-case basis, and that the court should be free to consider the many possible factors that may cause a child to resist one of the parents. (These arguments of opposition, opposition unless amended, or concern are detailed below.)

VAWA and federal funding. Another reason offered in support of this bill is that it will make the state eligible for up to $5 million in federal funds provided pursuant to "Kayden's Law," signed last year by President Biden as part of the 2022 reauthorization of the Violence Against Women Act (VAWA). While the author and supporters claim that the provisions in this bill will qualify the state for federal funds, others disagree or express doubts. The disagreement appears to rest, in part, on ambiguity within the federal statute, which does not make it clear whether state laws must *exactly* track the language of VAWA to be eligible for funds, or if substantial compliance will suffice. This question may not be answered until the first grants are awarded, which apparently has yet to happen.

Proposed author amendments. The author has agreed to take the amendments listed below in this Committee. In short, these amendments (1) eliminate the prohibition on "reunification treatment," as defined, and instead prohibit counseling that uses certain objectionable methods; (2) make clarifying changes to the provision on expert testimony; and (3) make minor changes to the training and education program, but not in a manner that addresses the concerns of the Judicial Council. The amendments also make several technical, clarifying, and non-substantive changes. Specifically, the substantive amendments include the following:

On page 5, lines 38-40, and page 6, lines 1-10, amend SEC 3, which adds Section 3033 to the Family Code, to read as follows:

> *3033. For purposes of Article I (commencing with Section 720) of Chapter 3 of Division 6 of the Evidence Code, a witness is qualified to testify as an expert in a child custody proceeding in which a parent has been alleged to have committed domestic violence or child abuse, including child sexual abuse, if the court finds that the witness possesses special knowledge, demonstrated expertise or experience in working directly with victims of domestic violence or child abuse, including child sexual abuse.*

On page 6, lines 13-17 amend subdivision (a) of proposed Section 3040.5 to read:

> (a) A ~~judge~~ *judicial officer* assigned to family law matters involving child custody proceedings shall report to the *court* ~~Judicial Council~~ the number of hours in a program of continuing instruction in domestic violence, including, but not limited to, coercive control and child sexual abuse.

On page 6, lines 20-23 amend subdivision (c) to read:

> 1) The Judicial Council shall report to the Legislature and the relevant policy committees, on or before January 1, 2025, and each January thereafter, on the trainings for judges *provided pursuant to Section 68555 of the Government Code*~~.~~ ~~across all counties~~.

On page 7, strike lines 5-17 and insert:

(2) ~~(A)~~ *A court shall not order counseling, programs, or services to remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation that occurs under any of the following circumstances:*

(A) In a nonclinical setting or out-of-state facility. A nonclinical setting includes, but is not limited to, a parent's residence, camp, overnight hotel or motel, or vacation home.

(B) For any period that exceeds the generally accepted, age appropriate length of time according to professional consensus.

(C) The child is transported to the premises where the counseling occurs against their will or by force, threat of force, or physical obstruction.

(D) The child is not given a reasonable opportunity to communicate with the other parent or a relative, except during a scheduled counseling session. For purposes of this subparagraph, "relative" has the same meaning as in paragraph (2) of subdivision (h) of Section 319 of the Welfare & Institutions Code.

(E) The counseling involves the use of threat, coercion, verbal abuse, intimidation, isolation from sources of support, or other acutely distressing circumstances to compel a child to participate against their will.

On page 7, lines 18-28, amend paragraph (3)(A) and(B) to read:

(3)(A) If a court orders counseling to remediate the resistance of a child to connect with the parent seeking custody or visitation, or to improve a deficient relationship with the parent seeking custody or visitation, the counseling shall *comply with all of the following:*

(i) The counseling will primarily address the behavior of that parent or that parent's contribution to the resistance of the child before ordering the ~~primary custodial~~ *other parent* ~~parent~~ to take steps to potentially improve the child's relationship with the parent seeking custody or visitation. *This subparagraph shall not apply where the resistance is the result of separation due to military service, illness, or other circumstance beyond the parent's control.*

(ii) The counseling does not include any of the circumstances described in paragraph (2) of subdivision (a).

(iii) The counseling provider has been informed of the prohibitions set forth in paragraph (2).

(iv) The provider is a licensed behavioral health care professional in good standing their licensing board.

(B) The Court shall not order counseling under this paragraph unless there is generally accepted professional consensus on the safety, effectiveness, and therapeutic value of the counseling.

On page 8, lines 29-40, and page 9, lines 1-24, amend Government Code Section 68555 to read:

68555**.** (a) The Judicial Council shall establish judicial training programs for individuals who perform duties in family law matters, including, but not limited to~~, judges, judges pro tem,~~ *judicial officers***,** referees, commissioners, *guardians ad litem, custody evaluators***,** mediators, and others who are deemed appropriate by the Judicial Council.

(b) (1) The training program described in this section shall be an ongoing training and education program designed to improve the ability of courts to recognize and respond to child physical abuse, child sexual abuse, domestic violence, and trauma in family victims, particularly children, and to make appropriate custody decisions that prioritize child safety and well-being and are culturally sensitive and appropriate for diverse communities.

(2) The training program *described in this section* shall include *a domestic violence session in any orientation session conducted for newly appointed or elected judges, an annual training session in domestic violence, and periodic updates in all aspects of domestic violence, including, but not limited to:* ~~instruction in the following topics:~~

(A) Child sexual abuse.

(B) Physical abuse.

(C) Emotional abuse.

(D) Coercive control.

(E) Implicit and explicit bias~~, including biases relating to parents with disabilities~~ *related to parties involved in domestic violence cases.*

(F) Trauma.

(G) Long- and short-term impacts of domestic violence and child abuse on children.

(H) The detriment to children of residing with a person who perpetrates domestic violence.

(I) That domestic violence can occur without a party seeking or obtaining a restraining order, without a substantiated child protective services finding, and without other documented evidence of abuse.

(*J*) Victim and perpetrator behavioral patterns and relationship dynamics within the cycle of violence.

***ARGUMENTS IN SUPPORT*:** Advocates for Child Empowerment and Safety (ACES), a coalition seeking to improve the human and civil rights of abused children, supports this bill because it will "increase safety for children who are currently being forced to reunify with parents, even when the children identified those parents as dangerous, violent or sexually abusive." ACES claims that some "children are also being cut off from contact with their safe parents and forcibly ordered to reeducation camps, programs or workshops contrary to their wishes and best interests." ACES believes that SB 331 will help address this situation, in part, by requiring experts "to have appropriate expertise and experience in the areas of domestic violence and child abuse. [The bill will also] provide that court personnel have expanded training in domestic violence and child abuse to be better able to address abuse cases."

The Legal Foundation of Los Angeles supports this bill both because it will protect children and make the state eligible for funds under VAWA. They write:

> In March of 2022, President Joe Biden signed the reauthorization of Violence Against Women's Act Kayden's Law, to improve child new groundbreaking provisions, known as VAWA), which included (federal funding is allocated to states that adopt child under this legislation, safety laws in family court.. If custody and domestic violence statutes to further prioritize child safety as outlined in VAWA passed, California may become eligible to receive millions of dollars in federal funding over the next 5 years.
>
> Senate Bill 331 will help protect victims and children of domestic violence and child abuse by requiring critical judicial training and reporting, banning dangerous court-ordered programs, limiting testimony to expert witnesses and prioritizing child safety and well-being. The number of children murdered by an abusive parent continues to rise across the nation. According to the Center for Judicial Excellence, over 900 children have been murdered by a divorcing or separating parent since 2008. It is time to strengthen the California laws to protect victims and children in family court.

***ARGUMENTS IN OPPOSITION*:** The Parental Alienation Support Intervention Group (PASI) strongly opposes this bill. PASI agrees that the "murder of a child is tragic and legislation that is appropriately designed to prevent such tragedies is commendable." However, PASI writes, "in our zeal to improve flaws in the system it is negligent to enact legislation that is founded upon misrepresentations and distortions of science and facts. No amount of extra federal money can justify legislation that will harm the children it seeks to protect."

To begin with, PASI rejects the characterization of "reunification therapy" and "parental alienation (PA)" theory put forth by the author and sponsors of the bill. PASI claims that in severe cases of PA – that is, where one parent is manipulating the child to turn against the other parent – "it is sometimes necessary to impose no contact orders to protect the child from abuse and reunification programs are used to restore a healthy balance to the family structure. It is not the relationship between the alienated parent and the child that is the issue; rather, a healthy family system needs to be restored and the psychological manipulation of the child needs to be addressed." PASI argues that "such reunification therapy is based on well-established therapeutic systems and its effectiveness and safety have been researched and reported upon in peer reviewed journals." PASI contends that SB 331 "crafts a strawman argument against reunification therapy and consequently attempts to prohibit the therapy based upon this fabrication." In sum, PASI argues that this bill will prevent the court from ordering a legitimate therapeutic approach that addresses a real phenomenon and serves the best interest of the child.

ARGUMENTS IN OPPOSITION, UNLESS AMENDED: The Judicial Council of California opposes this bill unless it is amended "to protect the independence of the judicial branch in developing and providing judicial education." Although the Judicial Council's letter of opposition reflects the bill in print, it has made it clear that the bill as proposed to be amended does not remove its opposition, for they do not adequately address the education and reporting requirements, which remain a burdensome and "unnecessary intrusion into the operation of the judicial branch, especially since it has long demonstrated a commitment to robust training in these areas." The Judicial Council contends that it has been a "leader in ensuring that domestic violence is an issue that is centered in judicial training and education," as is reflected in the existing Rules of Court. The Judicial Council insists that it shares the same goals as the author

and has aggressively acted to institute robust training and education programs. "The problems of SB 331 arise," the Judicial Council contends, "as a result of the overly prescriptive required topic areas," which "undermine the ability of the branch to exercise its independence in developing and providing appropriate and necessary training." The Judicial Council wants the bill amended to restore existing Government Code Section 68555 (which required the Judicial Council to develop a program) and then direct the Judicial Council to "consider" including the additional topics laid out in the current bill. The Judicial Council also opposes the new reporting requirements, "because they place unnecessary burdens on judicial officers who hear child custody matters and are not aligned with the proposed training mandate in Government Code Section 68555." The Judicial Council points out that the California Rules of court already set forth a reasonable reporting requirement.

The Family Law Section Executive Committee (FLEXCOM) of the California Lawyers Association also opposes this bill unless amended. FLEXCOM argues that SB 331 "would effectively eliminate the court's ability to order family-focused therapy when a child is estranged from a parent, regardless of the reasons for that estrangement." While FLEXCOM does not necessarily endorse "reunification therapy" based on "parental alienation" theory, it nonetheless argues that in some instances "children may gravitate toward one parent and reject the other for various reasons." That a child resists one parent does not always mean that the parent is abusive. As FLEXCOM puts it: "Often in these cases, it is not clear from an objective standpoint why the child is rejecting the disfavored parent. A child may not be able to, or want to, articulate the basis for the rejection." In cases where the child's resistance stems from the behavior of the favored parent, FLEXCOM contends, this bill would make it nearly impossible to address that situation. *[NOTE: Although FLEXCOM's letter addresses the bill in print, which expressly prohibits "reunification treatment," as defined in the bill, the bill as proposed to be amended does not appear to provide the level of judicial discretion advocated by FLEXCOM.]* Finally, FLEXCOM notes, it is not entirely clear if SB 331 will make the state eligible for VAWA funds if the language of the bill does not exactly track the language of VAWA.

REGISTERED SUPPORT / OPPOSITION:

Support

A Woman's Friend Pregnancy Resource Clinic
Advocates for Child Empowerment and Safety
California Protective Parents Association
City Council of the City of Big Bear Lake
City of Carson
City of El Cajon
City of Inglewood
City of Santa Monica
Community Legal Aid, Southern California
Crime Survivors Resource Center
Custody Peace
Family Court Awareness Month
Family Violence Appellate Project
Incest Survivor's Speakers Bureau of California
Inner Circle Foster Family Agency/Inner Circle Children's Advocacy Center
Joyfully Managed Family Consultants

Legal Aid Foundation of Los Angeles
Los Angeles Chapter of Parents of Murdered Children
Los Angeles County Sheriff's Department
Marjaree Mason Center
Mothers of Lost Children
Movement of Mothers (M.O.M.)
One Mom's Battle LLC
Public Counsel
Ridgeway Co-parenting Services
Sacramento Regional Family Justice Center Foundation
San Gabriel Valley Council of Governments
Supervised Child Visits
Team Piqui Alliance
University of California, Irvine School of Law Domestic Violence Clinic
US Senator Dianne Feinstein

Support if Amended

Legislative Coalition to Prevent Child Abuse

Opposition

Heroes for Children's Rights
National Parents Organization
One Family at a Time
Parental Alienation Support Intervention Group (PASI)
PAS Intervention, Maryland Chapter
The Parental Alienation Legislative Group
Wisconsin for Children and Families

Oppose Unless Amended

Association of Certified Family Law Specialists
California Lawyers Association, Family Law Section
Judicial Council of California
Mother’s Against Child Abuse
Stop Abuse for Everyone

Concern

Association of Family and Conciliation Courts

Analysis Prepared by: Tom Clark/ JUD. / (916) 319-2334

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(5) AB 996 (Low) Department of Consumer Affairs: continuing education: conflict of interest policy

Background

This bill proposes that boards under the Department of Consumer Affairs develop and maintain a conflict-of-interest policy that would discourage the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.

The bill was introduced on February 15, 2023 and was referred to the Business and Professions Committee on February 23, 2023.

On April 7, 2023, the Board of Psychology (Board) adopted an Oppose position.

On April 14, 2023, the Board submitted an Oppose position letter to the Assembly Committee on Business and Professions.

On April 26, 2023, the bill passed and was referred to the Assembly Committee on Appropriations.

On May 17, 2023, the bill passed the Assembly Committee on Appropriations.

On May 18, 2023, the bill was referred to the Assembly Floor and ordered to a third reading.

On May 23, 2023, a Floor Alert Position Letter was submitted to Assembly Members.

On May 26, 2023, the bill was ordered to the Senate.

On June 7, 2023, the bill was referred to the Committee on Business, Professions and Economic Development.

On June 12, 2023, a Oppose position letter was submitted to the Committee Members and Author. The scheduled hearing was cancelled upon the author's request.

On June 19, 2023, the bill passed the Committee on Business, Professions and Economic Development and was referred to the Committee on Appropriations.

Board of Psychology staff will continue to monitor the proposal.

Action Requested

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

Attachment 1: Board position letter
Attachment 2: Senate Floor Analysis

California Board of PSYCHOLOGY

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June 12, 2023

The Honorable Richard D. Roth
Chair, Senate Business, Professions and Economic Development Committee
State Capitol, Room 7510
Sacramento, CA 95814

RE: **AB 996 (Low) – Department of Consumer Affairs: continuing education: conflict of interest policy - OPPOSE**

Dear Senator Roth:

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

The Board adopted an **Oppose** position on AB 996 (Low). This bill would require Boards under the Department of Consumer Affairs to develop and maintain a conflict-of-interest policy that would deny the qualification of any continuing education course if the provider has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course.

The Board has several concerns with AB 996. First, the organizations which approve continuing education providers and courses in psychology operate independently of the Board other than their regulatory specification as qualified to approve providers and offerings. As the Board does not approve the course offerings, it could not effectively monitor individual courses or offerings for any such conflict of interest. Thankfully, the primary organizations upon which we rely, including the American Psychological Association and the California Psychological Association, have established their own standards as to, among other things, conflicts of interest of continuing education speakers or providers and the required disclosure to attendees.

Second, unlike other disciplines, the continuing education courses most useful to licensees are often provided by the authors or publishers of the relevant materials. For example, when a new or revised assessment instrument or test is released to the market, the person, or persons most capable of speaking to the validity and reliability of the test, the appropriate method for administration, scoring, and interpretation, or its use with historically underrepresented groups are those who authored or developed the assessment instrument or test. Similarly, when a theorist, scientist, or researcher is one of the primary presenters in a continuing education course, they will often offer for sale a published work which further illuminates or explains the subject under discussion, offerings that the Board's licensees have submitted help them to better understand and implement the subject of the course.

Unlike some other healthcare disciplines, psychology does not find itself unnecessarily influenced by the types of conflicts of interest that arise when major industrial concerns,

such as pharmaceutical companies or medical device makers, exert undue influence over the continuing education available to licensees.

Finally, the Board believes the proposed language would be difficult to implement given that it does not approve continuing education offerings. Further, it does not provide adequate guidance as to how the policy could be developed or enforced given the nature of continuing education in psychology. Licensees have expressed their concern that were all of the continuing education courses vetted based on the complete absence of any economic interest on the part of presenters or providers, the remaining course offerings might be insufficient to allow them to effectively satisfy the requirements for Continuing Professional Development, without taking courses not relevant to their practices.

Thank you for giving the Board's concerns consideration in shaping the legislative directives applicable to the Board and its licensees.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or antonette.sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PhD
President, Board of Psychology

cc: Senator Nguyen (Vice Chair)
Members of the Senate Business, Professions and Economic Development Committee
Assemblymember Low
Dana Shaker, Committee Consultant
Kayla Williams, Senate Republican Caucus

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: AB 996
Author: Low (D)
Amended: 3/27/23 in Assembly
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 11-0, 6/19/23
AYES: Roth, Nguyen, Alvarado-Gil, Archuleta, Ashby, Dodd, Glazer, Niello, Smallwood-Cuevas, Wahab, Wilk
NO VOTE RECORDED: Becker, Eggman

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 78-0, 5/25/23 - See last page for vote

SUBJECT: Department of Consumer Affairs: continuing education: conflict-of-interest policy

SOURCE: Author

DIGEST: This bill requires any entity responsible for approving continuing education (CE) providers or courses to develop and maintain a conflict-of-interest policy that discourages the qualification of a CE course if the course provider has an economic interest in a commercial product or enterprise directly or indirectly promoted in the course and requires conflicts to be disclosed at the beginning of each CE course.

ANALYSIS:

Existing law:

1) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)

2) Defines "board" as also inclusive of "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency." (BPC § 22)

3) Provides that all boards, bureaus, and commissions within the DCA are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. (BPC § 101.6)

This bill requires any entity responsible for approving CE providers or courses to develop and maintain a conflict-of-interest policy that discourages the qualification of a CE course if the course provider has an economic interest in a commercial product or enterprise directly or indirectly promoted in the course and requires conflicts to be disclosed at the beginning of each CE course.

Background

Numerous practice acts governing the licensing, regulation, and oversight of professionals within the jurisdiction of the DCA require licensees to continue their education and training as a condition of continuing their licensure. Statutes and regulations dictate how many hours of CE a licensee must complete over a certain number of years. While CE requirements can often be fulfilled through a wide variety of courses, some professionals must fulfill more complete more specific course content in order to renew a license.

CE providers and courses are approved to count toward professional requirements different ways depending on the practice act. For example, the Professional Fiduciaries Bureau is responsible for approving CE providers for its licensees, and the Bureau also reviews and approves specific CE courses. The Dental Board of California (DBC) is tasked with approving providers of CE for dental professionals; however, excluding mandatory courses, the DBC does not individually approve specific courses offered by approved registered providers. The California State Board of Pharmacy (BOP) is not responsible for approving CE providers or courses, and relies entirely on two accreditation agencies.

Over the past several years, questions have been raised during the review of various boards under the DCA through the sunset process relating to the potential for conflicts-of-interest in CE courses. This type of conflict would typically occur when the provider or author of a CE course has a pecuniary interest in its topic. For example, a company that manufactures and sells a specific medical device

would arguably have a conflict of interest if they are sponsoring a CE course that teaches health professionals about the availability and merit of that device. While perhaps there is some value to licensees learning about the device, there should be some basic awareness as to whether the content of the CE course is motivated in part by the company's concern for profitability.

While this bill would not expressly prohibit any particular CE course or content, it would require each entity under the DCA that plays a role in approving CE to develop and maintain a conflict-of-interest policy. A number of private accrediting associations and organizations already maintain a similar policy. Each policy would, at a minimum, be required to discourage the qualification of any CE course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course. Any conflicts would also be required to be disclosed at the beginning of each course.

Comments

The Respiratory Care Board of California states that "While the intent of AB 996 is understood, members of the Board felt the bill sends an unfair message that a provider with a financial interest in a particular product is somehow less ethical. Members agreed that so long as a provider's interest is disclosed, licensees should not be deterred from CE opportunities due to a perception it is unscrupulous. This is especially significant considering in the healthcare arena representatives of medical device and pharmaceutical companies are often the most qualified experts to educate practitioners regarding their products."

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 7/5/23)

None received

OPPOSITION: (Verified 7/5/23)

Board of Psychology

ARGUMENTS IN OPPOSITION: The Board of Psychology opposes this bill, noting that "the organizations which approve continuing education providers and courses in psychology operate independently of the Board other than their regulatory specification as qualified to approve providers and offerings. As the Board does not approve the course offerings, it could not effectively monitor individual courses or offerings for any such conflict of interest. Thankfully, the

primary organizations upon which we rely, including the American Psychological Association and the California Psychological Association, have established their own standards as to, among other things, conflicts of interest of continuing education speakers or providers and the required disclosure to attendees." According to the Board, "unlike other disciplines, the continuing education courses most useful to licensees are often provided by the authors or publishers of the relevant materials. For example, when a new or revised assessment instrument or test is released to the market, the person or persons most capable of speaking to the validity and reliability of the test, the appropriate method for administration, scoring, and interpretation, or its use with historically underrepresented groups are those who authored or developed the assessment instrument or test. Similarly, when a theorist, scientist, or researcher is one of the primary presenters in a continuing education course, they will often offer for sale a published work which further illuminates or explains the subject under discussion, offerings that the Board's licensees have submitted help them to better understand and implement the subject of the course. Unlike some other healthcare disciplines, psychology does not find itself unnecessarily influenced by the types of conflicts of interest that arise when major industrial concerns, such as pharmaceutical companies or medical device makers, exert undue influence over the continuing education available to licensees." The Board advises that "the proposed language would be difficult to implement given that it does not approve continuing education offerings. Further, it does not provide adequate guidance as to how the policy could be developed or enforced given the nature of continuing education in psychology. Licensees have expressed their concern that were all of the continuing education courses vetted based on the complete absence of any economic interest on the part of presenters or providers, the remaining course offerings might be insufficient to allow them to effectively satisfy the requirements for Continuing Professional Development, without taking courses not relevant to their practices."

ASSEMBLY FLOOR: 78-0, 5/25/23
AYES: Addis, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Juan Carrillo, Wendy Carrillo, Cervantes, Chen, Connolly, Megan Dahle, Davies, Dixon, Essayli, Flora, Mike Fong, Vince Fong, Friedman, Gabriel, Gallagher, Garcia, Gipson, Grayson, Haney, Hart, Holden, Hoover, Irwin, Jackson, Jones-Sawyer, Kalra, Lackey, Lee, Low, Lowenthal, Maienschein, McCarty, McKinnor, Muratsuchi, Stephanie Nguyen, Ortega, Pacheco, Papan, Jim Patterson, Joe Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Sanchez, Santiago, Schiavo, Soria, Ta, Ting, Valencia, Villapudua, Waldron, Wallis, Ward, Weber, Wicks, Wilson, Wood, Zbur, Rendon

NO VOTE RECORDED: Aguiar-Curry, Mathis

Prepared by: Sarah Mason / B., P. & E.D. /
7/5/23 14:55:42

****** END ******

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(6) SB 372 (Menjivar) Department of Consumer Affairs: Licensee and registrant records: name and gender changes

Background

This bill would require each licensing board under the Department of Consumer Affairs (DCA) to update a licensee or registrant's legal name and/or gender when the Board of Psychology (Board) receives government-issued documentation. The bill would prohibit the Board from charging a higher fee for reissuing a document with a corrected or updated legal name or gender.

On March 20, 2023, the bill was amended to include that for licensees or registrants (licensee) that are changing name and gender the Board would be required to remove their former name or gender from the online license verification system and treat the former name or gender as confidential. The Board would also be required to establish a process to allow a person to request and obtain the information upon request.

On April 7, 2023, the Board adopted an Oppose position.

On April 14, 2023, the Board submitted an Oppose position letter to the Senate Committee on Judiciary and provided testimony at the April 18th hearing.

On April 20, 2023, the bill amended Business and Professions Code Section 27.5 (a)(2) to include "The board shall establish a process for providing a licensee's or registrant's current name or enforcement action record linked to a former name upon receipt of a request that is related to an enforcement action against the licensee or registrant or a search of a licensee by a previous name. The process

shall ensure that the request is completed within ten business days. This section shall be implemented in compliance with the Public Records Act." The bill was referred to the Senate Committee on Appropriations.

On April 26, 2023, the Board submitted an Oppose position letter to the Senate Committee on Appropriations.

On May 1, 2023, the bill was placed on Suspense.

On May 18, 2023, the bill passed the Assembly Committee on Appropriations.

On May 22, 2023, the bill was ordered to the Assembly.

On May 31, 2023, the Board met with DCA, the author's office, sponsors, and affected boards to discuss possible amendments. The DCA proposed technical amendments to address most of the concerns the Board had with the bill.

On June 12, 2023, the bill was amended to include DCA's proposed amendments, and was referred to the Committee on Business and Professions.

On June 20, 2023, the bill passed the Committee on Business and Professions and was referred to the Committee on Judiciary.

On June 27, 2023, the bill passed the Committee on Judiciary and was referred to the Committee on Appropriations.

Board of Psychology staff will continue to monitor the proposal.

Action Requested

The Legislative and Regulatory Affairs Committee recommends the Board remove its opposition and continue to watch the bill.

Attachment 1: Board position letter
Attachment 2: Assembly Judiciary bill analysis
Attachment 3: Senate Bill 372 amended bill text

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June 12, 2023

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 6130
Sacramento, CA 95814

RE: **SB 372 (Menjivar) – Department of Consumer Affairs: Licensee and registrants records: name and gender changes**

Dear Assembly Member Berman:

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

The Board adopted an **Oppose** position on SB 372 (Menjivar). This bill would require each licensing board under the Department of Consumer Affairs (DCA) to update a licensee or registrant's legal name and/or gender when the board receives government-issued documentation. The bill would prohibit the Board from charging a higher fee for reissuing a document with a corrected or updated legal name or gender than the fee currently charged.

In addition, the bill would require Boards to remove the former name and/or gender from the online license verification system and treat the former name and/or gender as confidential or private information. The Board would also be required to establish a process to allow a person to submit a request to obtain the now private or confidential information.

The Board supports and agrees with the author's intent in protecting licensed professionals by ensuring transgender and non-binary licensees who change their name legally should have their new identities reflected, and to be protected from potential abuse because of their gender identity. However, the Board has several concerns with SB 372.

These concerns include the impact on consumer protection given that consumers will not have the ability to view current or past disciplinary actions. In addition, all previous names would now be considered private or confidential, which may cause a hardship for consumers in locating a psychologist who provided services in the past. This in-turn may also cause barriers in consumers submitting a written request to a licensee to obtain their patient records.

The amendments on April 20, 2023, still lack clarity regarding how the Board is to process and provide the requested confidential or private information. As provided as a Public Records Request, the Board may face legal challenges with releasing the confidential or private information.

The Board is dedicated to protecting consumers, first and foremost, as well as the safety of all of our licensees. A more tailored approach focused on transgender or non-binary licensees who want their public records to accurately reflect their gender identity while preserving the record of past or present disciplinary actions and providing a tailored procedure for consumers to locate and identify past providers of services to obtain treatment records might be a more optimal approach to this important policy concern. The overbreadth of the proposed statute will hinder the Board in protecting consumers without relation to the intended protection of transgender and non-binary licensees.

Thank you for giving the Board's concerns consideration in the evaluation of the proposed legislation.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Heath Flora (Vice Chair)
Members of the Assembly Committee on Business and Professions
Senator Menjivar
Robby Sumner, Chief Consultant
Bill Lewis, Assembly Republican Caucus

Date of Hearing: June 27, 2023

ASSEMBLY COMMITTEE ON JUDICIARY
Brian Maienschein, Chair
SB 372 (Menjivar) – As Amended June 12, 2023

As Proposed to be Amended

SENATE VOTE: 33-4

SUBJECT: DEPARTMENT OF CONSUMER AFFAIRS: LICENSEE AND REGISTRANT RECORDS: NAME AND GENDER CHANGES

KEY ISSUES:

1) SHOULD VARIOUS REGULATORY BOARDS BE REQUIRED TO REPLACE REFERENCES TO A LICENSEE'S FORMER NAME OR GENDER ON ANY WEBSITE, UPON REQUEST OF THE LICENSEE, WHEN THE LICENSEE'S NAME OR GENDER HAS BEEN CHANGED?

2) SHOULD DOCUMENTATION PRESENTED BY A LICENSEE, SEEKING SUCH REPLACEMENT, BE EXEMPT FROM PUBLIC INSPECTION AND DISCLOSURE?

SYNOPSIS

Records regarding discipline of individuals who are licensed by, or registered with, a board or bureau overseen by the California Department of Consumer Affairs (DCA) generally are open to the public. (See Business and Professions Code Section 27.) This transparency furthers the DCA's "core mission of consumer protection, which is shared by all its boards and bureaus." Likewise, the California Public Records Act (CPRA) makes all documents and "writings" of a public agency open to public inspection upon request, unless the records are otherwise exempt from public disclosure. (See Government Code Sections 7922.000 7922.525.) The CPRA furthers the constitutionally guaranteed right of the people of the State of California to know the business of their government. These transparency provisions may conflict with legitimate interests that the public has in protecting their privacy, a right that also is constitutionally protected. The CPRA recognizes this tension and provides both specific exemptions, as well as a balancing test, that allows an agency to withhold information and writings from public inspection and disclosure.

This bill, sponsored by a number of associations of professionals who are licensed or registered by a board or bureau under the DCA, deals with a unique set of competing interests. On one hand, the public has a compelling interest in government transparency—specifically the need for information about the discipline of licensees and registrants under the DCA. On the other hand, some of these licensees and registrants—specifically those who have obtained a name and gender change—have a compelling interest in retaining privacy about a former name or gender. The bill wisely seeks to allow the public to obtain information about the disciplinary history of a licensee or registrant who has a court-ordered change of name or gender, but also protects sensitive information—about the person's former name or gender--from disclosure. The author proposes a number of technical, clarifying, and substantive amendments. Most significant, especially given the jurisdiction of this Committee over the CPRA, the author proposes to enact an exemption to the CPRA for records that are submitted to the DCA by a licensee or registrant

as documentation of their request to shield sensitive information about their former name or gender from public disclosure. The amendments are incorporated into the SUMMARY, below, and explained in the analysis.

The bill, which recently was approved by the Assembly Business & Professions Committee by a vote of 13-0, is supported by a large number of labor, professional, and public health organizations. It is formally opposed by two regulatory boards under DCA, but as explained in the analysis, it is possible that recent (and proposed) amendments to the bill have addressed opposition concerns.

SUMMARY: Requires a board under the Department of Consumer Affairs (DCA) to, among other things, replace references to a licensee's former name or gender on their license and on any website upon request when the licensee's name or gender has been changed, or upon the licensee's participation in the Safe at Home address confidentiality program; and makes documentation to support such a request exempt from public inspection and disclosure. Specifically, **this bill**:

1) Provides that notwithstanding any other law, if a board receives government-issued documentation, as described in 6) or 7), below, from a licensee or registrant demonstrating that the licensee's or registrant's legal name or gender has been changed, the board, upon request by the licensee or registrant, shall update the individual's license or registration by replacing references to the former name or gender on the license or registration, as applicable, with references to the current name or gender.

2) Requires, if the board operates an online license verification system, upon request by a licensee or registrant whose name or gender was updated pursuant to 1), above, the board to replace references to the licensee's or registrant's former name or gender with the individual's current name or gender, as applicable, on the publicly viewable information displayed on the internet about the licensee or registrant; also prohibits the licensee's or registrant's former name or gender, as applicable, from being published online.

3) Provides that notwithstanding any other law, for licensees or registrants subject to 2), above, who were previously subject to an enforcement action referencing the individual's former name or gender, as applicable, the board shall not post enforcement records online, but shall instead post online a statement stating that the individual previously was subject to enforcement action and directing the public to contact the board for more information about the licensee's or registrant's prior enforcement action. The board shall ensure compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) in implementing this section, including, but not limited to, responding to a request for records within 10 days from receipt of the request, as specified in Section 7922.535 of the Government Code.

4) Requires, if a public search of the online license verification system is performed using a licensee's or registrant's former name that was replaced pursuant to 2), the board to post an online statement directing the public to contact the board for more information about the licensee or registrant.

5) Requires, if requested by the licensee or registrant, the board to reissue a license created by the board and conferred upon the licensee or registrant by the board. Also provides that the board shall not charge a higher fee for reissuing a document with an updated legal name or

gender than the fee it regularly charges for reissuing a document with other updated information.

6) Provides that the documentation identified in either of the following is required to demonstrate a legal name change of a licensee or registrant:

   a) A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil Procedure and a copy of the certificate issued under the Secretary of State's Safe at Home program authorized by Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code reflecting the licensee's or registrant's updated name.

   b) A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee's or registrant's updated name.

7) Provides that any of the following documents is sufficient to demonstrate a gender change of a licensee or registrant:

   a) State-issued driver's license or identification card.

   b) Birth certificate.

   c) Passport.

   d) Social security card.

   e) Court order indicating a gender change of a court of this state, another state, the District of Columbia, any territory of the United States, or any foreign court.

8) Provides that notwithstanding any other law, all records related to a request by a licensee or registrant for a board to update the individual's license or registration pursuant to this section, including but not limited to, all documentation described in 6) and 7), above, are confidential and not subject to public inspection or disclosure.

9) Finds and declares that the bill's imposition of a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies is necessary in order to protect the privacy rights and safety of individuals.

EXISTING LAW:

1) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code Section 100.)

2) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction. (Business and Professions Code Section 101.)

3) Enacts the Public Records Act (PRA), which gives every person a right to inspect any public record, except as specifically exempted. (Government Code Section 7920.000 *et seq.*)

4) Enacts the Information Practices Act (IPA), which limits government collection and disclosure of individuals' personal information. (Civil Code Section 1798 *et seq.*)

5) Requires entities within the DCA to publish on the internet information regarding every license issued by that entity in accordance with the PRA and the IPA; specifically requires entities to include information on suspensions and revocations of licenses issued by the entity and other related enforcement action. (Business and Professions Code Section 27.)

6) Requires every board under the DCA to adopt regulations to require its licensees to provide notice to their clients or customers that the practitioner is licensed by this state. (Business and Professions Code Section 138.)

7) Requires healing arts boards to each create and maintain a central file of the names of all persons who hold a license or similar authority from the board confidentially containing an individual historical record for each licensee containing, among other things, disciplinary information. (Business and Professions Code Section 800.)

8) Requires certain healing arts boards to disclose to an inquiring member of the public specified *information* regarding any enforcement actions taken against a licensee, including probationary status and limitations on practice. (Business and Professions Code Section 803.1.)

9) Requires the Medical Board of California to post on its internet website *information* about the current status of its licensees; any revocations, suspensions, probations, or limitations on practice, including those made part of a probationary order or stipulated agreement; historical information regarding probation orders by the board, or the board of another state or jurisdiction, completed or terminated. (Business and Professions Code Section 2027.)

10) Provides for a process through which an individual may petition the court for a legal name change, which generally requires publication of the proposed name change. (Code of Civil Procedure Sections 1277 (a).) But exempts from the publication requirement a change of name requested by a participant in the Secretary of State's address confidentiality program sought to avoid domestic violence, among other specified crimes (*Id.* at Section 1277 (b)) and a change in name to conform with gender identity. (*Id.* at Section 1277.5.)

11) Provides for a process through which an individual may petition the court seeking a judgment recognizing the change of gender and sex identifier to female, male, or nonbinary, which may include an order for a new birth certificate or marriage license reflecting that change. (Health and Safety Code Section 103425.)

12) Provides a non-judicial process for the State Registrar to issue a new birth certificate reflecting a change of gender and sex identifier to female, male, or nonbinary without a court order for any person who has a birth certificate issued by this state who submits directly to the State Registrar an application to change the gender and sex identifier on the birth certificate and an affidavit attesting under penalty of perjury that the request for a change of gender and sex identifier to female, male, or nonbinary is to conform the person's legal gender and sex identifier to the person's gender identity and is not made for any fraudulent purpose. (Health and Safety Code Section 103426.)

13) Establishes the Safe at Home program under the Secretary of State for the purpose of enabling state and local agencies to respond to requests for public records without disclosing the changed name or location of a victim of domestic violence, sexual assault, stalking, human trafficking, or elder or dependent adult abuse through use of a substitute mailing address. (Government Code Sections 6205 - 6210.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Records regarding discipline of individuals who are licensed by, or registered with, a board or bureau overseen by the California Department of Consumer Affairs (DCA) generally are open to the public. (See Business and Professions Code Section 27.) This transparency furthers the DCA's "core mission of consumer protection, which is shared by all its boards and bureaus." (See DCA's homepage at https://www.dca.ca.gov/.) Likewise, the California Public Records Act (CPRA) makes all documents and "writings" of a public agency open to public inspection upon request, unless the records are otherwise exempt from public disclosure. (See Government Code Sections 7922.000 7922.525.) The CPRA furthers the constitutionally guaranteed right of the people of the State of California to know the business of their government. "The people have the right of access to information concerning the conduct of the people's business, and therefore . . . the writings of public officials and agencies shall be open to public scrutiny." (Cal. Const., art. I, sec. 3 (b)(1).)

These transparency provisions may conflict with legitimate interests that the public has in protecting their privacy, a right that also is constitutionally protected. "All people are by nature free and independent and have inalienable rights. Among these are enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining safety, happiness, and privacy." (Cal. Const., art. I, sec. 1.) The CPRA recognizes this tension and provides both specific exemptions, as well as a balancing test, that allow an agency to withhold information and writings from public inspection and disclosure. (See Government Code Section 7922.000, explained in more detail below.)

This bill, sponsored by a number of associations of professionals who are licensed or registered by a board or bureau under the DCA, deals with a unique set of competing interests. On one hand, the public has a compelling interest in government transparency—specifically the need for information about the discipline of licensees and registrants under the DCA. On the other hand, some of these licensees and registrants—specifically those who have obtained a name and gender change—have a compelling interest in retaining privacy about a former name or gender. The bill wisely seeks to allow the public to obtain information about the disciplinary history of a licensee or registrant who a court-ordered change of name or gender, but also protects sensitive information—about the person's former name or gender--from disclosure. According to the author:

> The Department of Consumer Affairs (DCA) licenses professionals ranging from accountants to mental health professionals to nurses, who are all catalogued under the their BreEZe online license verification system. Currently, however, transgender and non-binary licensees who have gone through the process of legally changing their names still have their original or "dead" names listed on the DCA's online site. When trans or non-binary people transition or come out, they may choose a new name to affirm their identity. Research has shown that referring to someone using their chosen name can reduce depressive symptoms and even suicidal ideation for trans people. DCA's current practice can both negatively impact the

mental health as well as the physical safety of all DCA licensees who are identified by their deadname online. SB 372 takes a simple and much-needed step to protect the safety and privacy of transgender and non-binary people licensed under DCA by requiring DCA to update its site to only identify its licensees by their current legal name upon request.

Background – California Public Records Act and its Application to DCA Licensing Records. Access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. (Government Code Section 7921.000.) In 2004, the right of public access was enshrined in the California Constitution with the passage of Proposition 59 (Nov. 3, 2004, statewide general election), placed on the ballot by unanimous vote of both houses of the Legislature pursuant to SCA 1 (Burton), Chap. 1, Stats. 2004, amending the California Constitution to specifically protect the right of the public to access and obtain government records: "The people have the right of access to information concerning the conduct of the people's business, and therefore . . . the writings of public officials and agencies shall be open to public scrutiny." (Cal. Const., art. I, sec. 3 (b)(1).) In 2014, voters approved Proposition 42 (Jun. 3, 2014, statewide direct primary election), placed on the ballot by unanimous vote of both houses of the Legislature, (SCA 3 (Leno, Ch. 123, Stats. 2013), to further increase public access to government records by requiring local agencies to comply with the CPRA and the Ralph M. Brown Act, and with any subsequent statutory enactment amending either act, as provided. (Cal. Const., art. I, sec. 3 (b)(7).)

Under the CPRA, public records are open to inspection at all times during the office hours of a public agency for inspection by the public, unless exempted. (Government Code Section 7922.525.) A public record is defined as any writing containing information relating to the conduct of the public's business prepared, owned, used, or retained by any public agency regardless of physical form or characteristics. (Government Code Section 7920.530.) Any writing in possession of a government agency that relates to the operation of government is considered a public record. (*Braun v. City of Taft* (1984) 154 Cal.App.3d 332, 340.) "An agency shall justify withholding any record by demonstrating that the record in question is exempt under express provisions of this division, or that on the facts of the particular case the public interest served by not disclosing the record clearly outweighs the public interest served by disclosure of the record." (Government Code Section 7922.000.)

Existing law governing the records of DCA's boards and bureaus makes disciplinary records open to the public (See Business & Professions Code Section 27) and appears to have few, if any, specific exemptions from the CPRA. Therefore, unless an exemption to the CPRA itself applies to a record (such as a record that qualifies as a tax record governed by Government Code Section 7925.000, or a social security number within a record governed by Government Code Sections 7922.200, for example), all records and information within the records would be subject to public inspection and disclosure. Furthermore, DCA's website facilitates the search for licensees and registrants by name. (See DCA License Search, available at https://search.dca.ca.gov/.)

Deadnaming. The term "deadnaming" refers to the act of using a transgender person's name assigned to them at birth, after they have transitioned and chosen a new name that aligns with their gender identity. Emerging research has demonstrated that the practice of deadnaming and misgendering can be detrimental to a transgender individual's mental health and physical safety by contributing to anxiety and psychological distress, triggering or exacerbating gender dysphoria, and damaging both the individual's identify affirmation and social acceptance.

Studies by researchers have concluded that the use of a transgender individual's chosen name reduces mental health risks such as depression, suicidal ideation, and suicidal behavior. (Russell, Stephen, *et al*, "Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth." (2018) The Journal of Adolescent Health, vol. 63, 4.)

Recognition of a transgender person's identity on government documentation is both socially and legally significant. In 2013, as a result of AB 1121 (Atkins), Chap. 651, Stats. 2013, the Legislature created an administrative procedure for a transgender person to amend the gender and name on their birth certificate without first obtaining a court order. In 2017, pursuant to SB 179 (Atkins and Weiner), Chap. 853, Stats. 2017, the Gender Recognition Act was enacted, further simplifying and clarifying the procedures that allow transgender and nonbinary individuals to change their name and gender marker to conform with their gender identity in a variety of documents, including birth certificates and driver's licenses.

For transgender individuals who transition while in possession of a professional or vocational license, there has been discussion over the past several years as to how to ensure that public information and documentation about the licensee accurately reflects the licensee's correct identity without compromising the public's access to information that is published to protect consumers and patients. Currently, the DCA provides for a process through which an applicant or licensee under a board operating on the BrEZe system can request recognition of a legal name change "if the change is not made for fraudulent purposes and is not misleading to the public." However, the author of this bill contends that this process does not necessarily prevent a licensee's former name from remaining published online in connection with their current name, including through the publication of disciplinary records that still contain a former name.

This bill would require each board under the DCA, upon request, to replace references to a licensee's former name or gender both on any license that has been issued when the licensee's name has been changed due to a court-ordered change in gender. For a board that operates an online license verification system, any references to the licensee's former name or gender would also be required to be replaced with the individual's current name or gender. If a licensee was previously subjected to an enforcement action, the board would be prohibited from posting those records online, but would instead be required to post a statement directing the public to contact the board for more information about the licensee's or registrant's prior enforcement action. The board would be expected to respond to these requests within ten days.

In addition to recognizing name changes resulting from a legal change in gender, this bill would also apply its requirements upon the request of licensees whose names have changed under other confidential circumstances. Specifically, a licensee would be allowed to request that their former name be removed from their license and any website if they demonstrate that they are participating in the Secretary of State's Safe at Home (SAH) address confidentiality program. Under SAH, eligible individuals -- victims of domestic violence, sexual assault, stalking, human trafficking, or elder or dependent adult abuse – can apply to have their address kept confidential. Instead of using their actual residential address, they are provided with a substitute address that can be used for various official purposes, such as voter registration, driver's license, and public records. (See Government Code Sections 6205 - 6210.) SAH participants also are eligible under existing law to obtain a confidential name change. (See Code of Civil Procedure Section 1277 (b).) This bill sensibly would ensure that, upon request of a SAH participant, their former and current names would not be linked or published on DCA websites.

The bill requires a licensee or registrant who seeks to have their former name or gender shielded from public disclosure, at least by name search on DCA's website, to present specified documentation of their change of name or gender. The bill in print requires one of the following as documentation of a legal name change of a licensee or registrant:

- A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil Procedure and a copy of the certificate issued under the Secretary of State's Safe at Home program authorized by Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code reflecting the licensee's or registrant's updated name.
- A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee's or registrant's updated name.

These two types of documentation would not encompass *all types* of legal name changes (i.e. those made by court order of another state). Rather, they focus on types of name changes which are particularly private or sensitive: a confidential name change for a participant in the SAH address confidentiality program, or a confidential name change issued pursuant to the Gender Recognition Act.

The bill specifies which type of documentation is sufficient to prove a change in gender. The bill in print specifies that one of the following documents is sufficient to demonstrate a gender change of a licensee or registrant:

- State-issued driver's license or identification card
- Birth certificate
- Passport
- Social security card
- Court order indicating a gender change

Proposed author's amendments, explained below, will clarify that a court order indicating a gender change may be "of a court of this state, another state, the District of Columbia, any territory of the United States, or any foreign court."

The author and supporters of this bill believe that its current approach strikes an appropriate balance between protecting the public and recognizing the importance of eliminating the publication of deadnames for transgender licensees. The provisions were crafted in consultation with the DCA to ensure that they are feasible.

Concerns of (and Amendments Requested by) Opponents and Others. The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board writes, in a letter dated May 11, 2023 (prior to its most recent amendments to the bill in print on June 12, 2023), that it took an Oppose Unless Amended position on the bill and "recommends amending the language to require the update of records to occur as a result of a gender change so that the Board would be required to hide previous names and update prior disciplinary records on its online license verification system for the purpose of preventing deadnaming." It is unclear whether the June 12th amendments, along with the author's proposed amendments, described below, fully resolve these concerns. The board has not submitted an updated letter to the Committee.

The boards listed in opposition, below, allege that prior versions of the bill could compromise their public protection functions and were unclear about how the process for removal of a deadname, while still allowing disclosure of prior discipline, would work. It is also unclear if these boards remain opposed to the bill, notwithstanding prior and proposed amendments to the bill that have been negotiated with DCA. The Committee has not received any letters of opposition to the bill, but groups on file in opposition (or as opposed to the bill, unless amended) to the bill which submitted letters to committees that previously heard the bill have not formally changed their position.

The Medical Board of California submitted a letter dated May 29, 2023, expressing support for the bill, if amended. The board wrote that it seeks amendment to do the following:

- Ensure that any cost to implement the bill is minimized, including that the DCA boards shall not have to alter any publicly available records.
- Ensure that consumers maintain access to disciplinary records under the licensee's former name.
- Limit the bill to those who have changed both their name and gender, but with consideration of those escaping a domestic violence situation.

Recent amendments appear to address most, if not all, of these issues.

Author's amendments. The author proposes a number of technical, clarifying, and substantive amendments. Most significant, especially given the jurisdiction of this Committee over the CPRA, the author proposes to enact an exemption to the CPRA for records that are submitted to the DCA by a licensee or registrant as documentation of their request to shield sensitive information about their former name or gender from public disclosure on a DCA website. The amendments also sensibly allow a licensee or registrant to document their legal change in name with a court order "of this state, another state, the District of Columbia, any territory of the United States, or any foreign court." Other technical amendments clarify what information DCA will provide on its website in response to a search for the previous name for a licensee or registrant who has requested and been approved to have their former name shielded pursuant to the bill. In that case, the board shall post an online statement directing the public to contact the board for more information about the licensee or registrant.

The text of the author's proposed amendments to Section 1 of the bill read as follows:

> **SECTION 1.** Section 27.5 is added to the Business and Professions Code, to read:
>
> **27.5.** (a) (1) Notwithstanding any other law, if a board receives government-issued documentation, as described in subdivision (b), from a licensee or registrant demonstrating that the licensee's or registrant's legal name or gender has been changed, the board, upon request by the licensee or registrant, shall update the individual's license or registration by replacing references to the former name or gender on the license or registration, as applicable, with references to the current name or gender.
>
> (2) (A) If the board operates an online license verification system, upon request by a licensee or registrant whose name or gender was updated pursuant to paragraph (1), the board shall replace references to the licensee's or registrant's former name or gender with the individual's current name or gender, as applicable, on the publicly viewable information

displayed on the internet about the licensee or registrant. The licensee's or registrant's former name or gender, as applicable, shall not be published online.

(B) Notwithstanding any other law, for licensees or registrants subject to subparagraph (A) who were previously subject to an enforcement action ***referencing the individual's former name or gender, as applicable***, the board shall not post enforcement records online, but shall instead post online a statement ***stating that the individual previously was subject to enforcement action and*** directing the public to contact the board for more information about the licensee's or registrant's prior enforcement action. The board shall ensure compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) in implementing this section, including, but not limited to, responding to ~~the request~~ ***a request for records*** within 10 days from receipt of the request, as specified in Section ~~7522.535~~ ***7922.535*** of the Government Code.

(C) If a public search of the online license verification system is performed using a licensee's or registrant's former name that was replaced pursuant to subparagraph (A), the board shall post an online statement directing the public to contact the board for more information about the licensee or registrant.

(3) If requested by the licensee or registrant, the board shall reissue license created by the board and conferred upon the licensee or registrant by the board. A board shall not charge a higher fee for reissuing a document with an updated legal name or gender than the fee it regularly charges for reissuing a document with other updated information.

(b) (1) The documentation identified in either of the following is required to demonstrate a legal name change of a licensee or registrant:

(A) A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil Procedure and a copy of the certificate issued under the Secretary of State's Safe at Home program authorized by Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code reflecting the licensee's or registrant's updated name.

(B) A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee's or registrant's updated name.

(2) Any of the following documents is sufficient to demonstrate a gender change of a licensee or registrant:

(A) State-issued driver's license or identification card.

(B) Birth certificate.

(C) Passport.

(D) Social security card.

(E) Court order indicating a gender change ***of a court of this state, another state, the District of Columbia, any territory of the United States, or any foreign court***.

(c) Notwithstanding any other law, all records related to a request by a licensee or registrant for a board to update the individual's license or registration pursuant to this section, including but not limited to, all documentation described in subdivision (b), are confidential and not subject to public inspection or disclosure.

ARGUMENTS IN SUPPORT*:* The California Psychological Association; California Association of Marriage and Family Therapists; California State Association of Psychiatrists; National Association of Social Workers – California Chapter; Psychiatric Physicians Alliance of California; California Association of Licensed Professional Clinical Counselors; California Association of Social Rehabilitation Agencies; and the California Council of Community Behavioral Health Agencies, co-sponsors of the bill, write the following in a joint letter of support:

> When a licensed professional legally changed their name, their original, or deadname, appears on the DCA's Breeze online license verification system. This practice negatively impacts all licensees under the DCA who are identified by their previous name, when they prefer their legal name to be publicly shared.
>
> By limiting what is shared on the website, the safety and privacy of transitioned persons and others who have changed licensed under DCA is protected. Victims of domestic violence that have legally changed their name may wish for their information to be kept confidential. Individuals that have transitioned may be harassed or discriminated against when their transition is shared on the Breeze system.
>
> Safeguards for consumers to ensure that a complaint can be filed under either name are included in the bill. If a disciplinary action was taken under the deadname, that information would remain linked to the license number and available for the public to review.

ARGUMENTS IN OPPOSITION*:* The California Board of Psychology writes, in a letter dated June 12, 2023 that it has a number of concerns with the bill:

> These concerns include the impact on consumer protection given that consumers will not have the ability to view current or past disciplinary actions. In addition, all previous names would now be considered private or confidential, which may cause a hardship for consumers in locating a psychologist who provided services in the past. This in-turn may also cause barriers in consumers submitting a written request to a licensee to obtain their patient records.
>
> The amendments on April 20, 2023, still lack clarity regarding how the Board is to process and provide the requested confidential or private information. As provided as a Public Records Request, the Board may face legal challenges with releasing the confidential or private information.

Similarly, the Physician Assistant Board writes the following about why it opposes the bill in a letter dated May 18, 2023:

One of the concerns the Board has is to ensure that consumers are adequately protected by maintaining access to a licensee's discipline records. The Board is concerned with the ease of access to the discipline records associated with the licensee if the Board is required to remove a former name from its online license verification system. This would interfere with the Board's mandate of public protection, and for that reason the Board has taken an "oppose" position on this bill.

REGISTERED SUPPORT / OPPOSITION:

Support

California Association for Licensed Professional Clinical Counselors (Co-Sponsor)
California Association of Marriage and Family Therapists (Co-Sponsor)
California Association of Social Rehabilitation Agencies (Co-Sponsor)
California Council of Community Behavioral Health Agencies (Co-Sponsor)
California Psychological Association (Co-Sponsor)
California State Association of Psychiatrists (Co-Sponsor)
National Association of Social Workers, California Chapter (Co-Sponsor)
Psychiatric Physicians Alliance of California (Co-Sponsor)
AFSCME
Asian Americans for Community Involvement
Board of Behavioral Sciences
California Academy of Family Physicians
California Access Coalition
California Consortium of Addiction Programs and Professionals
California Dental Association
County Behavioral Health Directors Association of California
Equality California
The Kennedy Forum
Pathpoint
Steinberg Institute
Sycamores

Support if Amended

Medical Board of California

Opposition

California Board of Psychology
Physician Assistant Board

Oppose Unless Amended

Department of Consumer Affairs, Speech-language Pathology and Audiology and Hearing Aid Dispensers Board

Analysis Prepared by: Alison Merrilees / JUD. / (916) 319-2334

AMENDED IN ASSEMBLY JUNE 28, 2023

AMENDED IN ASSEMBLY JUNE 12, 2023

AMENDED IN SENATE APRIL 20, 2023

AMENDED IN SENATE MARCH 20, 2023

SENATE BILL No. 372

Introduced by Senator Menjivar
(Coauthors: Senators Cortese and Wiener)
(Coauthors: Assembly Members Haney, Lee, Pellerin, and Wallis)

February 9, 2023

An act to add Section 27.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 372, as amended, Menjivar. Department of Consumer Affairs: licensee and registrant records: name and gender changes.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Consumer Affairs. Existing law establishes various boards within the department for the licensure, regulation, and discipline of various professions and vocations. Existing law defines "board" for purposes of the Business and Professions Code to include bureau, commission, committee, department, division, examining committee, program, and agency, unless otherwise expressly provided.

This bill would require a board to update a licensee's or registrant's license by replacing references to the former name or gender on the license or registration, as specified, if the board receives documentation, as described, from the licensee or registrant demonstrating that the licensee or registrant's legal name or gender has been changed. If the

board operates an online license verification system, the bill would require the board to replace references to the licensee's or registrant's former name or with the individual's current name or gender, as applicable, on the publicly viewable information displayed on the internet. The bill would prohibit a board from publishing information relating to the licensee's or registrant's former name or gender online. *Instead, the bill would require the board to post an online statement directing the public to contact the board for more information.* For specified licensees or registrants, the board would be prohibited from posting enforcement records online, but would be required to ~~direct~~ *post an online statement stating that the individual was previously subject to an enforcement action and directing* the public to contact the board, as prescribed. *The bill would provide that all records related to a request to update an individual's license or registration under these provisions are confidential and not subject to public inspection or disclosure.* The bill would require the board, if requested by a licensee or registrant, to reissue any license created by the board and conferred upon the licensee or registrant. The bill would prohibit a board from charging a higher fee for reissuing a license with an updated legal name or gender than the fee it charges for reissuing a license with other updated information.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

SECTION 1. Section 27.5 is added to the Business and Professions Code, to read:

27.5. (a) (1) Notwithstanding any other law, if a board receives government-issued documentation, as described in subdivision (b), from a licensee or registrant demonstrating that the licensee's or registrant's legal name or gender has been changed, the board, upon request by the licensee or registrant, shall update the individual's license or registration by replacing references to the

former name or gender on the license or registration, as applicable, with references to the current name or gender.

(2) (A) If the board operates an online license verification system, upon request by a licensee or registrant whose name or gender was updated pursuant to paragraph (1), the board shall replace references to the licensee's or registrant's former name or gender with the individual's current name or gender, as applicable, on the publicly viewable information displayed on the internet about the licensee or registrant. The licensee's or registrant's former name or gender, as applicable, shall not be published online.

(B) Notwithstanding any other law, for licensees or registrants subject to subparagraph (A) who were previously subject to an enforcement ~~action,~~ *action referencing the individual's former name or gender, as applicable,* the board shall not post enforcement records online, but shall instead post online a statement *stating that the individual previously was subject to enforcement action and* directing the public to contact the board for more information about the licensee's or registrant's prior enforcement action. The board shall ensure compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) in implementing this section, including, but not limited to, responding to ~~the~~ *a* request *for records* within 10 days from receipt of the request, as specified in Section ~~7522.535~~ *7922.535* of the Government Code.

(C) If a public search of the online license verification system is performed using a licensee's or registrant's former name that was replaced pursuant to subparagraph (A), the board shall post an online statement directing the public to contact the board for more information about the licensee or registrant.

(3) If requested by the licensee or registrant, the board shall reissue *the* license created by the board and conferred upon the licensee or registrant by the board. A board shall not charge a higher fee for reissuing a document with an updated legal name or gender than the fee it regularly charges for reissuing a document with other updated information.

(b) (1) The documentation identified in either of the following is required to demonstrate a legal name change of a licensee or registrant:

(A) A certified court order issued pursuant to a proceeding authorized by subdivision (b) of Section 1277 of the Code of Civil

Procedure and a copy of the certificate issued under the Secretary of State's Safe at Home program authorized by Chapter 3.1 (commencing with Section 6205) of Division 7 of Title 1 of the Government Code reflecting the licensee's or registrant's updated name.

(B) A certified court order issued pursuant to a proceeding authorized by Section 1277.5 of the Code of Civil Procedure or Article 7 (commencing with Section 103425) of Chapter 11 of Part 1 of Division 102 of the Health and Safety Code reflecting the licensee's or registrant's updated name.

(2) Any of the following documents is sufficient to demonstrate a gender change of a licensee or registrant:

(A) State-issued driver's license or identification card.

(B) Birth certificate.

(C) Passport.

(D) Social security card.

(E) Court order indicating a gender ~~change.~~ *change from a court of this state, another state, the District of Columbia, any territory of the United States, or any foreign court.*

(c) Notwithstanding any other law, all records related to a request by a licensee or registrant for a board to update the individual's license or registration pursuant to this section, including, but not limited to, all documentation described in subdivision (b), are confidential and not subject to public inspection or disclosure.

SEC. 2. The Legislature finds and declares that Section 1 of this act, which adds Section 27.5 to the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy rights and safety of individuals, it is necessary that this act limit the public's right of access to that information.

O

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(7) SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

Background:

This bill would amend existing law that will remain operative after July 1, 2023, which would allow state bodies to hold public meetings through teleconferencing, with specified notice and accessibility requirements. The public would have to be given the teleconference number, website, or other online platform to access the meeting, and at least one member of the state body must be present at the specified location. It also specifies that members of the public can address the state body without having to submit public comments prior to the meeting. Additionally, the bill provides access for people with disabilities and requires state bodies to disclose if any other individuals 18 years of age or older are present at the remote location of the meeting.

On April 11, 2023, the bill passed the Senate Committee on Governmental Organization.

On April 26, 2023, the bill passed the Senate Committee on Appropriations.

On May 1, 2023, the bill passed the Senate Committee on Appropriations, and was ordered to the Assembly.

On May 26, 2023, the bill was referred to the Committee on Governmental Organization.

On July 18, 2023, the bill passed the Committee on Governmental Organization, and was referred to the Committee on Appropriations.

Board of Psychology staff is continuing to monitor the bill, for additional amendments.

Action Requested

Legislative and Regulatory Affairs Committee recommends that the Board Supports SB 544 if amended to remove attached provisions.

Attachment 1: Senate Bill 544 bill analysis
Attachment 2: Senate Bill 544 Amended bill text

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2023 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Laird	SB 544	SB 189 AB 1733 AB 2449
Sponsor:	**Version:** Amended	
Subject: Bagley-Keene Open Meeting Act: Teleconferencing		

SUMMARY

This bill would amend existing law that will remain operative after July 1, 2023, which would allow state bodies to hold public meetings through teleconferencing, with specified notice and accessibility requirements. The public would have to be given the teleconference number, website, or other online platform to access the meeting, and at least one member of the state body must be present at the specified location. It also specifies that members of the public can address the state body without having to submit public comments prior to the meeting. Additionally, the bill provides access for people with disabilities and requires state bodies to disclose if any other individuals 18 years of age or older are present at the remote location of the meeting.

RECOMMENDATION

Staff recommends a position of **Support if Amended**.

The recommended amendments include striking the following sections:

(J) Upon discovering that a means of remote participation required by this section has failed during a meeting and cannot be restored, the state body shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on the state body's internet website and by email to any person who has requested notice of meetings of the state body by email under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.

Currently, the agenda requirements grant the Board flexibility in continuing the meeting if technical difficulties become present. Section (J) would limit the flexibility in continuing the meeting, and in turn make the virtual meeting impractical.

(e) If a member of a state body attends a meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.

By requiring the proposed language in Section (e), it conflicts with the intent in Section (a) that states:

(a) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

Specifically, if Board Members are calling from home or their office, they would need to announce spouses, partners, co-workers, or even clients to the meeting – an unnecessary addition to the requirements.

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's office, "in response to the COVID-19 pandemic and the state boards and commissions could continue to serve Californians remotely and safely. Although meant to be temporary, we saw significant benefits of remote meetings such as increased participation and reduced operating costs to the state."

Further, the author's office notes that, "Senate Bill 544 codifies the Governor's Executive Order allowing state boards and commissions the opportunity to continue holding virtual meetings without being required to list the private addresses of each remote member or providing public access to private locations. The additional flexibility and safeguards may also help attract and retain appointees, who provide invaluable perspective. This bill will promote equity and public participation by removing barriers to Californians that experience challenges attending physical meetings, such as people with disabilities, caretakers, seniors, low-income individuals, and those living in rural or different areas of the state. SB 544 will empower the California voices all across the state."

ANALYSIS

Existing law under the Bagley-Keene Open Meeting Act, requires that all meetings of a state body be open and public and allow all persons to be permitted to attend any meeting of a state body. Authorizes a state body to choose to conduct a meeting or proceeding by teleconference and requires that state agency to post agendas at all teleconference locations and conduct teleconference meetings in a manner that protects the rights of any party, or member of the public appearing before the state body. Requires each teleconference location to be identified in the notice and agenda of the meeting or proceeding, and each teleconference location to be accessible to the public and requires the agenda to provide an opportunity for members of the public to address the state body directly at each teleconference location and requires at least one member of the state body to be physically present at the location specified in the notice of the meeting.

SB 544 would require state bodies to offer remote audio access, remote observation, and in-person attendance for teleconferenced meeting by listing teleconference numbers, internet website or online platform, and physical addresses indicating how the public can access the meeting remotely on the agenda. SB 544 does not affect the existing notice and agenda requirements and would require the state body to post an agenda on its internet website and on the day of the meeting, at any physical meeting location designated in the notice of the meeting.

Additionally, SB 544 requires that at least one member of the state body be physically present at the locations specified in the in notice of the meeting and requires state bodies conducting teleconferenced meetings to establish and advertise a procedure for handling accessibility request from individuals with disabilities, in compliance with the Americans with Disabilities Act of 1990.

Furthermore, SB 544 specifies that members of the public are entitled to exercise their right to directly address the state body during the teleconference meeting without being required to submit public comments prior to the meeting or in writing. Requires a state body, upon discovering that remote participation has failed during a meeting and cannot be restored, to end or adjourn the meeting

LEGISLATIVE HISTORY

SB 189 (Committee on Budget and Fiscal Review, Ch. 48, Stats. 2022) among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

AB 1733 (Quirk, 2022) would have updated Bagley-Keene to accommodate teleconferenced meetings as a standard practice, as provided. This bill was never set for a hearing in the Assembly Governmental Organization Committee.

AB 2449 (Rubio, Ch. 285, Stats. 2022) allows, until January 1, 2026, members of a legislative body of a local agency to use teleconferencing without noticing their teleconference locations and making them publicly accessible under certain conditions.

OTHER STATES' INFORMATION

Not Applicable

PROGRAM BACKGROUND

The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

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 Board currently holds at least four board meetings a year, with at least one in-person meeting. Virtual meetings offer the opportunity to save costs in regard to in-state travel and meeting costs.

The virtual meetings are conducted through teleconferencing and Webex, which offer free access, and if needed the ability to call in to the meeting at no cost or additional cost. The Board currently works with IT and Strategic Organizational Leadership and Individual Development (SOLID) team to ensure that the public can access, view, and participate in the virtual and in-person meetings.

Board Members and Board Staff are present in all meetings, and the meeting materials and agendas are currently published on the Boards website prior to each meeting.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Support:

California Commission on Aging (source)
AARP
Board of Registered Nursing
California Acupuncture Board
California Association of Area Agencies on Aging
California Senior Legislature
California State Board of Barbering and Cosmetology
California State Board of Pharmacy
Health Officers Association of California
Little Hoover Commission
State Bar of California

Opposition:

ACLU California Action
California Broadcasters Association
California News Publishers Association
Californians Aware
First Amendment Coalition
Howard Jarvis Taxpayers Association

ARGUMENTS

Not Applicable

Proponents:

Opponents:

AMENDMENTS

Not Applicable

AMENDED IN SENATE APRIL 27, 2023

AMENDED IN SENATE MARCH 20, 2023

SENATE BILL No. 544

Introduced by Senator Laird

February 15, 2023

An act to amend Section 11123 of the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 544, as amended, Laird. Bagley-Keene Open Meeting Act: teleconferencing.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

Existing law, until July 1, 2023, authorizes, subject to specified notice and accessibility requirements, a state body to hold public meetings through teleconferencing and suspends certain requirements of the act, including the above-described teleconference requirements.

This bill would amend existing law that will remain operative after July 1, 2023, to remove indefinitely the teleconference requirements

that a state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, and that each teleconference location be accessible to the public. The bill would require a state body to provide a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for at least one site, including, if available, access equivalent to the access for a member of the state body participating remotely. The bill would require any notice required by the act to specify the applicable teleconference telephone number, internet website or other online platform, and physical address indicating how the public can access the meeting remotely and in person. The bill would revise existing law to no longer require that members of the public have the opportunity to address the state body directly at each teleconference location, but would continue to require that the agenda provide an opportunity for members of the public to address the state body directly. The bill would require a member or staff to be physically present at the location specified in the notice of the meeting.

This bill would provide that it does not affect prescribed existing notice and agenda requirements and would require the state body to post an agenda on its internet website and, on the day of the meeting, at any physical meeting location designated in the notice of the meeting. The bill would prohibit the notice and agenda from disclosing information regarding any remote location from which a member is participating and define "remote location" for this purpose. The bill would provide that members of the public shall be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments prior to the meeting or in writing.

This bill would require a state body, upon discovering that a means of remote participation required by the bill has failed during a meeting and cannot be restored, to end or adjourn the meeting in accordance with prescribed adjournment and notice provisions, including information about reconvening.

This bill would require a state body that holds a meeting through teleconferencing pursuant to the bill and allows members of the public to observe and address the meeting telephonically or otherwise electronically to implement and advertise, as prescribed, a procedure

for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990.

This bill would require a member of a state body who attends a meeting by teleconference from a remote location to disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member and the general nature of the member's relationship with any such individuals.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

SECTION 1. Section 11123 of the Government Code is amended to read:

11123. (a) All meetings of a state body shall be open and public and all persons shall be permitted to attend any meeting of a state body except as otherwise provided in this article.

(b) (1) This article does not prohibit a state body from holding an open or closed meeting by teleconference for the benefit of the public and state body. The meeting or proceeding held by teleconference shall otherwise comply with all applicable requirements or laws relating to a specific type of meeting or proceeding, including the following:

(A) The teleconferencing meeting shall comply with all requirements of this article applicable to other meetings.

(B) The portion of the teleconferenced meeting that is required to be open to the public shall be audible to the public at the location specified in the notice of the meeting.

(C) If the state body elects to conduct a meeting or proceeding by teleconference, it shall conduct teleconference meetings in a manner that protects the rights of any party or member of the public appearing before the state body. The state body shall provide a means by which the public may remotely hear audio of the meeting,

remotely observe the meeting, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for at least one site, including, if available, access equivalent to the access for a member of the state body participating remotely. The applicable teleconference telephone number, internet website or other online platform, and physical address indicating how the public can access the meeting remotely and in person shall be specified in any notice required by this article.

(D) The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7.

(E) All votes taken during a teleconferenced meeting shall be by rollcall.

(F) The portion of the teleconferenced meeting that is closed to the public may not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(G) At least one member or staff of the state body shall be physically present at the location specified in the notice of the meeting.

(H) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting in accordance with the applicable notice requirements of this article, including Section 11125, requiring the state body to post an agenda of a meeting at least 10 days in advance of the meeting, Section 11125.4, applicable to special meetings, and Sections 11125.5 and 11125.6, applicable to emergency meetings. The state body shall post the agenda on its internet website and, on the day of the meeting, at any physical meeting location designated in the notice of the meeting. The notice and agenda shall not disclose information regarding any remote location from which a member is participating.

(I) Members of the public shall be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments prior to the meeting or in writing.

(J) Upon discovering that a means of remote participation required by this section has failed during a meeting and cannot be restored, the state body shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other

requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on the state body's internet website and by email to any person who has requested notice of meetings of the state body by email under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.

(2) For the purposes of this subdivision, ~~"teleconference"~~ *both of the following definitions shall apply:*

(A) "Teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video. This section does not prohibit a state body from providing members of the public with additional locations in which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(B) "Remote location" means a location from which a member of a state body participates in a meeting other than any physical meeting location designated in the notice of the meeting. Remote locations need not be accessible to the public.

(c) If a state body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment.

(d) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(e) If a member of a state body attends a meeting by teleconference from a remote location, the member shall disclose

whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.

~~(e)~~

(f) For purposes of this section, "participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

SEC. 2. The Legislature finds and declares that Section 1 of this act, which amends Section 11123 of the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(a) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

(b) During the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.

(c) Conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals that often face barriers to physical attendance.

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California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(b)(8) SB 815 (Roth) – Healing Arts

Background

This bill would make various changes to the Medical Board of California (MBC) by the Legislature through the Sunset Process. Section 10 of the bill would transfer the registration, regulations, and enforcement of Research Psychoanalysts from the MBC to the Board of Psychology (Board). The bill would transfer funds collected from the licensing and regulation of Research Psychoanalysts from MBC to the Board.

On April 26, 2023, the bill passed the Senate Committee on Business, Professions, and Economic.

On, May 1, 2023, the bill was referred to the Senate Appropriations.

On May 2, 2023, Board staff met with MBC staff and requested a delayed implementation of the provisions related to the Research Psychoanalysts until January 1, 2025.

On May 19, 2023, the Board adopted a Support if Amended position. The amendment included the delayed implementation until January 1, 2025.

On May 23, 2023, a Floor Alert Position Letter was submitted to the Senate Members.

On May 31, 2023, the bill was ordered to the Assembly.

On June 8, 2023, the bill was referred to the Committee on Business and Professions.

On June 15, 2023, a Support if Amended position letter submitted to the Committee Members and Author.

On July 11, 2023, the bill was amended to include the Board's proposed amendments for a delayed implementation. Board staff provided an in-person testimony in support of SB 815, and the bill was referred to the Committee on Appropriations.

The Board estimates that with the amount of statutory, regulatory, and administrative review required to successfully administer the Research Psychoanalyst registration program, the Board will need to hire one (1) additional Associate Governmental Program Analyst (AGPA).

The AGPA will review and research topics regarding the practice of research psychoanalysts, which includes, but not limited to, the governing law and regulations. The AGPA will make recommendations to management and the Board on any necessary statutory and/or regulatory changes to oversee this registration program to enhance consumer protection.

The AGPA will develop and implement a registration process for research psychoanalysts and will evaluate its efficiency and make any necessary improvement to archive a streamlined application and renewal process. The AGPA will be responsible to create and maintain the necessary forms for applicants to register and renew with the Board. These forms will need to be created for both online and paper utilization.

Further, the AGPA will be creating reports that will be presented to administrative staff and licensing staff. Lastly, the AGPA will be responsible for responding to complex inquiries from internal and external stakeholders and create new informational resources that will be used by internal staff and external stakeholders, which will be related to the new category.

The bill currently has the initial registration and renewal fees lower than the current fees for research psychoanalysts. The bill currently has the fee listed as $100 for the registration fee, and $50 for the renewal. The current law has the fees listed as $150 for registration and $75 for renewal. Board staff has flagged the fee discrepancy and consulted with MBC staff and the legislative staff to amend the bill back to the original fees. It is the understanding of Board staff that this matter will be addressed in the upcoming amendments to the bill.

Action Requested

Board members review the attachments and consider changing the position to Support SB 815.

Attachment 1: Board position letter

Attachment 2: Assembly Business and Professions bill analysis
Attachment 3: Senate Bill 815 amended bill text

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June 15, 2023

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 6130
Sacramento, CA 95814

RE: **SB 815 (Roth) – Healing Arts**

Dear Assembly Member Berman:

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

The Board adopted a **Support if Amended** position on SB 815 (Roth). This bill would make various changes to the Medical Board of California (MBC) through the sunset review process. Section 10 of the bill would transfer the registration, regulations, and enforcement of Research Psychoanalyst from the MBC to the Board. The bill would transfer funds collected from the licensing and regulation of research psychoanalysts from MBC to the Board.

The Board requests the following amendment to include a delayed implementation until January 1, 2025. Pursuant to SB 1428 (Archuleta, Chapter 622, Statutes of 2022) that was signed by the Governor on September 27, 2022, the Board is underway with preparations to create a new registration within the Board for psychological testing technicians. This delayed implementation will give the Board time to prepare for the additional registration category for Research Psychoanalysts.

(14) Existing law authorizes graduates of specified institutes who have completed clinical training in psychoanalysis to engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and authorizes students in those institutes to engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating specified words or that they do not state or imply that they are licensed to practice psychology. Existing law requires those students and graduates seeking to engage in psychoanalysis to register with the Medical Board of California, presenting evidence of their student or graduate status. Existing law requires each person to whom registration is granted under those provisions to pay specified fees into the Contingent Fund of the Medical Board of California. Existing law, the Psychology Law, makes a violation of its provisions a crime.

This bill would transfer the administration and enforcement duties of those provisions from the MBC to the Board on January 1, 2025. The bill would require that any moneys within the Contingent Fund of the MBC collected pursuant to those provisions be deposited in the Psychology Fund and would require a registrant to pay into the Psychology Fund those fees fixed by the Board. The bill would authorize the Board to employ, subject to civil service regulations, whatever additional clerical assistance is

necessary for the administration of these provisions. By placing these provisions in the Psychology Law, the bill would expand the definition of a crime, thereby imposing a state-mandated local program.

Thank you for giving the Board's amendment consideration in the evaluation of the proposed legislation.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Heath Flora (Vice Chair)
Members of the Assembly Committee on Business and Professions
Senator Roth
Robby Sumner, Chief Consultant
Bill Lewis, Assembly Republican Caucus

Date of Hearing: July 11, 2023

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 815 (Roth) – As Amended May 25, 2023

SENATE VOTE: 32-1

SUBJECT: Healing arts

SUMMARY: Extends the sunset date for the Medical Board of California (MBC) until January 1, 2028 and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the MBC's sunset review oversight process.

EXISTING LAW:

1) Enacts the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons. (Business and Professions Code (BPC) §§ 2000 *et seq.*)

2) Establishes the MBC, a regulatory board within the Department of Consumer Affairs (DCA) comprised of 15 appointed members, including 7 public members, subject to repeal on January 1, 2024. (BPC § 2001)

3) Provides that protection of the public shall be the highest priority for the MBC in exercising its licensing, regulatory, and disciplinary functions. (BPC § 2001.1)

4) Entrusts the MBC with responsibility for all of the following:

    a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

    b) The administration and hearing of disciplinary actions.

    c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

    d) Suspending, revoking, or limiting certificates after the conclusion of disciplinary actions.

    e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

    f) Approving undergraduate and graduate medical education programs.

    g) Approving clinical clerkship and special programs and hospitals.

    h) Issuing licenses and certificates under the board's jurisdiction.

    i) Administering the board's continuing medical education program.

    (BPC § 2004)

5) Provides that all members of the MBC must have been citizens of California for five years preceding their appointment; requires all non-public members of the MBC to be actively licensed physicians; prohibits any member from owning any interest in any medical school; and requires that four of the physician members hold faculty appointments in a clinical department of an approved medical school in California. (BPC § 2007)

6) Authorizes the MBC to appoint panels of at least four of its members for the purpose of fulfilling its disciplinary obligations, and requires that a majority of the panel members be physicians. (BPC § 2008)

7) Establishes four-year terms for members of the MBC and provides that each appointing authority has the power to fill its vacancies for the unexpired term. (BPC § 2010)

8) Allows each appointing power to remove its board members for neglect of duty, incompetency, or unprofessional conduct. (BPC § 2011)

9) Provides that the MBC shall elect a president, a vice president, and a secretary from its members. (BPC § 2012)

10) Authorizes the MBC to establish advisory committees consisting of physicians in good standing and members of the public with interest or knowledge of a subject matter assigned to the committee, who are not required to be members of the MBC. (BPC § 2015.5)

11) Requires the MBC to keep an official record of all its proceedings. (BPC § 2017)

12) With approval from the Director of DCA, and subject to repeal on January 1, 2024, authorizes the MBC to employ an executive director as well as investigators, legal counsel, medical consultants, and other assistance, but provides that the Attorney General is legal counsel for the MBC in any judicial and administrative proceedings. (BPC § 2020)

13) Allows the MBC to select and contract with necessary medical consultants who are licensed physicians to assist it in its programs. (BPC § 2024)

14) Requires the MBC to adopt regulations to require its licensees to provide notice to their clients or patients that the practitioner is licensed in California by the MBC. (BPC § 2026)

15) Requires the MBC to post on its website the current status of its licensees and any prior history of discipline. (BPC § 2027)

16) Requires medical school graduates to obtain a postgraduate training license (PTL) from the MBC within 180 days of enrolling in a board-approved postgraduate training program and provides that a PTL shall be valid until 90 days after the holder has received either 12 months credit of postgraduate training from a medical school in the United States and Canada or 24 months of postgraduate training from a foreign medical school. (BPC § 2064.5)

17) Requires a graduate who has completed their first year of postgraduate training to pass the next written examination for licensure within 27 months from the commencement of the residency or fellowship and provides that if the board denies their application for licensure, all privileges and exemptions shall automatically cease. (BPC § 2065)

18) Provides that an applicant who has received credit for at least 12 months of postgraduate training from a medical school in the United States and Canada, or 24 months of postgraduate training for graduates of foreign medical schools, shall be eligible for licensure, which may include oral and maxillofacial surgery residency programs. (BPC § 2096)

19) Requires the MBC to automatically place a physician's and surgeon's certificate in delinquent status if the licensee has not received credit for at least 36 months of postgraduate training, including successful progression through 24 months in the same program within 60 days of the date of the initial license expiration. (BPC § 2097)

20) Empowers the MBC to take action against persons guilty of violating the Medical Practice Act. (BPC § 2220)

21) Required the Director of DCA to appoint an independent enforcement monitor no later than March 1, 2022 to monitor the MBC's enforcement efforts, with specific concentration on the handling and processing of complaints and timely application of sanctions or discipline imposed on licensees and persons in order to protect the public. (BPC § 2220.01)

22) Requires the MBC to prioritize its investigative and prosecutorial resources to ensure that physicians representing the greatest threat of harm are identified and disciplined expeditiously, with the following allegations being handled on a priority basis and with the first paragraph receiving the highest priority:

    a) Gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to one or more patients, such that the physician represents a danger to the public.

    b) Drug or alcohol abuse by a physician involving death or serious bodily injury to a patient.

    c) Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith prior examination of the patient and medical reason therefor.

    d) Repeated acts of clearly excessive recommending of cannabis to patients for medical purposes, or repeated acts of recommending cannabis to patients for medical purposes without a good faith prior examination of the patient and a medical reason for the recommendation.

    e) Sexual misconduct with one or more patients during a course of treatment or an examination.

    f) Practicing medicine while under the influence of drugs or alcohol.

    g) Repeated acts of clearly excessive prescribing, furnishing, or administering psychotropic medications to a minor without a good faith prior examination of the patient and medical reason therefor.

    (BPC § 2220.05)

23) Clarifies that the MBC is the only licensing board that is authorized to investigate or commence disciplinary actions relating to the physicians and surgeons it licenses. (BPC § 2220.5)

24) Requires that any complaint determined to involve quality of care, before referral to a field office for further investigation, shall be reviewed by a qualified medical expert and shall include the review of the following:

    a) Relevant patient records.

    b) The statement or explanation of the care and treatment provided by the physician and surgeon.

    c) Any additional expert testimony or literature provided by the physician and surgeon.

    d) Any additional facts or information requested by the medical expert reviewers that may assist them in determining whether there was a departure from the standard of care.

    (BPC § 2220.08)

25) Authorizes the MBC to either deny an application for licensure as a physician and surgeon or issue a probationary license, subject to specified conditions and limitations. (BPC § 2221)

26) Allows the MBC to delegate its authority to conduct investigations and inspections and to institute proceedings to its executive director or to other personnel, with exceptions, and requires the board to delegate to its executive director the authority to adopt a decision entered by default and a stipulation for surrender of a license. (BPC § 2224)

27) Provides that any statute of limitations applicable to the filing of an accusation by the MBC against a licensee or a health care facility for failing or refusing to comply with a court order shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals. (BPC § 2225.5)

28) Provides that a licensee whose matter has been heard by an administrative law judge, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the MBC, may be subject to any of the following disciplinary actions:

    a) Have their license revoked upon order of the board.

    b) Have their right to practice suspended for a period not to exceed one year.

    c) Be placed on probation and be required to pay the costs of probation monitoring.

    d) Be publicly reprimanded by the MBC, which may include a requirement that the licensee complete relevant educational courses approved by the MBC.

    e) Have any other action taken in relation to discipline as part of an order of probation, as the MBC or an administrative law judge may deem proper.

    (BPC § 2227)

29) Enacts the Patient's Right to Know Act of 2018 to require certain healing arts licensees, including physicians, who are on probation for certain offenses to provide their patients with information about their probation status prior to the patient's first visit. (BPC § 2228.1)

30) Provides that all proceedings against a licensee for unprofessional conduct, or against an applicant for licensure for unprofessional conduct or cause, shall be conducted in accordance with the Administrative Procedure Act. (BPC § 2230)

31) Requires the MBC to automatically revoke the license of any person who has been required to register as a sex offender, with the exception of registrations required following convictions of a misdemeanor for indecent exposure. (BPC § 2232)

32) Requires the MBC to take action against any licensee who is charged with unprofessional conduct, including, but not limited to, the following:

    a) Violations of the Medical Practice Act.

    b) Gross negligence.

    c) Repeated negligent acts.

    d) Incompetence.

    e) Acts of dishonesty or corruption that are substantially related to the practice of medicine.

    f) Any action or conduct that would have warranted the denial of a certificate.

    g) Failure to attend and participate in an interview by the MBC.

    (BPC § 2234)

33) Provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician constitutes unprofessional conduct. (BPC § 2236)

34) Automatically suspends a physician's license during any time that the physician is incarcerated after conviction of a felony. (BPC § 2236.1)

35) Provides that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct. (BPC § 2266)

36) Provides that the revocation, suspension, or other discipline, restriction, or limitation imposed by another state or the federal government upon a license or certificate to practice medicine issued by that state, that would have been grounds for discipline in California by the MBC, constitutes grounds for disciplinary action for unprofessional conduct against the licensee in California. (BPC § 2305)

37) Allows for a person whose certificate has been surrendered or revoked for unprofessional conduct to petition the MBC for reinstatement or modification of penalty after at least three years, or two years if specified in the MBC in a revocation order; additionally allows for a petition of early termination of probation to be filed after three years or more. (BPC § 2307)

38) Provides that numerous inappropriate activities or violations of the law constitute unprofessional conduct. (BPC §§ 2237 – 2318)

39) Requires the MBC to set as a goal the improvement of its disciplinary system so that an average of no more than six months will elapse from the receipt of complaint to the completion of an investigation. (BPC § 2319)

40) Requires that licensees be given notification of proposed actions to be taken against the licensee by the MBC and be given the opportunity to provide a statement to the deputy attorney general assigned to the case, but provides that these statements shall not be considered for purposes of adjudicating the case. (BPC § 2330)

41) Allows the MBC and the Attorney General to establish panels or lists of experts as necessary to assist them in their respective duties. (BPC § 2332)

42) Requires for specified information regarding proposed expert testimony in matters brought by the MBC to be exchanged between the parties of the case 30 calendar days prior to the originally scheduled commencement date of the hearing, or as determined by an administrative law judge. (BPC § 2334)

43) Requires that all proposed decisions and interim orders of the Medical Quality Hearing Panel within the Office of Administrative Hearings shall be transmitted to the executive director of the MBC to be acted on by the full board or a panel. (BPC § 2335)

44) Requires the MBC to adopt rules to govern the conduct of oral argument following nonadoption of a proposed decision. (BPC § 2336)

45) Authorizes the MBC's Division of Licensing to prepare and mail to every licensed physician at the time of license renewal a questionnaire containing any questions as are necessary to establish that the physician currently has no mental, physical, emotional, or behavioral disorder that would impair the physician's ability to practice medicine safely. (BPC § 2425)

46) Authorizes the MBC to charge various fees for applications for and renewals of certain licenses, permits, and certificates. (BPC §§ 2168.4; 2435; 2443; 2520; 2529.5; 3577)

47) Establishes a registration program under the MBC wherein graduates and students of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or equivalent institutes may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts as long as they do not state or imply that they are licensed to practice psychology. (BPC §§ 2529 – 2529.6)

48) Establishes the Osteopathic Medical Board of California (OMBC), which regulates physicians and surgeons who possess effectively the same practice privileges and prescription authority as those regulated by MBC but with a training emphasis on diagnosis and treatment of patients through an integrated, whole-person approach. (BPC § 2450)

49) Establishes the Licensed Physicians and Dentists from Mexico Pilot Program, which allows up to 30 physicians from Mexico specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology to practice medicine in California. (BPC § 853)

THIS BILL:

1) Extends the MBC's sunset date until January 1, 2028.

2) Increases the number of public members appointed by the Legislature to the MBC by two, creating a public member majority on the board.

3) Establishes a Complainant Liaison Unit within the MBC responsible for the following:

    a) Respond to communications from the public about the complaint review and enforcement process.

    b) After a complaint has been referred to a field investigation, assist with coordinating communications between the complainant and investigators, as necessary.

    c) Following a disciplinary decision, respond to questions from the complainant regarding any appeals process available to the disciplined licensee.

    d) Conduct and support public outreach activities to improve the public's understanding of the board's enforcement process, including related laws and policies.

    e) Evaluate and respond to requests from complainants to review a complaint closure that the complainant believes was made in error.

4) Provides that all PTLs shall be valid for a period of 36 months regardless of when the holder has received their approved postgraduate training and repeals language requiring graduates to pass the next licensure exam after their first year of postgraduate training.

5) Requires a complaint determined to involve quality of care to include an interview of the complainant, patient, or patient representative, if that information is provided, prior to referral to a field office for further investigation.

6) Changes the statute of limitations applicable to the filing of an accusation by the MBC against a licensee or a health care facility for failing or refusing to comply with a court order to provide that any statute shall be tolled upon the service of an order to show cause, until such time as the subpoenaed records are produced, including during any period the licensee is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the MBC.

7) Requires the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy to provide the MBC with requested records within three business days of the time the request was made, unless a request for an extension of not more than 14 calendar days is granted.

8) Provides that conviction of a felony by a licensee, where the conviction involves moral turpitude, dishonesty or corruption, fraud, or sexual assault, whether in the course of the licensee's actions as a physician and surgeon or otherwise, constitutes cause for license revocation and does not require expert witness testimony to prove the relationship between the felony conviction and the practice of medicine.

9) Requires the MBC to suspend the license of a physician who has been convicted of a felony as described above until the time for appeal has elapsed if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the MBC.

10) Adds the following acts to specified examples of unprofessional conduct:

    a) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the MBC or the DCA, Health Quality Investigation Unit.

    b) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

11) Provides that it is unprofessional conduct for a licensee under investigation to fail to attend and participate in an interview by the MBC within 30 calendar days after being notified.

12) Specifies that physicians and surgeons shall maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient.

13) Modifies the length of time that must have elapsed before a person may petition the MBC for reinstatement or modification of penalty to require five years for a license surrendered or revoked for unprofessional conduct and to require the greater of two years or at least one-half of a probation term to have elapsed for early termination of probation.

14) Requires the MBC to automatically reject a petition for early termination or modification of probation if the board files a petition to revoke probation while the petition for early termination or modification of the probation is pending.

15) Authorizes the MBC to establish a fee to be paid by a person seeking a license reinstatement or modification of penalty, not exceed the board's reasonable costs.

16) Requires complainant statements to be considered, where relevant, for purposes of adjudicating the case to which the statement pertains.

17) Requires the exchange of information related to expert testimony to be completed no later than 90 calendar days prior to the originally scheduled commencement date of the hearing.

18) Provides that the standard of proof required to obtain an order on a statement of issues or accusation for a violation that would result in license suspension or revocation shall be a clear and convincing evidence standard, and that the standard of proof for any other violation shall be a preponderance of the evidence standard.

19) Allows the MBC's Division of Licensing to electronically provide the renewal questionnaire about a physician's ability to practice medicine safely and removes current language specifying that the objective to identify a disorder that is mental, physical, emotional, or behavioral.

20) Increases both the initial license fee and the biennial renewal fee for a physician's and surgeon's certificate from $863 to $1,289.

21) Transfers the responsibility for registering research psychoanalysts from the MBC to the Board of Psychology.

22) Makes various additional technical changes and clarifications to the Medical Practice Act.

FISCAL EFFECT: According to the Senate Committee on Appropriations, ongoing costs to the MBC of $1,473,000 to support the new Complaint Liaison Unit; increased per diem and one-time training costs to support the two additional public members; increased license fee revenue of approximately $8,498,000 in Fiscal Year 2023-24 and $34,036,000 in 2024-25 and ongoing; approximately $162,000 to address an increase in workload associated with the transfer of the Research Psychoanalyst registration program; and approximately $97,000 to the Office of Information Services, of which $80,000 is considered non-absorbable.

COMMENTS:

Purpose. This bill is the sunset review vehicle for the Medical Board of California, authored by the Chair of the Senate Committee on Business, Professions, and Economic Development. The bill extends the sunset date for the board and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the sunset review oversight process. According to the author: "This bill is necessary to make changes to MBC operations in order to improve oversight of licensees."

Background.

Sunset review. In order to ensure that California's myriad professional boards and bureaus are meeting the state's public protection priorities, authorizing statutes for these regulatory bodies are subject to statutory dates of repeal, at which point the entity "sunsets" unless the date is extended by the Legislature. The sunset process provides a regular forum for discussion around the successes and challenges of various programs and the consideration of proposed changes to laws governing the regulation of professionals. Currently, the sunset review process applies to approximately three dozen different boards and bureaus under the DCA, as well as the Department of Real Estate and three nongovernmental nonprofit councils.

On a schedule averaging every four years, each entity is required to present a report to the Legislature's policy committees, which in return prepare a comprehensive background paper on the efficacy and efficiency of their licensing and enforcement programs. Both the Administration and regulated professional stakeholders actively engage in this process. Legislation is then subsequently introduced extending the repeal date for the entity along with any reforms identified during the sunset review process. This is the MBC's sunset bill.

Medical Board of California. The first Medical Practice Act in California was enacted in 1876. Early iterations of the MBC consisted of members either appointed directly by professional medical societies or who were appointed from lists of names provided by these societies. In 1901, the Act was completely rewritten and a Board of Examinations was established, comprised of nine members; the membership was increased to 11 in 1907. In 1976, significant changes were made to the Act to create MBC much as it exists today, as well as adjustments to MBC's composition. The prior board's 11 members originally included only one non-physician member; the MBC's membership was increased to 19 members, including seven public members. The MBC underwent more structural change in 2008 with the elimination of its Divisions of Licensing and Medical Quality and the creation of a unified board.

Today, the MBC is comprised of 15 members: eight physicians and seven public members. All eight professional members and five of the public members are appointed by the Governor. One public member of the MBC is appointed by the Senate Committee on Rules and one public member is appointed by the Speaker of the Assembly. Current law requires that four of the physician members hold faculty appointments in a clinical department of an approved medical school in the state, but no more than four members may hold full-time appointments to the faculties of such medical schools. The MBC meets about four times per year.

The MBC has jurisdiction over physicians and surgeons, as well as special program registrants/organizations and special faculty permits which allow those who are not MBC licensees but meet licensure exemption criteria outlined in the Medical Practice Act to perform duties in specified settings. The MBC also has statutory and regulatory authority over licensed midwives, medical assistants, registered polysomnographic trainees, registered polysomnographic technicians, registered polysomnographic technologists, research psychoanalysts, and student research psychoanalysts. The MBC also approves accreditation agencies that accredit outpatient surgery settings and issues Fictitious Name Permits to physicians practicing under a name other than their own.

Issues Raised during Sunset Review. The background paper for the MBC's sunset review oversight hearing contained a total of 18 issues and recommendations, each of which is eligible to result in statutory changes enacted through the MBC's sunset bill. Each of the following issues were discussed in that background paper and relate to proposals contained in this bill.

Issue #1: Board Composition. The sunset background paper discussed the MBC's membership composition. As previously discussed, the MBC is currently comprised of 15 members, with 8 physician members representing a narrow majority over 7 public members. This has led to criticisms that there is an appearance of bias within the MBC, including through news reports and media publications that have censured the MBC's enforcement activities for failing to aggressively prosecute physicians guilty of misconduct. On July 6, 2021, the *Los Angeles Times* editorial board published a piece titled: "Put non-physicians in charge of the state medical board."[1] The editorial pointed out that the MBC only takes formal disciplinary action in about three percent of cases, and that more than 80 percent of complaints are dismissed without investigation. The *Times* argued that while "changing the board's balance of power and boosting its budget won't necessarily lead to more effective enforcement and fewer instances of bad doctors continuing to practice," it would still be beneficial to "give the public more confidence that the board is focused on protecting healthcare consumers, not healthcare providers."

This issue is similar to those that have been raised for the majority of regulatory boards that have undergone sunset review since 2015, when the Supreme Court of the United States issued a ruling in *North Carolina State Board of Dental Examiners v. Federal Trade Commission*.[2] As discussed in the MBC's sunset review background paper, this case originated when 2010 when the Federal Trade Commission (FTC) brought an administrative complaint against the North Carolina State Board of Dental Examiners for exclusion of non-dentists from the practice of teeth whitening. The FTC alleged that the board's decision was an uncompetitive and unfair method of competition under the Federal Trade Commission Act. This opened the board to lawsuits and substantial damages from affected parties.

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[1] https://www.latimes.com/opinion/story/2021-07-06/california-medical-board-reform
[2] *North Carolina State Board of Dental Examiners v. Federal Trade Commission*, 574 U.S. 494 (2015)

The North Carolina board was composed of six licensed, practicing dentists and two public members. The practice of teeth whitening was not addressed in the statutes comprising the Dental Practice Act. Instead of initiating a rulemaking effort to clarify the appropriate practice of teeth whitening, the board sent cease-and-desist letters to non-dentists in the state offering teeth whitening services. The board argued that the FTC's complaint was invalid because the board was acting as an agent of North Carolina, and according to state-action immunity, one cannot sue the state acting in its sovereign capacity for anticompetitive conduct. A federal appeals court sided with the FTC, and the board appealed to the Supreme Court.

In February 2015, the Court agreed with the FTC and determined that the board was not acting as a state agent and could be sued for its actions. The Court ruled, "Because a controlling number of the board's decision-makers are active participants in the occupation the board regulates, the board can invoke state-action antitrust immunity only if it was subject to active supervision by the State, and here that requirement is not met." The Court was not specific about what may constitute "active participants" or "active supervision." However, the Court did say that "active supervision" requires "that state officials have and exercise power to review particular anticompetitive acts of private parties and disapprove those that fail to accord with state policy," and that "the supervisor must review the substance of the anticompetitive decision, not merely the procedures followed to produce it."

In October 2015, the FTC released a staff guidance, *Active Supervision of State Regulatory Boards Controlled by Market Participants* in order to better explain when active supervision of a state regulatory board would be required, in order for a board to invoke the state action defense. The guidance also aimed to highlight what factors are relevant when determining if the active supervision requirement has been satisfied. The FTC states that active supervision includes the ability of a state supervisor to review the substance of the anticompetitive decision and have the power to veto or modify a decision. The state supervisor may not be an active market participant. In addition, the FTC states that active supervision must precede the implementation of the alleged anticompetitive restraint.

The FTC states that the guidance addresses only the active supervision requirement of the state action defense, and antitrust analysis is fact-specific and context-dependent. This means that although a state action defense might not be applicable in a certain case, this does not mean that the conduct of a regulatory board necessarily violates federal antitrust laws.

On October 22, 2015, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development held a joint informational hearing to explore the implications of the Court decision on the DCA's professional regulatory boards and consider recommendations. In response to the Court's decision, State Senator Jerry Hill requested an opinion from the Office of Attorney General Kamala Harris (AG). The AG released the following:

> "*North Carolina Dental* has brought both the composition of licensing boards and the concept of active state supervision into the public spotlight, but the standard it imposes is flexible and context-specific. This leaves the state with many variables to consider in deciding how to responds. Whatever the chosen response may be, the state can be assured that North Carolina Dental's 'active state supervision' requirement is satisfied when a non-market-participant state official has and exercises the power to substantively review a board's action and determines whether the action effectuates the state's regulatory policies."

North Carolina State Board of Dental Examiners v. FTC placed limitations on the immunity of regulatory boards controlled by active market participants. This is because individuals who are directly affected by their own rulemaking may not be able to detect their biases, purposefully or inadvertently placing their benefit over those of the public. Or, as the Supreme Court stated, "Dual allegiances are not always apparent to an actor."

Following the MBC's multiple sunset review oversight hearings, SB 806 (Roth), the board's sunset extension vehicle, was briefly amended to reconstitute the board composition as a public member majority by adding two additional public members appointed by the Legislature. However, this language was subsequently removed from the bill only eight days later, and the bill never received a vote with that provision included. Advocates for associations representing licensed physicians strongly opposed the language during the time that it was in print, arguing that it would undermine the MBC's ability to regulate the practice of medicine by applying the standard of care. Another bill introduced the following year similarly sought to change the composition of the MBC to a public member majority, but failed to pass out of the Assembly.

This bill once again proposes to change the MBC's membership composition by adding two additional public members to be appointed by the Legislature. This would result in a 17-member board, of which a majority of nine members are non-physicians. While this change would potentially aid the MBC in reassuring the public of its independence, previously raised questions as to whether there would be any practical benefit to patients remain unresolved.

Issue #2: Research Psychoanalysts. The background paper discussed the MBC's registration program for research psychoanalysts. According to the American Psychological Association, psychoanalysis is a specialty in psychology that is distinguished from other specialties by its body of knowledge and its intensive treatment approaches, and aims at structural changes and modifications of a person's personality. Psychoanalytic training typically requires four to eight years of advanced study after completion of a doctoral degree in psychology acceptable to the American Board of Professional Psychology and further requires specialized training at free-standing psychoanalytic institutes, postdoctoral university programs, or an equivalent training secured independently that is acceptable to the American Board and Academy of Psychoanalysis.

In 1977, when research psychoanalysts were first recognized statutorily, MBC—then the Board of Medical Quality Assurance—was comprised of three sections: the Division of Medical Quality, the Division of Licensing, and the Division of Allied Health Professions. Several allied health professions were within the jurisdiction of the Division of Allied Health Professions, including audiologists, acupuncturists, hearing aid dispensers, physical therapists, medical assistants, physician assistants, podiatrists, registered dispensing opticians, speech pathologists, and psychologists. In 1990, when the Board of Psychology came into existence, RPs remained under the MBC's oversight.

Prior sunset review background papers for the MBC questioned whether it would be more appropriate for research psychoanalysts to be registered by the Board of Psychology, which has more expertise in the discipline. In its January 2022 letter to the Legislature and again in its 2023 Sunset Report, MBC requested that research psychoanalyst registration be transferred to the Board of Psychology, citing that regulatory body as having appropriate resources and expertise to regulate this category of individuals. This bill would effectuate that request by transferring responsibility for registering research psychoanalyst graduates and students from the MBC to the Board of Psychology.

Issue #4: Complainant Liaison. The MBC's sunset background paper proposed the creation of a formal program with dedicated staff and resources to assist patients as they navigate the enforcement process. In its February 2022 meeting, the MBC voted to pursue the creation and funding of a Complainant Liaison United through the vehicle of its sunset bill. Specifically, the MBC proposed that the new unit would have the following areas of responsibility:

- Consumer Communication Prior to Filing a Complaint
- Complainant Communication Support After Case Referred to Field
- Support Consumer Outreach Regarding the Board's Role and Procedures
- Evaluate Complaint Closure Review Requests Consumer Communication Prior to Filing a Complaint

The proposed Complainant Liaison Unit would respond to all communications from the public about the complaint review and enforcement process prior to the filing of a complaint. It would communicate with complainants throughout the enforcement process and assist the complainant through the various steps of any subsequent appeals of a disciplinary decision and the timing involved. The MBC has stated that the Complainant Liaison Unit would require four new employees, including a lead or manager and three analysts.

This bill would establish the MBC's proposed Complainant Liaison Unit. It would further enumerate the unit's responsibilities in communicating with the public and complainants about complaint review and the enforcement process. The intent of this proposal is to improve the public's understanding of the MBC's enforcement role and assist complainants with engaging with that process.

Issue #5: Fund Condition and Fees. The sunset background paper discussed the lengthy history of concern regarding the MBC's fund condition and the insufficient revenue it is currently receiving from license fees. Like all boards and bureaus under the DCA, the MBC does not typically receive any General Fund support and close to 90 percent of its revenue is derived from fees charged to physicians and surgeons. The MBC's financial reserves have been drawn down to perilously low levels, resulting in repeated discussion around the need to increase fee levels.

In November 2019, the MBC contracted with a consulting firm to perform an independent fee study, which published its results in January 2020. The fee study pointed out that the MBC's fees had not been changed since 2009, with revenue remaining relatively static for 13 years despite growing expenditures. The fee study specifically recommended that the initial and renewal fees charged to physicians be increased from $790 to $1,150; this increase was originally proposed in SB 806 (Roth), the MBC's most recent sunset review in 2021, but the amount as ultimately reduced to a much lower increase to $863.

The MBC ended FY 2021/22 with one month in reserves, and began FY 2022/23 with a $6.6 million fund balance. Because fee revenue remains insufficient to sustain the MBC's operations, this balance includes a $10 million loan from the Bureau of Automotive Repair. If the MBC is not provided additional revenue through increased fees beginning in 2024, the fund will be insolvent and MBC will have a negative -4.8 months balance by the end of the next fiscal year.

The 2023 Preliminary Monitor's Report on the MBC states:

> "Over the past four fiscal years, expenses increased 15.7%, or at an annualized rate of 3.9%. Many of these increases, such as employee salaries and benefits and billable rates for services by HQIU, OAG and OAH, are outside the control of MBC … If [revenue] increases do not fully materialize, additional loans and/ or significant reductions in program operations will be implemented. To overcome the structural funding imbalance, the monitor recommends establishing a licensee fee-funding model with automatic periodic adjustments tied to a recognized monetary barometer, such as the Consumer Price Index (CPI) or similar index. The mechanism for implementing such adjustments should be studied by MBC with participation from its key stakeholders, then proposed for legislative approval."

This bill currently proposes to increase the initial and renewal license fees charged to physicians and surgeons from $863 to $1,289. The original amount requested by the MBC, $1,350, was originally in this bill but lowered in the Senate. A fee level of $1,289 would require the MBC's existing loans to be converted to a new loan to be repaid over six years, which is estimated to provide the MBC with three months of reserve. Professional associations representing physicians in California continue to argue that the proposed fee amount is excessive and have sought to negotiate alternative solutions, and those discussions are ongoing. However, it is undeniable that the MBC will go insolvent without a substantial increase in revenue, and this bill would address that urgent situation through an increase in licensing fees.

Issue #6: Application Inquiries. The MBC's sunset background paper questioned whether asking applicants about physical or mental health conditions potentially prevents them from seeking important and necessary treatment. Currently, applicants for licensure as physicians and surgeons must respond to a questionnaire that asks whether they have a current physical or mental health condition that impacts their ability to practice medicine safely. Statute specifically requires that the questionnaire determine whether the individual has a "mental, physical, emotional, or behavioral disorder."

According to the MBC, any positive answer to the questionnaire does not automatically disqualify the applicant from licensure and the MBC will make an individualized assessment of the nature and severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, or conditions should be imposed on the license. However, the background paper raised the concern that license applicants may be fearful of potential punitive and disciplinary action as a result of admitting to a disorder, and this fear could lead to them not seeking assistance for those issues. This bill would seek to address that concern by striking the terms "mental, physical, emotional, or behavioral" from statute and merely requiring that a questionnaire contain questions to establish that the physician has no disorder that would impair their ability to practice medicine safely.

Issue #7: Postgraduate License. Applicants for licensure as physicians and surgeons in California are required to complete at least 36 months of accredited postgraduate training; this aligns with the three years of training commonly required for board certification by various American Board of Medical Specialty boards. In 2017, the MBC's sunset bill required all medical school graduates who matched into an accredited postgraduate training program in California were required to obtain a postgraduate training license (PTL) in order to practice medicine as part of their training program, which would be valid for up to 39 months and could not be renewed; however, the MBC had limited authority to grant an extension.

Following the implementation of the PTL, the MBC experienced a high number of PTL applications, leading to processing delays during the COVID-19 pandemic. There was also widespread confusion about whether the PTL was an unrestricted license and to what extent residents could engage in the practice of medicine in connection with their duties as an intern or resident physician in a MBC-approved program. As a result, the MBC's sunset bill in 2021 adjusted the PTL program to clarify that a physician and surgeon can obtain a physician and surgeon certificate after receiving credit for 12 months of postgraduate training, but must receive credit for 36 months of postgraduate training in order for the certificate to be renewed at the time of initial renewal. The bill also granted broad discretion to the MBC to make a determination of license renewal even if certain timeframes are not met in order to take into consideration leave or other factors that may affect completion of a program within exactly 36 months.

This bill would make further changes to how the PTL is established in statute to further address unresolved concerns. The bill would provide that all PTLs shall be valid for a period of 36 months regardless of when the holder has received their approved postgraduate training and would repeal language requiring graduates to pass the next licensure exam after their first year of postgraduate training. Additional changes to statutes establishing the PTL have been proposed by the MBC, and stakeholder discussions are ongoing about what other corrections are needed to ensure successful implementation of the program.

Issue #8: Mexico Pilot Program. In part to address the primary care physician shortage and to increase the number of physicians who already possess cultural and linguistic competence in the treatment of communities with high proportions of immigrant families from countries like Mexico, the Legislature enacted Assembly Bill 1045 (Firebaugh) in 2002. This bill created the Licensed Physicians and Dentists from Mexico Pilot Program. The pilot program allows a limited number of qualifying physicians and dentists to come to California and practice for a limited time under a three-year nonrenewable license.

The first annual progress report on the pilot program, submitted to the Legislature by the University of California, Davis in August 2022, found that many patients had positive experiences with physicians practicing through the pilot program. In particular, patients reportedly had substantially positive experiences communicating with their doctor, and frequently felt welcome. While the overall efficacy of the pilot program is still under review, initial reports appear positive.

However, there have been reports of certain barriers in the process through which physicians from Mexico receive approval to participate in the pilot program. As noncitizens, applicants typically will not have an ITIN or SSN, which is required by all regulatory boards, including the MBC, as a condition of receiving a license. Meanwhile applicants typically cannot apply to receive a visa and accompanying SSN without proof that they may legally work in California, which they cannot demonstrate without a license from the MBC.

The MBC's sunset background paper discussed a proposal to resolve this issue by creating a process through which the MBC grants a license to applicants who meet all requirements except the ability to submit an ITIN or SSN. The applicant would then apply for and obtain the needed documentation, at which point they would submit that documentation to the MBC in order to finalize approval of their participation in the pilot program. The physicians would be prohibited from engaging in the practice of Medicine in California until the MBC determines that they have completed all the requirements of participation, including submission of the documentation.

Stakeholders have also requested language to allow the MBC to extend the three-year nonrenewable license of a participant in the pilot program who is unable to provide services during the period of time they were licensed. Specifically, the proposal would authorize an extension of a license when the physician was unable to work due to a delay in the visa application process beyond the established time line by the federal Customs and Immigration Services. The MBC would also be authorized to extend a license if the physician was unable to treat patients for more than 30 days due to an ongoing condition, including pregnancy, serious illness, credentialing by health plans, or serious injury.

As recommended in its sunset review background paper, the MBC has engaged with supporters of the above proposal and have negotiated language to address the perceived issues with the program. This language was introduced and passed by this committee through two separate legislative vehicles. However, there has been an agreement to incorporate that negotiated language into the MBC's sunset bill, which will be included in amendments taken in committee.

Issue #10: Evidentiary Standard. The sunset background paper discussed a request by the MBC to lower the evidentiary standard required in its disciplinary cases from "clear and convincing" to "preponderance." According to the MBC, "the Board is at a significant disadvantage, in comparison to most other medical boards, when attempting to investigate and prosecute a licensee suspected of failing to properly care for their patients or otherwise act in an unprofessional manner." Existing caselaw, *Ettinger v. Board of Medical Quality Assurance* (1982), requires the MBC to obtain "clear and convincing proof to a reasonable certainty" to impose discipline on a licensee, which the MBC says is a higher burden of proof than in 41 other jurisdictions that only apply a "preponderance of the evidence" standard.

While this bill would not entirely grant the MBC's request to lower the evidentiary standard for all cases, it would allow for a lower standard in *some* cases. Specifically, the bill would codify the clear and convincing evidence standard for the MBC to obtain an order on a statement of issues or accusation for a violation that would result in license suspension or revocation. For any other violation, a preponderance of the evidence standard would be applied. This bifurcation is intended to preserve the current due process that is afforded physicians when they are at risk of losing their license to practice, while allowing the MBC to engage in swifter and less arduous enforcement actions when seeking to impose less severe discipline.

Issue #11: Timeframe to Request Probation Modification. As discussed in the MBC's sunset background paper, current law allows for a person whose certificate has been surrendered or revoked for unprofessional conduct to petition the MBC for reinstatement or modification of penalty after at least three years, or two years if specified in the MBC in a revocation order. The law additionally allows for a petition of early termination of probation to be filed after three years or more. Between July 1, 2013, and June 30, 2022, the MBC granted only 37 percent of the petitions requesting reinstatement of a physician's license. In FY 2019/20, the most recent year with no pending petitions, the MBC denied all the petitions for modification for probation.

In light of the low petition approval rate and high costs associated with reviewing the requests, the MBC requested that the length of time that must elapse before a petition be increased. This bill would modify the length of time that must have elapsed before a person may petition the MBC for reinstatement or modification of penalty to require five years for a license surrendered or revoked for unprofessional conduct. For petitions for early termination of probation, the bill would require the greater of two years or at least one-half of a probation term to have elapsed.

Issue #15: Enforcement Enhancements. The MBC requested various updates to statute to improve its ability to take swift disciplinary action when appropriate, which were discussed in its sunset background paper. One issue that was raised was the lack of any clear and definite timeframe for pharmacies to turn over their records to investigators. This bill would require the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy to provide the MBC with requested records within three business days of the time the request was made, unless a request for an extension of not more than 14 calendar days is granted.

Another issue raised in the sunset background paper is the assertion that some physicians under investigation have asked their patients to rescind their consent to release their medical records to investigators. The MBC proposed discouraging this behavior by making it unprofessional conduct for a licensee, or person acting on their behalf, to take any action intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the MBC or DCA investigators. This bill would expressly provide that it is unprofessional conduct to cause a patient or their representative to rescind consent to release the patient's medical records, or to dissuade, intimidate, or tamper with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

The MBC's sunset background paper also noted that while failure to participate in an investigatory interview "in the absence of good cause" is considered unprofessional conduct and could result in discipline, this qualification has resulted in unacceptably long delays in the investigation. The MBC requested language to require a licensee participate in an interview within a certain timeframe. This bill would require a licensee under investigation to attend and participate in an interview by the MBC within 30 calendar days after being notified that they are under investigation.

Issues relating to the exchange of expert witness testimony were also discussed in the sunset background paper. Current law requires the MBC and counsel for the licensee to exchange expert opinions, and related information, no later than 30 calendar days prior to the originally scheduled hearing date. However, the MBC has noted that this timeframe puts it at a disadvantage and has long requested that the law be amended to require the exchange of this information no later than 90 calendar days prior to the original hearing date instead. This bill would effectuate that change.

Another issue discussed in this section of the sunset background paper relates to statutes of limitations. Under current law, when a licensee refuses to produce medical records pursuant to an investigative subpoena, the MBC is required to litigate a petition for subpoena enforcement in superior court. The MBC reported that during this often-lengthy process, the statute of limitations continues to run on the stalled underlying investigation of the subject. The statute does not begin to toll unless and until the licensee fails to produce the subpoenaed records by the deadline set by the court, after granting the MBC's enforcement petition. The MBC requested that the date of the superior court's issuance of the order to show cause be established as the point to toll the statute of limitations. This bill would enact that change.

Patient records retention was also discussed in the sunset background paper. Currently, physicians are required to maintain records for a length of time that corresponds to the standard of care, which can vary. The MBC requested that the law be amended to require records to be maintained for at least seven years after the last date of service to a patient. This bill contains that requested language.

In addition to proposals specifically requested by the MBC, this bill includes several other proposed enhancements to the MBC's enforcement process. This bill would further empower complainants in an investigation against a physician involving quality of care by requiring an interview of the complainant, patient, or patient representative to be included in the review that is required prior to referral to a field office for further investigation. The bill would also require a complainant's statement to be considered, where relevant, for purposes of adjudicating the case to which the statement pertains, in addition to being considered for purposes of setting generally applicable policies and standards.

Another enforcement enhancement proposed by this bill relates to physicians who are convicted of certain felonies. Current law provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct. Under the existing process, the MBC is required to obtain expert witness testimony to prove the relationship between the felony conviction and the practice of medicine. This bill would provide that the conviction of any felony by a licensee involving moral turpitude, dishonesty or corruption, fraud, or sexual assault, whether in the course of the licensee's actions as a physician and surgeon or otherwise, constitutes cause for license revocation.

Issue #17: Technical Changes. As with all sunset reviews, the MBC's background paper proposed the inclusion of amendments that are technical in nature but may improve MBC operations and the enforcement of the Medical Practice Act. This bill contains numerous technical changes and nonsubstantive changes to the law.

Issue #18: Continued Regulation by the Medical Board of California. The MBC's sunset paper ended with the traditional question of whether the licensing and regulation of physicians and surgeons and other allied health professionals should be continued and be regulated by the current MBC membership. The background paper ultimately concluded that the operation of the MBC should be continued, and reviewed again on a future date. This bill would extend the sunset date for the MBC until January 1, 2028.

Current Related Legislation.

SB 812 (Roth) is the sunset bill for the California Tax Education Council. *This bill is pending in this committee.*

SB 813 (Roth) is the sunset bill for the Structural Pest Control Board. *This bill is pending in this committee.*

SB 814 (Roth) is the sunset bill for the Bureau of Household Goods and Services. *This bill is pending in this committee.*

AB 1257 (Business and Professions) is the sunset bill for the Dental Hygiene Board of California. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

AB 1262 (Business and Professions) is the sunset bill for the Professional Fiduciaries Bureau. *This bill is pending in the Senate Committee on Judiciary.*

AB 1263 (Business and Professions) is the sunset bill for the Bureau of Automotive Repair. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

AB 1264 (Business and Professions) is the sunset bill for the Acupuncture Board. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

AB 1395 (Garcia) would require the MBC to issue a license to applicants for participation in the Licensed Physicians and Dentists from Mexico Pilot Program who do not currently possess federal documentation. *This bill is pending on the Senate Floor.*

Prior Related Legislation.

AB 2060 (Quirk) of 2022 would have changed the membership composition of the MBC so that a majority of the board consists of public members. *This bill died on the Assembly Floor.*

SB 806 (Roth, Chapter 649, Statutes of 2021) extended the sunset date for the MBC until January 1, 2023 and made numerous reforms to the Medical Practice Act.

SB 1448 (Hill, Chapter 570, Statutes of 2018) requires physicians and surgeons, osteopathic physicians and surgeons, podiatrists, acupuncturists, chiropractors and naturopathic doctors to notify patients of their probationary status beginning July 1, 2019.

SB 798 (Hill, Chapter 775, Statutes of 2017) extended the sunset date for the MBC and the OMBC and enacted various other changes and reforms in response to sunset review.

ARGUMENTS IN SUPPORT:

Consumer Watchdog supports this bill, writing: "We write in strong support of SB 815 (Roth) which contains critically needed reforms to improve physician oversight at the Medical Board of California and protect patients." Consumer Watchdog specifically supports the proposals to require patient or patient family member interviews, increase licensing fees, change the MBC's member composition, require consideration of impact statements and create a Complainant Liaison Unit, adjust the standard of proof, and streamline various enforcement procedures. Consumer Watchdog concludes by stating: "Each element of SB 815 is a critical piece of meaningful reform patients have been seeking from the legislature for decades."

The **Consumer Protection Policy Center** (CPPC) at UC San Diego's Center for Public Interest Law also supports this bill, writing: "The proposed reforms, many of which the Consumer Protection Policy Center (formerly the Center for Public Interest Law) recommended in its oral testimony at the Board's Joint Sunset Review Oversight hearing on March 16, 2023, are critical steps to restoring the public's trust in MBC's ability to protect the public from unethical and incompetent physicians and surgeons." In its letter, the CPPC further urges the Legislature to consider moving the DCA's investigators to the Office of the Attorney General and restoring the vertical enforcement method of investigation.

ARGUMENTS IN OPPOSITION:

The **California Orthopaedic Association** opposes this bill, specifically arguing against the change in MBC's member composition: "One of the core functions of the Medical Board is to set and maintain appropriate standards for the practice of medicine in California. Not only must practicing physicians possess clinical skills and appropriate demeanor, they must follow the standard of care. Although we recognize and value the role that nonphysicians play on the Medical Board, we do not believe that a civilian majority is appropriate."

The **California Medical Association** (CMA) opposes this bill unless amended. The CMA writes: "On behalf of the nearly 50,000 physician members and medical students of the CMA, we respectfully write to oppose SB 815 unless amended. SB 815 would increase licensing fees by about 50%, shift the Medical Board of California MBC to a public member majority and lower the evidentiary standard of proof for MBC enforcement actions that can devastate a physician's livelihood." The CMA opposes the bill's proposal to make certain felony convictions cause for license revocation without expert witness testimony, require patient records to be retained seven years, and establish a Complainant Liaison Unit without first resolving the MBC's budget issues. The CMA opposes various other provisions in the bill, but concludes by stating: "CMA is eager to discuss these issues and identify workable solutions where they exist."

POLICY ISSUES:

Impact of Board Composition Change. Out of the twenty healing arts boards placed under the DCA, all but four of them feature a majority of professional members.[3] This tradition is in large part because of the nature of health professional regulation, particularly with boards that follow a "standard of care" model of discipline. When the MBC is determining whether to bring an accusation against a licensee for misconduct following a complaint or adverse event, the motivating question is not whether the physician adhered to the letter of the law. The threshold question in many cases is: did the physician follow the appropriate standard of care, acting reasonably at the time in accordance with their training?

It is only logical that the individuals best situated to judge whether a professional met the standard of care would be fellow professionals. This is why the earliest forms of healing arts boards were essentially self-regulatory bodies consisting of members of professional societies. When state agencies took over these functions, the perspectives of those within the profession retained their voice through the appointment of professional board members. While most boards feature nearly as many members appointed from the disinterested public to offset any potential bias, the prevailing concept has long been that health professionals charged with failing to meet the expectations of their license should be held accountable foremost by their peers.

There are a number of ways the MBC assesses whether a licensee failed to meet the standard of care beyond the presence of professional members on the board. Any complaint determined to involve quality of care is required to be reviewed by "medical experts with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint." These medical reviewers are themselves physicians, who advise the board on whether there was a deviation in the standard of care. Expert witnesses are utilized frequently in disciplinary hearings and are required to produce evidence of their credentials.

These disciplinary functions are largely delegated by the MBC as a whole to one of two panels that review proposed decisions and settlements. The Medical Practice Act allows these panels to act on behalf of the full board in various matters relating to disciplinary proceedings. To ensure that those charged with approving, modifying, or rejecting these outcomes fully appreciate the methodology for establishing and assessing the standard of care, statute requires that a majority of those serving on these disciplinary panels must physician members.

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[3] The Acupuncture Board, Board of Behavioral Sciences, and Bureau of Vocational Nursing and Psychiatric Technicians each have a one-member public majority; the Respiratory Care Board has an equal number of licensee and public members, in addition to a physician member.

In recent years, efforts to restructure the MBC's member composition have frequently cited the Court's decision in *North Carolina State Board of Dental Examiners v. FTC* and its implications for regulatory boards featuring a professional member majority. While this decision initially suggested that there may be substantial ramifications for state licensing policymaking, to date there has been no meaningful litigation against public bodies established under California law. This is likely attributable in part to key distinctions between the facts of that case and California's administrative structure for its regulatory programs. While the MBC is a board overseeing the practice of medicine on which a majority of members are physicians, numerous differences between the MBC's regulatory activities and the facts of the *NC Dental* case arguably render the likelihood of similarly successful antitrust litigation improbable.

For example, while the North Carolina State Board of Dental Examiners is considered an "agency of the State," its eight-member board featured six practicing dentists and one practicing dental hygienist, all of whom were elected by practicing licensees within the profession. A single public member was appointed by the Governor to the board. By contrast, the MBC has thirteen members, of which only a narrow majority of eight are practicing physicians, all of whom were appointed by the Governor without direct involvement from any professional association or society.

Further, the oversight provided by the DCA uniquely confirms the presence of "active state supervision" for purposes of *NC Dental*. The MBC is considered only semiautonomous, with much of its rulemaking and disciplinary activity subject to involvement by multiple other governmental entities. The DCA has also worked to ensure that members are adequately trained in certain procedures to ensure an adequate record of deliberation for purposes of defense against any potential allegations of antitrust.

A more easily argued benefit to changing the MBC's membership composition would be the removal of perceived bias exhibited by a controlling majority of board members. The theory of "regulatory capture" posits that government agencies are often at risk of gradually becoming ideologically motivated by the needs of an interest group, rather than the interest of the public, through the accumulation of influence exerted by a regulated constituency. The MBC has been charged with similar allegations, as the seemingly infrequent occurrence of formal discipline against licensees has been correlated with the physicians who make up a majority of its board members.

While the Legislature has consistently criticized the MBC's underwhelming enforcement program and patient safety advocates have blamed identified shortcomings as the result of the medical profession's lobbying influence, no evidence has been provided that would unequivocally establish such a link. Supporters of this change have been unable to produce any examples of an action taken by the MBC in which a narrow majority of professional members overwhelmed the dissent of the public member minority by a single vote. While certainly professional members have a tendency to be more active participants in debate generally on licensing boards, this would remain true even if that demographic's representation were reduced, with a vocal and persuasive minority still potentially dominating discourse. It should also be noted that with even public members representing a one-vote majority on the MBC, nothing would prevent a quorum from being established when a majority of those in attendance are physician members.

The strongest argument for establishing a public member majority, therefore, would be to remove the *appearance* of undue influence on the board. That is not to say that such a benefit would be trivial; the public's perception of government, particularly agencies like the MBC who are entrusted with protecting patients, is meaningful, and even superficial reform to the MBC would arguably help replace trust in the regulator's service on behalf of the people. However, those who expect reform of the MBC's membership composition to existentially reshape its activities in a dramatic fashion should contemplate whether the immediate value of the change may prove to be more symbolic than consequential. Meanwhile, the author should consider whether this arguably cosmetic change would outweigh the potential downsides to the reform.

Misalignment with Osteopathic Medical Board. Currently, this bill would extend the MBC's sunset date until January 1, 2028. Meanwhile, the OMBC is scheduled for its next sunset review to take place in the year preceding January 1, 2026. While the MBC and OMBC are distinct boards that receive individualized reviews through the sunset process, many of the laws generally governing the licensure and regulation of physicians and surgeons impact the duties and functions of both entities. The author may therefore wish to amend the bill to extend the OMBC's sunset date to realign its review with the MBC's, as currently provided in the bill.

IMPLEMENTATION ISSUES:

On May 22, 2023, the MBC sent a letter to the author of this measure taking a "Support, if Amended" position on the bill and specifying various requested amendments. The majority of these requested amendments to not represent substantive changes to the policy effect of any proposal but instead request that the language be drafted differently to ensure successful implementation upon enactment. The author has agreed to accept many of these requested amendments, which would aid the MBC in implementing the following provisions of the bill:

- *Interviews for Quality-of-Care Complaints* – The MBC requests that provisions in the bill be replaced with a new statute requiring an interview to occur before a case is closed. The MBC further requests that a definition for "patient representative" be established to mean a spouse, domestic partner, another person responsible for the care of the patient, or next of kin.

- *Providing Complainant Statements to the Board's Disciplinary Panels* – The MBC requests that this bill be amended to require the MBC to request statements from the complainant or their representative at the time of referral for investigation, with 60 days provided to respond. The MBC further requests language to provide that the statement would be subject to discovery by the licensee and legal review and that the bill's requirements would apply only to the MBC.

- *Burden of Proof Changes* – The MBC's letter states that it is "still evaluating how this proposal would work in practice." In the meantime, the MBC has requested amendments to remove references to a statement of issues and clarify that any statutory changes do not impact the requirements related to proving that a licensee has violated the terms of their probation.

- *Reinstituting a 36-month Postgraduate Training License* – The MBC requests language to provide that a PTL is valid for a 36-month period after issuance. The MBC further requests making these provisions retroactive so that current PTL holders would similarly benefit.

- *Transfer of the Research Psychoanalyst Program to the Board of Psychology* – Both the MBC and the Board of Psychology have requested a delayed implementation of this transfer; a delayed implementation date of January 1, 2025 has been agreed to.

AMENDMENTS:

1) To strike the proposed changes to the MBC's membership composition, amend Section 1 of the bill to revert the language in subdivisions (a) and (b) to current law.

2) To adopt the MBC's requested language to implement the bill's complainant interview requirements, strike Section 8 from the bill and instead create a new section as follows:

   (a) For purposes of this section and Section 2220.2, a patient representative is defined as the spouse or domestic partner of the patient, a person responsible for the care of the patient, or the patient's next of kin.

   (b) (1) Before a complaint within the jurisdiction of the board pertaining to the quality-of-care that a licensee provided to their patient may be closed, the board shall conduct an interview with the complainant, the patient, or the patient's representative, if one is identified in the complaint.

   (2) This subdivision shall not apply to complaints that are submitted anonymously or without the contact information of the complainant, patient, or a patient representative.

   (c) If the board's request for an interview is declined by the complainant, patient, or a patient representative identified in the complaint, or the board has not received a response within 30 calendar days, the board may close the complaint, if otherwise warranted.

   (e) If, after the complaint is closed, the complainant, patient, or patient representative provides additional information pertinent to that complaint, the board may reopen the matter, subject to the provisions of Section 2230.5.

3) To adopt the MBC's requested language to implement the bill's requirements related to complainant statements, strike Section 18 from the bill and instead create a new section as follows:

   (a) At the time that a complaint is referred for a field investigation, the relevant complainant, patient, or patient representative shall be provided with the opportunity to provide a statement relative to the harm they experienced.

   (b) The complainant, patient, or patient representative shall have up to 60 days following receipt of the notification described in subdivision (a) to provide the statement to the board.

   (c) Notwithstanding Section 2330, the statement shall be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains.

   (d) This section shall not apply to the Osteopathic Medical Board of California.

4) To adopt additional language requested by the MBC related to complainant statements, amend BPC § 2334 to add those statements to provisions of law specifying information that must be exchanged between parties during the hearing process.

5) To adopt the MBC's requested language to implement the bill's changes to the evidentiary standard in disciplinary cases brought by the MBC against physicians and surgeons, amend Section 20 of the bill as follows:

(a) The standard of proof required to obtain an order on ~~a statement of issues or~~ an accusation for a violation that would result in license suspension or revocation shall be a clear and convincing evidence standard.

(b) The standard of proof required to obtain an order on a statement of issues, ~~or~~ an accusation that would result in any other form of discipline ~~for any other violation~~, or to revoke probation, shall be a preponderance of the evidence standard.

6) To adopt the MBC's requested language making changes to the PTL timelines retroactive, amend subdivision (b) as currently proposed to be amended in Section 4 of the bill as follows:

(b) The physician's and surgeon's postgraduate training license shall be valid for a period of 36 months. Any postgraduate training license in an active status issued on or after January 1, 2020, shall be valid for a period of 36 months. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with the licensee's duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate licensee's file by the director of the program.

7) To adopt additional language requested by the MBC relating to PTL timelines, amend subdivisions (a) and (b) as currently proposed to be amended in Section 7 of the bill as follows:

(a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be renewed, at the time of initial renewal, a physician and surgeon shall show evidence satisfactory to the board that the licensee has received credit for at least 36 months of board-approved postgraduate training ~~which includes successful progression through 24 months in the same program~~, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated, except licensees or applicants who meet the requirements of Section 2135, 2135.5, 2151, 2428, or by a licensee or applicant using clinical practice in an appointment under section 2113 as qualifying time to meet the postgraduate training requirements in section 2065.

(b) A physician's and surgeon's certificate shall be automatically placed in delinquent status by the board if the holder of a physician's and surgeon's certificate does not show evidence satisfactory to the board that the physician and surgeon has received credit for at least 36 months of board-approved postgraduate training ~~which includes successful progression through 24 months in the same program~~ before the licensee's initial license expiration. The Board may grant an additional 60 days to the initial license expiration date authorized under Section 2423.

8) To delay the transfer of the research psychoanalyst registration program from the MBC to the Board of Psychology, amend Sections 23 through 28 of the bill to provide that those sections shall not take effect until January 1, 2025.

9) To realign the OMBC's next sunset review with the MBC, add a new section amending Section 2450 of the Business and Professions Code to extend the OMBC's sunset date to January 1, 2028.

10) To incorporate language relating to the Licensed Physicians and Dentists from Mexico Pilot Program that was previously negotiated for another vehicle, add a new section amending BPC § 853 to insert the following language as new subdivisions (i) and (j):

(i) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the Medical Board of California shall issue a three-year nonrenewable license pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a license only under the Licensed Physicians from Mexico Pilot Program pursuant to this section, subject to the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the Medical Board of California a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of medicine pursuant to this section until the Medical Board of California determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The Medical Board of California, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of medicine under the license in accordance with this section.

(j) (1) Subject to paragraphs (2), (3), and (4), the Medical Board of California may extend the three-year nonrenewable license period if, prior to January 30, 2024, the licensee was unable to practice more than 30 consecutive business days due to at least one of the following circumstances:

(A) The pregnancy of the licensee.

(B) The pregnancy of the married spouse of the licensee.

(C) The pregnancy of the domestic partner who is in a civil union with the licensee.

(D) Delay caused by the credentialing process of health plans.

(E) Delay caused by the visa application and review process by the United States Citizenship and Immigration Services.

(2) For a licensee to be eligible for an extension under this subdivision, both of the following shall be submitted to the Medical Board of California no later than January 30, 2024:

(A) A declaration signed by the licensee under penalty of perjury and supporting documentation demonstrating that the licensee meets the requirements of this subdivision.

(B) A request for the extension from the chief executive officer of the community health center who employs the licensee.

(3) If the Medical Board of California determines that the requirements of this subdivision have been satisfied for a licensee, it may grant a one-time extension for the timeframe in which the licensee was unable to work.

(4) An extension granted pursuant to this subdivision shall not extend the license period by more than one year or beyond September 30, 2026, whichever is sooner, and shall be dependent upon the program having sufficient funding appropriated in the annual Budget Act.

REGISTERED SUPPORT:

Consumer Protection Policy Center
Consumer Watchdog

REGISTERED OPPOSITION:

California Chapter of the American College of Cardiology
California Chapter of the American College of Emergency Physicians
California Medical Association
California Orthopaedic Association
California Rheumatology Alliance
California Society of Plastic Surgeons
Concentra

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

AMENDED IN ASSEMBLY JULY 12, 2023

AMENDED IN SENATE MAY 25, 2023

AMENDED IN SENATE MAY 8, 2023

AMENDED IN SENATE APRIL 27, 2023

SENATE BILL No. 815

Introduced by Senator Roth
(Principal coauthor: Assembly Member Berman)

February 17, 2023

An act to amend Sections *853,* 2001, 2020, 2064.5, 2065, 2096, 2097, ~~2220.08,~~ 2224, 2225.5, 2234, 2236, 2266, 2307, ~~2330,~~ 2334, 2425, ~~and 2435~~ *2435, and 2450* of, to amend and ~~renumber~~ *repeal* Sections 2529, 2529.1, 2529.5, and 2529.6 of, to add Sections 2024.5, *2220.1, 2220.2,* 2225.7, 2232.5, 2307.5, and 2334.5 to, and to add ~~the heading of~~ Article 3.5 (commencing with Section 2950) to Chapter 6.6 of Division 2 of, the Business and Professions Code, and to amend Section 123110 of the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 815, as amended, Roth. Healing arts.

~~(1) Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs for the licensure, regulation, and discipline of physicians and surgeons. Under existing law, the board consists of 15 members, 7 of whom are public members. Existing law requires the Senate Committee on Rules and the Speaker of the Assembly to each appoint one public member.~~

(1) Existing law governs professions and vocations that are regulated by various boards within the Department of Consumer Affairs, including the Medical Board of California and the Dental Board of California.

Existing law requires those boards to require a licensee, at the time of issuance of a license, to provide specified federal taxpayer information, including the applicant's social security number or individual taxpayer identification number. Existing law prohibits a licensing board from processing an application for an initial license unless the applicant provides that information where requested on the application.

Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows licensed physicians and dentists from Mexico to be issued a license by the Medical Board of California or a permit by the Dental Board of California to practice medicine or dentistry in California for a period not to exceed 3 years and establishes requirements for the participants in the program, as specified.

This bill, for purposes of the pilot program, notwithstanding the above-described requirements to provide specified federal taxpayer information, would require the Medical Board of California (board) to issue a 3-year nonrenewable license to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions. The bill would require the applicant to immediately seek an appropriate 3-year visa and social security number from the federal government within 14 days of being issued the medical license and immediately provide the board with their social security number within 10 days of issuance of that card by the federal government. The bill would prohibit the applicant from engaging in the practice of medicine until the board determines that these conditions have been met. The bill would require the board to notify the applicant of their eligibility to practice medicine if the board determines the applicant has met these conditions. The bill would permit the board to extend the 3-year nonrenewable license period, as specified. The bill would require, for a licensee to be eligible for an extension, certain documents to be submitted to the board no later than January 30, 2024, including a declaration signed by the licensee under penalty of perjury that the licensee meets the requirements for an extension. By expanding the crime of perjury, the bill would impose a state-mandated local program. The bill would prohibit an extension from extending the license period beyond September 30, 2026, and would make an extension dependent upon the program having sufficient funding appropriated in the annual Budget Act.

(2) Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs for the licensure, regulation, and discipline of physicians and surgeons. Under

existing law, the board consists of 15 members, 7 of whom are public members. Existing law requires the Senate Committee on Rules and the Speaker of the Assembly to each appoint one public member. Existing law repeals these provisions on January 1, 2024.

This bill ~~would, until January 1, 2028, increase the total number of board members from 15 to 17 members. The bill would increase the number of public members who are appointed by the Senate Committee on Rules and the Speaker of the Assembly to 2 public members each.~~ *would extend that date to January 1, 2028.*

~~(2)~~

(3) Existing law authorizes the board to employ and fix the compensation of an executive director, and other specified staff, as provided. Existing law authorizes the Attorney General to act as legal counsel for the board for any judicial and administrative proceedings. Existing law repeals these provisions on January 1, 2022.

This bill would extend that date to January 1, 2028. The bill would also establish a Complainant Liaison Unit comprised of board staff responsible for, among other things, responding to communications from the public about the complaint review and enforcement process.

~~(3)~~

(4) Existing law requires medical school graduates to obtain a physician's and surgeon's postgraduate training license within 180 days after enrollment in a board-approved training program, as specified. Existing law establishes that the physician's and surgeon's postgraduate training license shall be valid until 90 days after the holder has received 12 months' credit of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools approved by the board, as specified.

This bill would instead establish that ~~the~~ *any* physician's and surgeon's postgraduate training license *in an active status issued on or after January 1, 2020,* shall be valid for a period of 36 months.

~~(4)~~

(5) Existing law prohibits a postgraduate training licensee, intern, resident, postdoctoral fellow, or instructor from engaging in the practice of medicine, or receiving compensation for that practice, unless they hold a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board, except as provided. Existing law authorizes a graduate who has completed the first year of postgraduate training, in an approved residency or fellowship, to engage in the

practice of medicine as part of that residency or fellowship, and to receive compensation for that practice. If the resident or fellow fails to receive a license to practice medicine within 27 months from the commencement of the residency or fellowship, except as otherwise specified, or if the board denies their application for licensure, existing law specifies that these privileges and exemptions automatically cease.

Existing law establishes that all approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the 15-month license exemption for graduates of medical schools in the United States and Canada or the 27-month license exemption for graduates of board-approved foreign medical schools, except as otherwise allowed. Existing law permits the board, in its discretion and upon review of supporting documentation, to grant an extension beyond the 15 months to a postgraduate training licensee who graduated from a medical school in the United States or Canada, or beyond 27 months to a postgraduate training licensee who graduated from a foreign medical school approved by the board, as specified.

This bill would delete the authorization provisions described above. The bill would instead establish that all approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the postgraduate training requirement to obtain a physician's and surgeon's license. The bill would modify requirements related to an applicant for a physician's and surgeon's license, who has either graduated from medical school in the United States or Canada to require the applicant to have received 12 months of board-approved postgraduate training in another state or in Canada, or has graduated from a foreign medical school approved by the board and has received 24 months credit of board-approved postgraduate training and who is accepted into an approved postgraduate program in California, to obtain their physician's and surgeon's license within 90 days after beginning that postgraduate program or all privileges and exemptions would automatically cease. The bill would also authorize the board, in its discretion and upon review of supporting documentation, to grant an extension beyond 36 months to a postgraduate training licensee who graduated from a medical school approved by the board, as specified.

~~(5)~~

(6) Existing law requires an applicant for a physician's and surgeon's license to successfully complete at least 12 months of board-approved

postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools other than Canadian medical schools. Existing law authorizes an applicant who has received credit for at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools, as specified, and not less than 12 months of which was completed as part of an oral and maxillofacial surgery postgraduate training program as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA) or approved by the board, to be eligible for licensure.

This bill would delete the provision regarding eligibility for licensure for applicants who participated in an oral and maxillofacial surgery postgraduate training program.

~~(6)~~

(7) For individuals issued a physician and surgeon license by the board on or after January 1, 2022, existing law requires a physician and surgeon to show satisfactory evidence to the board of postgraduate training, as specified, before a physician's and surgeon's license may be renewed. If a holder of a physician's and surgeon's certificate does not show evidence satisfactory to the board of the receipt of credit, as specified, of board-approved postgraduate training, as specified, existing law authorizes the board to automatically place a physician's and surgeon's certificate in delinquent status.

The bill would require a physician and surgeon to show evidence satisfactory to the board of postgraduate training, as specified, before a physician's and surgeon's license may be renewed, except licensees or applicants who meet specified requirements, including among others, that the licensee or applicant holds an unlimited and unrestricted license as a physician and surgeon in another state and has held that license continuously for a minimum of 4 years prior to the date of application and meets other requirements. The bill would, in addition to the authority to automatically place a physician's and surgeon's certificate in delinquent status, authorize the board to grant an additional 60 days to the initial license expiration date, as specified. For a licensee who has received credit for at least 24 months of approved postgraduate training in an oral and maxillofacial surgery postgraduate training program, as specified, the bill would require, at the time of initial renewal, a licensee

to show evidence satisfactory to the board, pursuant to the attestation of specified individuals before their physician's and surgeon's license may be renewed. For a physician whose license is canceled or who surrenders their license prior to meeting the renewal requirements described above, this bill would prohibit a physician from having their license reinstated, except as specified.

Existing law authorizes the Division of Licensing to prepare and mail a questionnaire, as specified, to every licensed physician at the time of license ~~renewal.~~ *renewal, and requires that questionnaire to include questions to establish that the physician currently has no mental, physical, or behavioral disorder that would impair the physician's ability to practice medicine safely.*

This bill would *instead* authorize the Division of Licensing to prepare and provide electronically or mail a ~~questionnaire, as specified,~~ *questionnaire* to every licensed physician at the time of license ~~renewal.~~ *renewal, and would require that the questionnaire include questions to establish that the physician currently has no disorder that would impair the physician's ability to practice medicine safely.*

~~(7)~~

(8) Existing law requires any complaint determined to involve the quality of care rendered by a physician and surgeon, except as provided, before complaint closure or referral to a field office for further investigation, to be reviewed by one or more medical experts with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint to determine if further field investigation is required. Existing law requires that review to include specified information, as requested by the board.

~~This bill would additionally require the review of the complaint to include an interview of the complainant, patient, or patient representative, if that information is provided.~~

Before a complaint, as specified, pertaining to the quality-of-care that a licensee provided to their patient may be closed, this bill would require the board to conduct an interview with the complainant, patient, or the patient's representative, as specified. The bill would require a complainant, patient, or patient representative to be provided with an opportunity to provide a statement relative to the harm they experienced, as specified. The bill would require the statement to be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains.

~~(8)~~

(9) Existing law authorizes the board to delegate its specified authority to conduct investigations and inspections and to institute proceedings to the executive director of the board or other specified personnel, but prohibits specified delegations of authority. Existing law requires the board to delegate to the executive director the authority to adopt a decision entered by default and a stipulation for surrender of a license.

This bill would additionally require the board to delegate to the executive director the authority to adopt automatic revocations.

~~(9)~~

(10) Existing law requires a licensee who fails or refuses to comply with a request for the certified medical records of a patient, as specified, to pay to the board a civil penalty, as specified. Existing law requires a licensee or health care facility to pay the board a civil penalty, as specified, if a licensee or health care facility refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board. Existing law establishes that any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

This bill would require that the statute of limitations relating to the licensee as described above be tolled upon the service of an order to show cause, as specified, until such time as the subpoenaed records are produced, including any period the licensee is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of the records to the board. This bill would require that the statute of limitations relating to the health care facility as described above be tolled during the period the health care facility is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

The bill would require the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy to provide the board, or its authorized representatives, records requested by an authorized officer of law or authorized representative of the board, within 3 business days of the time the request was made. The bill would permit the entity to request an extension of this timeframe, as specified.

~~(10)~~

(11) Existing law requires the board to take action against any licensee who is charged with unprofessional conduct, defined as, among

other things, including the failure of a certificate holder, who is the subject of an investigation of the board, to attend and participate in an interview by the board, as specified, and the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients.

This bill would specify the failure to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board constitutes unprofessional conduct. The bill would specify that the failure of a physician and surgeon to maintain adequate and accurate records as described above for at least 7 years after the last date of service to a patient constitutes unprofessional conduct.

The bill would include as unprofessional conduct any action of the licensee intended to cause their patient to rescind consent to the release of the patient's medical records to the board of the Health Quality Investigation Unit of the Department of Consumer Affairs and dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

This bill would establish that the conviction of certain felonies by a licensee constitutes cause for license revocation. If the board takes action to issue an order of revocation, the bill would require the board to notify the licensee of the license revocation and of their right to elect to have a hearing, as specified. Upon revocation of the physician's and surgeon's certificate, the bill would authorize the holder of the certificate to request a hearing within 30 days of the revocation. The bill would provide for suspension during the pendency of the conviction, as provided.

The bill would provide that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon except those offenses that constitute cause for license revocation, as provided above, constitutes unprofessional conduct.

Existing law specifies the time period before a person whose certificate has been surrendered or revoked or placed on probation may petition the board for reinstatement of a license. Existing law specifies a period of 3 years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after 2 years.

This bill would update certain of those time periods, including specifying a period of 5 years for reinstatement of a license surrendered

or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after 3 years.

The bill would require the board to automatically reject a petition for early termination of modification, as specified. The bill would authorize the board to establish a fee paid by a person seeking license reinstatement or modification of penalty, as specified. The bill would require the board to adopt regulations pursuant to the Administrative Procedure Act to implement this provision.

~~(11) Existing law requires complainants against licensees of the board, as specified, who are subject to formal disciplinary proceedings to be notified of the actions proposed to be taken against the licensee. Existing law requires complainants to be given an opportunity to provide a statement to the deputy attorney general from the Health Quality Enforcement Section who is assigned the case. Existing law prohibits these statements from being considered, as specified, for purposes of adjudicating the case to which the statement pertains, but authorizes them to be considered, as specified, after the case is finally adjudicated for specified purposes.~~

~~This bill would instead require those statements to be considered, where relevant, for purposes of adjudicating the case to which the statement pertains, as specified.~~

(12) Existing law prohibits the use of expert testimony in matters brought by the board unless specified ~~information~~ *information, including a complete expert witness report with prescribed components,* is exchanged with counsel for the other party, and requires the exchange of the information to be completed 30 calendar days prior to the commencement date of the hearing or as specified.

This *bill would additionally require a statement from a complainant, patient, or patient representative relative to the harm they experienced, if relied upon by an expert, to be exchanged in written form with counsel for the other party. The* bill would require the exchange of the information to be completed 90 days prior to the commencement date of the hearing or as specified.

The bill would establish the standards of proof required for obtaining an order on a statement of issues or accusation for violation that would result in license suspension or revocation and for any other ~~violation.~~ *violation, as well as revoked probation.*

(13) Under existing law, all moneys paid to and received by the board are required to be paid into the State Treasury and credited to the

Contingent Fund of the Medical Board of California. Under existing law, moneys in the contingent fund shall be available, upon appropriation by the Legislature, as provided. Existing law, applicable to the licensure of physicians and surgeons, requires an applicant for a certificate based upon a national board diplomate certificate, an applicant for a certificate based on reciprocity, and an applicant for a certificate based upon written examination to pay a nonrefundable application and processing fee at the time the application is filed. Existing law requires an applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other required fees, to pay an initial license fee in an amount not to exceed $863. For licenses that expire on or after January 1, 2022, existing law requires the board to fix the biennial renewal fee not to exceed $863.

This bill would instead require the initial license fee to be $1,289, and for licenses that expire on or after January 1, 2024, the biennial renewal fee to be $1,289.

Existing law, the Osteopathic Act, establishes the Board of Osteopathic Examiners of the State of California, known as the Osteopathic Medical Board of California, for the licensure, regulation, and discipline of persons holding or applying for physician's and surgeon's certificates issued by the Osteopathic Board of California. Existing law requires the powers and duties of the Osteopathic Medical Board of California to be subject to review by the appropriate policy committees of the Legislature. Existing law requires the review to be performed as if these provisions were scheduled to be repealed as of January 1, 2026.

This bill would extend that date to January 1, 2028.

(14) Existing law authorizes graduates of specified institutes who have completed clinical training in psychoanalysis to engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and authorizes students in those institutes to engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating specified words or that they do not state or imply that they are licensed to practice psychology. Existing law requires those students and graduates seeking to engage in psychoanalysis to register with the Medical Board of California, presenting evidence of their student or graduate status. Existing law requires each person to whom registration is granted under those provisions to pay specified fees into the Contingent Fund of the Medical

Board of California. Existing law, the Psychology Law, makes a violation of its provisions a crime.

~~This~~

Commencing January 1, 2025, this bill would transfer the administration and enforcement duties of those provisions from the Medical Board of California to the Board of Psychology. The bill would require that any moneys within the Contingent Fund of the Medical Board of California collected pursuant to those provisions be deposited in the Psychology Fund, and would require a registrant to pay into the Psychology Fund those fees fixed by the Board of Psychology. The bill would authorize the Board of Psychology to employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of these provisions. By placing these provisions in the Psychology Law, the bill would expand the definition of a crime, thereby imposing a state-mandated local program.

(15) Existing law establishes procedures for providing access to health care records or summaries of those records by patients and those persons having responsibility for decisions respecting the health care of others. Existing law entitles an adult patient of a health care provider, minor patient authorized by law to consent to medical treatment, and patient's personal representative to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, except as specified.

This bill would make technical, nonsubstantive changes to these provisions.

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

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

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

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

SECTION 1. Section 853 of the Business and Professions Code is amended to read:

853. (a) The Licensed Physicians and Dentists from Mexico Pilot Program is hereby created. This program shall allow up to 30 licensed physicians specializing in family practice, internal

medicine, pediatrics, and obstetrics and gynecology, and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed three years. The program shall also maintain an alternate list of program participants.

(b) The Medical Board of California shall issue three-year nonrenewable licenses to practice medicine to licensed Mexican physicians and the Dental Board of California shall issue three-year nonrenewable permits to practice dentistry to licensed Mexican dentists.

(c) Physicians from Mexico eligible to participate in this program shall comply with the following:

(1) Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de Certificación en Pediatría, A.C.

(2) Prior to leaving Mexico, each physician shall have completed the following requirements:

(A) Passed the board review course with a score equivalent to that registered by United States applicants when passing a board review course for the United States certification examination in each of ~~his or her~~ *the physician's* specialty areas and passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Family practitioners who shall include obstetrics and gynecology in their practice shall also be required to have appropriately documented, as specified by United States standards, 50 live births. Mexican obstetricians and gynecologists shall be fellows in good standing of the American College of Obstetricians and Gynecologists.

(B) (i) Satisfactorily completed a six-month orientation program that addressed medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, and pharmacology differences. This orientation program shall be approved by the Medical Board of California to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) Additionally, Mexican physicians participating in the program shall be required to be enrolled in adult English-as-a-second-language (ESL) classes that focus on both verbal and written subject matter. Each physician participating in the program shall have transcripts sent to the Medical Board of California from the appropriate Mexican university showing enrollment and satisfactory completion of these classes.

(C) Representatives from the UNAM in Mexico and a medical school in good standing or a facility conducting an approved medical residency training program in California shall confer to develop a mutually agreed upon distant learning program for the six-month orientation program required pursuant to subparagraph (B).

(3) Upon satisfactory completion of the requirements in paragraphs (1) and (2), and after having received their three-year nonrenewable medical license, the Mexican physicians shall be required to obtain continuing education pursuant to Section 2190. Each physician shall obtain an average of 25 continuing education units per year for a total of 75 units for a full three years of program participation.

(4) Upon satisfactory completion of the requirements in paragraphs (1) and (2), the applicant shall receive a three-year nonrenewable license to work in nonprofit community health centers and shall also be required to participate in a six-month externship at ~~his or her~~ *the applicant's* place of employment. This externship shall be undertaken after the participant has received a license and is able to practice medicine. The externship shall ensure that the participant is complying with the established standards for quality assurance of nonprofit community health centers and medical practices. The externship shall be affiliated with a medical school in good standing in California. Complaints against program participants shall follow the same procedures contained in the Medical Practice Act (Chapter 5 (commencing with Section 2000)).

(5) After arriving in California, Mexican physicians participating in the program shall be required to be enrolled in adult ESL classes at institutions approved by the Bureau of Private Post Secondary and Vocational Education or accredited by the Western Association of Schools and Colleges. These classes shall focus on verbal and written subject matter to assist a physician in obtaining a level of proficiency in English that is commensurate with the level of

English spoken at community clinics where ~~he or she~~ *the physician* will practice. The community clinic employing a physician shall submit documentation confirming approval of an ESL program to the board for verification. Transcripts of satisfactory completion of the ESL classes shall be submitted to the Medical Board of California as proof of compliance with this provision.

(6) (A) Nonprofit community health centers employing Mexican physicians in the program shall be required to have medical quality assurance protocols and either be accredited by the Joint Commission on Accreditation of Health Care Organizations or have protocols similar to those required by the Joint Commission on Accreditation of Health Care Organizations. These protocols shall be submitted to the Medical Board of California prior to the hiring of Mexican physicians.

(B) In addition, after the program participant successfully completes the six-month externship program, a free standing health care organization that has authority to provide medical quality certification, including, but not limited to, health plans, hospitals, and the Integrated Physician Association, is responsible for ensuring and overseeing the compliance of nonprofit community health centers medical quality assurance protocols, conducting site visits when necessary, and developing any additional protocols, surveys, or assessment tools to ensure that quality of care standards through quality assurance protocols are being appropriately followed by physicians participating in the program.

(7) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this three-year pilot program to be granted hospital privileges in their facilities.

(8) The Medical Board of California shall provide oversight review of both the implementation of this program and the evaluation required pursuant to subdivision ~~(j).~~ *(l).* The board shall consult with the medical schools applying for funding to implement and evaluate this program, executive and medical directors of nonprofit community health centers wanting to employ program participants, and hospital administrators who will have these participants practicing in their hospital, as it conducts its oversight responsibilities of this program and evaluation. Any funding necessary for the implementation of this program, including the evaluation and oversight functions, shall be secured from nonprofit

philanthropic entities. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities. The board shall, upon appropriation in the annual Budget Act, expend funds received from nonprofit philanthropic entities for this program.

(d) (1) Dentists from Mexico eligible to participate in this program shall comply with the following requirements or the requirements contained in paragraph (2):

(A) Be graduates from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología), including, but not limited to:

(i) A minimum grade point average.

(ii) A specified English language comprehension and conversational level.

(iii) Passage of a general examination.

(iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

(i) Practical issues in pharmacology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ii) Practical issues and diagnosis in oral pathology that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Clinical applications that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iv) Biomedical sciences that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(v) Clinical history management that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vi) Special patient care that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vii) Sedation techniques that shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(viii) Infection control guidelines which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ix) Introduction to health care systems in California.

(x) Introduction to community clinic operations.

(2) (A) Graduate within the three-year period prior to enrollment in the program, from a foreign dental school that has received provisional approval or certification by November of 2003 from the Dental Board of California under the Foreign Dental School Approval Program.

(B) Enroll and satisfactorily complete an orientation program that focuses on the health care system and community clinic operations in California.

(C) Enroll and satisfactorily complete a course taught by an approved foreign dental school on infection control approved by the Dental Board of California.

(3) Upon satisfactory completion to a competency level of the requirements in paragraph (1) or (2), dentists participating in the program shall be eligible to obtain employment in a nonprofit community health center pursuant to subdivision (f) within the structure of an extramural dental program for a period not to exceed three years.

(4) Dentists participating in the program shall be required to complete the necessary continuing education units required by the Dental Practice Act (Chapter 4 (commencing with Section 1600)).

(5) The program shall accept 30 participating dentists. The program shall also maintain an alternate list of program applicants. If an active program participant leaves the program for any reason, a participating dentist from the alternate list shall be chosen to fill the vacancy. Only active program participants shall be required to

complete the orientation program specified in subparagraph (C) of paragraph (1).

(6) (A) Additionally, an extramural dental facility may be identified, qualified, and approved by the board as an adjunct to, and an extension of, the clinical and laboratory departments of an approved dental school.

(B) As used in this subdivision, "extramural dental facility" includes, but is not limited to, any clinical facility linked to an approved dental school for the purposes of monitoring or overseeing the work of a dentist licensed in Mexico participating in this program and that is employed by an approved dental school for instruction in dentistry that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered. These facilities shall include nonprofit community health centers.

(C) Dental services provided to the public in these facilities shall constitute a part of the dental education program.

(D) Approved dental schools shall register extramural dental facilities with the board. This registration shall be accompanied by information supplied by the dental school pertaining to faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, the name and location of the facility, the date operations shall commence at the facility, and a description of the equipment and facilities available. This information shall be supplemented with a copy of the agreement between the approved dental school and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the board shall be communicated to the board.

(7) The program shall also include issues dealing with program operations, and shall be developed in consultation by representatives of community clinics, approved dental schools, or the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(8) The Dental Board of California shall provide oversight review of the implementation of this program and the evaluation required pursuant to subdivision ~~(j).~~ *(l)*. The board shall consult with dental schools in California that have applied for funding to implement and evaluate this program and executive and dental directors of nonprofit community health centers wanting to employ program participants, as it conducts its oversight responsibilities

of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(e) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable license to practice medicine shall be nine hundred dollars ($900)

and the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars ($548). A licensee or permitholder shall practice only in the nonprofit community health center that offered ~~him or her~~ *the licensee or permitholder* employment and the corresponding hospital. This three-year nonrenewable license or permit shall be deemed to be a license or permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(h) The three-year nonrenewable license or permit shall terminate upon notice by certified mail, return receipt requested, to the licensee's or permitholder's address of record, if, in the Medical Board of California or Dental Board of California's sole discretion, it has determined that either:

(1) The license or permit was issued by mistake.

(2) A complaint has been received by either board against the licensee or permitholder that warrants terminating the license or permit pending an investigation and resolution of the complaint.

(i) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the Medical Board of California shall issue a three-year nonrenewable license pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a license only under the Licensed Physicians from Mexico Pilot Program pursuant to this section, subject to all of the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the Medical Board of California a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of medicine pursuant to this section until the Medical Board of California determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The Medical Board of California, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of medicine under the license in accordance with this section.

(j) (1) Subject to paragraphs (2) to (4), inclusive, the Medical Board of California may extend the three-year nonrenewable license period if the licensee was unable to practice more than 30 consecutive business days due to at least one of the following circumstances:

(A) The pregnancy of the licensee.

(B) The pregnancy of the married spouse of the licensee.

(C) The pregnancy of the domestic partner who is in a civil union with the licensee.

(D) Delay caused by the credentialing process of health plans.

(E) Delay caused by the visa application and review process by the United States Citizenship and Immigration Services.

(2) For a licensee to be eligible for an extension under this subdivision, both of the following shall be submitted to the Medical Board of California no later than January 30, 2024:

(A) A declaration signed by the licensee under penalty of perjury and supporting documentation demonstrating that the licensee meets the requirements of this subdivision.

(B) A request for the extension from the chief executive officer of the community health center who employs the licensee.

(3) If the Medical Board of California determines that the requirements of this subdivision have been satisfied for a licensee, it may grant a one-time extension for the timeframe in which the licensee was unable to work.

(4) An extension granted pursuant to this subdivision shall not extend the license period by more than one year or beyond September 30, 2026, whichever is sooner, and shall be dependent upon the program having sufficient funding appropriated in the annual Budget Act.

~~(i)~~

(k) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical and dental practitioners from Mexico participating in this pilot program. This shall include nonprofit community health centers providing malpractice insurance coverage.

~~(j)~~

(l) Beginning 12 months after this pilot program has commenced, an evaluation of the program shall be undertaken with funds provided from philanthropic foundations. The evaluation shall be conducted jointly by one medical school and one dental school in California and either UNAM or a foreign dental school approved by the Dental Board of California, in consultation with the Medical Board of California. If the evaluation required pursuant to this section does not begin within 15 months after the pilot project has commenced, the evaluation may be performed by an independent consultant selected by the Director of the Department of Consumer Affairs. This evaluation shall include, but not be limited to, the following issues and concerns:

(1) Quality of care provided by doctors and dentists licensed under this pilot program.

(2) Adaptability of these licensed practitioners to California medical and dental standards.

(3) Impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers.

(4) Response and approval by patients.

(5) Impact on cultural and linguistic services.

(6) Increases in medical encounters provided by participating practitioners to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers.

(7) Recommendations on whether the program should be continued, expanded, altered, or terminated.

(8) Progress reports on available data listed shall be provided to the Legislature on achievable time intervals beginning the second year of implementation of this pilot program. An interim final report shall be issued three months before termination of this pilot program. A final report shall be submitted to the Legislature at the time of termination of this pilot program on all of the above data. The final report shall reflect and include how other initiatives concerning the development of culturally and linguistically competent medical and dental providers within California and the United States are impacting communities in need of these health care providers.

~~(k)~~

(m) Costs for administering this pilot program shall be secured from philanthropic entities.

~~(l)~~

(n) Program applicants shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

~~SECTION 1.~~

SEC. 2. Section 2001 of the Business and Professions Code is amended to read:

2001. (a) There is in the Department of Consumer Affairs a Medical Board of California that consists of ~~17~~ *15* members, ~~9~~ *7* of whom shall be public members.

(b) The Governor shall appoint 13 members to the board, subject to confirmation by the Senate, 5 of whom shall be public members. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint ~~two~~ *a* public ~~members.~~ *member.*

(c) This section shall remain in effect only until January 1, 2028, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

~~SEC. 2.~~

SEC. 3. Section 2020 of the Business and Professions Code is amended to read:

2020. (a) The board, by and with the approval of the director, may employ an executive director exempt from the provisions of the Civil Service Act and may also employ investigators, legal counsel, medical consultants, and other assistance as it may deem necessary to carry this chapter into effect. The board may fix the compensation to be paid for services subject to the provisions of applicable state laws and regulations and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating medical practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and the services of the Attorney General shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2028, and as of that date is repealed.

~~SEC. 3.~~

SEC. 4. Section 2024.5 is added to the Business and Professions Code, to read:

2024.5. (a) The board shall establish a Complainant Liaison Unit comprised of board staff responsible for the following:

(1) Respond to communications from the public about the complaint review and enforcement process.

(2) After a complaint has been referred to a field investigation, assist with coordinating communications between the complainant and investigators, as necessary.

(3) Following a disciplinary decision, respond to questions from the complainant regarding any appeals process available to the disciplined licensee.

(4) Conduct and support public outreach activities to improve the public's understanding of the board's enforcement process, including related laws and policies.

(5) Evaluate and respond to requests from complainants to review a complaint closure that the complainant believes was made in error.

~~SEC. 4.~~

SEC. 5. Section 2064.5 of the Business and Professions Code is amended to read:

2064.5. (a) Within 180 days after enrollment in a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician's and surgeon's postgraduate training license. To be considered for a postgraduate training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations, shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon an online electronic form, or another form provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that the applicant submits, that the applicant is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221 of this code.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.

(b) ~~The~~ *Any* physician's and surgeon's postgraduate training license *in an active status issued on or after January 1, 2020,* shall be valid for a period of 36 months. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with the licensee's duties as an intern

or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate licensee's file by the director of the program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

(1) Diagnose and treat patients.

(2) Prescribe medications without a cosigner, including prescriptions for controlled substances, if the licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.

(3) Sign birth certificates without a cosigner.

(4) Sign death certificates without a cosigner.

(5) Sign any other forms a physician and surgeon is authorized to sign.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician's and surgeon's certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate license within 180 days after enrollment in a board-approved postgraduate training program or if the board denies the graduate's application for a postgraduate license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(g) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

~~SEC. 5.~~

SEC. 6. Section 2065 of the Business and Professions Code is amended to read:

2065. (a) Unless otherwise provided by law, no postgraduate training licensee, intern, resident, postdoctoral fellow, or instructor may engage in the practice of medicine, or receive compensation therefor, or offer to engage in the practice of medicine unless they hold a valid, unrevoked, and unsuspended physician's and surgeon's certificate issued by the board. However, a graduate of an approved medical school may engage in the practice of medicine whenever and wherever required as a part of a postgraduate training program under the following conditions:

(1) The medical school graduate has taken and passed the board-approved medical licensing examinations required to qualify the applicant to participate in an approved postgraduate training program.

(2) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, the Educational Commission for Foreign Medical Graduates (ECFMG) has submitted an official ECFMG Certification Status Report directly to the board confirming the graduate is ECFMG certified.

(3) The medical school graduate is enrolled in a postgraduate training program approved by the board.

(4) The board-approved postgraduate training program has submitted the required board-approved form to the board documenting the medical school graduate is enrolled in an approved postgraduate training program.

(5) The medical school graduate obtains a physician's and surgeon's postgraduate training license in accordance with Section 2064.5.

(b) A medical school graduate enrolled in an approved postgraduate training program in accordance with this section may engage in the practice of medicine whenever and wherever required as a part of the training program, and may receive compensation for that practice.

(c) All approved postgraduate training the medical school graduate has successfully completed in the United States or Canada shall count toward the postgraduate training requirement to obtain a physician's and surgeon's license under Section 2096.

(d) The program director for an approved postgraduate training program in California shall report to the board, on a form approved

by the board, and provide any supporting documents as required by the board, the following actions within 30 days of the action:

(1) A postgraduate training licensee is notified that they have received partial or no credit for a period of postgraduate training, and their postgraduate training period is extended.

(2) A postgraduate training licensee takes a leave of absence or any break from their postgraduate training, and they are notified that their postgraduate training period is extended.

(3) A postgraduate training licensee is terminated from the postgraduate training program.

(4) A postgraduate training licensee resigns, dies, or otherwise leaves the postgraduate training program.

(5) A postgraduate training licensee has completed a one-year contract approved by the postgraduate training program.

(e) Upon review of supporting documentation, the board, in its discretion, may grant an extension beyond 36 months to a postgraduate training licensee who graduated from a medical school approved by the board pursuant to Section 2084 to receive credit for the 12 months of required approved postgraduate training for graduates of medical schools in the United States and Canada and 24 months of required approved postgraduate training for graduates of foreign medical schools other than Canadian medical schools.

(f) An applicant for a physician's and surgeon's license who has either graduated from medical school in the United States or Canada and has received 12 months credit for 12 months of board-approved postgraduate training in another state or in Canada, or has graduated from a foreign medical school approved by the board pursuant to Section 2084 and has received 24 months credit of board-approved postgraduate training and who is accepted into an approved postgraduate training program in California shall obtain their physician's and surgeon's license within 90 days after beginning that postgraduate training program or all privileges and exemptions under this section shall automatically cease.

(g) Upon review of supporting documentation, the board, in its discretion, may grant a physician's and surgeon's license to an applicant who demonstrates substantial compliance with this section.

~~SEC. 6.~~

SEC. 7. Section 2096 of the Business and Professions Code is amended to read:

2096. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be issued, each applicant, including an applicant applying pursuant to Article 5 (commencing with Section 2105), shall show by evidence satisfactory to the board that the applicant has received credit for at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools approved by the board pursuant to Section 2084 other than Canadian medical schools, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated.

(b) The postgraduate training required by this section shall include at least four months of general medicine and shall be obtained in a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) in the United States, the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or the College of Family Physicians of Canada (CFPC) in Canada.

~~SEC. 7.~~

SEC. 8. Section 2097 of the Business and Professions Code is amended to read:

2097. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be renewed, at the time of initial renewal, a physician and surgeon shall show evidence satisfactory to the board that the licensee has received credit for at least 36 months of board-approved postgraduate ~~training which includes successful progression through 24 months in the same program,~~ *training,* pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated, except licensees or applicants who meet the requirements of Section 2135, 2135.5, 2151, 2428, or by a licensee or applicant using clinical practice in an appointment under Section 2113 as qualifying time to meet the postgraduate training requirements in Section 2065.

(b) A physician's and surgeon's certificate shall be automatically placed in delinquent status by the board if the holder of a physician's and surgeon's certificate does not show evidence

satisfactory to the board that the physician and surgeon has received credit for at least 36 months of board-approved postgraduate training ~~which includes successful progression through 24 months in the same program~~ before the licensee's initial license expiration. The board may grant an additional 60 days to the initial license expiration date authorized under Section 2423.

(c) A licensee who has received credit for at least 24 months of approved postgraduate training in an oral and maxillofacial surgery postgraduate training program after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental Accreditation (CODA), shall show evidence satisfactory to the board at the time of initial renewal, before their physician's and surgeon's license may be renewed, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the licensee participated.

(d) Upon review of supporting documentation, the board, in its discretion, may renew a physician's and surgeon's license to an applicant who has demonstrated substantial compliance with this section.

(e) A physician whose license is canceled or who surrenders their license prior to meeting the renewal requirements under subdivision (a) may not have their license reinstated under Section 2428 without meeting current renewal requirements under subdivision (a), except licenses originally issued under Section 2135, 2135.5, 2151, or licensees that used qualifying time under Section 2113 to meet the postgraduate training requirements in Section 2065.

(f) This section shall only apply to individuals issued a license by the board on or after January 1, 2022.

~~SEC. 8. Section 2220.08 of the Business and Professions Code is amended to read:~~

~~2220.08. (a) Except for reports received by the board pursuant to Section 801.01 or 805 that may be treated as complaints by the board and new complaints relating to a physician and surgeon who is the subject of a pending accusation or investigation or who is on probation, any complaint determined to involve quality of care, before referral to a field office for further investigation, shall meet the following criteria:~~

~~(1) It shall be reviewed by one or more medical experts with the pertinent education, training, and expertise to evaluate the specific standard of care issues raised by the complaint to determine if further field investigation is required.~~

~~(2) It shall include the review of the following, which shall be requested by the board:~~

~~(A) Relevant patient records.~~

~~(B) The statement or explanation of the care and treatment provided by the physician and surgeon.~~

~~(C) Any additional expert testimony or literature provided by the physician and surgeon.~~

~~(D) Any additional facts or information requested by the medical expert reviewers that may assist them in determining whether the care rendered constitutes a departure from the standard of care.~~

~~(3) It shall include an interview of the complainant, patient, or patient representative, if that information is provided.~~

~~(b) If the board does not receive the information requested pursuant to paragraph (2) of subdivision (a) within 10 working days of requesting that information, the complaint may be reviewed by the medical experts and referred to a field office for investigation without the information.~~

~~(c) Nothing in this section shall impede the board's ability to seek and obtain an interim suspension order or other emergency relief.~~

SEC. 9. Section 2220.1 is added to the Business and Professions Code, to read:

2220.1. (a) For purposes of this section, "patient representative" means the spouse or domestic partner of the patient, a person responsible for the care of the patient, or the patient's next of kin.

(b) (1) Before a complaint within the jurisdiction of the board pertaining to the quality-of-care that a licensee provided to their patient may be closed, the board shall conduct an interview with the complainant, the patient, or the patient's representative, if one is identified in the complaint.

(2) This subdivision shall not apply to complaints that are submitted anonymously or without the contact information of the complainant, patient, or a patient representative.

(c) If the board's request for an interview is declined by the complainant, patient, or a patient representative identified in the

complaint, or the board has not received a response within 30 calendar days, the board may close the complaint, if otherwise warranted.

(d) If, after the complaint is closed, the complainant, patient, or patient representative provides additional information pertinent to that complaint, the board may reopen the matter, subject to the provisions of Section 2230.5.

SEC. 10. Section 2220.2 is added to the Business and Professions Code, to read:

2220.2. (a) For purposes of this section, "patient representative" means the spouse or domestic partner of the patient, a person responsible for the care of the patient, or the patient's next of kin.

(b) (1) At the time that a complaint is referred for a field investigation, the relevant complainant, patient, or patient representative shall be provided with the opportunity to provide a statement relative to the harm they experienced.

(2) The complainant, patient, or patient representative shall have up to 60 days following receipt of the notification described in paragraph (1) to provide the statement to the board.

(3) Notwithstanding Section 2330, the statement shall be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains.

(c) This section shall not apply to the Osteopathic Medical Board of California.

~~SEC. 9.~~

SEC. 11. Section 2224 of the Business and Professions Code is amended to read:

2224. (a) The board may delegate the authority under this chapter to conduct investigations and inspections and to institute proceedings to the executive director of the board or to other personnel as set forth in Section 2020. The board shall not delegate its authority to take final disciplinary action against a licensee as provided in Section 2227 and other provisions of this chapter. The board shall not delegate any authority of the Senior Assistant Attorney General of the Health Quality Enforcement Section or any powers vested in the administrative law judges of the Office of Administrative Hearings, as designated in Section 11371 of the Government Code.

(b) Notwithstanding subdivision (a), the board shall delegate to its executive director the authority to adopt a decision entered by default, a stipulation for surrender of a license, and automatic revocations.

~~SEC. 10.~~

SEC. 12. Section 2225.5 of the Business and Professions Code is amended to read:

2225.5. (a) (1) A licensee who fails or refuses to comply with a request for the certified medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization, shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars ($10,000), unless the licensee is unable to provide the documents within this time period for good cause.

(2) A health care facility shall comply with a request for the certified medical records of a patient that is accompanied by that patient's written authorization for release of records to the board together with a notice citing this section and describing the penalties for failure to comply with this section. Failure to provide the authorizing patient's certified medical records to the board within 30 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 30th day, up to ten thousand dollars ($10,000), unless the health care facility is unable to provide the documents within this time period for good cause. For health care facilities that have electronic health records, failure to provide the authorizing patient's certified medical records to the board within 15 days of receiving the request, authorization, and notice shall subject the health care facility to a civil penalty, payable to the board, of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced after the 15th day, up to ten thousand dollars ($10,000), unless the health care facility is unable to provide the documents within this time period for good cause. This paragraph shall not require health care facilities to assist the board in obtaining the patient's authorization. The board shall pay the reasonable costs of copying the certified medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board shall pay to the board a civil penalty of one thousand dollars ($1,000) per day for each day that the documents have not been produced after the date by which the court order requires the documents to be produced, up to ten thousand dollars ($10,000), unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled upon the service of an order to show cause pursuant to Section 11188 of the Government Code, until such time as the subpoenaed records are produced, including during any period the licensee is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). The fine shall be added to the licensee's renewal fee if it is not paid by the next succeeding renewal date. Any statute of limitations applicable to the filing of an accusation by the board shall be tolled during the period the licensee is out of compliance with the court order and during any related appeals.

(3) A health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of patient records to the board, that is accompanied by a notice citing this section and describing the penalties for failure to comply with this section, shall pay to the board a civil penalty of up to one thousand dollars ($1,000) per day for each day that the documents have not been produced, up to ten thousand dollars ($10,000), after the date by which the court order requires the documents to be produced, unless it is determined that the order is unlawful or invalid. Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals, or until the court declines to issue an order mandating release of records to the board.

(4) Any health care facility that fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board is guilty of a misdemeanor punishable by a fine payable to the board not to exceed five thousand dollars ($5,000). Any statute of limitations applicable to the filing of an accusation by the board against a licensee shall be tolled during the period the health care facility is out of compliance with the court order and during any related appeals.

(c) Multiple acts by a licensee in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) or by imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment. Multiple acts by a health care facility in violation of subdivision (b) shall be punishable by a fine not to exceed five thousand dollars ($5,000) and shall be reported to the State Department of Public Health and shall be considered as grounds for disciplinary action with respect to licensure, including suspension or revocation of the license or certificate.

(d) A failure or refusal of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of their license.

(e) Imposition of the civil penalties authorized by this section shall be in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, "certified medical records" means a copy of the patient's medical records authenticated by the licensee or health care facility, as appropriate, on a form prescribed by the board.

(g) For purposes of this section, a "health care facility" means a clinic or health facility licensed or exempt from licensure pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code.

~~SEC. 11.~~

SEC. 13. Section 2225.7 is added to the Business and Professions Code, to read:

2225.7. When requested by an authorized officer of the law or by an authorized representative of the board, the owner, corporate officer, or manager of an entity licensed by the Board of Pharmacy

shall provide the board, or its authorized representative, with the requested records within three business days of the time the request was made. The entity may request in writing an extension of this timeframe for a period not to exceed 14 calendar days from the date the records were requested. A request for an extension of time is subject to the approval of the board. An extension shall be deemed approved if the board fails to deny the extension request within two business days of the time the extension request was made directly to the board.

~~SEC. 12.~~

SEC. 14. Section 2232.5 is added to the Business and Professions Code, to read:

2232.5. (a) (1) Notwithstanding Section 2236, conviction of a felony by a licensee, where the conviction involves moral turpitude, dishonesty or corruption, fraud, or sexual assault, whether in the course of the licensee's actions as a physician and surgeon or otherwise, constitutes cause for license revocation.

(2) No expert witness testimony is required to prove the relationship between the felony conviction and the practice of medicine.

(b) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

(c) Following the conviction of a felony as described in subdivision (a), the board shall suspend the physician until the time for appeal has elapsed if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the board. The board may decline to impose or may set aside, the suspension when it appears to be in the interest of justice to do so, with due regard being given to maintaining the integrity of, and confidence in, the profession. At such time as the time for appeal has elapsed with no appeal having been taken, or the judgment of conviction has been affirmed on appeal, or the judgment of conviction has otherwise become final, the board shall issue an order of revocation in the matter. If the related conviction of the licensee is overturned on appeal, no revocation order shall be issued as to that conviction and any suspension order issued pursuant to the above shall be rescinded. Nothing in this subdivision shall prohibit the board from

pursuing disciplinary action based on any cause other than the overturned conviction.

(d) (1) If the board takes action to issue an order of revocation as provided in subdivision (c), the board shall notify the licensee of the license revocation and of their right to elect to have a hearing as provided in paragraph (2).

(2) Upon revocation of the physician's and surgeon's certificate, the holder may request a hearing within 30 days of the revocation. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

~~SEC. 13.~~

SEC. 15. Section 2234 of the Business and Professions Code is amended to read:

2234. The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

~~SEC. 14.~~

SEC. 16. Section 2236 of the Business and Professions Code is amended to read:

2236. (a) The conviction of any offense other than those that constitute cause for license revocation pursuant to Section 2232.5 substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter.

(b) The district attorney, city attorney, or other prosecuting agency shall notify the Division of Medical Quality of the pendency of an action against a licensee charging a felony or misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license as a physician and surgeon.

(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

~~SEC. 15.~~

SEC. 17. Section 2266 of the Business and Professions Code is amended to read:

2266. The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients for at least seven years after the last date of service to a patient constitutes unprofessional conduct.

~~SEC. 16.~~

SEC. 18. Section 2307 of the Business and Professions Code is amended to read:

2307. (a) Except as provided in subdivision (i), a person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least five years for reinstatement of a license surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after three years.

(2) At least two years for early termination of probation or after more than one-half of the probation term has elapsed, whichever is greater.

(3) At least one year for modification of a condition, or reinstatement of a license surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physicians and surgeons licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board or the California Board of Podiatric Medicine, as applicable, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board shall automatically reject a petition for early termination or modification of probation if the board files a petition to revoke probation while the petition for early termination or modification of the probation is pending. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of three years from the effective date of the prior decision following a hearing under this section.

(h) This section is applicable to and may be carried out with regard to licensees of the California Board of Podiatric Medicine. In lieu of two verified recommendations from physicians and surgeons, the petition shall be accompanied by at least two verified recommendations from doctors of podiatric medicine licensed in any state who have personal knowledge of the activities of the petitioner since the date the disciplinary penalty was imposed.

(i) (1) The board shall not reinstate the certificate of a person under any of the following circumstances:

(A) The person's certificate has been surrendered because the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(B) The person's certificate has been revoked based on a finding by the board that the person committed an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(C) The person was convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses described in subdivision (c) of Section 290 of the Penal Code, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(D) The person has been required to register as a sex offender pursuant to the provisions of Section 290 of the Penal Code, regardless of whether the conviction has been appealed, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense.

(2) A plea or a verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

(3) This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(j) Nothing in this section shall be deemed to alter Sections 822 and 823.

~~SEC. 17.~~

SEC. 19. Section 2307.5 is added to the Business and Professions Code, to read:

2307.5. (a) The board may establish a fee to be paid by a person seeking a license reinstatement or modification of penalty pursuant to Section 2307.

(b) The fee established shall not exceed the board's reasonable costs to process and adjudicate a petition submitted pursuant to Section 2307.

(c) The board shall adopt regulations pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) to implement this section.

~~SEC. 18. Section 2330 of the Business and Professions Code is amended to read:~~

~~2330. Complainants against licensees of the board, including licensees of allied health boards within the jurisdiction of the board, and of the Board of Podiatric Medicine, who are subject to formal disciplinary proceedings shall be notified of the actions proposed to be taken against the licensee. This notification shall be provided only to complainants who are known to the boards.~~

~~Complainants shall be given an opportunity to provide a statement to the deputy attorney general from the Health Quality Enforcement Section who is assigned the case. These statements shall be considered, where relevant, by a panel of the division, the Board of Podiatric Medicine, or other board for purposes of adjudicating the case to which the statement pertains, and may be considered by the division or those boards after the case is finally adjudicated for purposes of setting generally applicable policies and standards.~~

~~SEC. 19.~~

SEC. 20. Section 2334 of the Business and Professions Code is amended to read:

2334. (a) Notwithstanding any other provision of law, with respect to the use of expert testimony in matters brought by the Medical Board of California, no expert testimony shall be permitted by any party unless the following information is exchanged in written form with counsel for the other party, as ordered by the Office of Administrative Hearings:

(1) A curriculum vitae setting forth the qualifications of the expert.

(2) A complete expert witness report, which must include the following:

(A) A complete statement of all opinions the expert will express and the bases and reasons for each opinion.

(B) The facts or data considered by the expert in forming the opinions.

(C) Any exhibits that will be used to summarize or support the opinions.

(3) A representation that the expert has agreed to testify at the hearing.

(4) A statement of the expert's hourly and daily fee for providing testimony and for consulting with the party who retained their services.

(5) A statement, if any, provided pursuant to Section 2220.2, if relied upon by an expert.

(b) The exchange of the information described in subdivision (a) shall be completed no later than 90 calendar days prior to the originally scheduled commencement date of the hearing, or as determined by an administrative law judge when Section 11529 of the Government Code applies. Upon motion to extend the deadline based on a showing of good cause, the administrative law judge may extend the time for the exchange of information for a period not to exceed 100 calendar days cumulatively, but in no case shall the exchange take place less than 30 calendar days before the hearing date, whichever comes first.

(c) The Office of Administrative Hearings may adopt regulations governing the required exchange of the information described in this section.

~~SEC. 20.~~

SEC. 21. Section 2334.5 is added to the Business and Professions Code, to read:

2334.5. (a) The standard of proof required to obtain an order on ~~a statement of issues or~~ *an* accusation for a violation that would result in license suspension or revocation shall be a clear and convincing evidence standard.

(b) The standard of proof required to obtain an order on a statement of ~~issues or~~ *issues, an* accusation ~~for any other violation~~ *that would result in any other form of discipline, or to revoke probation,* shall be a preponderance of the evidence standard.

~~SEC. 21.~~

SEC. 22. Section 2425 of the Business and Professions Code is amended to read:

2425. (a) The Division of Licensing may prepare and provide electronically or mail to every licensed physician at the time of

license renewal a questionnaire containing any questions as are necessary to establish that the physician currently has no disorder that would impair the physician's ability to practice medicine safely.

(b) Each licensed physician shall complete, sign, and return the questionnaire to the Division of Licensing as a condition of renewing their license.

~~SEC. 22.~~

SEC. 23. Section 2435 of the Business and Professions Code is amended to read:

2435. The following fees apply to the licensure of physicians and surgeons:

(a) Each applicant for a certificate based upon a national board diplomate certificate, each applicant for a certificate based on reciprocity, and each applicant for a certificate based upon written examination, shall pay a nonrefundable application and processing fee, as set forth in subdivision (b), at the time the application is filed.

(b) The application and processing fee shall be six hundred twenty-five dollars ($625).

(c) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required herein, shall pay an initial license fee, if any, in an amount fixed by the board consistent with this section. The initial license fee shall be one thousand two hundred eighty-nine dollars ($1,289). An applicant enrolled in an approved postgraduate training program shall be required to pay only 50 percent of the initial license fee.

(d) For licenses that expire on or after January 1, 2024, the biennial renewal fee shall be one thousand two hundred eighty-nine dollars ($1,289).

(e) Notwithstanding Section 163.5, the delinquency fee shall be 10 percent of the biennial renewal fee.

(f) The duplicate certificate and endorsement fees shall each be fifty dollars ($50), and the certification and letter of good standing fees shall each be ten dollars ($10).

(g) Not later than January 1, 2012, the Office of State Audits and Evaluations within the Department of Finance shall commence a preliminary review of the board's financial status, including, but not limited to, its projections related to expenses, revenues, and reserves, and the impact of the loan from the Contingent Fund of

the Medical Board of California to the General Fund made pursuant to the Budget Act of 2008. The office shall make the results of this review available upon request by June 1, 2012. This review shall be funded from the existing resources of the office during the 2011–12 fiscal year.

SEC. 24. Section 2450 of the Business and Professions Code is amended to read:

2450. There is a Board of Osteopathic Examiners of the State of California, established by the Osteopathic Act, which shall be known as the Osteopathic Medical Board of California which enforces this chapter relating to persons holding or applying for physician's and surgeon's certificates issued by the Osteopathic Medical Board of California under the Osteopathic Act.

Persons who elect to practice using the term of suffix "M.D.," as provided in Section 2275, shall not be subject to this article, and the Medical Board of California shall enforce the provisions of this chapter relating to persons who made the election.

Notwithstanding any other law, the powers and duties of the Osteopathic Medical Board of California, as set forth in this article and under the Osteopathic Act, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this article were scheduled to be repealed as of January 1, ~~2026.~~ *2028*.

~~SEC. 23. Section 2529 of the Business and Professions Code is amended and renumbered to read:~~

~~2950. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the board who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.~~

~~(b) Those students and graduates seeking to engage in psychoanalysis under this article shall register with the board,~~

~~presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2960, 2960.6, 2969, and 2996.~~

~~(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.~~

SEC. 25. Section 2529 of the Business and Professions Code is amended to read:

2529. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the Medical Board of California who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this chapter shall register with the Medical Board of California, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2234, 2235, and 2529.1.

(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(d) This section shall remain in effect until January 1, 2025, and as of that date is repealed.

~~SEC. 24. Section 2529.1 of the Business and Professions Code is amended and renumbered to read:~~

~~2951. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.~~

~~(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Article 4 (commencing with Section 2960) or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.~~

SEC. 26. Section 2529.1 of the Business and Professions Code is amended to read:

2529.1. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Section 2227 or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw ~~his or her~~ *their* plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(c) This section shall remain in effect until January 1, 2025, and as of that date is repealed.

~~SEC. 25. Section 2529.5 of the Business and Professions Code is amended and renumbered to read:~~

~~2952. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum of one hundred dollars ($100).~~

~~(b) The registration shall expire after two years. The registration may be renewed biennially at a fee fixed by the board at a sum not in excess of fifty dollars ($50). Students seeking to renew their registration shall present to the board evidence of their continuing student status.~~

~~(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter. Any moneys within the Contingent Fund of the Medical Board of California collected pursuant to Section 2529.5 as it read before the enactment of the statute that amended and renumbered this section, shall be deposited in the Psychology Fund.~~

~~(d) The board may employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of this article.~~

SEC. 27. Section 2529.5 of the Business and Professions Code is amended to read:

2529.5. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the Medical Board of California at a sum of one hundred fifty dollars ($150).

(b) The registration shall expire after two years. The registration may be renewed biennially. For registrations that expire on or after January 1, 2022, the fee shall be seventy-five dollars ($75). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter.

(d) This section shall remain in effect until January 1, 2025, and as of that date is repealed.

~~SEC. 26. Section 2529.6 of the Business and Professions Code is amended and renumbered to read:~~

~~2953. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.~~

~~(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.~~

~~(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of their duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.~~

~~(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.~~

SEC. 28. Section 2529.6 of the Business and Professions Code is amended to read:

2529.6. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of ~~his or her~~ *their* duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(e) This section shall remain in effect until January 1, 2025, and as of that date is repealed.

~~SEC. 27. The heading of Article 3.5 (commencing with Section 2950) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:~~

SEC. 29. Article 3.5 (commencing with Section 2950) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:

Article 3.5. Research Psychoanalysts

2950. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the board who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this article shall register with the board, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2960, 2960.6, 2969, and 2996.

(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

2951. (a) The use of any controlled substance or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the registrant, or to any other person or to the public, or to the extent that this use impairs the ability of the registrant to practice safely or more than one misdemeanor or any felony conviction involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of this unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The board may order discipline of the registrant in accordance with Article 4 (commencing with Section 2960) or may order the denial of the registration when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing this person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

2952. (a) Each person to whom registration is granted under the provisions of this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum of one hundred dollars ($100).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee fixed by the board at a sum not in excess of fifty dollars ($50). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The money in the Contingent Fund of the Medical Board of California shall be used for the administration of this chapter. Any moneys within the Contingent Fund of the Medical Board of California collected pursuant to Section 2529.5 as it read before the enactment of the statute that added this section, shall be deposited in the Psychology Fund.

(d) The board may employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of this article.

2953. (a) Except as provided in subdivisions (b) and (c), the board shall revoke the registration of any person who has been required to register as a sex offender pursuant to Section 290 of the Penal Code for conduct that occurred on or after January 1, 2017.

(b) This section shall not apply to a person who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(c) This section shall not apply to a person who has been relieved under Section 290.5 of the Penal Code of their duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law.

(d) A proceeding to revoke a registration pursuant to this section shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

2954. This article shall take effect on January 1, 2025.

~~SEC. 28.~~

SEC. 30. Section 123110 of the Health and Safety Code is amended to read:

123110. (a) Notwithstanding Section 5328 of the Welfare and Institutions Code, and except as provided in Sections 123115 and 123120, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient's personal representative shall be entitled to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, as specified in subdivision (j). However, a patient who is a minor shall be entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. A

health care provider shall permit this inspection during business hours within five working days after receipt of the request. The inspection shall be conducted by the patient or patient's personal representative requesting the inspection, who may be accompanied by one other person of their choosing.

(b) (1) Additionally, any patient or patient's personal representative shall be entitled to a paper or electronic copy of all or any portion of the patient records that they have a right to inspect, upon presenting a request to the health care provider specifying the records to be copied, together with a fee to defray the costs of producing the copy or summary, as specified in subdivision (j). The health care provider shall ensure that the copies are transmitted within 15 days after receiving the request.

(2) The health care provider shall provide the patient or patient's personal representative with a copy of the record in the form and format requested if it is readily producible in the requested form and format, or, if not, in a readable paper copy form or other form and format as agreed to by the health care provider and the patient or patient's personal representative. If the requested patient records are maintained electronically and if the patient or patient's personal representative requests an electronic copy of those records, the health care provider shall provide them in the electronic form and format requested if they are readily producible in that form and format, or, if not, in a readable electronic form and format as agreed to by the health care provider and the patient or patient's personal representative.

(c) Copies of X-rays or tracings derived from electrocardiography, electroencephalography, or electromyography need not be provided to the patient or patient's personal representative under this section, if the original X-rays or tracings are transmitted to another health care provider upon written request of the patient or patient's personal representative and within 15 days after receipt of the request. The request shall specify the name and address of the health care provider to whom the records are to be delivered. All reasonable costs, not exceeding actual costs, incurred by a health care provider in providing copies pursuant to this subdivision may be charged to the patient or representative requesting the copies.

(d) (1) Notwithstanding any provision of this section, and except as provided in Sections 123115 and 123120, a patient, employee

of a nonprofit legal services entity representing the patient, or the personal representative of a patient, is entitled to a copy, at no charge, of the relevant portion of the patient's records, upon presenting to the provider a written request, and proof that the records or supporting forms are needed to support a claim or appeal regarding eligibility for a public benefit program, a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act, or a self-petition for lawful permanent residency under the Violence Against Women Act. A public benefit program includes the Medi-Cal program, the In-Home Supportive Services Program, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, Social Security Disability Insurance benefits, Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled (SSI/SSP) benefits, federal veterans service-connected compensation and nonservice connected pension disability benefits, CalFresh, the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program.

(2) Although a patient shall not be limited to a single request, the patient, employee of a nonprofit legal services entity representing the patient, or patient's personal representative shall be entitled to no more than one copy of any relevant portion of their record free of charge.

(3) This subdivision shall not apply to any patient who is represented by a private attorney who is paying for the costs related to the patient's claim or appeal, pending the outcome of that claim or appeal. For purposes of this subdivision, "private attorney" means any attorney not employed by a nonprofit legal services entity.

(e) If a patient, employee of a nonprofit legal services entity representing the patient, or the patient's personal representative requests a record pursuant to subdivision (d), the health care provider shall ensure that the copies are transmitted within 30 days after receiving the written request.

(f) This section shall not be construed to preclude a health care provider from requiring reasonable verification of identity prior to permitting inspection or copying of patient records, provided this requirement is not used oppressively or discriminatorily to frustrate or delay compliance with this section. This section does

not supersede any rights that a patient or personal representative might otherwise have or exercise under Section 1158 of the Evidence Code or any other provision of law. This chapter does not require a health care provider to retain records longer than required by applicable statutes or administrative regulations.

(g) (1) This chapter shall not be construed to render a health care provider liable for the quality of their records or the copies provided in excess of existing law and regulations with respect to the quality of medical records. A health care provider shall not be liable to the patient or any other person for any consequences that result from disclosure of patient records as required by this chapter. A health care provider shall not discriminate against classes or categories of providers in the transmittal of X-rays or other patient records, or copies of these X-rays or records, to other providers as authorized by this section.

(2) Every health care provider shall adopt policies and establish procedures for the uniform transmittal of X-rays and other patient records that effectively prevent the discrimination described in this subdivision. A health care provider may establish reasonable conditions, including a reasonable deposit fee, to ensure the return of original X-rays transmitted to another health care provider, provided the conditions do not discriminate on the basis of, or in a manner related to, the license of the provider to which the X-rays are transmitted.

(h) Any health care provider described in paragraphs (4) to (10), inclusive, of subdivision (a) of Section 123105 who willfully violates this chapter is guilty of unprofessional conduct. Any health care provider described in paragraphs (1) to (3), inclusive, of subdivision (a) of Section 123105 that willfully violates this chapter is guilty of an infraction punishable by a fine of not more than one hundred dollars ($100). The state agency, board, or commission that issued the health care provider's professional or institutional license shall consider a violation as grounds for disciplinary action with respect to the licensure, including suspension or revocation of the license or certificate.

(i) This section prohibits a health care provider from withholding patient records or summaries of patient records because of an unpaid bill for health care services. Any health care provider who willfully withholds patient records or summaries of patient records

because of an unpaid bill for health care services is subject to the sanctions specified in subdivision (h).

(j) (1) Except as provided in subdivision (d), a health care provider may impose a reasonable, cost-based fee for providing a paper or electronic copy or summary of patient records, provided the fee includes only the cost of the following:

(A) Labor for copying the patient records requested by the patient or patient's personal representative, whether in paper or electronic form.

(B) Supplies for creating the paper copy or electronic media if the patient or patient's personal representative requests that the electronic copy be provided on portable media.

(C) Postage, if the patient or patient's personal representative has requested the copy, or the summary or explanation, be mailed.

(D) Preparing an explanation or summary of the patient record, if agreed to by the patient or patient's personal representative.

(2) The fee from a health care provider shall not exceed twenty-five cents ($0.25) per page for paper copies or fifty cents ($0.50) per page for records that are copied from microfilm.

~~SEC. 29.~~

SEC. 31. 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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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(1) - AB 248 (Mathis) Individuals with intellectual or developmental disabilities: The Dignity for All Act

Background

AB 248 (Mathis) was introduced on January 18, 2023.

This bill addresses terms that refer to people with intellectual and developmental disabilities using outdated terms like "mentally retarded," "mentally retarded children," "retardation," and "handicap." It replaces these old terms with new ones such as, “individuals with intellectual or developmental disabilities” which are more in line with current language used to refer to people with intellectual and developmental disabilities, which is more accepting and respectful.

On April 7, 2023, Board Member Casuga recommended the Board watch AB 248.

On May 17, 2023, AB 248 was amended to remove outdated terms missing in the introduction of the bill.

On June 20, 2023, the bill passed the Senate Committee on Human Services.

Board of Psychology staff is continuing to monitor the bill, for additional amendments.

Action Requested

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

Attachment 1: AB 248 (Mathis) Bill Text

AMENDED IN SENATE MAY 17, 2023

AMENDED IN ASSEMBLY MARCH 7, 2023

AMENDED IN ASSEMBLY FEBRUARY 23, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL No. 248

Introduced by Assembly Members Mathis, Bryan, Grayson, Weber, and Wicks
(Coauthors: Assembly Members Arambula, Mike Fong, McCarty, and Stephanie Nguyen)
(Coauthors: Senators Becker, Limón, Niello, Ochoa Bogh, and Wiener)

January 18, 2023

An act to amend Sections 14670.1 and 20405 of the Government Code, to amend Section 1267.11 of the Health and Safety Code, and to amend ~~Section 14110.6~~ *Sections 14110.6, 19008.5, 19502, 19503, 19504, and 19725* of, and to repeal Section 4509 of, the Welfare and Institutions Code, relating to individuals with ~~intellectual or developmental~~ disabilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 248, as amended, Mathis. Individuals with ~~intellectual or developmental~~ disabilities: The Dignity for All Act.

Existing law includes the terms "mentally retarded persons," "mentally retarded children," ~~and "retardation."~~ *"retardation," and "handicap."*

This bill, The Dignity for All Act, would make nonsubstantive changes to those provisions to eliminate this obsolete terminology. The bill would repeal obsolete provisions of law.

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

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

SECTION 1. This act shall be known, and may be cited, as The Dignity for All Act.

SEC. 2. Section 14670.1 of the Government Code is amended to read:

14670.1. Notwithstanding Section 14670, the Director of General Services, with the consent of the State Department of State Hospitals, may let to a nonprofit corporation, for the purpose of conducting an educational and work program for individuals with intellectual or developmental disabilities, and for a period not to exceed 50 years, real property not exceeding 10 acres located within the grounds of the Napa State Hospital.

The lease authorized by this section shall be nonassignable and shall be subject to periodic review every five years. This review shall be made by the Director of General Services, who shall do both of the following:

(a) Assure the state that the original purposes of the lease are being carried out.

(b) Determine what, if any, adjustment should be made in the terms of the lease.

The lease shall also provide for an initial capital outlay by the lessee of thirty thousand dollars ($30,000) prior to January 1, 1976. Such capital outlay may be, or may have been, contributed before or after the effective date of the act adding this section.

SEC. 3. Section 20405 of the Government Code is amended to read:

20405. (a) "State safety member" shall also include officers and employees of the Department of Corrections and Rehabilitation in the following classifications:

Classification Code	Classification
0683	Assistant Dairy Operator
2156	Assistant Food Manager (Correctional Facility)
4302	Assistant General Manager, Operations
2080	Assistant Seamer (Correctional Facility)
5447	Assistant Warden, Psychiatric Services, Correctional Facility
6868	Automobile Mechanic (Correctional Facility)

Classification Code	Classification
6394	Automotive Equipment Operator I (Correctional Facility)
6392	Automotive Equipment Operator II (Correctional Facility)
6893	Automotive Pool Manager I (Correctional Facility)
2224	Baker I (Correctional Facility)
2221	Baker II (Correctional Facility)
2086	Barber (Correctional Facility)
2084	Barbershop Manager (Correctional Facility)
6216	Building Maintenance Worker (Correctional Facility)
2245	Butcher–Meat Cutter II (Correctional Facility)
6483	Carpenter I (Correctional Facility)
6474	Carpenter II (Correctional Facility)
6471	Carpenter III (Correctional Facility)
2015	Chief Assistant General Manager, Prison Industries
4110	Chief, Day Labor Programs (Correctional Facility)
9344	Chief Dentist, Correctional Facility
2578	Chief Deputy, Clinical Services, Correctional Facility
6699	Chief Engineer I (Correctional Facility)
7547	Chief Medical Officer, Correctional Facility
6754	Chief of Plant Operation I (Correctional Facility)
6751	Chief of Plant Operation II (Correctional Facility)
6748	Chief of Plant Operation III (Correctional Facility)
9267	Chief Physician and Surgeon, Correctional Facility
7612	Chief Psychiatrist, Correctional Facility
9859	Chief Psychologist, Correctional Facility
7146	Chief, Quality Assurance, Prison Industries
9279	Clinical Dietician, Correctional Facility
9293	Clinical Laboratory Technologist, Correctional Facility
4132	Construction Supervisor (Correctional Facility)
4107	Construction Supervisor I (Correctional Facility)
4108	Construction Supervisor II (Correctional Facility)
4109	Construction Supervisor III (Correctional Facility)
2187	Cook I (Correctional Facility)

Classification Code	Classification
2186	Cook II (Correctional Facility)
7208	Correctional Business Manager I, Department of Corrections
4744	Correctional Business Manager II, Department of Corrections
4910	Correctional Health Services Administrator I, Correctional Facility
4912	Correctional Health Services Administrator II, Correctional Facility
6304	Correctional Plant Manager I, Department of Corrections
6305	Correctional Plant Manager II, Department of Corrections
6303	Correctional Plant Supervisor, Department of Corrections
9296	Dental Assistant, Correctional Facility
9298	Dental Hygienist, Correctional Facility
9299	Dental Laboratory Technician, Correctional Facility
9268	Dentist, Correctional Facility
7200	Dry Cleaning Plant Supervisor
6544	Electrician I (Correctional Facility)
6538	Electrician II (Correctional Facility)
6534	Electrician III (Correctional Facility)
6916	Electronics Technician (Correctional Facility)
6865	Equipment Maintenance Supervisor (Correctional Facility)
2153	Food Administrator I (Correctional Facility)
2147	Food Administrator II (Correctional Facility)
2150	Food Manager (Correctional Facility)
2196	Food Service Worker I (Correctional Facility)
2195	Food Service Worker II (Correctional Facility)
6955	Fusion Welder (Correctional Facility)
6628	Glazier (Correctional Facility)
0743	Groundskeeper (Correctional Facility)
6826	Heavy Equipment Mechanic (Correctional Facility)
6379	Heavy Truck Driver (Correctional Facility)

Classification Code	Classification
9307	Hospital Aid, Correctional Facility
7218	Industrial Supervisor, Prison Industries (Bindery)
0648	Industrial Supervisor, Prison Industries (Crop Farm)
0682	Industrial Supervisor, Prison Industries (Dairy)
7204	Industrial Supervisor, Prison Industries (Dental Laboratory)
7198	Industrial Supervisor, Prison Industries (Fabric Products)
7211	Industrial Supervisor, Prison Industries (Knit Goods Finishing)
7210	Industrial Supervisor, Prison Industries (Knitting Mill)
2109	Industrial Supervisor, Prison Industries (Laundry)
7215	Industrial Supervisor, Prison Industries (Maintenance and Repair)
7197	Industrial Supervisor, Prison Industries (Mattress and Bedding)
7191	Industrial Supervisor, Prison Industries (Metal Fabrication)
7216	Industrial Supervisor, Prison Industries (Printing)
7207	Industrial Supervisor, Prison Industries (Shoe Manufacturing)
7206	Industrial Supervisor, Prison Industries (Shoes and Boots, Lasting to Packing)
7321	Industrial Supervisor, Prison Industries (Silkscreen)
7192	Industrial Supervisor, Prison Industries (Tool and Die)
7179	Industrial Supervisor, Prison Industries (Upholstery)
7178	Industrial Supervisor, Prison Industries (Wood Products)
2006	Janitor (Correctional Facility)
2005	Janitor Supervisor I (Correctional Facility)
2004	Janitor Supervisor II (Correctional Facility)
2000	Janitor Supervisor III (Correctional Facility)
9265	Laboratory Assistant, Correctional Facility

Classification Code	Classification
2727	Language, Speech and Hearing Specialist
2114	Laundry Supervisor I (Correctional Facility)
2111	Laundry Supervisor II (Correctional Facility)
2117	Laundry Worker (Correctional Facility)
6867	Lead Automobile Mechanic (Correctional Facility)
0720	Lead Groundskeeper (Correctional Facility)
0718	Lead Groundskeeper I (Correctional Facility)
2952	Librarian (Correctional Facility)
6643	Locksmith I (Correctional Facility)
6801	Machinist (Correctional Facility)
6941	Maintenance Mechanic (Correctional Facility)
6617	Mason (Correctional Facility)
1508	Materials and Stores Supervisor I (Correctional Facility)
1505	Materials and Stores Supervisor II (Correctional Facility)
8217	Medical Technical Assistant, Correctional Facility
9273	Nurse Anesthetist, Correctional Facility
9353	Nurse Instructor, Correctional Facility
9278	Nurse Practitioner, Correctional Facility
9280	Occupational Therapist, Correctional Facility
7971	Optometrist, Correctional Facility
6528	Painter I (Correctional Facility)
6524	Painter II (Correctional Facility)
6521	Painter III (Correctional Facility)
7199	Pest Control Technician (Correctional Facility)
9281	Physical Therapist I, Correctional Facility
9342	Physical Therapist II, Correctional Facility
9269	Physician and Surgeon, Correctional Facility
6550	Plumber I (Correctional Facility)
6594	Plumber II (Correctional Facility)
6545	Plumber III (Correctional Facility)
7972	Podiatrist (Correctional Facility)
1575	Prison Canteen Manager I
1576	Prison Canteen Manager II

Classification Code	Classification
7158	Prison Industries Administrator
7157	Prison Industries Manager (General)
7164	Prison Industries Manager (Metal Products)
7165	Prison Industries Manager (Textile Products)
7163	Prison Industries Manager (Wood Products)
0679	Prison Industries Superintendent I (Agriculture)
0617	Prison Industries Superintendent II (Agriculture)
7217	Prison Industries Superintendent II (Bindery)
7109	Prison Industries Superintendent I (Coffee Roasting and Grinding)
7203	Prison Industries Superintendent I (Dental Laboratory)
7202	Prison Industries Superintendent II (Dental Laboratory)
7170	Prison Industries Superintendent II (Detergent)
7350	Prison Industries Superintendent I (Egg Production)
7194	Prison Industries Superintendent I (Fabric Products)
7195	Prison Industries Superintendent II (Fabric Products)
7351	Prison Industries Superintendent I (Fiberglass Products)
7352	Prison Industries Superintendent I (Furniture Refurbishing)
7209	Prison Industries Superintendent II (Knitting Mill)
2108	Prison Industries Superintendent II (Laundry)
7154	Prison Industries Superintendent II (Maintenance and Repair)
7196	Prison Industries Superintendent II (Mattress and Bedding)
7189	Prison Industries Superintendent I (Metal Products)
7190	Prison Industries Superintendent II (Metal Products)
7214	Prison Industries Superintendent II (Printing)
7205	Prison Industries Superintendent II (Shoe Manufacturing)

Classification Code	Classification
7320	Prison Industries Superintendent I (Silkscreen)
7319	Prison Industries Superintendent II (Silkscreen)
7175	Prison Industries Superintendent I (Wood Products)
7172	Prison Industries Superintendent II (Wood Products)
4760	Procurement and Services Officer I (Correctional Facility)
4761	Procurement and Services Officer II (Correctional Facility)
7162	Product Engineering Technician, Prison Industries
7156	Production Manager I, Prison Industries
1793	Property Controller I (Correctional Facility)
1794	Property Controller II (Correctional Facility)
9282	Psychiatric Social Worker, Correctional Facility
9283	Psychologist–Clinical, Correctional Facility
9284	Psychology Associate, Correctional Facility
9354	Psychology Internship Director, Correctional Facility
9285	Psychometrist, Correctional Facility
9274	Public Health Nurse I, Correctional Facility
9345	Public Health Nurse II, Correctional Facility
7145	Quality Assurance Manager, Prison Industries
3080	Quality Control Technician, Prison Industries (Cleaning Products)
9315	Radiologic Technologist, Correctional Facility
9286	Recreation Therapist, Correctional Facility
6715	Refrigeration Engineer (Correctional Facility)
9275	Registered Nurse, Correctional Facility
2734	Resource Specialist, Special Education
9316	Respiratory Care Practitioner, Correctional Facility
9854	School Psychologist
2077	Seamer (Correctional Facility)
9348	Senior Clinical Laboratory Technologist, Correctional Facility
9266	Senior Laboratory Assistant, Correctional Facility

Classification Code	Classification
2945	Senior Librarian (Correctional Facility)
8215	Senior Medical Technical Assistant
9346	Senior Occupational Therapist, Correctional Facility
9270	Senior Psychiatrist, Correctional Facility (Specialist)
9271	Senior Psychiatrist, Correctional Facility (Supervisor)
9289	Senior Psychologist, Correctional Facility
9287	Senior Psychologist, Correctional Facility (Specialist)
9288	Senior Psychologist, Correctional Facility (Supervisor)
9350	Senior Radiologic Technologist, Correctional Facility (Specialist)
9351	Senior Radiologic Technologist, Correctional Facility (Supervisor)
7562	Sheet Metal Worker (Correctional Facility)
6211	Skilled Laborer (Correctional Facility)
9911	Social Worker, Youth Authority
9272	Staff Psychiatrist, Correctional Facility
9290	Staff Psychologist-Clinical, Correctional Facility
6713	Stationary Engineer (Correctional Facility)
6718	Stationary Engineer Apprentice (Four-Year Program) (Correctional Facility)
6557	Steamfitter Supervisor (Correctional Facility)
3082	Substitute Academic Teacher (Correctional Facility)
9349	Supervising Clinical Laboratory Technologist, Correctional Facility
2183	Supervising Cook I (Correctional Facility)
2182	Supervising Cook II (Correctional Facility)
0716	Supervising Groundskeeper II (Correctional Facility)
2044	Supervising Housekeeper I (Correctional Facility)
2940	Supervising Librarian (Correctional Facility)
9276	Supervising Psychiatric Nurse, Correctional Facility

Classification Code	Classification
9291	Supervising Psychiatric Social Worker I, Correctional Facility
9292	Supervising Psychiatric Social Worker II, Correctional Facility
9317	Supervising Registered Nurse I, Correctional Facility
9318	Supervising Registered Nurse II, Correctional Facility
9319	Supervising Registered Nurse III, Correctional Facility
9910	Supervising Social Worker I, Youth Authority
9908	Supervising Social Worker II, Youth Authority
2305	Supervisor of Academic Instruction (Correctional Facility)
6763	Supervisor of Building Trades (Correctional Facility)
2384	Supervisor of Commercial Diver Training
2303	Supervisor of Correctional Education Programs
2370	Supervisor of Vocational Instruction
9277	Surgical Nurse I, Correctional Facility
9329	Surgical Nurse II, Correctional Facility
3073	Teacher (Adaptive Physical Education) (Correctional Facility)
2286	Teacher (Cerebral Palsied Children) (Correctional Facility)
2287	Teacher (Elementary-Multiple Subjects) (Correctional Facility)
2288	Teacher (Emotionally/Learning Handicapped) (Correctional Facility)
3075	Teacher (English Language Development) (Correctional Facility)
2297	Teacher (Ethnic Studies) (Correctional Facility)
2289	Teacher (Family Life Education) (Correctional Facility)
2373	Teacher (Hearing Impaired) (Correctional Facility)
2284	Teacher (High School-Arts and Crafts) (Correctional Facility)

Classification Code	Classification
2285	Teacher (High School-Business Education) (Correctional Facility)
3074	Teacher (High School-English/Language Arts) (Correctional Facility)
3076	Teacher (High School-Foreign Language) (Correctional Facility)
2290	Teacher (High School-General Education) (Correctional Facility)
2291	Teacher (High School-Home Economics) (Correctional Facility)
3077	Teacher (High School-Mathematics) (Correctional Facility)
2294	Teacher (High School-Music) (Correctional Facility)
2295	Teacher (High School-Physical Education) (Correctional Facility)
3078	Teacher (High School-Science) (Correctional Facility)
3079	Teacher (High School-Social Science) (Correctional Facility)
2298	Teacher (Librarian) (Correctional Facility)
2292	Teacher (Children with Intellectual or Developmental Disabilities) (Correctional Facility)
2371	Teacher (Speech Development and Correction) (Correctional Facility)
6400	Teaching Assistant (Correctional Facility)
7201	Tobacco Factory Superintendent
7560	Tractor Operator-Laborer (Correctional Facility)
6382	Truck Driver (Correctional Facility)
6772	Utility Shops Supervisor (Correctional Facility)
2387	Vocational Instructor (Airframe Mechanics) (Correctional Facility)
2853	Vocational Instructor (Animal Husbandry) (Correctional Facility)
2396	Vocational Instructor (Auto Body and Fender Repair) (Correctional Facility)

Classification Code	Classification
2398	Vocational Instructor (Auto Mechanics) (Correctional Facility)
2399	Vocational Instructor (Baking) (Correctional Facility)
2400	Vocational Instructor (Bookbinding) (Correctional Facility)
2854	Vocational Instructor (Building Maintenance) (Correctional Facility)
2417	Vocational Instructor (Carpentry) (Correctional Facility)
2419	Vocational Instructor (Commercial Diver Training) (Correctional Facility)
2855	Vocational Instructor (Computer and Related Technologies) (Correctional Facility)
2420	Vocational Instructor (Cosmetology) (Correctional Facility)
2422	Vocational Instructor (Culinary Arts) (Correctional Facility)
2869	Vocational Instructor (Dental Technology) (Correctional Facility)
2856	Vocational Instructor (Diesel Mechanics) (Correctional Facility)
2423	Vocational Instructor (Dog Grooming and Handling) (Correctional Facility)
2425	Vocational Instructor (Drycleaning Works) (Correctional Facility)
2857	Vocational Instructor (Drywall Installer/Taper) (Correctional Facility)
2426	Vocational Instructor (Electrical Work) (Correctional Facility)
2428	Vocational Instructor (Electronics) (Correctional Facility)
2688	Vocational Instructor (Eyewear Manufacturing) (Correctional Facility)
2429	Vocational Instructor (Fire Science) (Correctional Facility)
2858	Vocational Instructor (Floor Cover Layer) (Correctional Facility)

Classification Code	Classification
2431	Vocational Instructor (Furniture Refinishing and Repair) (Correctional Facility)
2432	Vocational Instructor (Garment Making) (Correctional Facility)
2433	Vocational Instructor (Heavy Equipment Repair) (Correctional Facility)
2597	Vocational Instructor (Household Appliance Repair) (Correctional Facility)
2598	Vocational Instructor (Industrial Arts) (Correctional Facility)
2599	Vocational Instructor (Instrument Repair) (Correctional Facility)
2600	Vocational Instructor (Janitorial Service) (Correctional Facility)
2601	Vocational Instructor (Landscape Gardening) (Correctional Facility)
2611	Vocational Instructor (Laundry Work) (Correctional Facility)
2614	Vocational Instructor (Machine Shop Practice) (Correctional Facility)
2615	Vocational Instructor (Masonry) (Correctional Facility)
2619	Vocational Instructor (Meat Cutting) (Correctional Facility)
2627	Vocational Instructor (Mechanical Drawing) (Correctional Facility)
2628	Vocational Instructor (Merchandising) (Correctional Facility)
2630	Vocational Instructor (Mill and Cabinet Work) (Correctional Facility)
2674	Vocational Instructor (Office Machine Repair) (Correctional Facility)
2849	Vocational Instructor (Office Services and Related Technologies) (Correctional Facility)
2640	Vocational Instructor (Offset Printing) (Correctional Facility)
2644	Vocational Instructor (Painting) (Correctional Facility)

Classification Code	Classification
2645	Vocational Instructor (Plastering) (Correctional Facility)
2661	Vocational Instructor (Plumbing) (Correctional Facility)
2665	Vocational Instructor (Powerplant Mechanics) (Correctional Facility)
2666	Vocational Instructor (Printing) (Correctional Facility)
2667	Vocational Instructor (Radiologic Technology) (Correctional Facility)
2668	Vocational Instructor (Refrigeration and Air-conditioning Repair) (Correctional Facility)
2850	Vocational Instructor (Roofer) (Correctional Facility)
2669	Vocational Instructor (Sewing Machine Repair) (Correctional Facility)
2670	Vocational Instructor (Sheet Metal Work) (Correctional Facility)
2671	Vocational Instructor (Shoemaking) (Correctional Facility)
2672	Vocational Instructor (Silk Screening Process) (Correctional Facility)
2851	Vocational Instructor (Small Engine Repair) (Correctional Facility)
2673	Vocational Instructor (Storekeeping and Warehousing) (Correctional Facility)
5415	Vocational Instructor (Telemarketing/Customer Service) (Correctional Facility)
2675	Vocational Instructor (Upholstering) (Correctional Facility)
2676	Vocational Instructor (Vocational Nursing) (Correctional Facility)
2677	Vocational Instructor (Welding) (Correctional Facility)
1504	Warehouse Manager I (Correctional Facility)
1502	Warehouse Manager II (Correctional Facility)
6221	Warehouse Worker (Correctional Facility)

Classification Code	Classification
6724	Water and Sewage Plant Supervisor (Correctional Facility)
2311	Youth Authority Teacher

(b) In addition, "state safety member" shall also include officers and employees of the Department of Corrections and Rehabilitation in any classification of Vocational Instructor, Industrial Supervisor, Industrial Superintendent, Assistant Industrial Superintendent, or Production Manager II (Prison Industries) that is established on or after January 1, 1984, if the Department of Human Resources and the State Personnel Board approve the inclusion of the classification.

(c) "State safety member" shall also include officers and employees in parenthetical specialty classes when the core class has already been expressly included in the state safety membership category if the Department of Human Resources and the State Personnel Board approve the inclusion of the classifications. The inclusion shall not be effective until notice of the inclusion has been received by the board.

(d) Any of these officers or employees in employment on the operative date of an amendment to this section and who becomes a state safety member as a result of that amendment, may elect by a writing filed with the board prior to 90 days after notification by the board, to be restored to their previous status as a state industrial member. Upon the filing of the election the member shall cease to be a state safety member, and their rights and obligations shall be restored prospectively and retroactively to the operative date of that amendment.

SEC. 4. Section 1267.11 of the Health and Safety Code is amended to read:

1267.11. Each intermediate care facility/developmentally disabled-habilitative shall designate direct care staff persons to supervise the direct care services to clients for at least 56 hours per week. The hours of these supervisory staff persons shall be applied against the total number of direct care hours required in regulations developed by the department pursuant to Section 1267.7. These supervisory staff persons shall, at a minimum, meet one of the following criteria:

(a) Possession of a valid vocational nurse or psychiatric technician license issued by the Board of Vocational Nurse and Psychiatric Technician Examiners.

(b) Completion of at least 30 college or university units in education, social services, behavioral sciences, health sciences, or related fields, and six months experience providing direct services to developmentally disabled persons.

(c) Eighteen months experience providing direct services to developmentally disabled persons while under the supervision of a person who meets the requirements of a professional as defined in regulations promulgated pursuant to Section 1267.7.

SEC. 5. Section 4509 of the Welfare and Institutions Code is repealed.

SEC. 6. Section 14110.6 of the Welfare and Institutions Code is amended to read:

14110.6. (a) The director shall adopt regulations, establishing payment rates for nursing facilities, intermediate care facilities/developmentally disabled, and intermediate care facilities/developmentally disabled-habilitative as defined in Section 1250 of the Health and Safety Code, which are sufficient to provide an increase of one dollar and ninety-six cents ($1.96) per patient day for patients receiving skilled nursing services, one dollar and fifty-eight cents ($1.58) per patient day, for patients receiving intermediate care services, two dollars and twenty-nine cents ($2.29) per patient day for intermediate care facilities/developmentally disabled patients, to be used for wage increases and benefits to all employees, except a licensed nursing home administrator or an administrator-in-training and two dollars and thirty-five cents ($2.35) per patient day for intermediate care facilities/developmentally disabled-habilitative patients in facilities with 4 to 6 beds, and one dollar and ninety-eight cents ($1.98) per patient day for intermediate care facilities/developmentally disabled-habilitative patients in facilities with 7 to 15 beds, to be used for wage increases and benefits to all direct care staff. However, if either (1) the entry level wages of the lowest paid nonadministrative employee of a nursing facility, intermediate care facility/developmentally disabled, or intermediate care facility/developmentally disabled-habilitative, exceeds six dollars ($6) per hour as of August 1, 1984; or (2) upon the election of a county board of supervisors, for any nursing facility, intermediate

care facility/developmentally disabled, or intermediate care facility/developmentally disabled-habilitative, which is operated by a county, the funds received pursuant to regulations adopted pursuant to this section shall be used solely for labor costs directly related to providing patient care services in order to meet patients' needs including the uses of funds provided for under subdivision (d) of Section 14110.7. Any increase in wages and benefits required by this section shall be in addition to any future mandatory increases required by federal or state law. The rate shall provide funding for the portion of additional costs necessary to implement the wage and benefit increase required by this section attributable to Medi-Cal patients. The portion of those additional costs shall be the same as the ratio of Medi-Cal patients to the total number of patients in the facility. These regulations shall be adopted, effective March 15, 1985, for skilled nursing facilities, intermediate care facilities, and intermediate care facilities/developmentally disabled, and by October 1, 1985, for intermediate care facilities/developmentally disabled-habilitative. Commencing October 1, 1990, these requirements shall become operative for nursing facilities.

(b) Each nursing facility or intermediate care facility/developmentally disabled, or, for the period prior to October 1, 1990, each skilled nursing facility or intermediate care facility, shall certify all of the following:

(1) All employees, except a licensed nursing home administrator or an administrator-in-training of a licensed nursing home, shall receive at least the prevailing federal or state minimum wage rate plus the average hourly wage increase established pursuant to Chapter 19 of the Statutes of 1978, and this section.

(2) All employees of the facility, except a licensed administrator or administrator-in-training, shall be paid not less than the sum of the employee's actual rate of pay as of the effective date of the Medi-Cal rate increase provided for under Section 14110.7 plus the amount of the adjustment specified pursuant to this section, or not less than the applicable agreed to rate plus the amount of the adjustment, whichever is greater.

(3) Any wage increase required pursuant to Section 1268.5 of the Health and Safety Code, is in addition to any minimum wages provided in this section.

(4) For purposes of determining the amount of Medi-Cal funds to be distributed for employee wages and benefits, the total Medi-Cal patient days recorded by the facility in the month of December 1983 shall be multiplied by the amount per patient day specified in subdivision (a) plus the amount provided by Chapter 19 of the Statutes of 1978. The new wage levels shall be determined by dividing the Medi-Cal funds received by the nonovertime hours worked by covered employees in December 1983, plus any adjustments due to additional employees as specified in Section 14110.7 and adjustments to reflect employee benefit allowances.

(c) Each intermediate care facility/developmentally disabled-habilitative shall certify all of the following:

(1) All direct care staff, as defined in the department's regulations developed pursuant to Section 1267.7 of the Health and Safety Code, shall receive at least the prevailing federal or state minimum wage plus the average hourly wage increase pursuant to this section.

(2) For purposes of determining the amount of Medi-Cal funds to be distributed for intermediate care facilities/developmentally disabled-habilitative for employee wages and benefits, the total Medi-Cal patient days in the month of December 1984, shall be multiplied by the amount per patient day specified in subdivision (a). The new wage level shall be determined by dividing the Medi-Cal funds received by the nonovertime hours by covered direct care employees in December 1984, and adjustments to reflect employee benefit allowances.

(d) The director shall order the inspection of relevant payroll and personnel records of facilities which are reimbursed for Medi-Cal patients under the rate of reimbursement established pursuant to subdivision (a) to ensure that the wage and benefit increases provided for have been implemented.

(e) The department shall, commencing August 1, 1999, increase the Medi-Cal reimbursement for level A and level B nursing facilities solely to provide funds for salaries, wages, and benefits increases for direct care staff. For the purposes of this subdivision, "direct care staff" means registered nurses, licensed vocational nurses, and nurse assistants, who provide direct patient care. The amount of funds to be provided to each level A and level B facility pursuant to this subdivision shall be calculated on a per-patient-day

basis, and shall be added to the per diem rate paid to each facility. The amount of funds provided under this subdivision to each nursing facility peer group shall be published in a Medi-Cal provider bulletin. Level A and level B facilities shall compensate their registered nurses, licensed vocational nurses, and nurse assistants that portion of the rate increase provided under this subdivision in the form of salaries, wages, and benefits increases for their direct care staff. The total amount to be passed through by each facility shall be the per diem amount received by the facility pursuant to this subdivision times the facility's number of Medi-Cal patient days.

(f) Subject to an appropriation for this purpose in the Budget Act of 2000, in addition to the increase specified in subdivision (e), the department shall, commencing August 1, 2000, increase the Medi-Cal reimbursement rate for nursing facilities, intermediate care facilities/developmentally disabled, intermediate care facilities/developmentally disabled-habilitative, and intermediate care facilities/developmentally disabled-nursing solely to provide funds for salaries, wages, and benefits increases for direct care staff and other staff, subject to all of the following:

(1) For purposes of this subdivision, "direct care staff in nursing facilities" means the following:

(A) Registered nurses and licensed vocational nurses, when employed in the performance of direct care to patients.

(B) Employees in the nurse assistant classification employed in the performance of direct care to patients at a freestanding or distinct-part nursing facility, including job titles such as nursing aide, aide, practical nurse, orderly, nurse assistant, and certified nurse assistant.

(C) Employees performing respiratory therapy services for Medi-Cal pediatric subacute patients, including job titles such as respiratory care practitioner, respiratory technician, respiratory therapist inhalation technician, and inhalation therapist.

(2) For purposes of this subdivision, "direct care staff in intermediate care facilities/developmentally disabled, intermediate care facilities/developmentally disabled-habilitative, and intermediate care facilities/developmentally disabled-nursing" means all of the following:

(A) A qualified intellectual disability professional employed in the performance of direct care to patients.

(B) Lead personnel employed in the performance of direct care to patients. Lead personnel described in this subparagraph shall not be considered to be supervisory.

(C) Employees in the nurse assistant classification employed in the performance of direct care to patients at a freestanding or distinct-part nursing facility, including job titles such as nurse assistants and aides.

(D) Other nonsupervisory staff providing direct patient care.

(E) Registered nurses and licensed vocational nurses, if employed in the performance of direct care to patients.

(3) For purposes of paragraphs (1) and (2), "direct care staff" shall not include registered nurses or other personnel performing supervisory functions or housekeeping or maintenance staff in any facility.

(4) For purposes of this subdivision, "other staff" means all of the following personnel:

(A) Linen and laundry staff.

(B) Plant operations and maintenance staff.

(C) Housekeeping staff.

(D) Dietary staff.

(5) (A) The amount of funds to be provided to each facility pursuant to this subdivision shall be added to the per diem rate paid to each facility on a per-patient-day basis.

(B) The per diem amount of funds provided to each facility type and peer group pursuant to this subdivision shall be published in a Medi-Cal provider bulletin. Nursing facilities that are part of an acute care hospital and subacute facilities shall be notified of their per diem amount provided pursuant to this subdivision in a separate letter to each facility.

(6) (A) Facilities receiving funds pursuant to this subdivision shall compensate staff that portion of the rate increase provided pursuant to this subdivision in the form of salaries, wages, and benefits increases. The total amount to be passed through pursuant to this subdivision by each facility shall be the per diem amount received by the facility pursuant to this subdivision multiplied by the facility's number of Medi-Cal patient days.

(B) Each direct care and other staff employee classification shall receive a portion of the rate increase provided pursuant to this subdivision in the form of an increase in salary, wage, and benefits.

The facility may allocate the amounts that each classification may receive, but the amount shall not be nominal or zero.

(C) Funds passed through pursuant to this subdivision for purposes of salary, wages, or benefits increases may not be used for any salary, wage, or benefit increase that were committed to by a facility prior to August 1, 2000, nor may these funds be used for any salaries, wages, or benefits that the facility would have paid in the absence of this subdivision.

(D) Funds passed through pursuant to this subdivision for purposes of salary, wages, or benefits increases may not be distributed to direct care and other staff in the form of bonuses. These funds may, however, be used to provide retroactive pay increases if those wage increases also increase the employee's base salary rate.

(7) The base from which direct care and other staff salaries, wages, and benefits shall be increased shall be the aggregate per hour salaries, wages, and benefits for the period of August 1, 1999, to July 31, 2000, inclusive.

(8) The department may inspect relevant payroll and personnel records of facilities receiving funds pursuant to this subdivision in order to ensure that the salary, wage, and benefit increases provided for pursuant to this subdivision have been implemented.

(9) Each facility receiving funds from the department, or from a county organized health system described in paragraph (10) pursuant to this subdivision shall certify on the form provided by the department that these funds were expended for increased direct care and other staff salary, wages, and benefits increases in accordance with this subdivision. The facility shall return the form to the department by October 1, 2001. The facility shall submit a copy of the completed form to all collective bargaining agents with whom the facility has collective bargaining agreements for direct care and other staff at the facility.

(10) County organized health systems contracting with the department pursuant to Article 2.8 (commencing with Section 14087.5) and Article 7 (commencing with Section 14490) of Chapter 8 shall certify to the department, in a manner to be specified by the department, that the August 1, 2000, wage pass-through funds, received pursuant to this section in the form of capitated rate payments, were passed through to the facilities described in this subdivision.

(g) Any facility which is paid under the rate provided for in subdivision (a), (e), or (f) which the director finds has not made the wage and benefit increases provided for shall be liable for the amount of funds paid to the facility based upon the wage and benefit requirements provided for by this section but not distributed to employees for wages and benefits, plus a penalty equal to 10 percent of the funds not so distributed. The facility shall be subject to Section 14107.

SEC. 7. Section 19008.5 of the Welfare and Institutions Code is amended to read:

19008.5. (a) The department is authorized to solicit and accept gifts, contributions, and grants from any source, public or private, to establish, implement, and maintain an awards program.

(b) (1) There is hereby established the Public Awards Fund, which is continuously appropriated, without regard to fiscal years, for the purpose of this section.

(2) The director may receive contributions pursuant to this section and deposit them in the Public Awards Fund for use pursuant to subdivision (c).

(3) Sections 11005 and 16302 of the Government Code shall not apply to funds under this section.

(c) In order to achieve the public policy of the State of California, as specified in Section 19000, the director may present awards to those employers, architects, clients, ex-clients, ~~disabled~~ Californians *with disabilities* nominated or selected for the Hall of Fame, and other persons whose superior cooperation and contributions to the employment of ~~the handicapped~~ *persons with disabilities* deserve special recognition.

SEC. 8. Section 19502 of the Welfare and Institutions Code is amended to read:

19502. Orientation centers shall provide for short periods of intensive personal and prevocational orientation for blind persons, and for specific vocational training. The program of orientation centers shall include such training as techniques of daily living, techniques of travel, physical conditioning, sensory training, instruction in braille, instruction in skills for ~~the handicapped,~~ *persons with disabilities,* typing, and business principles and methods, and shall provide for social and vocational diagnostic testing and individual counseling.

SEC. 9. Section 19503 of the Welfare and Institutions Code is amended to read:

19503. The Director of Rehabilitation shall appoint an administrator for each orientation center for the blind who shall administer and supervise the program at the center in accordance with this article and under the supervision of the Director of Rehabilitation. The administrator of each orientation center for the blind shall be either a sighted or visually ~~handicapped~~ *impaired* person and shall have all of the following minimum qualifications:

(a) Four years of full time, paid experience working in a program for the education or rehabilitation of adults who are legally blind, with emphasis on nonvisual living techniques, including, but not limited to, daily living, mobility, and communication skills. At least two years' experience shall have been in a supervisory or administrative capacity.

(b) Proficiency in Braille as a second language.

(c) Education equivalent to graduation from college with a bachelor's degree. Additional qualifying experience may be substituted on a year-for-year basis.

SEC. 10. Section 19504 of the Welfare and Institutions Code is amended to read:

19504. The staff of an orientation center shall be composed of persons trained to assist blind persons in achieving social and economic independence, and whose qualifications include successful experience in teaching blind persons. The staff shall include as large a proportion as is practicable of visually ~~handicapped~~ *impaired* persons who have achieved outstanding success in adjustment to their ~~handicap.~~ *disability.*

SEC. 11. Section 19725 of the Welfare and Institutions Code is amended to read:

19725. (a) For the purpose of providing self-employment opportunities for ~~those severely handicapped~~ clients *with severe disabilities* of the Department of Rehabilitation who are determined by the department to be eligible for such a program, the authorized officials of any county, city, city and county, or other political subdivision of the state may enter into appropriate written agreements with the Department of Rehabilitation providing for the installation and operation of business facilities on property owned or occupied by the various political subdivisions. The Business Development Services Section of the Department of

Rehabilitation shall supervise the operation of such facilities. The department shall promulgate rules and regulations relating to the establishment and operation of the business facilities.

(b) For the purpose of this section, business facilities shall not include vending stands or food service facilities authorized by the Business Enterprise for the Blind Program established by Article 5 (commencing with Section 19625) of Chapter 6 of Part 2 of Division 10 of the Welfare and Institutions Code, and nothing in this section shall be construed to affect in any way the Business Enterprises for the Blind Program.

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(2) - AB 1163 (Rivas) State Forms: gender identity

Background

AB 1163 (Rivas) was introduced on February 16, 2023.

This bill would amend the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act to require the following additional state entities to collect voluntary self-identification information pertaining to sexual orientation and gender identity.

The state agencies include:

- The Business, Consumer Services, and Housing Agency
- The California Health and Human Services Agency
- The Department of Housing and Community Development
- The California Commission on Disability Access.

This bill requires, by July 1, 2025, the specified state agencies to revise their public use forms that collect demographic data be inclusive of individuals who identify as transgender, gender non-conforming, or intersex.

On April 19, 2023, the bill passed the Assembly Committee on Accountability and Administrative Review.

On May 18, 2023, the bill passed the Assembly Committee on Appropriations.

On June 1, 2023, the bill was ordered to the Senate.

On June 27, 2023, the bill passed the Senate Committee on Government Organizations, and was referred to the Committee on Judiciary.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

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

Attachment 1: AB 1163 (Rivas) Bill Text

AMENDED IN SENATE JUNE 28, 2023

AMENDED IN ASSEMBLY MAY 18, 2023

AMENDED IN ASSEMBLY MARCH 20, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL No. 1163

Introduced by Assembly Member Luz Rivas

February 16, 2023

An act to amend Section 8310.8 of the Government Code, relating to data collection.

LEGISLATIVE COUNSEL'S DIGEST

AB 1163, as amended, Luz Rivas. Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act.

Existing law, The Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires prescribed state entities, including the State Department of Health Care Services and the Civil Rights Department, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation and gender identity, except as specified. Existing law prohibits these state entities from reporting demographic data that would permit identification of individuals or would result in statistical unreliability and limits the use of the collected data by those entities, as specified. Existing law requires these state entities to report to the Legislature specified information related to the data and make the data available to the public, except for personally identifiable information, which existing law deems confidential and prohibits disclosure of that information.

This bill would impose the provisions of the above-described act on the Business, Consumer Services, and Housing Agency, the California Health and Human Services Agency, *and* the Department of Housing and Community Development, ~~and the California Commission on Disability Access,~~ and would require these state entities to comply with the bill's provisions as early as possible following the effective date of this bill, but no later than July 1, 2025.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

SECTION 1. Section 8310.8 of the Government Code is amended to read:

8310.8. (a) (1) This section shall only apply to the following state entities:

(A) The State Department of Health Care Services.

(B) The State Department of Public Health.

(C) The State Department of Social Services.

(D) The California Department of Aging.

(E) The State Department of Education and the Superintendent of Public Instruction, except this section shall not apply to the California Longitudinal Pupil Achievement Data System (CALPADS).

(F) The Commission on Teacher Credentialing.

(G) The Civil Rights Department.

(H) The Labor and Workforce Development Agency.

(I) The Department of Industrial Relations.

(J) The Employment Training Panel.

(K) The Employment Development Department, except this section shall not apply to the unemployment insurance program within the department.

(L) The Business, Consumer Services, and Housing Agency.

(M) The California Health and Human Services Agency.

(N) The Department of Housing and Community Development.

~~(O) The California Commission on Disability Access.~~

(2) This section shall be known and may be cited as the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act.

(b) (1) Except as specified in paragraph (2), in addition to the duties imposed by Section 8310.5 and to the extent permissible by federal law, the state entities identified in subdivision (a), in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, shall collect voluntary self-identification information pertaining to sexual orientation and gender identity.

(2) The state entities identified in subdivision (a) may, but are not required to, collect demographic data pursuant to this section under either of the following circumstances:

(A) Pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey.

(B) Demographic data is collected by other entities including:

(i) State offices, departments, and agencies not included in subdivision (a).

(ii) Surveys administered by third-party entities and the state department is not the sole funder.

(iii) Third-party entities, including, but not limited to, private employers, that provide aggregated data to a state department.

(c) (1) The state entities identified in subdivision (a) shall report to the Legislature the data collected pursuant to this section and the method used to collect that data, and make the data available to the public in accordance with state and federal law, except for personal identifying information, which shall be deemed confidential and shall not be disclosed.

(2) The state entities identified in subdivision (a) shall not report demographic data that would permit identification of individuals or would result in statistical unreliability. Demographic reports on data collected pursuant to this section, to prevent identification of individuals, may aggregate categories at a state, county, city, census tract, or ZIP Code level to facilitate comparisons and identify disparities.

(3) The state entities identified in subdivision (a) may use information voluntarily provided about sexual orientation and gender identity only for demographic analysis, coordination of

care, quality improvement of its services, conducting approved research, fulfilling reporting requirements, and guiding policy or funding decisions. All information about sexual orientation and gender identity collected pursuant to this section shall be used only for purposes specified in this section.

(d) The state entities identified in subparagraphs (A) to (D), inclusive, of paragraph (1) of subdivision (a) shall comply with the requirements of this section as early as possible following the effective date of this section, but no later than July 1, 2018.

(e) The state entities identified in subparagraphs (E) to (K), inclusive, of paragraph (1) of subdivision (a) shall comply with the requirements of this section as early as possible following the effective date of this section, but no later than July 1, 2019.

(f) The state entities identified in subparagraphs (L) to ~~(O),~~ *(N),* inclusive, of paragraph (1) of subdivision (a) shall comply with the requirements of this section as early as possible following the effective date of this section, but no later than July 1, 2025.

SEC. 2. The Legislature finds and declares that Section 1 of this act, which amends Section 8310.8 of the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

Due to the sensitive general nature of data relating to sexual orientation and gender identity and the need to protect the safety of those who would provide voluntary self-identification information pertaining to their sexual orientation and gender identity, it is necessary to prohibit the public disclosure of personal identifying information that would allow the identification of an individual who provided voluntary self-identification information pertaining to sexual orientation and gender identity.

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(3) - AB 1707 (Pacheco) Health professions and facilities: adverse actions based on another state's law

Background

AB 1707 (Pacheco) was introduced on February 17, 2023.

This bill would protect health care professionals, clinics, and health facilities from being denied a license or subjected to discipline from Healing Arts boards under the Department of Consumer Affairs, on the basis of a civil judgment, criminal conviction, or disciplinary action imposed by another state based solely on the application of a law that interferes with a person's right to receive "sensitive services" that would be lawful in California.

"Sensitive Services" is defined as 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.

The bill specifies that, the bill does not apply to any judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under provisions of California law.

Existing law prohibits the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline upon a licensee because the person was disciplined in another state in which they are licensed solely for performing an abortion in that

state or because the person was convicted in another state for an offense related solely to performing an abortion in that state.

On April 11, 2023, the bill passed the Assembly Committee on Business and Professions.

On April 18, 2023, the bill passed the Assembly Committee on Judiciary.

On May 10, 2023, the bill passed the Assembly Committee on Appropriations.

On May 22, 2023, the bill was ordered to the Senate.

On June 19, 2023, the bill passed the Senate Committee on Business, Professions, and Economic Development, and was referred to the Committee on Judiciary.

On July 6, 2023, the bill amended to updated “care” to “sensitive services” and passed the Committee and was then referred to the Committee on Appropriations.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

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

Attachment 1: AB 1707 (Pacheco) Bill Text

AMENDED IN SENATE JULY 10, 2023

AMENDED IN ASSEMBLY APRIL 12, 2023

AMENDED IN ASSEMBLY MARCH 16, 2023

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL No. 1707

Introduced by Assembly Member Pacheco
(Coauthors: Assembly Members Aguiar-Curry, Bryan, and Quirk-Silva)

February 17, 2023

An act to add Sections 805.9 and 850.1 to the Business and Professions Code, and to add Sections 1220.1 and 1265.11 to the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 1707, as amended, Pacheco. Health professionals and facilities: adverse actions based on another state's law.

Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law prohibits the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board from denying an application for licensure or suspending, revoking, or otherwise imposing discipline upon a licensee because the person was disciplined in another state in which they are licensed solely for performing an abortion in that state or because the person was convicted in another state for an offense related solely to performing an abortion in that state.

Existing law provides for the licensure of clinics and health facilities by the Licensing and Certification Division of the State Department of

Public Health. Existing law makes a violation of these provisions punishable as a misdemeanor, except as specified.

This bill would prohibit a healing arts board under the Department of Consumer Affairs from denying an application for a license or imposing discipline upon a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state that is based on the application of another state's law that interferes with a person's right to receive sensitive services, as defined, that would be lawful in this state. The bill would similarly prohibit a health facility from denying staff privileges to, removing from medical staff, or restricting the staff privileges of a licensed health professional on the basis of such a civil judgment, criminal conviction, or disciplinary action imposed by another state. The bill also would also prohibit the denial, suspension, revocation, or limitation of a clinic or health facility license on the basis of those types of civil judgments, criminal convictions, or disciplinary actions imposed by another state. The bill would exempt from the above-specified provisions a civil judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under the laws of this state. By imposing new prohibitions under the provisions related to clinics and health facilities, the violation of which is a crime, this bill would impose a state-mandated local program.

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

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

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

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

SECTION 1. Section 805.9 is added to the Business and Professions Code, to read:

805.9. (a) A health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code shall not deny staff privileges to, remove from medical staff, or restrict the staff privileges of a person licensed by a healing arts board in this state on the basis of a civil judgment, criminal conviction, or disciplinary action imposed by another state if that

judgment, conviction, or disciplinary action is based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in this state.

(b) This section does not apply to a civil judgment, criminal conviction, or disciplinary action imposed in another state for which a similar claim, charge, or action would exist against the licensee under the laws of this state.

(c) For purposes of this section:

(1) "Healing arts board" means any board, division, or examining committee in the Department of Consumer Affairs that licenses or certifies health professionals.

(2) "Sensitive services" has the same meaning as in Section 56.05 of the Civil Code.

SEC. 2. Section 850.1 is added to the Business and Professions Code, to read:

850.1. (a) A healing arts board shall not deny an application for licensure or suspend, revoke, or otherwise impose discipline upon a licensee on the basis of a civil judgment, criminal conviction, or disciplinary action in another state if that judgment, conviction, or disciplinary action is based solely on the application of another state's law that interferes with a person's right to receive ~~care~~ *sensitive services* that would be lawful if provided in this state.

(b) This section does not apply to a civil judgment, criminal conviction, or disciplinary action imposed in another state for which a similar claim, charge, or action would exist against the applicant or licensee under the laws of this state.

(c) For purposes of this section:

(1) "Healing arts board" means any board, division, or examining committee in the Department of Consumer Affairs that licenses or certifies health professionals.

(2) "Sensitive services" has the same meaning as in Section 56.05 of the Civil Code.

SEC. 3. Section 1220.1 is added to the Health and Safety Code, to read:

1220.1. (a) An application for licensure made pursuant to this chapter shall not be denied, nor shall any license issued pursuant to this chapter be suspended, revoked, or otherwise limited, on the basis of a civil judgment, criminal conviction, or disciplinary action

imposed by another state if that judgment, conviction, or disciplinary action is based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in this state.

(b) This section does not apply to a civil judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under the laws of this state.

(c) For purposes of this section, "sensitive services" has the same meaning as in Section 56.05 of the Civil Code.

SEC. 4. Section 1265.11 is added to the Health and Safety Code, to read:

1265.11. (a) An application for licensure made pursuant to this chapter shall not be denied, nor shall any license issued pursuant to this chapter be suspended, revoked, or otherwise limited, on the basis of a civil judgment, criminal conviction, or disciplinary action imposed by another state if that judgment, conviction, or disciplinary action is based solely on the application of another state's law that interferes with a person's right to receive sensitive services that would be lawful if provided in this state.

(b) This section does not apply to a civil judgment, criminal conviction, or disciplinary action imposed by another state for which a similar claim, charge, or action would exist against the applicant or licensee under the laws of this state.

(c) For purposes of this section, "sensitive services" has the same meaning as in Section 56.05 of the Civil Code.

SEC. 5. 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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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(4) – SB 58 (Wiener) Controlled substances: decriminalization of certain hallucinogenic substances

Background

SB 58 (Wiener) was introduced on December 16, 2022.

This bill would legalize the possession, preparation, obtaining, transfer, or transportation of certain controlled substances, such as psilocybin, dimethyltryptamine (DMT), ibogaine, and mescaline, for use by people 21 years of age or older. It would also prohibit possession of these substances on school grounds and transfer or possession by people under 21 years of age.

Additionally, it would allow for drug paraphernalia related to these substances to be exempt from the existing law banning drug paraphernalia, as well as exempt items used for testing and analyzing controlled substances.

Further, this bill would eliminate some existing laws prohibiting the cultivation, transfer, or transportation of spores or mycelium capable of producing these controlled substances.

On March 21, 2023, the bill passed the Senate Committee on Public Safety.

On May 24, 2023, the bill passed the Senate Committee on Appropriations and was ordered to the Assembly.

On June 1, 2023, the bill was referred to the Senate Committee on Health and Public Safety.

On June 20, 2023, the author amended the bill, and was referred to the Committee on Public Safety.

On June 28, 2023, the bill passed the Committee on Public Safety, and was referred to the Committee on Health.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

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

Attachment 1: SB 58 (Wiener) Bill Text

AMENDED IN ASSEMBLY JUNE 29, 2023

AMENDED IN ASSEMBLY JUNE 20, 2023

AMENDED IN SENATE MARCH 1, 2023

SENATE BILL No. 58

Introduced by Senator Wiener
(Principal coauthor: Assembly Member Kalra)
(Coauthors: Senators Becker, Bradford, Newman, Skinner, and Smallwood-Cuevas)
(Coauthors: Assembly Members Bryan, Haney, Jackson, Lee, Low, Lowenthal, Wicks, and Wilson)

December 16, 2022

An act to amend Sections 11054, 11350, 11364, 11364.7, 11365, 11377, 11379, 11382, and 11550 of, to add Sections 11350.1 and 11377.1 to, to repeal Section 11999 of, and to repeal Article 7 (commencing with Section 11390) of Chapter 6 of Division 10 of, the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 58, as amended, Wiener. Controlled substances: decriminalization of certain hallucinogenic substances.

(1) Existing law categorizes certain drugs and other substances as controlled substances and prohibits various actions related to those substances, including their manufacture, transportation, sale, possession, and ingestion.

This bill would make lawful the possession, preparation, obtaining, transfer, as specified, or transportation of, specified quantities of psilocybin, psilocyn, dimethyltryptamine (DMT), ibogaine, and mescaline, for personal use or facilitated or supported use, as defined,

by and with persons 21 years of age or older. *The bill would delay the implementation of those provisions with regard to facilitated or supported use until a framework governing the therapeutic use of those substances has been adopted.* The bill would provide penalties for possession of these substances on school grounds, or possession by, or transferring to, persons under 21 years of age.

(2) Existing law prohibits the cultivation, transfer, or transportation, as specified, of any spores or mycelium capable of producing mushrooms or other materials that contain psilocybin or psilocyn.

This bill would repeal those provisions.

(3) Existing law prohibits the possession of drug paraphernalia, as defined.

This bill would exempt from this prohibition, paraphernalia related, as specified, to these specific substances. The bill would also exempt from the prohibition items used for the testing and analysis of controlled substances.

(4) Existing law states the intent of the Legislature that the messages and information provided by various state drug and alcohol programs promote no unlawful use of any drugs or alcohol.

This bill would repeal those provisions.

(5) By eliminating and changing the elements of existing crimes and creating new offenses, and by requiring new duties of local prosecutors, this 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 with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

(6) This bill would state that its provisions are severable.

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

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

SECTION 1. The Legislature finds and declares all of the following:

(a) For over fifty years, the War on Drugs has caused overwhelming financial and societal costs. The current United States drug control scheme does not reflect a modern understanding of the incentives, economics, or impacts of substance use, nor does it accurately reflect the risks or potential therapeutic benefits of many presently illicit substances.

(b) Drug prohibition has failed to deter drug use, and it has increased its danger. Criminalization of drug use has created an underground market in which difficult-to-verify dosages and the presence of adulterants increase the risks of illicit drugs.

(c) Lack of honest, evidence-based drug education has paved the way for decades of stigma and misinformation, which have contributed to increasing the dangers of drug use.

(d) Encouraging access to harm reduction tools like fentanyl test strips, drug-checking kits, gas chromatography mass spectrometry machines, and milligram scales increases public health and safety by allowing users to make more accurate decisions about their personal use.

(e) Clinical research demonstrates the potential use of some psychedelic compounds, in conjunction with therapy, for the treatment of mental health, such as end-of-life anxiety, depression, post-traumatic stress, and substance use disorders. Observational evidence and traditional uses of psychedelic plants and fungi demonstrate how ceremony and community are utilized to enhance the outcomes and increase the safety of spiritual practice, emotional healing, and responsible personal growth.

(f) Proposition 122 in Colorado, which passed in November 2022, with a 53 percent vote of the state population, will decriminalize the noncommercial, personal possession of psychedelic plants and fungi and establish a regulated therapy system to provide people with therapeutic access to psychedelic plants and fungi.

(g) Measure 109 in Oregon, which passed in November 2020, with a 56 percent vote of the state population, will establish a regulated psilocybin therapy system in Oregon to provide people therapeutic access to psilocybin.

(h) Measure 110 in Oregon, which passed in November 2020, with a 58 percent vote of the state population, decriminalized the personal possession of all drugs, and almost 20 countries around the world including Portugal, the Czech Republic, and Spain, have

expressly or effectively decriminalized the personal use of illicit substances.

(i) The City Councils of The City of Oakland, and the City of Santa Cruz, and the Board of Supervisors of the City and County of San Francisco have all passed resolutions deprioritizing the enforcement of the possession, use, and propagation of psychedelic plants and fungi, effectively decriminalizing in those cities. Since June 2019, the City of Ann Arbor, Michigan, and the Cities of Somerville and Cambridge, Massachusetts have all decriminalized the possession, use, and propagation of psychedelic plants and fungi at the local level. In 2020, Washington, D.C., passed Initiative 81 to decriminalize and deprioritize the possession and use of psychedelic plants and fungi with 76 percent voter approval.

(j) This act will decriminalize the noncommercial, personal use of specified controlled ~~substances, including for the purposes of group community-based healing, or other related services, including risk reduction, and lay the groundwork for California to develop a regulated~~ *substances. This act further decriminalizes the use of specified controlled substances for the purpose of group community-based healing, including facilitated and supported use, risk reduction, and other related services, but delays implementation of this provision until a framework for the therapeutic use, which would include community-based healing, facilitated and supported use, risk reduction, and other related services, of the specified controlled substances is developed and adopted. This bill lays the groundwork for California to develop a* therapeutic access program for psychedelic plants and fungi.

(k) These changes in law will not affect any restrictions on the driving or operation of a vehicle while impaired, or an employer's ability to restrict the use of controlled substances by its employees, or affect the legal standard for negligence.

(*l*) Peyote is specifically excluded from the list of substances to be decriminalized, and any cultivation, harvest, extraction, tincture or other product manufactured or derived therefrom, because of the nearly endangered status of the peyote plant and the special significance peyote holds in Native American spirituality. Section 11363 of the Health and Safety Code, which makes it a crime in California to cultivate, harvest, dry, or process any plant of the genus Lophophora, also known as Peyote, is not amended or repealed.

(m) The State of California fully respects and supports the continued Native American possession and use of peyote under federal law, Section 1996a of Title 42 of the United States Code, understanding that Native Americans in the United States were persecuted and prosecuted for their ceremonial practices and use of peyote for more than a century and had to fight numerous legal and political battles to achieve the current protected status, and the enactment of this legislation does not intend to undermine explicitly or implicitly that status.

SEC. 2. Section 11054 of the Health and Safety Code is amended to read:

11054. (a) The controlled substances listed in this section are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of those isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetylmethadol.

(2) Allylprodine.

(3) Alphacetylmethadol (except levoalphacetylmethadol, also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM).

(4) Alphameprodine.

(5) Alphamethadol.

(6) Benzethidine.

(7) Betacetylmethadol.

(8) Betameprodine.

(9) Betamethadol.

(10) Betaprodine.

(11) Clonitazene.

(12) Dextromoramide.

(13) Diampromide.

(14) Diethylthiambutene.

(15) Difenoxin.

(16) Dimenoxadol.

(17) Dimepheptanol.

(18) Dimethylthiambutene.

(19) Dioxaphetyl butyrate.

(20) Dipipanone.

(21) Ethylmethylthiambutene.
(22) Etonitazene.
(23) Etoxeridine.
(24) Furethidine.
(25) Hydroxypethidine.
(26) Ketobemidone.
(27) Levomoramide.
(28) Levophenacylmorphan.
(29) Morpheridine.
(30) Noracymethadol.
(31) Norlevorphanol.
(32) Normethadone.
(33) Norpipanone.
(34) Phenadoxone.
(35) Phenampromide.
(36) Phenomorphan.
(37) Phenoperidine.
(38) Piritramide.
(39) Proheptazine.
(40) Properidine.
(41) Propiram.
(42) Racemoramide.
(43) Tilidine.
(44) Trimeperidine.
(45) Any substance that contains any quantity of acetylfentanyl (N-[1-phenethyl-4-piperidinyl] acetanilide) or a derivative thereof.
(46) Any substance that contains any quantity of the thiophene analog of acetylfentanyl (N-[1-[2-(2-thienyl)ethyl]-4-piperidinyl] acetanilide) or a derivative thereof.
(47) 1-Methyl-4-Phenyl-4-Propionoxypiperidine (MPPP).
(48) 1-(2-Phenethyl)-4-Phenyl-4-Acetyloxypiperidine (PEPAP).

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:
(1) Acetorphine.
(2) Acetyldihydrocodeine.
(3) Benzylmorphine.
(4) Codeine methylbromide.

(5) Codeine-N-Oxide.
(6) Cyprenorphine.
(7) Desomorphine.
(8) Dihydromorphine.
(9) Drotebanol.
(10) Etorphine (except hydrochloride salt).
(11) Heroin.
(12) Hydromorphinol.
(13) Methyldesorphine.
(14) Methyldihydromorphine.
(15) Morphine methylbromide.
(16) Morphine methylsulfonate.
(17) Morphine-N-Oxide.
(18) Myrophine.
(19) Nicocodeine.
(20) Nicomorphine.
(21) Normorphine.
(22) Pholcodine.
(23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following hallucinogenic substances, or that contains any of its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of this subdivision only, the term "isomer" includes the optical, position, and geometric isomers):

(1) 4-bromo-2,5-dimethoxy-amphetamine—Some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA.

(2) 2,5-dimethoxyamphetamine—Some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA.

(3) 4-methoxyamphetamine—Some trade or other names: 4-methoxy-alpha-methylphenethylamine, paramethoxyamphetamine, PMA.

(4) 5-methoxy-3,4-methylenedioxy-amphetamine.

(5) 4-methyl-2,5-dimethoxy-amphetamine—Some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; and "STP."

(6) 3,4-methylenedioxy amphetamine.

(7) 3,4,5-trimethoxy amphetamine.

(8) Bufotenine—Some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5 indolol; N,N-dimethylserolonin, 5-hydroxy-N,N-dimethyltryptamine; mappine.

(9) Diethyltryptamine—Some trade or other names: N,N-Diethyltryptamine; DET.

(10) Dimethyltryptamine—Some trade or other names: DMT.

(11) Ibogaine—Some trade or other names: 7-Ethyl-6,6beta, 7,8,9,10,12,13-octahydro-2-methoxy-6,9-methano-5H-pyrido [1',2':1,2] azepino [5,4-b] indole; Tabernantheiboga.

(12) Lysergic acid diethylamide.

(13) Cannabis.

(14) Mescaline, derived from plants presently classified botanically in the Echinopsis or Trichocereus genus of cacti, including, without limitation, the Bolivian Torch Cactus, San Pedro Cactus, or Peruvian Torch Cactus, but not including mescaline derived from any plant described in paragraph (15).

(15) Peyote—Meaning all parts of the plant presently classified botanically as Lophophora williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any part of the plant, and every compound, manufacture, salts, derivative, mixture, or preparation of the plant, its seeds or extracts (interprets 21 U.S.C. Sec. 812(c), Schedule 1(c)(12)).

(16) N-ethyl-3-piperidyl benzilate.

(17) N-methyl-3-piperidyl benzilate.

(18) Psilocybin.

(19) Psilocyn.

(20) Tetrahydrocannabinols. Synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following: delta 1 cis or trans tetrahydrocannabinol, and their optical isomers; delta 6 cis or trans tetrahydrocannabinol, and their optical isomers; delta 3,4 cis or trans tetrahydrocannabinol, and its optical isomers.

Because nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.

(21) Ethylamine analog of phencyclidine—Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine, N-(1-phenylcyclohexyl) ethylamine, cyclohexamine, PCE.

(22) Pyrrolidine analog of phencyclidine—Some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine, PCP, PHP.

(23) Thiophene analog of phencyclidine—Some trade or other names: 1-[1-(2 thienyl)-cyclohexyl]-piperidine, 2-thienyl analog of phencyclidine, TPCP, TCP.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Mecloqualone.

(2) Methaqualone.

(3) Gamma hydroxybutyric acid (also known by other names such as GHB; gamma hydroxy butyrate; 4-hydroxybutyrate; 4-hydroxybutanoic acid; sodium oxybate; sodium oxybutyrate), including its immediate precursors, isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, including, but not limited to, gammabutyrolactone, for which an application has not been approved under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 355).

(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its isomers:

(1) Cocaine base.

(2) Fenethylline, including its salts.

(3) N-Ethylamphetamine, including its salts.

SEC. 3. Section 11350 of the Health and Safety Code is amended to read:

11350. (a) Except as otherwise provided in this division, every person who possesses (1) any controlled substance specified in subdivision (b), (c), (e), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (15) or (20) of subdivision

(d) of Section 11054, or specified in subdivision (b) or (c) of Section 11055, or specified in subdivision (h) of Section 11056, or (2) any controlled substance classified in Schedule III, IV, or V that is a narcotic drug, unless upon the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to practice in this state, shall be punished by imprisonment in a county jail for not more than one year, except that such person shall instead be punished pursuant to subdivision (h) of Section 1170 of the Penal Code if that person has one or more prior convictions for an offense specified in clause (iv) of subparagraph (C) of paragraph (2) of subdivision (e) of Section 667 of the Penal Code or for an offense requiring registration pursuant to subdivision (c) of Section 290 of the Penal Code.

(b) Except as otherwise provided in this division, whenever a person who possesses any of the controlled substances specified in subdivision (a), the judge may, in addition to any punishment provided for pursuant to subdivision (a), assess against that person a fine not to exceed seventy dollars ($70) with proceeds of this fine to be used in accordance with Section 1463.23 of the Penal Code. The court shall, however, take into consideration the defendant's ability to pay, and no defendant shall be denied probation because of their inability to pay the fine permitted under this subdivision.

(c) Except in unusual cases in which it would not serve the interest of justice to do so, whenever a court grants probation pursuant to a felony conviction under this section, in addition to any other conditions of probation that may be imposed, the following conditions of probation shall be ordered:

(1) For a first offense under this section, a fine of at least one thousand dollars ($1,000) or community service.

(2) For a second or subsequent offense under this section, a fine of at least two thousand dollars ($2,000) or community service.

(3) If a defendant does not have the ability to pay the minimum fines specified in paragraphs (1) and (2), community service shall be ordered in lieu of the fine.

(d) It is not unlawful for a person other than the prescription holder to possess a controlled substance described in subdivision (a) if both of the following apply:

(1) The possession of the controlled substance is at the direction or with the express authorization of the prescription holder.

(2) The sole intent of the possessor is to deliver the prescription to the prescription holder for its prescribed use or to discard the substance in a lawful manner.

(e) This section does not permit the use of a controlled substance by a person other than the prescription holder or permit the distribution or sale of a controlled substance that is otherwise inconsistent with the prescription.

SEC. 4. Section 11350.1 is added to the Health and Safety Code, to read:

11350.1. (a) Except as otherwise provided in subdivisions (b), (c), (d), ~~and (e)~~ *(e), and (f)* of this section and notwithstanding any other law, all of the following shall be lawful for a natural person 21 years of age or older and shall not be a violation of state or local law:

(1) The possession, preparation, obtaining, or transportation, of no more than the allowable amount of mescaline, as described in paragraph (14) of subdivision (d) of Section 11054, for personal use or for facilitated or supported use.

(2) The ingesting of mescaline.

(3) The possession, planting, cultivating, harvesting, or preparation of plants capable of producing mescaline, except for the plant presently classified botanically as Lophophora williamsii Lemaire, on property owned or controlled by a person, for the purposes described in this subdivision by that person, and possession of any product produced by those plants.

(4) The assisting of another person, 21 years of age or older, with any act described in paragraphs (1) to (3), inclusive, of this subdivision.

(b) Implementation related to facilitated and supported use under paragraph (1) of subdivision (a) and the activities described in paragraph (4) of subdivision (a) shall not be lawful until a framework governing the therapeutic use, including facilitated and supported use, of mescaline has been developed and adopted.

~~(b)~~

(c) Possession of mescaline by a person 21 years of age or over on the grounds of any public or private elementary, vocational, junior high, or high school, during hours that the school is open for classes or school-related programs, or at any time when minors are using the facility is punishable as a misdemeanor.

~~(c)~~

(d) (1) A person who knowingly gives away or administers mescaline to a person who is under 18 years of age in violation of law shall be punished by imprisonment in a county jail for a period of not more than six months or by a fine of not more than five hundred dollars ($500), or by both that fine and imprisonment, or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.

(2) Notwithstanding paragraph (1), a person 18 years of age or over who knowingly gives away or administers mescaline to a minor under 14 years of age in violation of law shall be punished by imprisonment in the state prison for a period of three, five, or seven years.

(3) A person who knowingly gives away or administers mescaline to a person who is at least 18 years of age, but under 21 years of age is guilty of an infraction.

~~(d)~~

(e) Except as otherwise provided, possession of mescaline by a person under 18 years of age is punishable as an infraction and shall require:

(1) Upon a finding that a first offense has been committed, four hours of drug education or counseling and up to 10 hours of community service over a period not to exceed 60 days, commencing when the drug education or counseling services are made available to them.

(2) Upon a finding that a second offense or subsequent offense has been committed, six hours of drug education or counseling and up to 20 hours of community service over a period not to exceed 90 days, commencing when the drug education or counseling services are made available to them.

~~(e)~~

(f) Except as otherwise provided, possession of mescaline by a person at least 18 years of age but less than 21 years of age is punishable as an infraction.

~~(f)~~

(g) Mescaline or related products involved in any way with conduct deemed lawful by this section are not contraband nor subject to seizure, and no conduct deemed lawful by this section shall constitute the basis for detention, search, or arrest, or the basis for the seizure or forfeiture of assets.

~~(g)~~

(h) As used in this section, the following terms are defined as follows:

(1) "Allowable amount" means four grams per person or, in the context of facilitated or supported use involving multiple persons, the aggregate of allowable amounts per participant. "Allowable amount" does not include the weight of any material of which the substance is a part or to which the substance is added, dissolved, held in solution, or suspended, or any ingredient or material combined with the substance specified in this subdivision to prepare a topical or oral administration, food, drink, or other product, including, but not limited to, a brew or tea.

(2) "Facilitated or supported use" means the supervised or assisted personal use of mescaline by an individual or group of persons 21 years of age or older, or the assisting or supervising of such persons in such use, within the context of spiritual guidance, community-based healing, or related services.

(3) "Financial gain" means the receipt of money or other valuable consideration in exchange for the item being transferred. "Financial gain" does not include reasonable fees for spiritual guidance or related services that are provided in conjunction with facilitated or supported use of mescaline under the guidance and supervision, and on the premises, of the person providing those services.

(4) "Personal use" means for the personal ingestion or other personal and noncommercial use by the person in possession.

(5) "Preparation" means processing or otherwise preparing for use.

~~(h) The~~

(i) Subsequent to the adoption of a framework pursuant to subdivision (b), the transfer of a substance described in paragraph (1) of subdivision (a), without financial gain, between persons 21 years of age and older, and in the context of facilitated or supported use, shall not be a violation of Section 11352 or any other state or local law.

SEC. 5. Section 11364 of the Health and Safety Code is amended to read:

11364. (a) It is unlawful to possess an opium pipe or any device, contrivance, instrument, or paraphernalia used for unlawfully injecting or smoking (1) a controlled substance specified in subdivision (b), (c), or (e) or paragraph (1) of subdivision (f) of

Section 11054, specified in paragraph (15) or (20) of subdivision (d) of Section 11054, specified in subdivision (b) or (c) of Section 11055, or specified in paragraph (2) of subdivision (d) of Section 11055, or (2) a controlled substance that is a narcotic drug classified in Schedule III, IV, or V.

(b) This section shall not apply to hypodermic needles or syringes that have been containerized for safe disposal in a container that meets state and federal standards for disposal of sharps waste.

(c) Until January 1, 2026, as a public health measure intended to prevent the transmission of HIV, viral hepatitis, and other bloodborne diseases among persons who use syringes and hypodermic needles, and to prevent subsequent infection of sexual partners, newborn children, or other persons, this section shall not apply to the possession solely for personal use of hypodermic needles or syringes.

SEC. 6. Section 11364.7 of the Health and Safety Code is amended to read:

11364.7. (a) (1) Except as authorized by law, any person who delivers, furnishes, or transfers, possesses with intent to deliver, furnish, or transfer, or manufactures with the intent to deliver, furnish, or transfer, drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, compound, convert, produce, process, prepare, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance, except as provided in subdivision (b), in violation of this division, is guilty of a misdemeanor.

(2) A public entity, its agents, or employees shall not be subject to criminal prosecution for distribution of hypodermic needles or syringes or any materials deemed by a local or state health department to be necessary to prevent the spread of communicable diseases, or to prevent drug overdose, injury, or disability to participants in clean needle and syringe exchange projects authorized by the public entity pursuant to Chapter 18 (commencing with Section 121349) of Part 4 of Division 105.

(3) This subdivision does not apply to any paraphernalia that is intended to be used to plant, propagate, cultivate, grow, harvest, compound, convert, produce, process, prepare, pack, repack, store,

contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body, any of the following substances:

(A) Dimethyltryptamine (DMT).

(B) Ibogaine.

(C) Mescaline.

(D) Psilocybin.

(E) Psilocyn.

(b) Except as authorized by law, any person who manufactures with intent to deliver, furnish, or transfer drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body cocaine, cocaine base, heroin, phencyclidine, or methamphetamine in violation of this division shall be punished by imprisonment in a county jail for not more than one year, or in the state prison.

(c) Except as authorized by law, any person, 18 years of age or over, who violates subdivision (a) by delivering, furnishing, or transferring drug paraphernalia to a person under 18 years of age who is at least three years younger, or who, upon the grounds of a public or private elementary, vocational, junior high, or high school, possesses a hypodermic needle, as defined in paragraph (7) of subdivision (a) of Section 11014.5, with the intent to deliver, furnish, or transfer the hypodermic needle, knowing, or under circumstances where one reasonably should know, that it will be used by a person under 18 years of age to inject into the human body a controlled substance, is guilty of a misdemeanor and shall be punished by imprisonment in a county jail for not more than one year, by a fine of not more than one thousand dollars ($1,000), or by both that imprisonment and fine.

(d) The violation, or the causing or the permitting of a violation, of subdivision (a), (b), or (c) by a holder of a business or liquor license issued by a city, county, or city and county, or by the State of California, and in the course of the licensee’s business shall be grounds for the revocation of that license.

(e) All drug paraphernalia defined in Section 11014.5 is subject to forfeiture and may be seized by any peace officer pursuant to Section 11471 unless its distribution has been authorized pursuant to subdivision (a).

(f) If any provision of this section or the application thereof to any person or circumstance is held invalid, it is the intent of the Legislature that the invalidity shall not affect other provisions or applications of this section that can be given effect without the invalid provision or application and to this end the provisions of this section are severable.

SEC. 7. Section 11365 of the Health and Safety Code is amended to read:

11365. (a) It is unlawful to visit or to be in any room or place where any controlled substances that are specified in subdivision (b), (c), or (e), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (15) or (20) of subdivision (d) of Section 11054, or specified in subdivision (b) or (c) or paragraph (2) of subdivision (d) of Section 11055, or that are narcotic drugs classified in Schedule III, IV, or V, are being unlawfully smoked or used with knowledge that such activity is occurring.

(b) This section shall apply only where the defendant aids, assists, or abets the perpetration of the unlawful smoking or use of a controlled substance specified in subdivision (a). This subdivision is declaratory of existing law as expressed in People v. Cressey (1970) 2 Cal. 3d 836.

SEC. 8. Section 11377 of the Health and Safety Code is amended to read:

11377. (a) Except as authorized by law and as otherwise provided in subdivision (b) or Section 11375, or in Article 7 (commencing with Section 4211) of Chapter 9 of Division 2 of the Business and Professions Code, every person who possesses any controlled substance that is (1) classified in Schedule III, IV, or V, and that is not a narcotic drug, (2) specified in subdivision (d) of Section 11054, except paragraphs (10), (11), (13), (14), (15), (18), (19), and (20) of subdivision (d), (3) specified in paragraph (11) of subdivision (c) of Section 11056, (4) specified in paragraph (2) or (3) of subdivision (f) of Section 11054, or (5) specified in subdivision (d), (e), or (f) of Section 11055, unless upon the prescription of a physician, dentist, podiatrist, or veterinarian, licensed to practice in this state, shall be punished by imprisonment in a county jail for a period of not more than one year, except that such person may instead be punished pursuant to subdivision (h) of Section 1170 of the Penal Code if that person has one or more prior convictions for an offense specified in clause (iv) of

subparagraph (C) of paragraph (2) of subdivision (e) of Section 667 of the Penal Code or for an offense requiring registration pursuant to subdivision (c) of Section 290 of the Penal Code.

(b) The judge may assess a fine not to exceed seventy dollars ($70) against any person who violates subdivision (a), with the proceeds of this fine to be used in accordance with Section 1463.23 of the Penal Code. The court shall, however, take into consideration the defendant's ability to pay, and no defendant shall be denied probation because of their inability to pay the fine permitted under this subdivision.

(c) It is not unlawful for a person other than the prescription holder to possess a controlled substance described in subdivision (a) if both of the following apply:

(1) The possession of the controlled substance is at the direction or with the express authorization of the prescription holder.

(2) The sole intent of the possessor is to deliver the prescription to the prescription holder for its prescribed use or to discard the substance in a lawful manner.

(d) This section does not permit the use of a controlled substance by a person other than the prescription holder or permit the distribution or sale of a controlled substance that is otherwise inconsistent with the prescription.

SEC. 9. Section 11377.1 is added to the Health and Safety Code, to read:

11377.1. (a) Except as otherwise provided in subdivisions (b), (c), (d), ~~and (e)~~ *(e), and (f)* of this section, and notwithstanding any other law, all of the following shall be lawful for a natural person 21 years of age or older and shall not be a violation of state or local law:

(1) The possession, preparation, obtaining, or transportation, of no more than the allowable amount of any of the following substances for personal use or facilitated or supported use:

(A) The controlled substance specified in paragraph (10) of subdivision (d) of Section 11054.

(B) The controlled substance specified in paragraph (11) of subdivision (d) of Section 11054.

(C) The controlled substance specified in paragraph (18) of subdivision (d) of Section 11054.

(D) The controlled substance specified in paragraph (19) of subdivision (d) of Section 11054.

(2) The ingesting of a substance described in paragraph (1).

(3) The possession, planting, cultivating, harvesting, or preparation of plants capable of producing a substance described in paragraph (1), on property owned or controlled by a person, for the uses described in this subdivision by that person, and possession of any product produced by those plants including spores or mycelium capable of producing mushrooms or other materials that contain a controlled substance specified in paragraph (18) or (19) of subdivision (d) of Section 11054, for that purpose.

(4) The assisting of another person, 21 years of age or older, with any act described in paragraphs (1) to (3), inclusive, of this subdivision.

(b) Implementation related to facilitated and supported use under paragraph (1) of subdivision (a) and the activities described in paragraph (4) of subdivision (a) shall not be lawful until a framework governing the therapeutic use, including facilitated and supported use, of the substances identified in paragraphs (10), (11), (18), and (19) of subdivision (d) of Section 11054 has been developed and adopted.

~~(b)~~

(c) Possession of a controlled substance specified in paragraph (1) of subdivision (a) by a person 21 years of age or over, on the grounds of any public or private elementary, vocational, junior high, or high school, during hours that the school is open for classes or school-related programs, or at any time when minors are using the facility is punishable as a misdemeanor.

~~(c)~~

(d) (1) A person who knowingly gives away or administers a controlled substance specified in paragraph (1) of subdivision (a) to a person who is under 18 years of age in violation of law shall be punished by imprisonment in a county jail for a period of not more than six months or by a fine of not more than five hundred dollars ($500), or by both that fine and imprisonment, or by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code.

(2) Notwithstanding paragraph (1), a person 18 years of age or over who knowingly gives away or administers a substance described in paragraph (1) to a minor under 14 years of age in violation of law shall be punished by imprisonment in the state prison for a period of three, five, or seven years.

(3) A person who knowingly gives away or administers a substance described in paragraph (1) to a person who is at least 18 years of age, but under 21 years of age is guilty of an infraction.

~~(d)~~

(e) Except as otherwise provided, possession of a controlled substance specified in paragraph (1) of subdivision (a) by a person under 18 years of age is punishable as an infraction and shall require:

(1) Upon a finding that a first offense has been committed, four hours of drug education or counseling and up to 10 hours of community service over a period not to exceed 60 days, commencing when the drug education or counseling services are made available to them.

(2) Upon a finding that a second offense or subsequent offense has been committed, six hours of drug education or counseling and up to 20 hours of community service over a period not to exceed 90 days, commencing when the drug education or counseling services are made available to them.

~~(e)~~

(f) Except as otherwise provided, possession of a controlled substance specified in paragraph (1) of subdivision (a) by a person at least 18 years of age but less than 21 years of age is punishable as an infraction.

~~(f)~~

(g) A controlled substance described in this section or any related product involved in any way with conduct deemed lawful by this section are not contraband nor subject to seizure, and no conduct deemed lawful by this section shall constitute the basis for detention, search, or arrest, or the basis for the seizure or forfeiture of assets.

~~(g)~~

(h) As used in this section, the following terms are defined as follows:

(1) "Allowable amount" means the following quantities of a substance per person or, in the context of facilitated or supported use involving multiple persons, the aggregate of allowable amounts per participant. "Allowable amount" does not include the weight of any material of which the substance is a part or to which the substance is added, dissolved, held in solution, or suspended, or any ingredient or material combined with the substance specified

in this subdivision to prepare a topical or oral administration, food, drink, or other product, including, but not limited to, a brew or tea:

(A) Two grams of dimethyltryptamine, otherwise known as DMT.

(B) Fifteen grams of ibogaine.

(C) Two grams of psilocybin or four ounces of a plant or fungi containing psilocybin.

(D) Two grams of psilocyn or four ounces of a plant or fungi containing psilocyn.

(2) "Facilitated or supported use" means the supervised or assisted personal use of a substance described in this section by an individual or group of persons 21 years of age or older, or the assisting or supervising of such persons in such use, within the context of spiritual guidance, community-based healing, or related services.

(3) "Financial gain" means the receipt of money or other valuable consideration in exchange for the item being transferred. "Financial gain" does not include reasonable fees for spiritual guidance or related services that are provided in conjunction with facilitated or supported use of a controlled substance described in this section under the guidance and supervision, and on the premises, of the person providing those services.

(4) "Personal use" means for the personal ingestion or other personal and noncommercial use by the person in possession.

(5) "Preparation" means processing or otherwise preparing for use.

~~(h) The~~

(i) Subsequent to the adoption of a framework pursuant to subdivision (b), the transfer of a substance described in paragraph (1) of subdivision (a), without financial gain, between persons 21 years of age and older, and in the context of facilitated or supported use, shall not be a violation of Section 11352 or any other state or local law.

SEC. 10. Section 11379 of the Health and Safety Code is amended to read:

11379. (a) Except as otherwise provided in subdivision (b), in Section 11377.1, and in Article 7 (commencing with Section 4211) of Chapter 9 of Division 2 of the Business and Professions Code, every person who transports, imports into this state, sells, furnishes, administers, or gives away, or offers to transport, import

into this state, sell, furnish, administer, or give away, or attempts to import into this state or transport any controlled substance that is (1) classified in Schedule III, IV, or V and that is not a narcotic drug, except subdivision (g) of Section 11056, (2) specified in subdivision (d) of Section 11054, except paragraphs (13), (14), (15), (20), (21), (22), and (23) of subdivision (d), (3) specified in paragraph (11) of subdivision (c) of Section 11056, (4) specified in paragraph (2) or (3) of subdivision (f) of Section 11054, or (5) specified in subdivision (d) or (e), except paragraph (3) of subdivision (e), or specified in subparagraph (A) of paragraph (1) of subdivision (f), of Section 11055, unless upon the prescription of a physician, dentist, podiatrist, or veterinarian, licensed to practice in this state, shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of two, three, or four years.

(b) Notwithstanding the penalty provisions of subdivision (a), any person who transports any controlled substances specified in subdivision (a) within this state from one county to another noncontiguous county shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for three, six, or nine years.

(c) For purposes of this section, "transports" means to transport for sale.

(d) Nothing in this section is intended to preclude or limit prosecution under an aiding and abetting theory, accessory theory, or a conspiracy theory.

SEC. 11. Section 11382 of the Health and Safety Code is amended to read:

11382. Except as otherwise provided in Section 11377.1, every person who agrees, consents, or in any manner offers to unlawfully sell, furnish, transport, administer, or give any controlled substance that is (a) classified in Schedule III, IV, or V and that is not a narcotic drug, or (b) specified in subdivision (d) of Section 11054, except paragraphs (13), (14), (15), and (20) of subdivision (d), specified in paragraph (11) of subdivision (c) of Section 11056, or specified in subdivision (d), (e), or (f) of Section 11055, to any person, or offers, arranges, or negotiates to have that controlled substance unlawfully sold, delivered, transported, furnished, administered, or given to any person and then sells, delivers, furnishes, transports, administers, or gives, or offers, or arranges,

or negotiates to have sold, delivered, transported, furnished, administered, or given to any person any other liquid, substance, or material in lieu of that controlled substance shall be punished by imprisonment in the county jail for not more than one year, or pursuant to subdivision (h) of Section 1170 of the Penal Code.

SEC. 12. Article 7 (commencing with Section 11390) of Chapter 6 of Division 10 of the Health and Safety Code is repealed.

SEC. 13. Section 11550 of the Health and Safety Code is amended to read:

11550. (a) A person shall not use, or be under the influence of any controlled substance that is (1) specified in subdivision (b), (c), or (e), or paragraph (1) of subdivision (f) of Section 11054, specified in paragraph (15), (21), (22), or (23) of subdivision (d) of Section 11054, specified in subdivision (b) or (c) of Section 11055, or specified in paragraph (1) or (2) of subdivision (d) or in paragraph (3) of subdivision (e) of Section 11055, or (2) a narcotic drug classified in Schedule III, IV, or V, except when administered by or under the direction of a person licensed by the state to dispense, prescribe, or administer controlled substances. It shall be the burden of the defense to show that it comes within the exception. A person convicted of violating this subdivision is guilty of a misdemeanor and shall be sentenced to serve a term of not more than one year in a county jail. The court may also place a person convicted under this subdivision on probation for a period not to exceed five years.

(b) (1) A person who is convicted of violating subdivision (a) when the offense occurred within seven years of that person being convicted of two or more separate violations of that subdivision, and refuses to complete a licensed drug rehabilitation program offered by the court pursuant to subdivision (c), shall be punished by imprisonment in a county jail for not less than 180 days nor more than one year. In no event does the court have the power to absolve a person convicted of a violation of subdivision (a) who is punishable under this subdivision from the obligation of spending at least 180 days in confinement in a county jail unless there are no licensed drug rehabilitation programs reasonably available.

(2) For the purpose of this section, a drug rehabilitation program is not reasonably available unless the person is not required to pay more than the court determines that they are reasonably able to pay in order to participate in the program.

(c) (1) The court may, when it would be in the interest of justice, permit a person convicted of a violation of subdivision (a) punishable under subdivision (a) or (b) to complete a licensed drug rehabilitation program in lieu of part or all of the imprisonment in a county jail. As a condition of sentencing, the court may require the offender to pay all or a portion of the drug rehabilitation program.

(2) In order to alleviate jail overcrowding and to provide recidivist offenders with a reasonable opportunity to seek rehabilitation pursuant to this subdivision, counties are encouraged to include provisions to augment licensed drug rehabilitation programs in their substance abuse proposals and applications submitted to the state for federal and state drug abuse funds.

(d) In addition to any fine assessed under this section, the judge may assess a fine not to exceed seventy dollars ($70) against a person who violates this section, with the proceeds of this fine to be used in accordance with Section 1463.23 of the Penal Code. The court shall, however, take into consideration the defendant's ability to pay, and a defendant shall not be denied probation because of their inability to pay the fine permitted under this subdivision.

(e) (1) Notwithstanding subdivisions (a) and (b) or any other law, a person who is unlawfully under the influence of cocaine, cocaine base, heroin, methamphetamine, or phencyclidine while in the immediate personal possession of a loaded, operable firearm is guilty of a public offense punishable by imprisonment in a county jail for not exceeding one year or in state prison.

(2) As used in this subdivision "immediate personal possession" includes, but is not limited to, the interior passenger compartment of a motor vehicle.

(f) Every person who violates subdivision (e) is punishable upon the second and each subsequent conviction by imprisonment in the state prison for two, three, or four years.

(g) This section does not prevent deferred entry of judgment or a defendant's participation in a preguilty plea drug court program under Chapter 2.5 (commencing with Section 1000) of Title 6 of Part 2 of the Penal Code unless the person is charged with violating subdivision (b) or (c) of Section 243 of the Penal Code. A person charged with violating this section by being under the influence of any controlled substance that is specified in paragraph (21),

(22), or (23) of subdivision (d) of Section 11054 or in paragraph (3) of subdivision (e) of Section 11055 and with violating either subdivision (b) or (c) of Section 243 of the Penal Code or with a violation of subdivision (e) shall be ineligible for deferred entry of judgment or a preguilty plea drug court program.

SEC. 14. Section 11999 of the Health and Safety Code is repealed.

SEC. 15. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, 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.

However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

SEC. 16. 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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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(5) SB 373 (Menjivar) Board of Behavioral Sciences, Board of Psychology, and Medical Board of California: Licensee's and registrants' addresses

Background:

This bill prohibits the Board of Psychology (Board) from disclosing the full address of record (AOR) on the internet of licensees and registered psychological associates. The bill only allows the Board to disclose the city, state, and ZIP code of the address of record.

On March 23, 2023, the bill was amended to include County in the disclosed information, city, state, county, and ZIP code. The amendments also added language that states it would not apply to secondary documents linked to the Boards internet website which may contain an address of record.

On April 7, 2023, the motion for the Board to adopt a Support position did not pass.

On April 12, the bill passed the Senate Committee on Business, Professions, Economic, and Development.

On April 19, 2023, the bill passed the Senate Committee on Judiciary.

On April 20, 2023, Section 2 2937(b) was amended to include "*The board shall establish a process for providing a licensee's or registrant's complete address upon receipt of a request that is related to a court proceeding against or request for records from the licensee or registrant. The process shall ensure that the request is completed within 10 business days. This subdivision shall be*

implemented in compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code). "

On May 8, 2023, the bill passed the Senate Committee on Appropriations, and was ordered to the Assembly.

On May 19, 2023, the bill was presented to Board Members for a possible position, however, and the Board did not take a position so staff will continue to watch SB 373.

On June 20, 2023, the bill passed the Assembly Committee on Business and Professions and was referred to the Committee on Appropriations.

On June 21, 2023, the bill was amended to include clarify language, and was then re-referred to the Committee on Appropriations

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

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

Attachment 1: Senate Bill 373 (Menjivar) amended bill text

AMENDED IN ASSEMBLY JUNE 21, 2023

AMENDED IN SENATE APRIL 20, 2023

AMENDED IN SENATE APRIL 13, 2023

AMENDED IN SENATE MARCH 23, 2023

SENATE BILL No. 373

Introduced by Senator Menjivar

February 9, 2023

An act to amend Section 27 of, and to add Sections ~~2937~~ *2937*, *4809.9*, and 4990.11 to, the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 373, as amended, Menjivar. Board of Behavioral Sciences, Board of Psychology, and ~~Medical Board of California:~~ *Veterinary Medical Board:* licensees' and registrants' addresses.

Existing law creates the Department of Consumer Affairs, which is composed of various boards that license and regulate specified professions deemed to engage in activities that have potential impact upon the public health, safety, and welfare. Existing law requires the Board of Behavioral ~~Sciences and~~ *Sciences,* Board of Psychology, *and Veterinary Medical Board,* among other boards, to post information regarding the status of every license issued by those boards on the board's internet website. Existing law exempts personal information of licensees from this disclosure requirement, including home telephone number, date of birth, and social security number.

This bill would, with certain exceptions, prohibit the Board of Behavioral ~~Sciences and~~ *Sciences,* the Board of ~~Psychology~~ *Psychology, and the Veterinary Medical Board* from disclosing on the internet the

full address of record of certain licensees and registrants, and would require those boards to disclose the city, state, county, and ZIP Code of the address of record of those licensees and registrants. The bill would require those boards to establish a process, as specified, for providing a licensee's or registrant's complete address upon receipt of a request that is related to a court proceeding against or request for records from the licensee or registrant.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

SECTION 1. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of the licensee's home address, as the address of record. This section shall not

preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as the licensee's address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the internet.

(b) In providing information on the internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees, registrants, and permitholders.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The Acupuncture Board shall disclose information on its licensees.

(13) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(14) The Dental Board of California shall disclose information on its licensees.

(15) The California State Board of Optometry shall disclose information on its licensees and registrants.

(16) The Board of Psychology shall disclose information on its licensees, including psychologists and registered psychological associates.

(17) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permitholders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) Notwithstanding subdivisions (a) and (c), the Board of Behavioral Sciences shall not disclose on the internet the full address of record of their licensees and registrants. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registrants. This subdivision shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

(g) Notwithstanding subdivisions (a) and (c), the Board of Psychology shall not disclose on the internet the full address of record of their licensees and registered psychological associates. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registered

psychological associates. This subdivision shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

(h) Notwithstanding subdivisions (a) and (c), the Veterinary Medical Board shall not disclose on the internet the full address of record of their licensees and registrants. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registrants. This subdivision shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

~~(h)~~

(i) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 2. Section 2937 is added to the Business and Professions Code, to read:

2937. (a) Notwithstanding Section 27, the board shall not disclose on the internet the full address of record of its licensees and registrants. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registrants. This section shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

(b) The board shall establish a process for providing a licensee's or registrant's complete address upon receipt of a request that is related to a court proceeding against or request for records from the licensee or registrant. The process shall ensure that the request is completed within 10 business days. This subdivision shall be implemented in compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code).

SEC. 3. Section 4809.9 is added to the Business and Professions Code, to read:

4809.9. (a) Notwithstanding Section 27, the board shall not disclose on the internet the full address of record of its licensees and registrants. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registrants. This section shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

(b) The board shall establish a process for providing a licensee's or registrant's complete address upon receipt of a request that is related to a court proceeding against or request for records from the licensee or registrant. The process shall ensure that the request is completed within 10 business days. This subdivision shall be implemented in compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code).

~~SEC. 3.~~

SEC. 4. Section 4990.11 is added to the Business and Professions Code, to read:

4990.11. (a) Notwithstanding Section 27, the board shall not disclose on the internet the full address of record of its licensees and registrants. However, the board shall disclose the city, state, county, and ZIP Code of the address of record for its licensees and registrants. This section shall not apply to secondary documents linked to the board's internet website which may contain an address of record.

(b) The board shall establish a process for providing a licensee's or registrant's complete address upon receipt of a request that is related to a court proceeding against or request for records from the licensee or registrant. The process shall ensure that the request is completed within 10 business days. This subdivision shall be implemented in compliance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code).

~~SEC. 4.~~

SEC. 5. The Legislature finds and declares that Section 1 of this act, which amends Section 27 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

This act balances the public's right to access records of the entities within the Department of Consumer Affairs with the need to protect the privacy of licensees.

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(6) – SB 802 (Roth) Licensing boards: disqualification from licensure: criminal conviction

Background

SB 802 (Roth) was introduced on February 17, 2023.

This bill would require that applicants for licensure by a program within the Department of Consumer Affairs (DCA) are made aware within 30 days if their license is denied based on a prior criminal conviction.

On March 27, 2023, the bill passed the Senate Committee on Business, Professions and Economic Development.

On April 13, 2023, the bill passed the Senate Committee on Appropriations, and was ordered to the Assembly.

On May 4, 2023, the bill was referred to the Assembly Committee on Business and Professions.

On July 11, 2023, the bill was set for a hearing in the Committee on Business and Professions, however, the hearing on SB 802 was cancelled at the author's request.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

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

Attachment 1: SB 802 (Roth) Bill Text

SENATE BILL No. 802

Introduced by Senator Roth

February 17, 2023

An act to amend Section 480 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 802, as introduced, Roth. Licensing boards: disqualification from licensure: criminal conviction.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, as specified. Existing law requires a board to notify the applicant in writing, as specified, if a board decides to deny an application for licensure based solely or in part on the applicant's conviction history.

If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, this bill would require a board to notify the applicant in writing within 30 days after a decision is made, as specified.

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

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

SECTION 1. Section 480 of the Business and Professions Code is amended to read:

480. (a) Notwithstanding any other provision of this code, a board may deny a license regulated by this code on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline only if either of the following conditions are met:

(1) The applicant has been convicted of a crime within the preceding seven years from the date of application that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, regardless of whether the applicant was incarcerated for that crime, or the applicant has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the business or profession for which the application is made and for which the applicant is presently incarcerated or for which the applicant was released from incarceration within the preceding seven years from the date of application. However, the preceding seven-year limitation shall not apply in either of the following situations:

(A) The applicant was convicted of a serious felony, as defined in Section 1192.7 of the Penal Code or a crime for which registration is required pursuant to paragraph (2) or (3) of subdivision (d) of Section 290 of the Penal Code.

(B) The applicant was convicted of a financial crime currently classified as a felony that is directly and adversely related to the fiduciary qualifications, functions, or duties of the business or profession for which the application is made, pursuant to regulations adopted by the board, and for which the applicant is seeking licensure under any of the following:

(i) Chapter 6 (commencing with Section 6500) of Division 3.

(ii) Chapter 9 (commencing with Section 7000) of Division 3.

(iii) Chapter 11.3 (commencing with Section 7512) of Division 3.

(iv) Licensure as a funeral director or cemetery manager under Chapter 12 (commencing with Section 7600) of Division 3.

(v) Division 4 (commencing with Section 10000).

(2) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years from the date of application based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or

profession for which the present application is made. However, prior disciplinary action by a licensing board within the preceding seven years shall not be the basis for denial of a license if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code or a comparable dismissal or expungement. Formal discipline that occurred earlier than seven years preceding the date of application may be grounds for denial of a license only if the formal discipline was for conduct that, if committed in this state by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2, would have constituted an act of sexual abuse, misconduct, or relations with a patient pursuant to Section 726 or sexual exploitation as defined in subdivision (a) of Section 729.

(b) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis that the person has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if that person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation pursuant to Section 482.

(c) Notwithstanding any other provision of this code, a person shall not be denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. An applicant who has a conviction that has been dismissed pursuant to Section 1203.4, 1203.4a, 1203.41, or 1203.42 of the Penal Code shall provide proof of the dismissal if it is not reflected on the report furnished by the Department of Justice.

(d) Notwithstanding any other provision of this code, a board shall not deny a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication.

(e) A board may deny a license regulated by this code on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license. A board shall not deny a license based solely on an applicant's failure

to disclose a fact that would not have been cause for denial of the license had it been disclosed.

(f) A board shall follow the following procedures in requesting or acting on an applicant's criminal history information:

(1) A board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880), of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing with Section 19225) of Division 8 may require applicants for licensure under those chapters to disclose criminal conviction history on an application for licensure.

(2) Except as provided in paragraph (1), a board shall not require an applicant for licensure to disclose any information or documentation regarding the applicant's criminal history. However, a board may request mitigating information from an applicant regarding the applicant's criminal history for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure.

(3) If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, the board shall notify the applicant in ~~writing~~ *writing, within 30 days after a decision is made,* of all of the following:

(A) The denial or disqualification of licensure.

(B) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

(C) That the applicant has the right to appeal the board's decision.

(D) The processes for the applicant to request a copy of the applicant's complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127 of the Penal Code.

(g) (1) For a minimum of three years, each board under this code shall retain application forms and other documents submitted by an applicant, any notice provided to an applicant, all other

communications received from and provided to an applicant, and criminal history reports of an applicant.

(2) Each board under this code shall retain the number of applications received for each license and the number of applications requiring inquiries regarding criminal history. In addition, each licensing authority shall retain all of the following information:

(A) The number of applicants with a criminal record who received notice of denial or disqualification of licensure.

(B) The number of applicants with a criminal record who provided evidence of mitigation or rehabilitation.

(C) The number of applicants with a criminal record who appealed any denial or disqualification of licensure.

(D) The final disposition and demographic information, consisting of voluntarily provided information on race or gender, of any applicant described in subparagraph (A), (B), or (C).

(3) (A) Each board under this code shall annually make available to the public through the board's internet website and through a report submitted to the appropriate policy committees of the Legislature deidentified information collected pursuant to this subdivision. Each board shall ensure confidentiality of the individual applicants.

(B) A report pursuant to subparagraph (A) shall be submitted in compliance with Section 9795 of the Government Code.

(h) "Conviction" as used in this section shall have the same meaning as defined in Section 7.5.

(i) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(c)(7) – SB 805 (Portantino) Health care coverage: pervasive developmental disorders or autism.

Background

SB 805 (Portantino) was introduced on February 17, 2023.

This bill would expand the criteria for a Qualified Autism Service professional to include a behavioral health professional, a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology. The bill would also expand the criteria for a Qualified Autism Service paraprofessional to include a behavioral health paraprofessional.

The Department of Developmental Services (DDS) would be required to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in behavioral intervention services. The bill would require DDS to establish the educational or experience qualifications and professional supervision requirements necessary for these positions to provide behavioral intervention services other than ABA.

On April 24, 2023, the bill passed the Senate Committee on Human Services, and was referred to the Committee on Appropriations.

On May 18, 2023, the bill passed the Senate Committee on Appropriations, and was ordered to the Assembly.

On June 28, the bill passed the Assembly Committee on Health, and was referred to the Committee on Human Services.

On July 12, 2023, the bill was passed the Committee on Health, and was referred to the Committee on Appropriations.

Board of Psychology staff is continuing to monitor the bill for additional amendments.

Action Requested

Staff recommends the Board discuss SB 805 and consider taking a position.

Attachment 1: SB 805 Bill Analysis
Attachment 2: SB 805 Bill Text

California Board of PSYCHOLOGY

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2023 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Portantino	SB 805	SB 562
Sponsor:	**Version:**	
California Psychological Association (CPA)	Amended	
Subject:		
Psychologist: Applicants: Licensure Exams		

SUMMARY
This bill would expand the qualifications for Qualified Autism Services professionals and paraprofessionals as provided in California's mandate on health plans and insurers to cover behavioral health treatment for pervasive developmental disorders or autism and require the Department of Developmental Services (DDS) to establish emergency regulations to development educational or experience qualifications and requirements of supervision for the providers and establish a rate for reimbursement.

RECOMMENDATION

FOR DISCUSSION – Staff recommend the Board discuss SB 805 and consider taking a position.

Summary of Suggested Amendments

Update the terminology from "psychology associate to "registered psychological associate.

REASON FOR THE BILL
Per the author, "this bill corrects a long-standing problem regarding services for autistic individuals in California" by including professionals using other "evidence-based behavior intervention programs," the bill will expand the descriptions of a qualified professional and paraprofessionals, which will allow for a choice in treatment and offer greater access to services. The author believes that "research has clearly shown there is a vast approach to services that are accepted as "evidence-based" and individuals with autism are all unique and deserve to have access to the approach which best suits their needs."

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

ANALYSIS

Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism and defines “behavioral health treatment” as specific services and treatment programs, including treatment provided by a Qualified Autism Service provider and administered either by a Qualified Autism Service professional, or a Qualified Autism Service paraprofessional.

Existing law defines a “Qualified Autism Service professional” to refer to a person who meets specific educational, training, and other requirements, and is supervised and employed by a Qualified Autism Service provider. Existing law defines a “Qualified Autism Service paraprofessional” to mean an unlicensed and uncertified individual who meets specific educational, training, and other requirements, is supervised by a Qualified Autism Service provider, or a Qualified Autism Service professional, and is also employed by the Qualified Autism Service provider.

Currently, Registered Psychological Associates are considered Qualified Autism Service Professionals who can offer Behavioral Health Treatment for autism, if, the Psychological Associate uses Applied Behavioral Analysis (ABA). The current requirements for a Qualified Autism Service Professional in an ABA program are as follows:

> (A) Possesses a Bachelor of Arts or Science Degree and has either:
> 1. Twelve semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services; or
> 2. Two years of experience in designing and/or implementing behavior modification intervention services.
>
> (B) Is registered as either:
> 1. A psychological assistant of a psychologist by the Medical Board of California or Psychology Examining Board; or

2. An Associate Licensed Clinical Social Worker pursuant to Business and Professions Code, Section 4996.18.

And all professionals must also meet this standard:
(E) Has training and experience in providing services for pervasive developmental disorder or autism…

This bill would expand the criteria for a Qualified Autism Service professional to include a behavioral health professional, a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology. The bill would also expand the criteria for a Qualified Autism Service paraprofessional to include a behavioral health paraprofessional.

The Department of Developmental Services who contracts with regional centers to provide services and support individuals with developmental disabilities and their families, would be required to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in behavioral intervention services. The bill would require DDS to establish the educational or experience qualifications and professional supervision requirements necessary for these positions to provide behavioral intervention services other than ABA.

LEGISLATIVE HISTORY

SB 562 (Portantino, Vetoed, 2022) would have revised and expanded the Behavioral Health Treatment for pervasive development disorder or autism for the purposes of a health plan and insurer and would have included a registered, certified, or licensed associate or assistant regulated by one of a list of specified professional boards, and supervised by a qualified autism service provider practicing in the associate's or assistant's field of medicine. The bill would revise the training requirements for a qualified autism service paraprofessional by authorizing training to be provided by a qualified autism service provider practicing the evidence-based treatment modality that the qualified autism service paraprofessional would administer. The Governor included in the veto message that "I appreciate the author's dedication to supporting children diagnosed with ASD and their families. While the bill's intent is laudable, expanding access to certain therapies and interventions must be grounded in evidence-based practices and be provided by qualified professionals."

OTHER STATES' INFORMATION
Not applicable

PROGRAM BACKGROUND
The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

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

FISCAL IMPACT

If the bill passes, the Board may be required to promulgate the new regulations as determined by DDS. This would require the Board to complete a regulations package to incorporate the qualifications for psychological associate to provide non-ABA treatment in these settings.

ECONOMIC IMPACT
Not Applicable

LEGAL IMPACT
Not Applicable

APPOINTMENTS
Not Applicable

SUPPORT/OPPOSITION

Support:

DIR/Floortime Coalition of California (Sponsor)
California Psychological Association
Center for Developmental Play and Learning
Cherry Crisp Entertainment and Productions
Child Development Institute
Disability Rights California
Disability Voices United
Easterseals Northern California
Exceptional Minds
Fresno City College
Greenhouse Therapy Center
Institute for Girls' Development
Interdisciplinary Council on Development and Learning
ITS Integrated Therapy Solutions
Mental Health and Autism Insurance Project
National Association of Social Workers, California Chapter
Positive Development
Professional Child Development Associates
Quicksilver Software
San Diego Academy of Child and Adolescent Psychiatry
Spirited Play Labs
The Center for Connection

TheraPeeps
Touchstone Family Development Center, INC.

Opposition:

California Association for Behavior Analysis

ARGUMENTS

Proponents: None on File

Opponents: None on File

AMENDMENTS

This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and ~~a registered, certified, or licensed health care associate or assistant, as specified.~~ *a ~~psychology associate~~ registered psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified.* The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:
(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.
(B) Is supervised by a qualified autism service provider.
(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.
(D) Is either of the following:
(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, *or* Behavior Management Program, or meets the criteria set forth in the regulations adopted pursuant to subdivision (a) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health professional.

~~(ii) A registered, certified, or licensed health care "associate" or "assistant" regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy, as defined in the Business and Professions Code, and supervised by a qualified autism service provider licensed and practicing in the associate's or assistant's field of medicine under any and all applicable statutory or regulatory supervisory requirements.~~

(ii) ~~A psychology associate~~ registered psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

AMENDED IN SENATE APRIL 24, 2023

AMENDED IN SENATE MARCH 22, 2023

SENATE BILL No. 805

Introduced by Senator Portantino

February 17, 2023

An act to amend Section 1374.73 of the Health and Safety Code, to amend Section 10144.51 of the Insurance Code, and to add Section 4686.4 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 805, as amended, Portantino. Health care coverage: pervasive developmental disorders or autism.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider.

Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider.

This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and ~~a registered, certified, or licensed health care associate or assistant, as specified.~~ *a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified.* The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism.

This bill would require the department to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in group practice provider behavioral intervention services. The bill would require the department to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide behavioral intervention services, as specified.

Because a willful violation of the bill's provisions by a health care service plan would be a crime, it would impose a state-mandated local program.

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

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

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

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

SECTION 1. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and

evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services

and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

(3) "Qualified autism service provider" means either of the following:

(A) A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.

(B) Is supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is either of the following:

(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, *or* Behavior Management Program, or meets the criteria set forth in the regulations adopted pursuant to subdivision (a) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health professional.

~~(ii) A registered, certified, or licensed health care "associate" or "assistant" regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy, as defined in the Business and Professions Code, and supervised by a qualified autism service provider licensed and practicing in the associate's or assistant's field of medicine under any and all applicable statutory or regulatory supervisory requirements.~~

(ii) A psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(F) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations for a ~~behavior management technician (paraprofessional)~~ *Behavior Management Technician (Paraprofessional)* or meets the criteria set forth in the regulations adopted pursuant to subdivision (b) of Section 4686.4 of the Welfare and Institutions Code for a Behavioral Health Paraprofessional.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.

(E) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(d) This section shall not apply to the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 1374.72.

(f) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 2. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities

Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 10144.5.

(3) "Qualified autism service provider" means either of the following:

(A) A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.

(B) Is supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is either of the following:

(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, *or* Behavior Management Program, or meets the criteria set forth in the regulations adopted pursuant to subdivision (a) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health professional.

~~(ii) A registered, certified, or licensed health care "associate" or "assistant" regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy, as defined in the Business and Professions Code, and supervised by a qualified autism service provider licensed and practicing in the associate's or assistant's field of medicine under any and all applicable statutory or regulatory supervisory requirements.~~

(ii) A psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(F) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical

supervision that meets professionally recognized standards of practice.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations for a Behavior Management Technician (Paraprofessional) or meets the criteria set forth in the regulations adopted pursuant to subdivision (b) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health paraprofessional.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.

(E) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(d) This section shall not apply to the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 10144.5.

(f) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 3. Section 4686.4 is added to the Welfare and Institutions Code, to read:

4686.4. (a) The department shall adopt emergency regulations to address the use of behavioral health professionals in group practice provider behavioral intervention services and establish a rate. The regulations shall also establish a rate and the educational or experiential qualifications and professional supervision requirements necessary for the behavioral health professional to

provide behavioral intervention services. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

(b) The department shall adopt emergency regulations to address the use of behavioral health paraprofessionals in group practice provider behavioral intervention services and establish a rate. The regulations shall also establish a rate and the educational or experiential qualifications and professional supervision requirements necessary for the behavioral health paraprofessional to provide behavioral intervention services. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

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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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 14(a),(b),(c),(d),(e),(f) – Regulatory Update

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

a) Update on 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration

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 preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

On May 19, 2023, the proposed regulatory language was accepted by the Board Members, and the regulatory package will continue in the rule making process.

b) 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

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

c) Update on 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure

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 preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

d) 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

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

e) Update on 16 CCR sections 1397.35 – 1397.40 - Corporations

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 preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

f) Update on 16 CCR sections 1381, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2

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 preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

On May 19, 2023, the Board approved the statutory and regulatory changes to implement the EPPP part 2 Skills Exam, effective January 1, 2026.

Action Requested:

No action required at this time. This is for informational purposes only.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 31, 2023
TO	Board of Psychology
FROM	Curtis Gardner Central Services Analyst
SUBJECT	Agenda Item #14(a) – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration (16 California Code of Regulations (CCR) sections 1391.13 and 1391.14)

Background

To address public concerns raised during the "Pathways to Licensure" discussion at the April 2018 Licensing Committee meeting regarding the proposed change to the time limitation of the psychological associate registration period from 72 months to 60 months, the Committee tasked staff to work with legal counsel to draft an updated regulatory proposal relating to an inactive status for psychological associates. This status would allow a psychological associate to pause their time from accumulating when they do not have a primary supervisor and cannot practice.

The proposal would add a new regulatory section at 16 CCR section 1391.13 that allows registered psychological associates to place their registration on inactive status. The intent of an inactive status for psychological associates is to enhance consumer protection by clearly indicating to the public that a registered psychological associate cannot practice while holding a registration in this status. The proposed inactive status would also be a practical option for psychological associates who are not providing psychological services due to the lack of a primary supervisor or those who may need a temporary period of time to attend to personal matters. This would prevent the time when a psychological associate is not practicing from being counted towards the time limitation of the registration period.

Upon requesting inactive status, the proposed language disassociates the psychological associates' registration from their primary supervisor, allowing the supervisor to supervise other psychological associates. The proposal also adds a new regulatory section at 16 CCR section 1391.14 establishing that an inactive psychological associate's registration will be returned to active status when the request of a psychological associate to add a new primary supervisor is approved by the Board or its designee.

This regulatory proposal will provide a streamlined process for the Board to place a psychological associate's registration to an inactive status and set out a process to

reactivate an inactive status registration. Having the process clearly set out in regulation should save staff time answering inquiries from psychological associates who are unable to provide psychological services due to the lack of having a primary supervisor or being unable to practice due to personal reasons.

Board staff anticipate that only a small percentage of psychological associates will request their registration be placed on inactive status and, in light of the pending statutory and future regulatory fee increases, the proposal does not involve charging a fee for either placing a psychological associate registration on inactive status or re-activating a psychological associate registration.

Staff received feedback from DCA Legal Counsel and worked to incorporate the recommended changes for the Board to review. However, the Board is being asked to decide what limitation, if any, should be placed on how long a psychological associate registration can remain on inactive status (16 CCR 1391.13 (f))? Should the limit be a cumulative amount of time, or broken into a limit for each occasion a psychological associate's registration is placed on inactive status, with a cumulative time limit stated for registrations placed on inactive status more than once?

Action Requested

Staff recommends the Board answer the questions above, review the proposed language for additional edits, and vote whether or not to approve the language as amended.

Suggested Motion Language

Move to approve the proposed regulatory text for 16 CCR sections 1391.13 and 1391.14 as amended, direct staff to submit the text to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review, 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. 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 at Sections 1391.13 and 1391.14 as noticed.

Attachment 1: Inactive Status of Psychological Associate Registration proposed language

DEPARTMENT OF CONSUMER AFFAIRS

Title 16. BOARD OF PSYCHOLOGY

PROPOSED REGULATORY LANGUAGE

Inactive Status of Psychological Associate Registration

Legend:	Added text is indicated with an underline.
	Deleted text is indicated by ~~strikeout~~

Adopt Section 1391.13 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.13. Inactive Status of Psychological Associate Registration.

(a) A psychological associate holding a valid registration may request that the Board place their registration on inactive status. A request for inactive status shall result in all primary supervisors, as defined in section 1387.1, associated with the registration being disassociated.

(b) A psychological associate registration shall be placed on inactive status if the psychological associate does not have a primary supervisor.

(c) A psychological associate registration on inactive status shall retain the same annual renewal date, and to remain valid, shall be renewed annually ~~pursuant to section 1391.12~~ and there shall not be a fee charged.

(d) A psychological associate shall not provide psychological services while their psychological associate registration is on inactive status.

(e) Time periods during which a psychological associate registration is on inactive status shall not apply toward the limitation of registration period set forth in section 1391.1(b). Accrual of supervised professional experience shall occur within the time limitations set forth in section 1387(a).

(f) A psychological associate registration shall not remain on inactive status more than x number of months/years, and cumulatively no more than a number of months/years.

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code. Reference: Sections 2913 and 2914, Business and Professions Code.

Adopt Section 1391.14 of Article 5.1 of Division 13.1 of Title 16 of the California Code of Regulations to read:

§1391.14. Reactivating A Psychological Associate Registration.

A psychological associate registration that has been placed on inactive status pursuant to section 1391.13 will be returned to active status upon approval by the Board or its designee of a notification to add a primary supervisor pursuant to section 1391.11 (a).

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code. Reference: Section 2913, Business and Professions Code.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 14(b) – Regulatory Update - 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Updates the Board of Psychology's (Board) disciplinary guidelines including conforming changes pursuant to AB 2138, conviction and substantial relationship criteria, and the Department's Uniform Standards for Substance Abusing Licensees.

On April 21, 2023, the review of the proposed language was completed by Board Staff and legal counsel.

Action Requested:

Staff recommends the Board review the new highlighted language for additional edits or approval.

Attachment 1: Disciplinary Guidelines proposed language

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGY

PROPOSED REGULATORY LANGUAGE REGARDING

DISCIPLINARY GUIDELINES

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

Amend section 1395.2 of Article 7 of Division 13.1 of Title 16 of the California Code of Regulations to read as follows:

§ 1395.2. Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider and apply the "Disciplinary Guidelines, Model Disciplinary Orders, and Uniform Standards Related to Substance Abusing Licensees ~~(4/15)~~[Amended (Insert Date Board approves language here)]," which is hereby incorporated by reference.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation; for example: the presence of mitigating or aggravating factors; the age of the case; or evidentiary issues.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2936, 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e), Government Code.

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

BOARD OF PSYCHOLOGY

DISCIPLINARY GUIDELINES, MODEL DISCIPLINARY ORDERS, AND UNIFORM STANDARDS RELATED TO SUBSTANCE-ABUSING LICENSEES

ADOPTED 11/92 - EFFECTIVE 1/1/93 –
AMENDED 7/1/96, AMENDED 4/1/99, AMENDED 9/1/02,
AMENDED 2/07, AMENDED 4/15, AMENDED (insert same date listed in 1395.2 here and delete parentheses)

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Article 7. Standards Related to Denial, Discipline, and Reinstatement of Licenses

§ 1395.2. Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider and apply the "Disciplinary Guidelines, Model Disciplinary Orders, and Uniform Standards Related to Substance-Abusing Licensees ~~(4/15)~~[Amended (insert same date as listed in 1395.2 here)]," which is hereby incorporated by reference.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the Uniform Standards Related to Substance Abusing Licensees shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation; for example: the presence of mitigating or aggravating factors; the age of the case; or evidentiary issues.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2936, 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e), Government Code.

I. INTRODUCTION

The Board of Psychology of the California Department of Consumer Affairs (hereinafter "the Board") is a ~~consumer protection~~ regulatory agency ~~with the priority of~~ responsible for protecting consumers of psychological services from unsafe, incompetent, or negligent practitioners. ~~in exercising its licensing, regulatory, and disciplinary functions.~~ By statute, protection of the public is the Board's highest priority in exercising its licensing, regulatory, and disciplinary functions. In keeping with its statutory mandate, ~~to this particularly vulnerable population,~~ the Board has adopted the following recommended guidelines for disciplinary orders and conditions of probation for violations of the Psychology Licensing Law (Business and Professions Code (Code) section 2900 et seq.) and the Psychology Regulations (Title 16 of the California Code of Regulations (16 CCR) section 1380 et seq.). This document, designed for use by administrative law judges, attorneys, psychologists, ~~registered psychologists~~, registered psychological ~~assistants~~ associates, registered psychological testing technicians, others involved in the disciplinary process, and ultimately the Board, may be revised from time to time.

For purposes of this document, in addition to licensure as a psychologist, the term "license" includes a registered psychological ~~assistant~~ associate registration and registered ~~psychologist~~ psychological testing technician registration. The term "designee" refers to the Executive Officer, Assistant Executive Officer, Enforcement Program Manager, and Probation Monitor, of the Board of Psychology. The terms and conditions of probation are divided into two general categories:

(1) Standard Terms and Conditions are those conditions of probation ~~which~~that will ~~generally~~ appear in all cases involving probation ~~as a standard term and condition~~; and
(2) Optional Terms and Conditions are those conditions that address the specific circumstances of the case and require discretion to be exercised depending on the nature and circumstances of a particular case.

The Board of Psychology's Uniform Standards Related to Substance-Abusing Licensees, which are derived from the Department of Consumer Affairs' Substance Abuse Coordination Committee's "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (~~4/11~~March 2019)" pursuant to section 315 of the Code, describe those terms or conditions that shall be applied to a substance-abusing licensee, and are incorporated into the terms and conditions of probation. These standards and the rationale therefore appear in the optional terms and conditions of probation and are fully set forth in section VI of these guidelines.

The Board recognizes that an individual case may necessitate a departure from these guidelines for disciplinary orders. However, in such a case, the mitigating or aggravating circumstances must be detailed in the "Finding of Fact," which is in every Proposed Decision, so that the circumstances can be better understood and evaluated by the Board before final action is taken.

If at the time of hearing, the Administrative Law Judge finds that ~~the~~ respondent, for any reason, is not capable of safe practice, the Board expects outright revocation or denial of the license. This is statutorily ~~particularly~~ required ~~true~~ in any case of ~~patient~~ client sexual contact ~~abuse~~ with

the client. In less egregious cases, a stayed revocation with probation pursuant to the attached ~~Penalty~~ Disciplinary Guidelines would be appropriate.

II. DISCIPLINARY GUIDELINES

A. GENERAL CONSIDERATIONS

~~Factors to be considered -~~ In determining whether revocation, suspension, or probation is to be imposed in a given case, ~~factors such as the following should be considered~~the Board must consider the following:

Substantial Relationship Criteria set forth in 16 CCR section 1394:

~~1. Nature and severity of the act(s), offense(s), or crime(s) under consideration.~~
~~2. Actual or potential harm to any consumer, client, or the public.~~
~~3. Prior record of discipline or citations.~~
~~4. Number and/or variety of current violations.~~
~~5. Mitigation and aggravation evidence.~~
~~6. Rehabilitation evidence.~~
~~7. In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation.~~
~~8. Overall criminal record.~~
~~9. Time passed since the act(s) or offense(s) occurred.~~
~~10. Whether or not the respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties.~~
~~11. Recognition by respondent of his or her wrongdoing and demonstration of corrective action to prevent recurrence.~~

(a) For the purposes of denial, suspension, or revocation of a license or registration pursuant to section 141, or Division 1.5 (commencing with section 475) of the Code, or sections 2960 or 2960.6 of the Code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license or registration under the Psychology Licensing Law (Chapter 6.6 of Division 2 of the Code), if to a substantial degree it evidences present or potential unfitness of a person holding a license or registration to perform the functions authorized by the license or registration, or in a manner consistent with the public health, safety, or welfare.

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the board shall consider the following criteria:
(1) The nature and gravity of the offense;
(2) The number of years elapsed since the date of the offense; and
(3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

(1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of the Psychology Licensing Law.
(2) Conviction or act involving fiscal dishonesty.
(3) Conviction or act involving child abuse.
(4) A conviction requiring a person to register as a sex offender pursuant to section 290 of the Penal Code.
(5) Conviction or act involving lewd conduct or sexual impropriety.
(6) Conviction or act involving assault, battery, or other violence.
(7) Conviction or act involving the use of drugs or alcohol to an extent or in a manner dangerous to the individual or the public.
(8) Conviction or act involving harassment, trespass, or stalking.

Rehabilitation Criteria for Suspensions or Revocations as set forth in 16 CCR section 1395.1:

When considering the suspension or revocation of a license or registration of a person holding a

violation of parole or probation. In making this determination, the Board shall use the following criteria in (1) through (5), as available: (1) Nature and gravity of the crime(s).
(2) The reason for granting and the length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's or registrant's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

If the licensee or registrant has not completed the criminal sentence at issue without a

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described in section 141 of the Code, the suspension or revocation was based one or more of the grounds specified in sections 2960 or 2960.6 of the Code, or the Board determines that the licensee or registrant did not make a showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating the licensee's or registrant's rehabilitation:
(1) Total criminal record and/or record of discipline or other enforcement action, including the nature and gravity of the acts underlying the discipline or enforcement action.
(2) The time that has elapsed since commission of the act(s) or crime(s).
(3) Whether the licensee or registrant has complied with any terms of parole, probation,

(4) If applicable, evidence of dismissal proceedings pursuant to section 1203.4 of the Penal Code.
(5) The criteria in subdivision (a)(1)-(5), as applicable.
(6) Evidence, if any, of rehabilitation submitted by the licensee or registrant demonstrating that he or she has a mature, measured appreciation of the gravity of the misconduct, and remorse for the harm caused, and showing a demonstrated course of conduct by the licensee or registrant that

convinces and assures the Board that the public will be safe if the person is permitted to remain licensed or registered to practice psychology.

Pursuant to section 2960.1 of the Code ~~(set out below in the Penalty Guidelines)~~, any ~~p~~Proposed ~~d~~Decision or ~~d~~Decision that contains any ~~f~~Finding of ~~f~~Fact that ~~the licensee~~respondent~~or registrant~~ engaged in any act of sexual contact, when that act is with a ~~patient~~client, or with a former ~~patient~~client within two (2) years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.

Pursuant to section 2964.3 of the Code, any person required to register as a sex offender pursuant to ~~S~~section 290 of the Penal Code is not eligible for licensure or registration by the Board.

Except where an order is required by statute, deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board determines that the facts of the particular case warrant such a deviation. The Board may impose more restrictive terms and conditions if necessary to protect the public.

B. ~~PENALTY~~GUIDELINES FOR DISCIPLINARY ACTIONS

The ~~general~~ statutory bases for discipline are listed below, along with the names and numbers for the applicable optional terms and conditions ~~by statute number in the Business & Professions Code~~. An accusation, statement of issues, or other charging document may also allege violations of other related statutes or regulations. ~~The bases are followed by the Board-determined penalty, including the names and numbers for the optional terms and conditions~~. The standard terms of probation as stated shall be included in all decisions and orders. Except where there is a finding that respondent is a substance-abusing licensee, the Board recognizes that the ~~penalties~~ proposed disciplinary action, terms and conditions of probation listed are merely guidelines and that individual cases will necessitate variations that take into account unique circumstances.

~~If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that t~~The Administrative Law Judge hearing the case must include an explanation of ~~the~~ any deviations ~~or omissions~~ from the Disciplinary Guidelines in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision ~~for final action~~.

Business and Professions Code § 2960

2960 GENERAL UNPROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license ~~or registration~~.

~~MINIMUM: Revocation stayed, depending upon the circumstances, up to 5-year probation, psychological evaluation and/or therapy if appropriate (2) and (6), California Psychology Law and Ethics Examination (CPLEE) (7), and standard terms and conditions (14-31)~~

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, , and California Psychology Law and Ethics Examination (CPLEE)(6).

865.2 Sexual Orientation Change Efforts (Conversion Therapy)

MAXIMUM: Revocation; denial of license

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, practice monitor (3), practice restriction (4), psychotherapy (5), and examination(s) (6)

2960(a) CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE PRACTICE OF PSYCHOLOGY

MAXIMUM: Revocation; denial of license ~~or registration~~.

~~MINIMUM: Revocation stayed, 5-year probation, billing monitor (if financial crime) (4), therapy (6), CPLEE (7), restitution (if appropriate) (8), and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, billing monitor (if financial crime)(3), restitution (7), psychotherapy (5), and California Psychology Law and Ethics Examination (CPLEE) (6).

2960(b) USE OF CONTROLLED SUBSTANCE OR ALCOHOL IN A DANGEROUS MANNER

MAXIMUM: Revocation; denial of license ~~or registration~~.

~~MINIMUM: Revocation stayed, 5-year probation, physical examination (if appropriate) (3), practice monitor (4), psychological evaluation and ongoing therapy (if appropriate) (2) and (6), clinical diagnostic evaluation (9), participation in an alcohol/drug abuse treatment program (10) and ongoing support group (11), abstain from all non-prescribed, controlled drugs and alcohol, /biological fluid and specimen testing [required for substance-abusing licensees] (12), and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, physical examination (2), worksite monitor (3), psychotherapy (if recommended by psychological

evaluator) (5), clinical diagnostic evaluation (8), participation in an alcohol/drug abuse treatment program (9), ongoing support group (10), abstain from drugs and alcohol, and submit to tests and samples (11).

2960(c) FRAUDULENTLY OR NEGLECTFULLY MISREPRESENTING THE TYPE OR STATUS OF LICENSE OR REGISTRATION ACTUALLY HELD

MAXIMUM: Revocation; denial of license ~~or registration~~.

~~MINIMUM: Revocation stayed, 5 years probation, and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, California Psychology Law and Ethics Examination (CPLEE) (6).

2960(d) IMPERSONATING ANOTHER PERSON HOLDING A PSYCHOLOGY LICENSE OR ALLOWING ANOTHER PERSON TO USE ~~HIS OR HER~~ THEIR LICENSE ~~OR REGISTRATION~~

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, ~~psychological evaluation (2),~~ CPLEE (~~7~~ 6)~~, and standard terms and conditions (14-31)~~.

2960(e) ~~PROCURING~~ APPLYING FOR A LICENSE OR PASSING AN EXAMINATION BY FRAUD OR DECEPTION

~~Penalty~~ DISCIPLINE: Revocation is the only suitable ~~penalty~~ discipline inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license ~~or registration~~, then denial of the application is the only suitable ~~penalty~~discipline.

2960(f) ~~ACCEPTING REMUNERATION OR PAYING FOR REFERRALS TO OTHER PROFESSIONALS~~ PAYING, OR OFFERING TO PAY, OR ACCEPTING PAYMENT, MONETARY OR OTHERWISE, FOR REFERRAL OF CLIENTS

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), depending on the circumstances, billing monitor (43), CPLEE (76), ~~and standard terms and conditions~~ (~~14-31~~).

2960(g) VIOLATING SECTION 17500 OF THE BUSINESS AND PROFESSIONS CODE REGARDING ADVERTISING

~~Penalty~~ DISCIPLINE: Revocation stayed, five (5) years probation, and standard terms and conditions (14-32) ~~standard terms and conditions (14-31)~~.

2960(h) WILLFUL VIOLATION OF CONFIDENTIALITY

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, and standard terms and conditions (14-32); and, depending on the circumstances, practice monitor (43), and CPLEE (76), ~~and standard terms and conditions (14-31)~~.

2960(i) VIOLATION OF RULES OF PROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending upon the circumstances, ~~psychological evaluation and/or therapy if appropriate (2) and (6)~~, CPLEE (76), ~~and standard terms and conditions (14-31)~~.

2960(j) GROSS NEGLIGENCE ~~IN THE PRACTICE OF PSYCHOLOGY~~

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, ~~psychological evaluation prior to resumption of practice (condition precedent)~~ (2), practice monitor~~/billing monitor~~ (43), ~~patient population~~ restriction of practice ~~(if appropriate recommended)~~ (54), ~~therapy~~psychotherapy (65), examination(s) ~~CPLEE~~ (76), ~~and standard terms and conditions (14-31)~~.

2960(k) VIOLATING ANY PROVISION OF THE PSYCHOLOGY LICENSING LAW OR RELATED REGULATIONS ~~THIS CHAPTER OR REGULATIONS DULY ADOPTED THEREUNDER~~

Refer to underlying statute or regulation.

2960(l) AIDING OR ABETTING UNLICENSED PRACTICE

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, CPLEE (~~7~~6), ~~and standard terms and conditions (14-31)~~.

2960(m)/2960.6 DISCIPLINARY ACTION BY ANOTHER AGENCY, STATE, OR COUNTRY AGAINST A LICENSE ~~OR REGISTRATION~~

DISCIPLINE: In evaluating the appropriate ~~penalty~~ discipline, identify the comparable California statute(s) or regulation(s), and corresponding ~~penalty(s)~~ discipline.

2960(n) DISHONEST, CORRUPT, OR FRAUDULENT ACT

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, ~~psychological evaluation and ongoing therapy~~psychotherapy ~~if appropriate (2)~~(5), billing monitor (43), CPLEE (~~7~~6), full restitution (87)~~, and standard terms and conditions (14-31)~~.

2960(o); 726; 729 ~~ANY ACT OF~~ SEXUAL ABUSE, ~~OR~~ SEXUAL RELATIONS WITH A ~~PATIENT~~CLIENT OR FORMER ~~PATIENT~~CLIENT ~~WITHIN TWO YEARS FOLLOWING TERMINATION OF THERAPY~~, SEXUAL EXPLOITATION, OR SEXUAL MISCONDUCT~~THAT IS SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS OR DUTIES OF A PSYCHOLOGIST OR PSYCHOLOGICAL ASSISTANT OR REGISTERED PSYCHOLOGIST~~.

~~Penalty~~DISCIPLINE: ~~When a finding of sexual misconduct occurs, r~~Revocation or surrender of license~~/registration~~ and/or denial of license ~~or registration~~ ~~MUST~~must be the ~~penalty~~ discipline ordered by the Administrative Law Judge.

~~**NO MINIMUM PENALTY.**~~

NOTE: ~~Business and Professions Code~~ Section 2960.1 of the Code states: "Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 2960, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge." "~~Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any~~

~~acts of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.~~"

2960(p) FUNCTIONING OUTSIDE FIELD(S) OF COMPETENCE

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5) years probation, standard terms and conditions (14-32), and depending on the circumstances, practice monitor (~~4~~3), ~~patient population restriction (5)~~ restriction of practice (4), and ~~CPLEE~~ examination(s) (~~7~~6)~~, and standard terms and conditions (14-31)~~.

2960(q) WILLFUL FAILURE TO VERIFY AN APPLICANT'S SUPERVISED EXPERIENCE

~~Penalty~~DISCIPLINE: Revocation stayed, five (5)~~-~~years probation, and standard terms and conditions (14-32) ~~and standard terms and conditions (14-31)~~.

2960(r) REPEATED NEGLIGENT ACTS

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5)~~-~~years probation, standard terms and conditions (14-32), and depending on the circumstances, , ~~psychological evaluation prior to resumption of practice (condition precedent) (2)~~, practice monitor (~~4~~3), ~~CPLEE~~examination(s) (~~7~~6)~~, and standard terms and conditions (14-31)~~.

III. TERMS AND CONDITIONS OF PROBATION

Terms and conditions of probation are divided into two categories. The first category consists of **optional terms and conditions** that may be appropriate as demonstrated in the ~~Penalty~~ Disciplinary Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **standard terms and conditions,** which must appear in all Proposed Decisions and Stipulated Settlements.

To enhance the clarity of a Proposed Decision or Stipulat~~ion~~ed Settlement, the Board requests that all optional terms and conditions of probation (1-13) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions of probation, which includes cost recovery (~~15-31~~ 14-32).

A. OPTIONAL TERMS AND CONDITIONS OF PROBATION

Listed below are optional terms and conditions of probation that the Board would expect to be included in any Proposed Decision or Stipulat~~ion~~ed Settlement as appropriate.

1. Actual Suspension

As part of probation, respondent is suspended from the practice of psychology for _____ days beginning with the effective date of this Decision. During the suspension, any probation period is tolled and will not commence again until the suspension is completed.

RATIONALE: A suspension longer than <u>six (6)</u> months is not effective, and a violation or violations warranting a longer suspension should result in revocation, not stayed.

~~**2. Psychological Evaluation**~~

~~Within ninety (90) days of the effective date of this Decision and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. Respondent shall sign a release that authorizes the evaluator to furnish the Board a current DSM V diagnosis and a written report regarding the respondent's judgment and/or ability to function independently as a psychologist with safety to the public, and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. The evaluation should not be disclosed to anyone not authorized by the Board or by court order.~~

~~If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, upon written notice from the Board, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. The term of probation shall be extended by this period of time that he or she was ordered to cease practice.~~

~~If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within thirty (30) days of such notification. The therapist shall (1) be a California-licensed psychologist with a clear and current license; (2) have no previous business, professional, personal or other relationship with respondent; (3) not be the same person as respondent's practice or billing monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee. Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.~~

~~Respondent shall execute a release authorizing the therapist to provide to the Board any information the Board or its designee deems appropriate, including quarterly reports of respondent's therapeutic progress. Respondent shall furnish a copy of this Decision to the therapist. If the therapist determines that the respondent cannot continue to independently~~

~~render psychological services, with safety to the public, he/she shall notify the Board immediately.~~

~~Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.~~

~~**Option of Evaluation as a Condition Precedent:**~~

~~**In some cases, the psychological evaluation may be imposed as either a condition precedent to the continued practice of psychology, or to the issuance or reinstatement of a license, so that the respondent or petitioner is not entitled to begin or continue practice until found to be safe to do so. In such cases, the following language shall be used as the first sentence of the first paragraph of this term:**~~

~~As a condition precedent to the [continued practice of psychology][issuance of a license] [reinstatement of a license], within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. The term of probation shall be extended by the period of time during which respondent is not entitled to practice.~~

~~**In addition, the following language shall also be used as the first sentence of the second paragraph of this term**:~~

~~If the Board concludes from the results of the evaluation that [respondent][petitioner] is unable to practice independently and safely, upon written notice from the Board [respondent shall, in accordance with professional standards, appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice][respondent or petitioner shall not be issued or have reinstated a license until a Board-appointed evaluator determines that respondent or petitioner is safe to practice].~~

~~**RATIONALE: Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the respondent or where there has been a history of abuse or dependency of alcohol or controlled substances. When appropriate, respondent shall be barred from rendering psychological services under the terms of probation until he or she has undergone an evaluation, the evaluator has recommended resumption of practice, and the Board has accepted and approved the evaluation.**~~

2~~3~~. Physical Examination

Within ~~ninety (90)~~ forty-five (45) days of the effective date of this Decision, respondent shall undergo a physical examination by a ~~physician and surgeon (physician)~~ medical evaluator licensed in California and approved by the Board.

For purposes of these guidelines, a "medical evaluator" means a physician and surgeon, a physician's assistant or a nurse practitioner holding a license in good standing, as issued by the appropriate agency within the Department of Consumer Affairs. "Good standing" shall mean a current, active and unrestricted license.

The medical evaluator shall have no current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the medical evaluator to render impartial and unbiased reports to the Board.

Respondent shall sign a release authorizing the ~~physician~~ medical evaluator to furnish the Board with a report that shall provide an assessment of respondent's physical condition and ~~capability~~ability to safely provide psychological services to the public. If the ~~evaluating physician~~ medical evaluator determines that respondent's physical condition prevents safe practice, or that ~~he or she~~respondent can only practice with restrictions, the ~~physician~~ medical evaluator shall notify the Board, in writing, within five (5) working days.

The Board shall notify respondent in writing of the ~~physician's~~ medical evaluator's determination of unfitness to practice, and shall order ~~the~~ respondent to cease practice or place restrictions on respondent's practice. Respondent shall comply with any order to cease practice or restriction of ~~his or her~~their practice, and shall immediately cease accepting new ~~patients~~clients and, in accordance with professional standards, shall appropriately refer/terminate existing ~~patients~~clients within thirty (30) days. Respondent shall not resume practice until a Board-~~appointed~~approved evaluator determines that respondent is safe to practice, and the Board is satisfied of respondent's fitness to practice safely and has so notified respondent in writing. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. If the ~~evaluating physician~~medical evaluator determines it to be necessary, a recommended treatment program will be instituted and followed by ~~the~~ respondent with ~~the physician~~ an appropriately licensed healthcare practitioner providing written progress reports to the Board on a quarterly basis, or as otherwise determined by the Board or its designee.

It shall be ~~the~~ respondent's responsibility to assure that the required quarterly progress reports are filed by ~~the treating physician~~ an appropriately licensed healthcare practitioner in a timely manner. Respondent shall pay all costs of such examination(s). Failure to pay these costs shall be considered a violation of probation.

RATIONALE: This condition permits the Board to require ~~the probationer~~respondent to obtain appropriate treatment for physical ~~problems/disabilities~~conditions that could affect the safe practice of psychology. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.

34~~.~~ **Practice Monitor/Billing Monitor/Worksite Monitor**

Within ~~ninety (90)~~ thirty (30) days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval~~,~~ the name and qualifications of a

psychologist who has agreed to serve as a [practice monitor][billing monitor][worksite monitor]. The [practice monitor][billing monitor] shall (1) be a California-licensed psychologist with an ~~a clear~~ active, unrestricted, and current license of at least five (5) years duration; (2) have no ~~prior business, professional, personal, or other relationship with respondent~~ current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board; and (3) ~~not be the same person as respondent's therapist~~ have completed six (6) hours of supervision coursework. The monitor's education and experience shall be in the same field of practice as that of ~~the~~ respondent. The [practice monitor][billing monitor] may also serve as a worksite monitor, **if ordered for a substance-abusing licensee**, as long as ~~he or she~~the monitor also meets the requirements for a worksite monitor.

Once approved, the monitor(s) shall submit to the Board or its designee a plan by which respondent's [practice][billing] [worksite] shall be monitored. The Board may amend the plan to increase or decrease the frequency of monitoring sessions with thirty (30) days written notice to both the monitor and respondent. Monitoring frequency shall consist of at least one hour per week of individual in person face-to-face meetings and shall continue during the entire probationary period unless modified or terminated by the Board or its designee. ~~The~~ R~~r~~espondent shall provide the [practice][billing] monitor with a copy of this Decision and access to respondent's fiscal and/or ~~patient~~client records. Respondent shall obtain any necessary ~~patient~~client releases to enable the [practice][billing] monitor to review records and to make direct contact with ~~patients~~clients. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request. It shall be respondent's responsibility to assure that the monitor submits written reports to the Board or its designee on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance.

Respondent shall secure written authorizations for releases of personal information from the clients for review of the entirety of their client records by a [practice monitor][billing monitor][worksite monitor], consistent with the releases obtained, includingbilling and charge records. Records for review shall be presented in their original format and in the order in which the files are maintained so the monitor may select and review records at respondent's worksite. If respondent has more than one worksite, all worksites shall be made available for review. The Board or its designee, upon fifteen (15) day written notice to respondent, may require respondent to have more than one monitor, based on multiple worksites, monitor availability, or other similar factors.

Respondent shall notify all current and potential ~~patients~~clients of any term or condition of probation that will affect their ~~therapy~~psychotherapy or the confidentiality of their records (such as this condition, which requires a [practice monitor][billing monitor]). Such notifications shall be signed by each ~~patient~~client prior to continuing or commencing treatment.

The following paragraph regarding billing monitoring must be included in the Order, if a billing monitor has been ordered:

The Board may require an annual audit of respondent's billings. Within sixty (60) days of the date of a written notice requiring an audit, respondent shall provide the Board with the names and qualifications of three (3) auditors, who must be certified public accountants authorized to practice in this State; the auditor will be selected by the Board. The auditor shall not have a current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the auditor to render an impartial audit. Respondent shall obtain ~~any necessary~~ client releases, pursuant to the audit requirements, to enable the auditor to perform the audit. The audit shall include randomly selected client billing records. Within one hundred-eighty (180) days of the date of the Board's written notice of approval of the auditor, a final audit report shall be completed and submitted to the billing monitor and the Board. The cost of the audits shall be borne by respondent. Failure to cooperate ~~timely complete, report~~, or pay for an audit shall constitute a violation of probation.

The following paragraphs ~~Add the language of the next 3 paragraphs~~ regarding reporting by a worksite monitor, if one is ordered, for a substance-abusing licensee must be included in the Order:

The worksite monitor shall not have a ~~current or former financial, personal, or familial relationship with the licensee, or other relationship~~ current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. All other requirements for a worksite monitor shall meet the requirements of a worksite monitor under Uniform Standards #7. Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and ~~the licensee's~~respondent's employer within one (1) business day of occurrence. If the occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report every month~~ly~~ or as directed by the Board. The report shall include: ~~the licensee's~~respondent's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates ~~licensee~~respondent had in-person face-to-face contact with monitor; worksite staff interviewed as applicable; attendance report; any change in behavior and/or personal habits; and any indicators that can lead to suspected substance abuse.

~~The licensee~~Respondent shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

If the monitor(s) quit(s) or is otherwise no longer available, respondent shall notify the Board within ten (10) days and get approval from the Board for a new monitor within thirty (30) days. If no new monitor is approved within thirty (30) days, respondent shall not practice until a new monitor has been approved by the Board or its designee. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall pay all costs associated with this monitoring requirement. Failure to pay these costs shall be considered a violation of probation.

RATIONALE and APPLICATION OF UNIFORM STANDARD #7: Monitoring shall be utilized when respondent's ability to function independently is in doubt or when fiscal improprieties have occurred, as a result of a deficiency in knowledge or skills, or as a result of questionable judgment. A worksite monitor may be ordered where the Uniform Standards Related to a Substance-Abusing Licensee apply, if necessary, for the protection of the public.

4~~5~~. ~~Restriction of Patient Population~~ Practice Restriction

Respondent's practice shall be [limited to][restricted to exclude ~~patients~~clients who are _____] for [months/years]. Within thirty (30) days from the effective date of the ~~d~~Decision, respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction. Respondent shall submit ~~proof~~ satisfactory proof to the Board or its designee of compliance with this term of probation. Respondent shall notify their supervisor, if they have one, of the restrictions imposed on their practice.

RATIONALE: In cases wherein some factor of ~~the~~ respondent's ~~patient~~client population ~~at large~~ (e.g. age, gender, practice setting) may ~~put a~~ expose a ~~patient~~client to~~at~~ risk ~~if in therapy with the respondent~~, language appropriate to the case may be developed to restrict such a population, ~~or~~ setting, or psychological service. The language would be tailored to each specific case. ~~vary greatly by case.~~

5~~6~~. Psychotherapy

Within ~~ninety (90)~~ thirty (30) days of the effective date of this Decision, a psychotherapist shall be selected by ~~the~~ respondent for approval by the Board. The psychotherapist shall (1) be a California-licensed psychologist with a ~~clear~~ active, unrestricted and current license; (2) have no ~~previous business, professional, personal, or other relationship with respondent~~ current or former financial, personal, familial, or other social or business relationship with respondent; and (3) not be the same person as respondent's practice, billing, or worksite monitor. Respondent shall furnish a copy of this Decision to the psychotherapist. Psychotherapy shall, at a minimum, consist of one (1) hour per week over a period of fifty-two (52) consecutive weeks after which it may continue or terminate upon the written recommendation of the psychotherapist with written approval by the Board or its designee. The Board or its designee may order a psychological evaluation upon receipt of the psychotherapist's recommendation.

Respondent shall execute a release authorizing the psychotherapist to provide to the Board or its designee any information the Board deems appropriate, including quarterly reports of respondent's therapeutic progress. It shall be respondent's responsibility to assure that the required quarterly reports are filed by the psychotherapist in a timely manner. If the psychotherapist notifies the Board that ~~the therapist believes the~~ respondent cannot continue to safely render psychological services, ~~upon notification from the Board~~, the Board shall order respondent ~~shall~~ to immediately cease accepting new ~~patients~~clients and, in accordance with professional standards, ~~shall~~ appropriately refer/terminate existing ~~patients~~clients within thirty (30) days and shall not resume practice until a Board-~~appointed~~approved evaluator determines that respondent is again safe to practice. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

If, prior to the termination of probation, respondent is found not to be mentally fit to resume the practice of psychology without restrictions, the Board shall retain continuing jurisdiction over ~~the~~ respondent's license and the term of probation shall be extended until the Board or its designee determines that ~~the~~ respondent is mentally fit to resume the practice of psychology without restrictions.

Cost of psychotherapy is to be paid by ~~the~~ respondent.

RATIONALE: The need for psychotherapy may be determined pursuant to a psychological evaluation or as evident from the facts of the case. The frequency of psychotherapy shall be related to the offense involved and the extent to which the offense calls into question the judgment, motivation, and emotional and/or mental condition of ~~the~~ respondent.

6~~7~~. Examination(s)

Examination for Professional Practice in Psychology (EPPP) or California Psychology Law and Ethics Examination (CPLEE) Term ~~MUST INCLUDE~~ must include either Option 1 or Option 2:

Option 1 (Condition Subsequent)

Within ninety (90) days of the effective date of the ~~d~~Decision, respondent shall take and pass the [EPPP][CPLEE]. If respondent fails to take or fails such examination, the Board shall order respondent to cease practice and upon such order respondent shall immediately cease practice, refrain from accepting new ~~patients~~clients and, in accordance with professional standards, shall appropriately refer/terminate existing ~~patients~~clients within thirty (30) days and shall not resume practice until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Board or its designee. The term of probation shall be extended by the period of time during which respondent's practice was ordered ceased. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination. Respondent shall pay the established examination fee(s). Re-examination after a failure shall be consistent with the examination

requirements for an applicant set forth in Title 16 of the California Code of Regulations (CCR)~~C.C.R.~~ section 1388~~(f)~~, and any applicable sections of the Business & Professions Code.

Option 2 (Condition Precedent to either continued practice~~,~~ or ~~to~~ reinstatement of a license)

Respondent [is ordered to cease the practice of psychology][shall not be reinstated] until respondent has taken and passed the [EPPP][CPLEE]. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. The term of probation shall be extended by the period of time during which respondent's practice was ordered ceased. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination(s). Respondent shall pay the established examination fee(s). Re-examination after a failure must be consistent with the examination requirements for an applicant set forth in 16 C~~.~~C~~.~~R~~.~~ ~~section~~ 1388~~(f)~~, and any applicable sections of the Business & Professions Code.

RATIONALE: In cases involving evidence of serious deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require ~~the~~ respondent to take and pass the EPPP, the national examination for psychologists~~.~~ ~~because the Board no longer administers an examination that tests knowledge of the field, during the course of the probation period~~. ~~In some instances, it may be appropriate to order that practice be ceased until the examination has been taken and passed (condition precedent).~~ In cases involving deficiencies in knowledge of laws and ethics, the CPLEE may be ordered. Either one or both examinations may be appropriate, depending on the nature of the violation(s). It may be appropriate to order that practice be ceased until the examination(s) has been taken and passed, such as when violations involve competency and/or knowledge deficiencies (condition precedent).

7~~8~~. Restitution

Within ninety (90) days of the effective date of this Decision, respondent shall provide proof to the Board or its designee of restitution in the amount of $_____ paid to _____. Failure to pay restitution shall be considered a violation of probation. Restitution is to be paid regardless of ~~the~~ tolling ~~of probation~~.

RATIONALE: In ~~offenses~~cases involving economic ~~exploitation~~harm or injury, restitution ~~is a necessary term of probation~~may be ordered. For example, restitution would be ~~a standard term~~ordered in any case involving Medi-Cal or ~~other~~ insurance fraud. The amount of restitution shall be, at a minimum, the amount of money that was ~~fraudulently~~wrongfully obtained by ~~the licensee~~respondent. ~~Evidence~~ Documentation relating to the amount of restitution would ~~have to be introduced at the Administrative hearing~~ establish the amount of restitution owed by the respondent and to whom the restitution should be paid.

8~~9~~. Clinical Diagnostic Evaluation

Within thirty (30) days of the effective date of the Decision and at any time upon order of the Board, respondent shall undergo a clinical diagnostic evaluation by a Board-approved evaluator. ~~Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.~~

The evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years~~'~~ of experience in providing evaluations of health~~-~~care professionals with substance abuse disorders. The evaluator shall not have a current or former financial, personal, familial, or other social or business relationship with respondent ~~or ever had a financial, personal, business, or other relationship with the licensee~~ that could reasonably be expected to compromise the ability of the Board-approved evaluator to render impartial and unbiased reports to the Board. Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report within ten (10) days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board.

Respondent shall pay all costs associated with the clinical diagnostic evaluation. Failure to pay costs will be considered a violation of the probation order.

The following language is mandatory for a cease practice order where the evaluation is ordered under the Uniform Standards Related to Substance-Abusing Licensees ~~is mandatory~~, and discretionary in other cases where it may be relevant:

Respondent is ordered to cease any practice of psychology, beginning on the effective date of the Decision, pending the results of the clinical diagnostic evaluation. During this time, ~~R~~respondent shall submit to random drug testing at least two (2) times per week. At any other time that respondent is ordered to undergo a clinical diagnostic evaluation, ~~he or she~~respondent shall be ordered to cease any practice of psychology for a minimum of thirty (30) days pending the results of a clinical diagnostic evaluation and shall, during such time, submit to drug testing at least two (2) times per week.

Upon any order to cease practice, respondent shall not practice psychology until the Board determines that ~~he or she~~respondent is able to safely practice either full-time or part-time and has had at least thirty (30) days of negative drug test results. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall comply with any terms or conditions made by the Board as a result of the clinical diagnostic evaluation.

RATIONALE and APPLICATION OF UNIFORM STANDARD #s 1, 2, and 3: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. The cease practice order pending the evaluation is mandatory where the evaluation is ordered for a substance-abusing licensee, and discretionary in other cases where ordered.

9~~10~~. Alcohol and/or Drug Abuse Treatment Program

Within thirty (30) days from the effective date of the Decision, respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program or an equivalent program as approved by the Board or its designee. Components of the treatment program shall be relevant to the violation and to ~~the~~ respondent's current status in recovery or rehabilitation. Respondent shall provide the Board or its designee with proof that the approved program was successfully completed. Terminating the program without permission or being expelled for cause shall constitute a violation of probation by respondent. If respondent so terminates or is expelled from the program, respondent shall be ordered by the Board to immediately cease any practice of psychology, and may not practice unless and until notified by the Board. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

Respondent shall pay all costs associated with the program. Failure to pay costs will be considered a violation of the probation order.

~~However, i~~If respondent has already ~~attended~~completed such an inpatient or outpatient alcohol or other drug abuse recovery program, as described above, commencing with or during the current period of sobriety, respondent shall provide the Board or its designee with proof that the program was successfully completed and this ~~shall~~may, at the Board's discretion such as, completion of a court-ordered drug or alcohol treatment program, suffice to comply with this term of probation.

RATIONALE and APPLICATION OF UNIFORM STANDARD # 6: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply.

10~~11~~. Ongoing Support Group Program

Within thirty (30) days of the effective date of the Decision, respondent shall begin and continue attendance at a support/recovery group (e.g., Twelve Step meetings or the equivalent, or a facilitated group support meeting ~~with a psychologist trained in alcohol and drug abuse treatment~~) as ordered by the Board or its designee.

When determining the type and frequency of required support group meeting attendance, the Board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered for a substance-abusing licensee, add the following language regarding the facilitator:

The group facilitator shall meet the following qualifications and requirements:

a. The meeting facilitator must have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
b. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
c. The meeting facilitator shall provide to the ~~b~~Board a signed document showing the licensee's name, facilitator's qualifications, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
d. Respondent shall provide the facilitator with a copy of the Decision.
~~d~~e. The facilitator shall report any unexcused absence within twenty-four (24) hours.

RATIONALE and APPLICATION OF UNIFORM STANDARD # 5: Alcohol and/or other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by respondent has impaired respondent's ability to safely provide psychological services. This condition must be accompanied by condition #~~12~~ 9. This term is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. ~~**If the Uniform Standards do not apply, where relevant, non-facilitated support group attendance, such as Twelve Step meetings, may be ordered instead of a facilitated group support meeting, or in addition to it.**~~

11~~12~~. Abstain from Drugs and Alcohol and Submit to Tests and Samples

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by ~~S~~section 4022 of the ~~Business and Professions~~ Code, or any drugs requiring a prescription unless respondent provides the Board or its designee with documentation from the prescribing healthcare professional that the prescription was legitimately issued and is a necessary part of the treatment of respondent.

Respondent shall abstain completely from the intake of alcohol in any form.

Respondent shall undergo random and directed biological fluid or specimen testing as determined by the Board or its designee. ~~Respondent shall be subject to [a minimum of~~

~~fifty-two (52)] random tests [per year within the first year of probation, and a minimum of thirty-six (36) random tests per year thereafter,] for the duration of the probationary term.~~

Testing Frequency Schedule:

Level	Segments of Probation	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II	Year 2+	36-104 per year

After five (5) years, administration of biological fluid or specimen testing as determined by the Board, may be reduced to one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation.

Nothing precludes the Board from increasing the number of random tests for any reason.

Any confirmed positive finding will be considered a violation of probation. Respondent shall pay all costs associated with such testing. If respondent tests positive for a banned substance, respondent shall be ordered by the Board to immediately cease any practice of psychology and to suggest alternative service providers to their clients as appropriate, and may not practice unless and until notified by the Board. Respondent shall make daily contact as directed by the Board to determine if ~~he or she~~respondent must submit to alcohol and/or drug testing. Respondent shall submit to his or her alcohol and/or drug test on the same day that ~~he or she~~respondent is notified that a test is required. ~~All alternative testing sites~~ Any alternative to the licensee's drug testing requirements (including frequency, alternative testing sites, or cessation of practice) due to ~~vacation or~~ travel outside of California must be approved by the Board prior to ~~the vacation or~~ travel. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

Drugs - Exception for Personal Illness

Orders forbidding respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by a licensed health-care professional and used for the purposes for which they were prescribed. Respondent shall provide the Board or its designee with written documentation from the treating licensed health-care professional who prescribed medication(s) within fourteen (14) days from the date of the written request by the Board or its designee. The documentation shall identify the medication, dosage, number of refills, if any; the date the medication was prescribed, ~~the~~ respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

RATIONALE and APPLICATION OF UNIFORM STANDARD #s 4 and 8: This condition provides documentation that ~~the probationer~~respondent is ~~substance or chemical free.~~ not using drugs or alcohol. It also provides the Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics,

alcohol and/or dangerous drugs when ~~the probationer~~respondent appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances. The Board will consider the following factors in making an exception to the testing frequency:

- **PREVIOUS TESTING/SOBRIETY: In cases where the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing prior to being subject to testing by the Board, the Board may give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.**

- **VIOLATION(S) OUTSIDE OF EMPLOYMENT: An individual whose license is placed on probation for a single conviction or incident, or two (2) convictions or incidents, spanning greater than seven (7) years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.**

- **SUBSTANCE USE DISORDER NOT DIAGNOSED: In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the Board, but not to be ~~less~~fewer than twenty-four (24) times per year.**

- **LICENSED SUPERVISION DURING PRACTICE**

  The Board may reduce testing frequency to a minimum of 24 times per year for any person who is a practicing licensee if the licensee's supervisor is at the same location at least 50% of the day and is licensed by the Board.

~~The t~~Term 11 is mandatory in cases where the Uniform Standards Related to a Substance-Abusing Licensee apply. Where the Uniform Standards do not apply, where relevant, ~~the~~ respondent should be ordered to submit to random and directed testing, but need not be ordered to submit to the minimum frequency of random tests.

12. Request for Modification Pursuant to Uniform Standards

"Request" as used in this condition is a request under the Uniform Standards made to the probation monitor, and not under the Administrative Procedure Act.

Before the request is considered, respondent shall demonstrate that the following criteria have been met:

a. Sustained compliance with current recovery program.
b. The ability to practice safely as evidenced by current worksite monitor reports, evaluations, and any other information relating to respondent's substance abuse.

c. Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

RATIONALE and APPLICATION OF UNIFORM STANDARD #11: This term is a standard term for all substance-abusing licensees, and applies to a request for a modification of terms and conditions that are within the purview of the Board's probation monitor.

13. Educational Review

Respondent shall submit to an educational review concerning the circumstances that resulted in this administrative action. Within ninety (90) days from the effective date of the Decision, ~~T~~the educational review shall be conducted and submitted to the respondent and to the Board by a ~~b~~Board-~~appointed~~ approved California licensed psychologist ("reviewer"). ~~expert familiar with the case. Educational reviews are informational only and intended to benefit respondent's practice. Respondent shall pay all costs associated with this educational review~~. If a reviewer makes recommendations for essential training, education, consultation, experiential opportunities, techniques, or technologies to enhance respondent's professional competency in the discipline of psychology and its application in serving the public, respondent shall develop and submit a plan to the Board for approval within thirty (30) days after receiving the results of the educational review. The plan shall have measurable goals by which enhancement to areas of competency will be addressed within the probationary period. Respondent shall have met the requirements of the plan no later than six (6) months prior to the end of probation. Respondent shall pay all costs associated with this educational review and any costs associated with completing respondent's Board-approved plan.

RATIONALE: In cases involving evidence of deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require ~~the~~ respondent to submit to an educational review during the course of the probation period.

B. STANDARD TERMS AND CONDITIONS OF PROBATION
(To be included in ~~ALL~~all Proposed Decisions and Stipulations)

14. Psychological Evaluation

Within ninety (90) days of the effective date of this Decision and on a periodic basis thereafter as may be required by the Board, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist ("evaluator"), as provided by the Board to the respondent. Respondent shall sign a release that authorizes the evaluator to furnish the Board with a Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, (DSM-5) diagnosis and a written evaluation regarding respondent's judgment and/or ability to practice independently and

safely, and any additional information the Board deems relevant to the case. The completed evaluation is the sole property of the Board.

If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, upon written notice from the Board, respondent shall immediately cease accepting new clients and, in accordance with professional standards, shall appropriately refer/terminate existing clients within thirty (30) days of the date of the Board's written notice, and shall not resume practice until a Board-approved evaluator determines that respondent is safe to practice. The term of probation shall be extended for this additional period of time that respondent was ordered to cease practice. Recommendations for treatment made as a result of the evaluation will be instituted and followed by respondent.

If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such psychotherapy and to select a psychologist for approval by the Board within thirty (30) days of the date of such written notification. The psychotherapist shall (1) be a California-licensed psychologist with a active, unrestricted and current license; (2) have no current or formal financial, personal, familial, professional, or other social or business relationship with respondent; and (3) not be the same person as respondent's practice, billing, or worksite monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychologist with approval by the Board. Respondent shall continue psychotherapy until receiving written notice of release by the Board-approved psychologist and approval by the Board. The Board may order a re-evaluation upon receipt of the psychologist's recommendation.

If not otherwise ordered herein, if a client population or psychological service restriction is recommended in the psychological evaluation, the Board will notify respondent in writing as to the limitation and its duration.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy.

Option of Evaluation as a Condition Precedent:

In some cases, including but not limited to gross negligence or dishonest, corrupt, or fraudulent acts, the psychological evaluation may be imposed as either a condition precedent to the continued practice of psychology, or to the issuance or reinstatement of a license, so that respondent or petitioner is not allowed to begin or continue practice until found to be safe to do so. In such cases, the following language shall be substituted as the first sentence of the first paragraph of this condition:

As a condition precedent to the [continued practice of psychology][issuance of a license] [reinstatement of a license], within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee,

respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist. The term of probation shall be extended for the additional period of time during which respondent is not allowed to practice.

In addition, the following language shall also be used as a substitute for the first sentence of the second paragraph of this condition:

If the Board concludes from the results of the evaluation that [respondent][petitioner] is unable to practice independently and safely, upon written notice from the Board [respondent shall, in accordance with professional standards, appropriately refer/terminate existing clients within thirty (30) days and shall not resume practice until a Board-approved evaluator determines that respondent is safe to practice][respondent or petitioner shall not be issued or have a reinstated license until a Board-approved evaluator determines that respondent or petitioner is safe to practice].

15 ~~14~~. Notification to Employer

When currently employed, applying for employment or negotiating a contract, or contracted to provide psychological services, respondent shall provide to each employer~~s~~, supervisor, or contractor, or prospective employer or contractor where respondent is providing or would provide psychological services, a copy of the~~is~~ Decision ~~and the Accusation or Statement of Issues~~ before accepting or continuing employment. Notification to ~~the~~ respondent's current employer shall occur no later than the effective date of the Decision. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this ~~term~~condition of probation.

~~The~~ R~~r~~espondent shall provide to the Board the names, physical addresses, mailing addresses, email addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the Board in writing of the facility or facilities at which the person is providing psychological services, and the name(s) of the person(s) to whom the Board's ~~d~~Decision was provided. Respondent shall not interfere with the Board's authority to communicate with respondent's employer, supervisor, or workplace contacts with whom they are contracted to provide psychological services.

If respondent offers psychological services through court appointment, respondent must provide a copy of the Decision to the division of the Court where services are offered prior to the appointment.

~~Respondent shall complete the required consent forms and sign an agreement with the employer and supervisor, or contractor, and the Board to allow the Board to communicate with the employer and supervisor, or contractor.~~

16~~15~~. Coursework

Respondent shall take and successfully complete not less than _____ hours each year of probation in the following area(s) _____ and/or as approved by the Board or its designee. Coursework ~~must~~shall be pre-approved by the Board or its designee and be taken from a continuing education provider approved by the American Psychological Association (APA), California Psychological Association (CPA), California Medical Association (CMA), Accreditation Council for Continuing Medical Education (ACCME), or Association of Black Psychologists (ABPsi) ~~or its designee~~. Coursework shall be taken in real time, with live interaction with the course instructor. On-demand, recorded courses, or home study coursework will not count toward meeting this requirement. ~~All coursework shall be taken at the graduate level at an accredited educational institution, or by an approved continuing education provider. Classroom attendance correspondence or home study coursework shall not count toward meeting this requirement~~. The coursework must be in addition to any continuing education courses that may be required for license renewal. Respondent shall provide proof, pursuant to section 1397.61.1 of completion of the required coursework to the Board.

~~Within ninety (90) days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a plan for meeting the educational requirements.~~ All costs of the coursework shall be paid by ~~the~~ respondent.

17~~16~~. Law and Ethics Course

Respondent shall take and successfully complete a course in law and ethics of not less than six (6) hours, within the first year from the effective date of the Decision. Coursework shall be pre-approved by the Board and be taken from a continuing education provider approved by American Psychological Association (APA), California Psychological Association (CPA), California Medical Association (CMA), Accreditation Council for Continuing Medical Education (ACCME), or Association of Black Psychologists (ABPsi). Coursework shall be taken in real time, with live interaction with the course instructor. On-demand, recorded courses, or home study coursework will not count toward meeting this requirement. The coursework must be in addition to any continuing education courses that may be required for license renewal. Respondent shall provide proof of completion of the required coursework to the Board. The cost associated with the law and ethics course shall be paid by respondent.

~~Within ninety (90) days of the effective date of this Decision, shall submit to the Board or its designee for prior approval a course in laws and ethics as they relate to the practice of psychology. Said course must be successfully completed at an accredited educational institution or through a provider approved by the Board's accreditation agency for continuing education credit. Said course must be taken and completed within one year from the effective date of this Decision. This course must be in addition to any continuing education courses that may be required for license renewal. The cost associated with the law and ethics course shall be paid by the respondent.~~

18~~17~~. ~~Investigation/Enforcement~~ Cost Recovery

Respondent shall pay to the Board its costs of investigation and enforcement in the amount of $_____ within the first year ~~of probation~~ from the effective date of the Decision unless an alternative payment plan is approved by the Board or its designee after written request from respondent as provided in this section. Such costs shall be payable to the Board of Psychology and are to be paid regardless of whether the probation is tolled. ~~Failure to pay such costs shall be considered a violation of probation.~~

Any and all requests for ~~a~~ an alternative payment plan shall be submitted in writing by respondent to the Board. However, full payment of any and all costs required by this condition must be received by the Board no later than six (6) months prior to the scheduled termination of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

19~~18~~. Probation Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation as designated by the Board or its designee, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Psychology at the end of each fiscal year (June 30). ~~Failure to pay such costs shall be considered a violation of probation.~~

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay probation monitoring costs.

20~~19~~. Obey All Laws

Respondent shall obey all federal, state, and local laws and all regulations governing the practice of psychology in California including the ~~e~~Ethical Principles of Psychologists and Code of Conduct ~~guidelines~~ of the American Psychological Association. A full and detailed account of any and all violations of law shall be reported by ~~the~~ respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence.

CRIMINAL COURT ORDERS: If respondent is under criminal court orders by any governmental agency, including probation or parole, and the orders are violated, this shall be deemed a violation of probation and may result in the filing of an ~~a~~Accusation or ~~p~~Petition to ~~r~~Revoke ~~p~~Probation or both.

OTHER BOARD OR REGULATORY AGENCY ORDERS: If respondent is subject to any other disciplinary order from any other health~~-~~care related board or any professional licensing or certification regulatory agency in California or elsewhere, and violates any of the orders or terms and conditions imposed by other agencies, this shall be deemed a violation of probation and may result in the filing of an ~~a~~Accusation or ~~p~~Petition to ~~r~~Revoke ~~p~~Probation or both.

21~~20~~. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury ~~on forms provided by the Board or its designee,~~ stating whether there has been compliance with all the conditions of probation. Quarterly reports attesting to non-practice status are to be submitted if probation is tolled.

Respondent shall submit a quarterly report that covers the entire quarter no later than seven (7) calendar days ~~from~~after the~~beginning of the assigned~~ quarter ends. The quarterly reporting periods and due dates are as follows:

- Quarter 1 January 1 – March 31 - Report no earlier than April 1st. Due no later than April 7th.
- Quarter 2 April 1 – June 30 - Report no earlier than July 1st. Due no later than July 7th.
- Quarter 3 July 1 – September 30 - Report no earlier than October 1st. Due no later October 7th.
- Quarter 4 October 1 – December 31 - Report no earlier than January 1st. Due no later than January 7th

22~~21~~. Probation Compliance

Respondent shall comply with the Board's probation program and shall, upon reasonable notice, report to the assigned Board of Psychology probation monitor. Respondent shall contact the assigned probation monitor regarding any questions specific to the ~~probation order~~Decision. As it relates to the Decision, ~~R~~respondent shall not have any unsolicited or unapproved contact with (1) complainants associated with the case; (2) Board members ~~or members of its staff~~; or (3) persons serving the Board as expert evaluators.

23~~22~~. Interview with Board or Its Designee

Respondent shall appear in person for interviews and/or meetings as directed by ~~with~~ the Board or its designee upon request at various intervals and with reasonable notice.

24~~23~~. Changes of Employment/Address

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. Respondent shall notify the Board in writing, through the assigned probation monitor, of any and all changes of employment, location, and address within ~~thirty (30)~~ ten (10) days of such change.

25~~24~~. ~~Tolling for Out-of-State Practice, Residence or Extension of Probation for In-State Non-Practice~~Tolling for Non-Practice and Out-of-State Practice

Respondent shall notify the Board in writing within ten (10) days of any periods of non-practice lasting more than thirty (30) days and within ten (10) days of respondent's return to practice.

Non-practice is any period that respondent is not rendering those psychological services identified in section 2903 of the Business and Professions Code for at least forty (40) hours in a calendar month in the State of California.

If respondent resides in California and is in non-practice, respondent shall comply with all of the terms and conditions of probation.

Periods of non-practice for a respondent residing outside of California will relieve respondent of the responsibility to comply with the probationary terms and conditions, with the exception of this condition and the following terms and conditions:

- Restitution,
- Abstain from Drugs and Alcohol, and Submit to Tests and Samples,
- Cost Recovery,
- Probation Costs,
- Obey all Laws,
- Quarterly Reports,
- Probation Compliance,
- Interview with the Board or Its Designee
- Changes of Employment/Address,
- Violation of Probation,
- License Surrender

Periods of non-practice will not apply to reduction of the probationary term.

A Board-ordered suspension of practice shall not be considered a period of non-practice.

Respondent's cumulative, total time of non-practice while on probation shall not exceed two (2) years. Absent a showing of good cause to the Board, including but not limiting to health issues of respondent or immediate family member, for a cumulative period of non-practice exceeding two (2) years constitutes a violation of probation and subjects respondent's license to surrender or revocation.

~~In the event respondent should leave California to reside or to practice outside the State for any reason, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of departure and return to California. All provisions of probation other than the quarterly report requirements, restitution, cost recovery, and coursework requirements, shall be held in abeyance until respondent resumes practice in California. All provisions of probation shall recommence on the effective date of resumption of practice in California, and the term of probation shall be extended for the period of time respondent was out of state.~~

~~Unless by Board order, in the event respondent is not engaging in the practice of psychology while residing in California, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of cessation of practice and expected return to practice. Non-practice is defined as any period of time exceeding thirty (30) days in which~~

~~respondent is not engaging in any activities defined in Sections 2902 and 2903 of the Business and Professions Code. All provisions of probation shall remain in effect, and the term of probation shall be extended for the period of time respondent was not engaged in the practice of psychology as required by other employment requirements of this order.~~

26. Tolling for Ceased Practice

The term of probation shall be extended for any period of time during which respondent is ordered to cease practice. Respondent's cumulative, total time of ceased practice while on probation shall not exceed two (2) years. A cumulative period of ceased practice exceeding two (2) years constitutes a violation of probation.

27~~25~~. Employment and Supervision of Trainees

If ~~respondent is~~ licensed as a psychologist, ~~he/she~~respondent shall not employ or supervise ~~or apply to employ or supervise~~ psychological ~~assistants~~ associates, interns, or trainees. Any such supervisorial relationship in existence on the effective date of this Decision ~~and Order~~ shall be terminated by respondent and/or the Board.

28~~26~~. Instruction of Coursework Qualifying for Continuing Education

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

29~~27~~. Future ~~Registration or~~ Licensure

~~If respondent is registered as a psychological assistant or registered psychologist and subsequently obtains other psychological assistant or registered psychologist registrations or becomes licensed as a psychologist during the course of this probationary order,~~ This Decision shall remain in full force and effect through any registration or license issued by the Board until the probationary period is successfully ~~terminated~~completed. Future registrations or licensure shall not be approved, ~~however,~~ unless respondent is currently in compliance with all of the terms and conditions of probation.

~~**28. Request for Modification**~~

~~"Request" as used in this condition is a request made to the Board's designee, and not under the Administrative Procedure Act.~~

~~The licensee shall demonstrate that he or she has met the following criteria before being granted a request to modify a practice restriction ordered by the Board staff pursuant to the Uniform Standards:~~

~~a. Demonstrated sustained compliance with current recovery program.~~
~~b. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.~~

~~e. Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.~~

~~RATIONALE and APPLICATION OF UNIFORM STANDARD #11: This term is a standard term for all substance abusing licensees. It applies to request for a notification of terms and conditions that are within the purview of the Board's Probation Monitor.~~

30~~29~~. Violation of Probation

If respondent violates probation ~~in any respect~~, the Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board shall ~~have~~ continue~~ing~~ to have jurisdiction until the matter is final, and the term of probation shall be extended until the matter is final. No Petition for Modification or Termination of Probation shall be considered while there is an Accusation or Petition to Revoke Probation pending against respondent.

31~~30~~. Completion of Probation

Upon successful completion of probation, respondent's license shall be fully restored.

32~~31~~. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request in writing the voluntary surrender of ~~his or her~~their license ~~or registration~~. Respondent's written request to surrender their license shall include the following: their name, license number, case number, address of record, and an explanation of the reason(s) why respondent seeks to surrender their license. The Board ~~of Psychology~~ or its designee reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall, within fifteen (15) calendar days, deliver respondent's pocket and/or wall certificate to the Board or its designee and respondent shall no longer practice psychology. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent reapplies for a psychology license ~~or registration~~, the application shall be treated as a petition for reinstatement of a revoked license ~~or registration~~.

C. STANDARD TERMS AND CONDITIONS FOR REVOCATIONS OR STIPULATIONS FOR SURRENDER

(To be included in ~~ALL~~all Revocations or Stipulations for Surrender ~~or Revocation~~)

33~~32~~. Reinstatement and Investigation/Enforcement Cost Recovery

Respondent may not petition for reinstatement of a revoked or surrendered license~~/registration~~ for three (3) years from the effective date of this Decision. If the Board grants future reinstatement, respondent agrees to reimburse the Board for its costs of investigation and enforcement of this matter in the amount of $_____ payable to the Board upon the effective date of such reinstatement Decision.

34~~33~~. Relinquish License

Respondent shall deliver respondent's pocket and/or wall certificate ~~relinquish his/her wall and pocket certificate of licensure or registration~~ to the Board or its designee once this Decision becomes effective ~~and upon request~~.

IV. PROPOSED DECISIONS

A. Contents~~: The Board requests that Proposed Decisions include the following:~~
Proposed Decisions must include the following:

a. Specific code section(s) violated ~~with the definition of the code(s)~~ in the Determination of Issues.
b. Clear description of the acts or omissions which caused the violation.
c. Respondent's explanation of the violation(s) in the Findings of Fact if ~~he/she~~respondent was present at the hearing.
d. Description of all evidence of mitigation, rehabilitation, and aggravation presented at the hearing.
e. Explanation of any deviation from the Board's Disciplinary Guidelines.

When ~~a~~ probation ~~order~~ is ordered ~~imposed~~, ~~the Board requests that~~ the Decision~~order first~~ must list any combination of the Optional Terms and Conditions (1-13) that are imposed, as they may pertain to the particular case followed by all of the Standard Terms and Conditions (14-3~~1~~2).

~~If the respondent fails to appear for his/her scheduled hearing or does not submit a Notice of Defense form, **such inaction shall result in a default decision to revoke licensure or deny application**.~~

B. ~~Recommended Language for Issuance and Placement of a License on Probation, and Reinstatement of License~~Model Disciplinary Orders

1. ~~Disciplining~~Placement of a License on Probation~~/Registration~~:

"IT IS HEREBY ORDERED that the ~~[registration]~~[license~~]~~ issued to respondent is REVOKED. However, the order of revocation is STAYED and the ~~[registration]~~[license~~]~~ is placed on probation for [#] years subject to the following terms and conditions~~"~~:"

2. ~~Applicant Placed on Probation~~Issuance and Placement of a License on Probation:

"IT IS HEREBY ORDERED that the application for ~~[~~licensure~~][registration]~~ is GRANTED, and upon successful completion of all ~~[~~licensing~~][registration]~~ requirements a ~~[~~license~~][registration]~~ shall be issued, provided that all ~~[~~licensing~~][registration]~~ requirements are completed within two (2) years of the effective date of this ~~d~~Decision. If a ~~[~~license~~][registration]~~ is not issued within two (2) years of the effective date of this ~~d~~Decision, the application is ordered denied, and a new application will be required. Upon issuance, ~~however~~, said ~~[~~license~~][registration]~~ shall immediately be REVOKED. However, the order of revocation shall be STAYED, and the ~~[~~license~~][registration]~~ is placed on probation for [#] years subject to the following terms and conditions~~"~~:"

3. Reinstatement of a License:

"The petition of [name], [Ph~~.~~D~~.~~][PsyD~~.~~][EdD], for reinstatement of licensure is hereby GRANTED. Psychologist license number [#] shall be reinstated provided that all licensing requirements are completed within two (2) years of the effective date of this ~~d~~Decision. If the license is not reinstated within two (2) years of the effective date of this ~~d~~Decision, the petition is ordered denied, and a new petition for reinstatement will be required. Upon reinstatement, ~~however,~~ the license shall be immediately ~~revoked~~ REVOKED. However, the order of revocation shall be STAYED, and petitioner's license shall be placed on probation for a period of [#] years subject to the following terms and ~~following~~ conditions:"

V. REHABILITATION CRITERIA FOR REINSTATEMENT/~~PENALTY~~DISCIPLINE RELIEF HEARINGS

The primary concerns of the Board at reinstatement or ~~penalty~~discipline relief hearings are (1) the Rehabilitation Criteria for Denials and Reinstatements in ~~California Code of Regulations, Title~~ 16 CCR~~,~~ section 1395; and (2) the evidence presented by the petitioner of ~~his/her~~their rehabilitation. The Board will not retry the original ~~revocation or probation case~~disciplinary action.

The Board will consider, pursuant to 16 CCR ~~S~~section 1395, the ~~following~~ criteria of rehabilitation for Denials and Reinstatements as follows:

~~(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.~~
~~(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.~~
~~(3) The time that has elapsed since commission of the act(s) of crime(s) referred to in subdivision (1) or (2).~~
~~(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.~~
~~(5) Evidence, if any, of rehabilitation submitted by the applicant.~~

When considering the denial of a license or registration under sections 141, 480, 2960, or 2960.6 of the Code, or a petition for reinstatement or modification of penalty under section 2962 of the

Code, the Board will evaluate whether the applicant or petitioner has made a showing of rehabilitation and has established present fitness for a license or registration.
(a) Where the denial is, or the surrender or revocation was, in part on the ground(s) that the applicant or petitioner has been convicted of a crime, the Board shall consider whether the applicant or petitioner made a showing of rehabilitation if the person completed the criminal sentence without a violation of parole or probation. In making this determination, the Board shall use the following criteria in (1) through (5), as available. If there is a violation of parole or probation, or no showing of rehabilitation based on these criteria, the Board shall evaluate rehabilitation under subdivision (b).
(1) The nature and gravity of the crime(s).
(2) The reason for granting and the length(s) of the applicable parole or probation period(s).
(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's or petitioner's rehabilitation.
(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) Where the denial is not or the surrender or revocation was not based on a conviction, or was based upon professional misconduct, or unprofessional conduct under sections 2960 or 2960.6 of the Code, or the Board determines that the applicant or petitioner did not make a showing of rehabilitation based on subdivision (a), the Board shall apply the following criteria in evaluating an applicant's or petitioner's rehabilitation:
(1) Evidence of any act(s) committed subsequent to the act(s) or crime(s) that are grounds for denial, or that were grounds for surrender or revocation, which also could be considered as grounds for denial under sections 141, 480, 2960, or 2960.6 of the Code, and the time that has elapsed between them.
(2) The extent to which the applicant or petitioner has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant or petitioner.
(3) The criteria in subdivision (a)(1)-(5), as applicable.
(4) Evidence, if any, of rehabilitation submitted by the applicant or petitioner demonstrating that they have a mature, measured appreciation of the gravity of the misconduct, and remorse for the harm caused, and showing a course of conduct that convinces and assures the Board that the public will be safe if the person is permitted to be licensed or registered to practice psychology.

The Board requests that comprehensive information be elicited from the petitioner regarding ~~his/her~~their rehabilitation. The petitioner should provide details that include:

A. Why the ~~penalty~~discipline should be modified or why the license should be reinstated.
B. Specifics of rehabilitative efforts and results which should include programs, psychotherapy, medical treatment, etc., and the duration of such efforts.
C. Continuing education pertaining to the offense and its effect on ~~his or her~~their practice of psychology.
D. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.
E. If applicable, copy of Certificate of Rehabilitation or evidence of expungement proceedings.

F. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

Rehabilitation is evaluated according to an internal subjective measure of attitude (state of mind) and an external objective measure of conduct (state of facts). The state of mind demonstrating rehabilitation is one that has a mature, measured appreciation of the gravity of the misconduct and remorse for the harm caused. Petitioner must take responsibility for the misconduct and show an appreciation for why it is wrong. Petitioner must also show a demonstrated course of conduct that convinces and assures the Board that the public would be safe if petitioner is permitted to be licensed to practice psychology. Petitioner must show a track record of reliable, responsible, and consistently appropriate conduct.

In the ~~Petition~~ Decision, the Board requests a summary of the offense and the specific codes violated that resulted in the Decision~~revocation, surrender or probation of the license~~.

If the Board should deny a request for reinstatement of licensure or penalty relief, the Board requests that the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches that demonstrate rehabilitation. ~~Petitioners for reinstatement must wait three (3) years from the effective date of their revocation decisions or one (1) year from the last petition for reinstatement decisions before filing for reinstatement.~~

If a petitioner fails to appear for ~~his/her~~their scheduled ~~reinstatement or penalty relief~~ hearing, such inaction shall result in a ~~d~~Default ~~d~~Decision to deny the petition~~reinstatement of the license or registration or reduction of penalty~~.

VI. UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSING LICENSEES

The following Uniform Standards describe the conditions that apply to a substance-abusing applicant or licensee~~,~~ and have been incorporated into the terms and conditions of probation. If the ground(s) for discipline involves drugs and/or alcohol, the applicant or licensee shall be presumed to be a substance-abusing applicant or licensee for purposes of section 315 of the Code. If the applicant or licensee does not rebut that presumption, there shall be a finding that ~~he or she~~ they are ~~is~~ a substance-abusing applicant or licensee, and the Uniform Standards for a substance abusing applicant or licensee shall apply as written and be used in the order placing the license on probation.

Clinical Diagnostic Evaluations [Uniform Standard #1]:
(Reflected in Optional Term # ~~9~~8)

Whenever a licensee is ordered to undergo a clinical diagnostic evaluation, the evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years of experience in providing evaluations of health care professionals with substance abuse disorders. The evaluator shall be approved by the Board, and unless permitted by the Board or its designee, shall be a California-licensed psychologist or

physician and surgeon. The evaluations shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

Whether the clinical diagnostic evaluation is ordered is discretionary.

~~**Clinical Diagnostic Evaluation Report [Uniform Standard #1]:**~~

Clinical Diagnostic Evaluation/Cease Practice Order [Uniform Standard #2]:
(Reflected in Optional Term # ~~9~~8)

Unless the presumption that the applicant or licensee is a substance-abusing applicant or licensee is rebutted, and the public can be adequately protected, the Board shall order the applicant or licensee to cease any practice of psychology pending the clinical diagnostic evaluation and a Board determination upon review of the diagnostic evaluation report that the applicant is safe to begin or the licensee is safe to return to practice.

If the evaluation is ordered, a cease practice order is mandatory.

Clinical Diagnostic Evaluation Report [Uniform Standard #~~3~~1,2,6]:
(Reflected in Optional Term # ~~9~~8)

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem, whether the licensee is a threat to ~~himself or herself~~ themself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have or have ever had a financial, personal, business or other social relationship with the licensee. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to ~~himself or herself~~ themself or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

The Board shall review the clinical diagnostic evaluation to help determine whether or not the licensee is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed on the licensee based on the application of the following criteria:

License type, licensee's history, documented length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature,

duration and severity of substance abuse problem, and whether the licensee is a threat to ~~himself or herself~~ themself or others.

When determining if the licensee should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to ~~himself or herself~~ themself or others.

If the evaluation is ordered, this standard is mandatory.

Communication with Employer [Uniform Standard #4]:
(Reflected in Standard Term # ~~14~~15)

If the licensee whose license is on probation has an employer, the licensee shall provide to the Board the names, physical addresses, mailing addresses, email, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the Board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

Facilitated Group Support Meetings [Uniform Standard #5]:
(Reflected in Optional Term # 10~~1~~)

If the Board requires a licensee to participate in facilitated group support meetings, the following shall apply:

1. When determining the frequency of required group meeting attendance, the Board shall give consideration to the following:

    - the licensee's history;
    - the documented length of sobriety/time that has elapsed since substance use;
    - the recommendation of the clinical evaluator;
    - the scope and pattern of use;
    - the licensee's treatment history; and,
    - the nature, duration, and severity of substance abuse.

2. Group Meeting Facilitator Qualifications and Requirements:

    a. The meeting facilitator must have a minimum of three (3) years~~'~~ of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the State or other nationally certified organizations.
    b. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee within the last five (5) years.
    c. The meeting facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's

attendance, and the licensee's level of participation and progress.

d. The meeting facilitator shall report any unexcused absence within twenty-four (24) hours.

Whether facilitated support group meetings are ordered is discretionary. (Under the Disciplinary Guidelines, non-facilitated support group attendance, such as Twelve Step meetings, may also be ordered.)

Treatment Program – Inpatient, Outpatient, or Other [Uniform Standard #6]
(Reflected in Optional Term #10)

In determining whether inpatient, outpatient, or other type of treatment is necessary, the ~~b~~Board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation (if any) pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to <u>themself</u> ~~himself/herself~~ or the public.

Whether a treatment program is ordered is discretionary.

Worksite Monitor Requirements [Uniform Standard # 7]:
(Reflected in Optional Term # 4<u>3</u>)

If the Board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor must meet the following requirements to be considered for approval by the Board:

The worksite monitor shall not have a current or former financial, personal, or familial relationship with the licensee, or other <u>social or business</u> relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the Board; however, under no circumstances shall a licensee's worksite monitor be an employee or supervisee of the licensee.

The ~~worksite monitor's license~~ scope of practice <u>of the worksite monitor</u> shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available, or, as approved by the Board, be a person in a position of authority who is capable of monitoring the licensee at work.

If the worksite monitor is a licensed healthcare professional they ~~he or she~~ shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that they have ~~he or she has~~ reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the Board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

(1) Have ~~face-to-face~~ in person contact with the licensee in the work environment on as frequent a basis as determined by the Board, but at least once per week.
(2) Interview other staff in the office regarding the licensee's behavior, if applicable.
(3) Review the licensee's work attendance and behavior.

Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had ~~face-to-face~~ in person contact with monitor; worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; and any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

Whether a worksite monitor is ordered is discretionary.

Major and Minor Violations [Uniform Standard # 8]:
(Reflected in Optional Term #s ~~10~~8, 11~~, 13~~)

If a licensee commits a major violation, the Board may order the licensee to cease any practice of psychology, inform the licensee that they ~~he or she~~ have been so ordered and that they ~~he or she~~ may not practice unless notified by the Board, and refer the matter for disciplinary action or other action as determined by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;

3. Committing multiple minor violations of probation conditions and terms;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code, or other state or federal law;
6. Failure to obtain biological testing for substance abuse when ordered;
7. Testing positive for a banned substance;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

If a licensee ~~or registrant~~ commits a major violation, the Board shall automatically suspend the license or registration and refer the matter for disciplinary action or other action as determined by the Board.

The consequences for a major violation include, but are not limited to, the following:

1. License ~~or registration~~ shall be suspended
2. Licensee ~~or registrant~~ must undergo a new clinical diagnostic evaluation;
3. Licensee ~~or registrant~~ must test negative for at least one month of continuous drug testing before being allowed to resume practice;
4. Contract or agreement previously made with the Board shall be terminated; and
5. Licensee ~~or registrant~~ shall be referred for disciplinary action, such as suspension, revocation, or other action determined appropriate by the Board.

If a licensee commits a minor violation, the Board shall determine what action is appropriate.

Minor Violations include, but are not limited to, the following:

1. Failure to submit required documentation in a timely manner;
2. Unexcused absence from required meetings;
3. Failure to contact a monitor as required;
4. Any other violations that do not present an immediate threat to the licensee or to the public.

If a licensee ~~or registrant~~ commits a minor violation, the Board shall determine what action is appropriate.

The consequences for a minor violation include, but are not limited to, the following:

1. Removal from practice;
2. Practice limitation(s);
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation and/or testing.

DRUG TESTING STANDARDS [Uniform Standard # 9]:

(Reflected in Optional Term #~~12~~11)

If a licensee tests positive for a banned substance, the Board shall order that the licensee cease any practice of psychology, and contact the licensee to inform them ~~him or her~~ that they ~~he or she~~ ~~has~~ have been ordered to cease practice and that they ~~he or she~~ may not practice until the Board determines that they ~~he or she~~ are ~~is~~ able to safely practice. The Board shall also notify the licensee's employer and worksite monitor, if any, that the licensee has been ordered to cease practice, and that they ~~he or she~~ may not practice until the Board determines that they are ~~he or she is~~ able to safely practice. The Board shall determine whether the positive alcohol or drug test is, in fact, evidence of prohibited use, a ~~m~~Major ~~v~~Violation. If not, the Board shall immediately lift the cease practice order.

Nothing precludes the Board from increasing the number of random tests for any reason. If the Board finds or has suspicion that a licensee has committed a violation of the Board's testing program or who has committed any Major Violation referenced in the Disciplinary Guidelines, the matter shall be referred for disciplinary action to revoke the probation.

The following minimum ~~drug~~ testing standards shall apply to each licensee subject to alcohol or drug testing:

1. Licensees shall ~~be~~ undergo random~~ly~~ alcohol or drug test~~ed~~ing at least fifty-two (52) times per year for the first year of probation, and at any time as directed by the Board or its designee. After the first year, licensees who are practicing, shall be randomly tested for alcohol or drugs ~~tested~~ at least thirty-six (36) times per year, and at any time as directed by the Board.
2. Alcohol or drug testing may be required on any day, including weekends and holidays.
3. Licensees shall be required to make daily contact as directed to determine if alcohol or drug testing is required.
4. Licensees shall be tested for alcohol or drugs ~~tested~~ on the date of notification as directed by the Board.
5. Collection of specimens shall be observed.
6. Prior to vacation or absence, any alternative to the licensee's ~~alcohol or~~ drug testing ~~location(s)~~ requirements (including frequency or drug testing location(s)) must be approved by the Board.

The Board may reduce testing frequency to a minimum of 12 times per year for any licensee who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the ~~licensee's~~ ~~b~~Board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the licensee returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect. The Board may reduce testing frequency to a minimum of 24 times per year for any person who is a practicing licensee if the licensee receives a minimum of 50% supervision per day by a supervisor licensed by the Board.

Drug testing standards are mandatory and shall apply to a substance-abusing licensee, and the required testing frequency shall be ordered.

Petitioning for Modification ~~to~~ of Terms and Conditions of Probation ~~Return to Full Time Practice~~ [Uniform Standard #11~~0~~]:
(Reflected in Optional Term # 28)

"Petition" as used in this standard is an informal request for any term or condition that is within the discretion of the Executive Officer or probation monitor to modify as opposed to requiring a "Petition for Modification" under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to the Executive Officer or probation monitor ~~return to full time practice~~:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee's substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

Petitioning for Modification for Reinstatement of a Full and Unrestricted License [Uniform Standard #11]:
(Reflected in Rehabilitation Criteria for Reinstatement/~~Penalty~~ Discipline Relief)

"Petition for Reinstatement of a Full and Unrestricted License" as used in this standard can only be considered as a formal Petition for Early Termination of Probation under the Administrative Procedure Act.

In addition to the factors set out in section V, Rehabilitation Criteria for Reinstatement/ ~~Penalty~~ Discipline Relief Hearings, the licensee must meet the following criteria to request (petition) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that they ~~he or she~~ are ~~is~~ able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

# # # # #

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 28, 2023
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	**Agenda Item 15(a)** Licensing Report

License/Registration Data by Fiscal Year:

License & Registration	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23**
Psychologist*	***	20,575	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,674
Psychological Associate	***	1,701	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,772

*Includes licensees who are in Current and Inactive status
**As of July 28, 2023
***Statistics unavailable

As of July 28, 2023, there are 22,674 licensed psychologists and 1,772 registered psychological associates that are overseen by the Board. This includes 20,297 licensed psychologists who are in the "current" status and 2,377 licensed psychologists who are in the "inactive" status, which is provided in the Licensing Population Report (Attachment A). This report also provides a snapshot of the number of psychologists and psychological associates (formerly known as psychological assistants) in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from January 2023 through June 2023 on the application status by month for psychologist license and psychological associate registration (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

"Exam Eligible for EPPP" (Examination for Professional Practice in Psychology) is the first step towards licensure. In this step, an applicant has applied to take the EPPP. An application with an "open" status means it is deficient or pending initial review.

"Exam Eligible for CPLEE" 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.

“Initial App for Psychology Licensure” is the last step of licensure. This transaction captures the number of licenses that are issued if the status is “approved” or pending additional information when it has an “open” status.

Psychological Associate Application Workload Report

Psychological Associate registration application is a single-step process. The “Initial Application” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Since all psychological associates hold a single registration number, an additional mechanism, the “Change of Supervisor” transaction, is created to facilitate the process for psychological associates who wish to practice with more than one primary supervisor or to change primary supervisor. A transaction is opened and processed when all information is received, thus there is no open status for this transaction type.

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 2021/2022, there is an increase of 150 psychologist applications and 208 psychological associate notifications and a decrease of 96 psychological associate applications.

The psychological associate applications show an increase in the last few months. The Board have observed a similar trend in the past year with an increase in initial application for psychological associate in April, May, and June.

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.

On Attachment D, the average processing timeframes for the psychologist applications and requests have been static in the last few months. The data shows an increase trend for average processing timeframes for psychological associate applications. The increased timeframes may be correlated with the significant increased of psychological associate applications received in May and June.

Attachments:

A. Licensing Population Report as of July 28, 2023
B. Application Workload Reports January 2023 – June 2023 as of July 28, 2023
C. Applications and Notifications Received July 2022 – June 2023 as of July 28, 2023
D. Average Application Processing Timeframes – January 2023 to June 2023 as of July 28, 2023

Action:

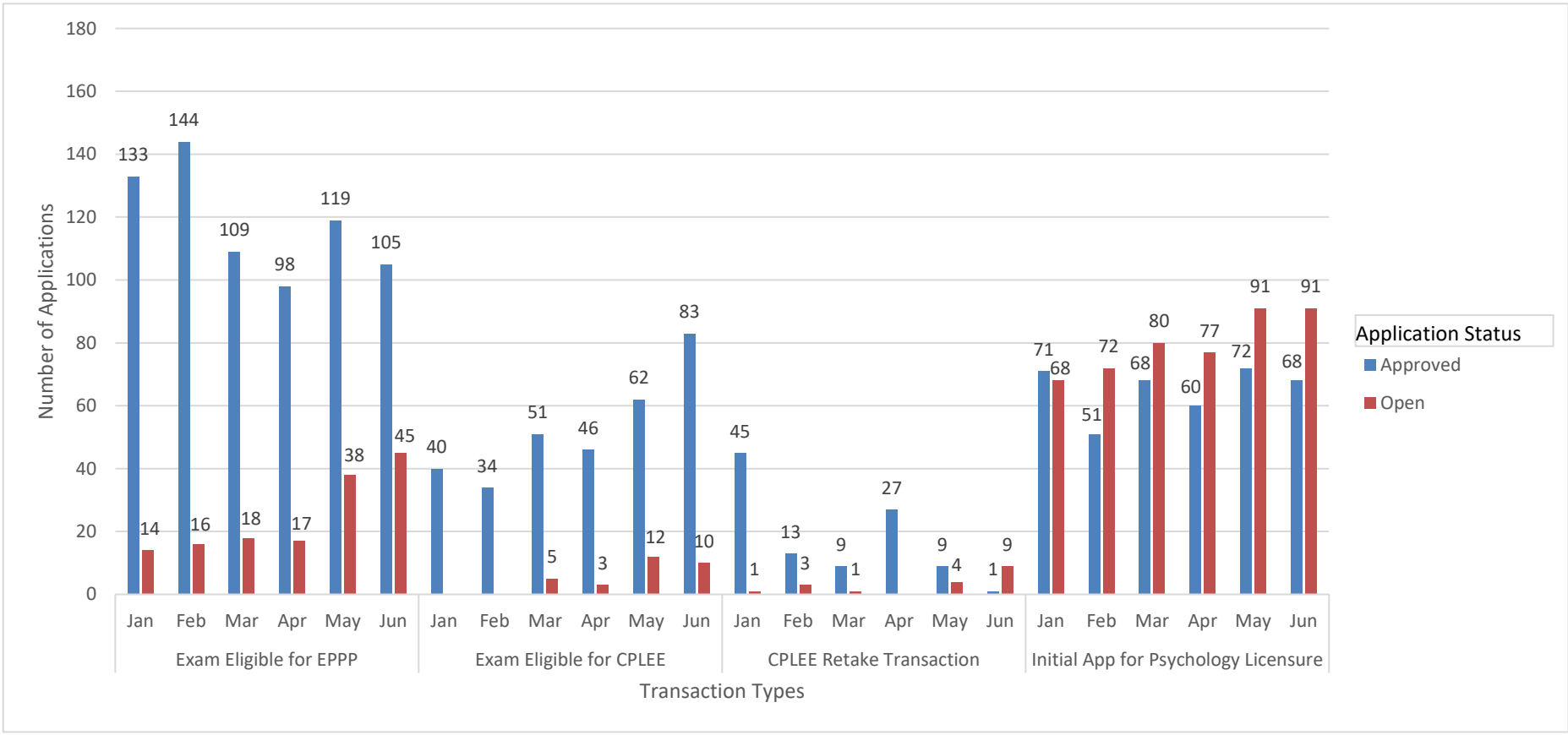
This is for informational purposes only. No action is required.

STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM

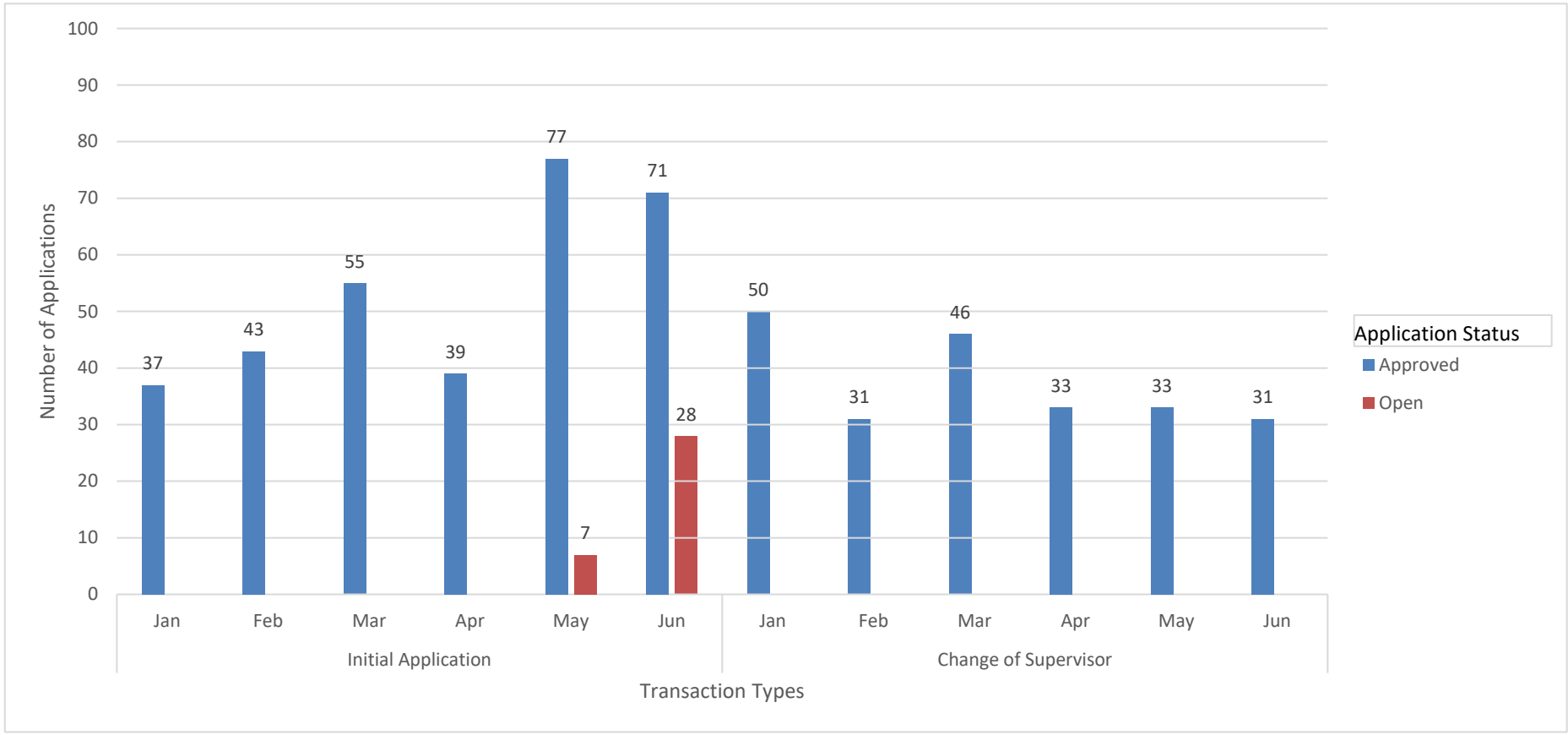
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 7/28/2023

License Type	License Status									Total
	Licensing						Enforcement			
	Current	Inactive	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,297	2,377	1,688	7,636	160	1,076	264	163	118	33,779
Psychological Associate	1,772	0	68	23,728	0	8	14	8	19	25,617
Total	22,069	2,377	1,756	31,364	160	1,084	278	171	137	59,396

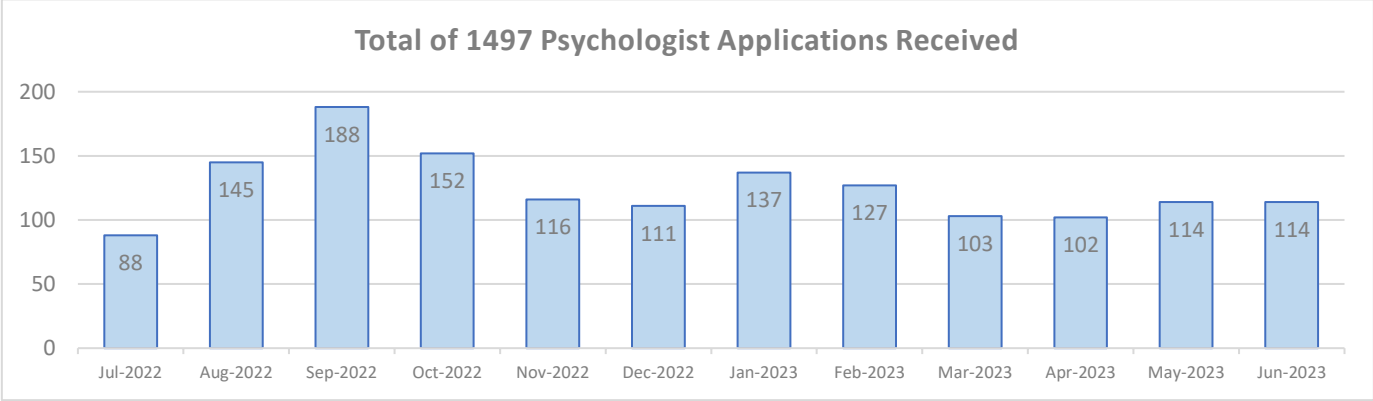
Psychologist Application Workload Report
January 1, 2023 to June 30, 2023
As of July 28, 2023

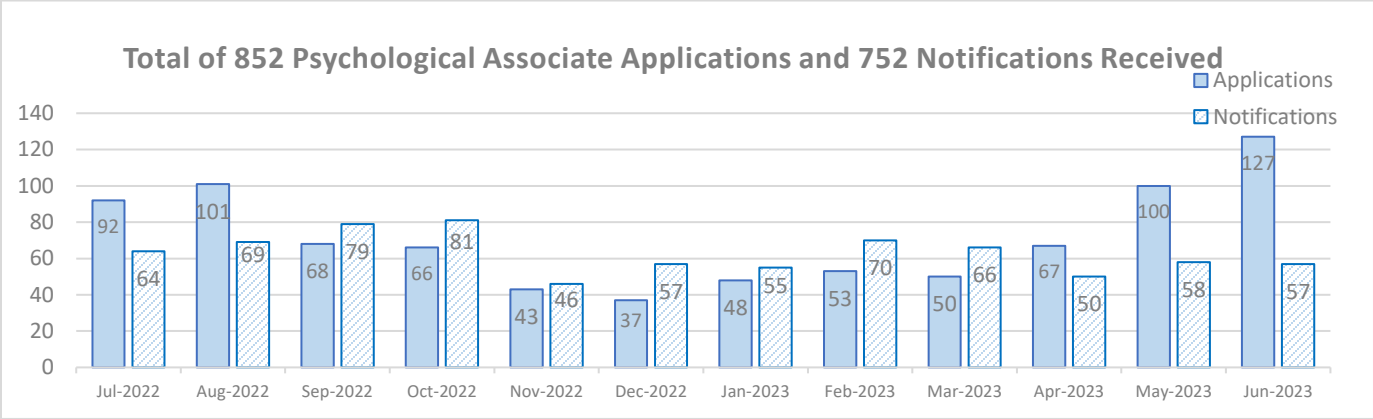


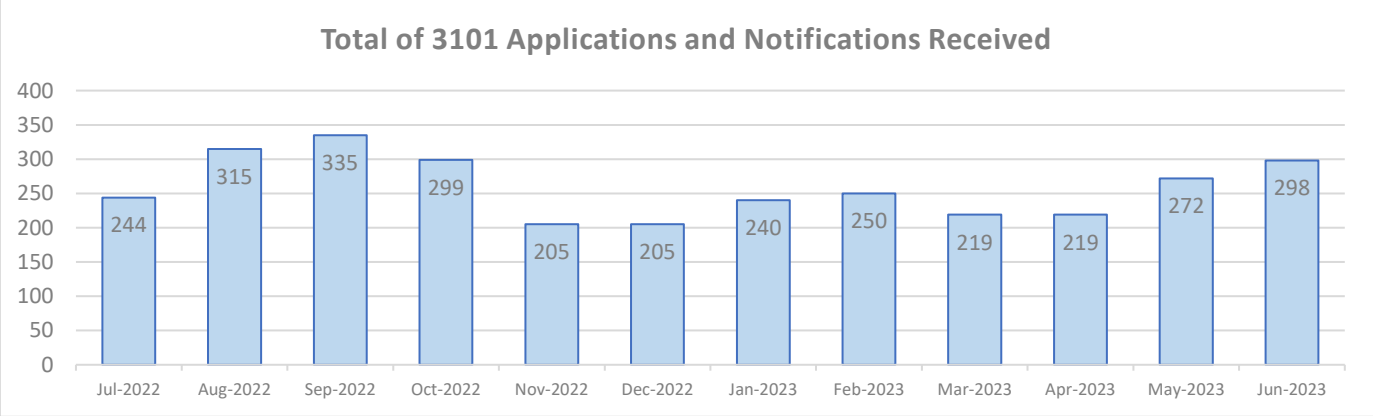
Psychological Associate Application Workload Report
January 1, 2023 to June 30, 2023
As of July 28, 2023



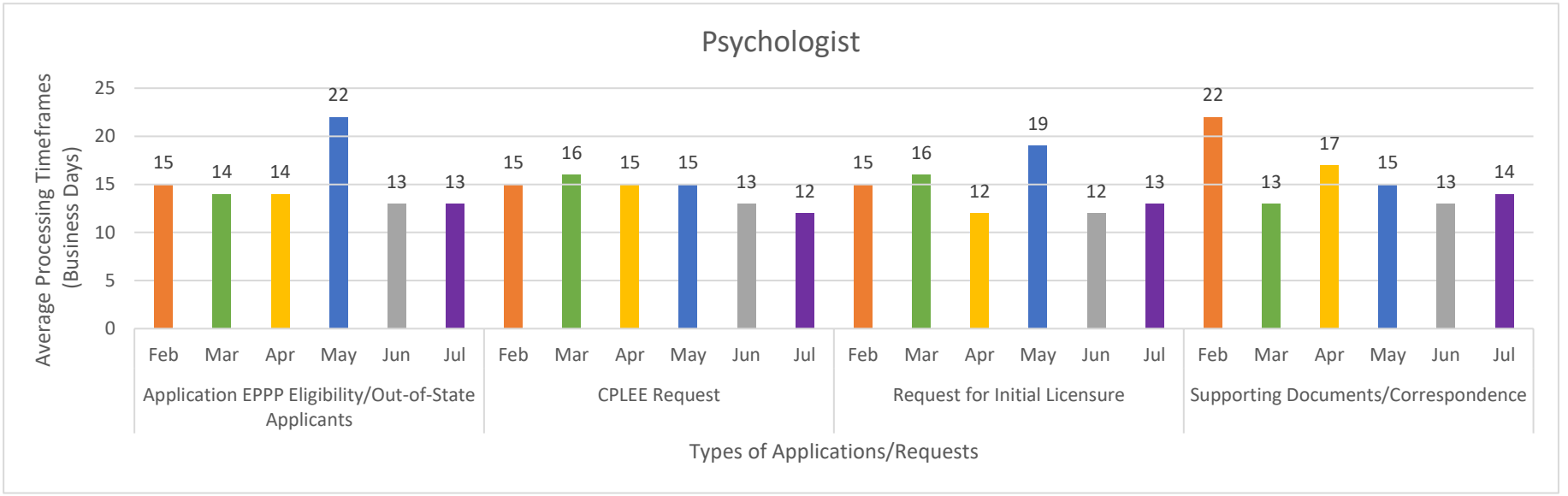
Applications and Notifications Received from July 2022 to June 2023
As of July 28, 2023

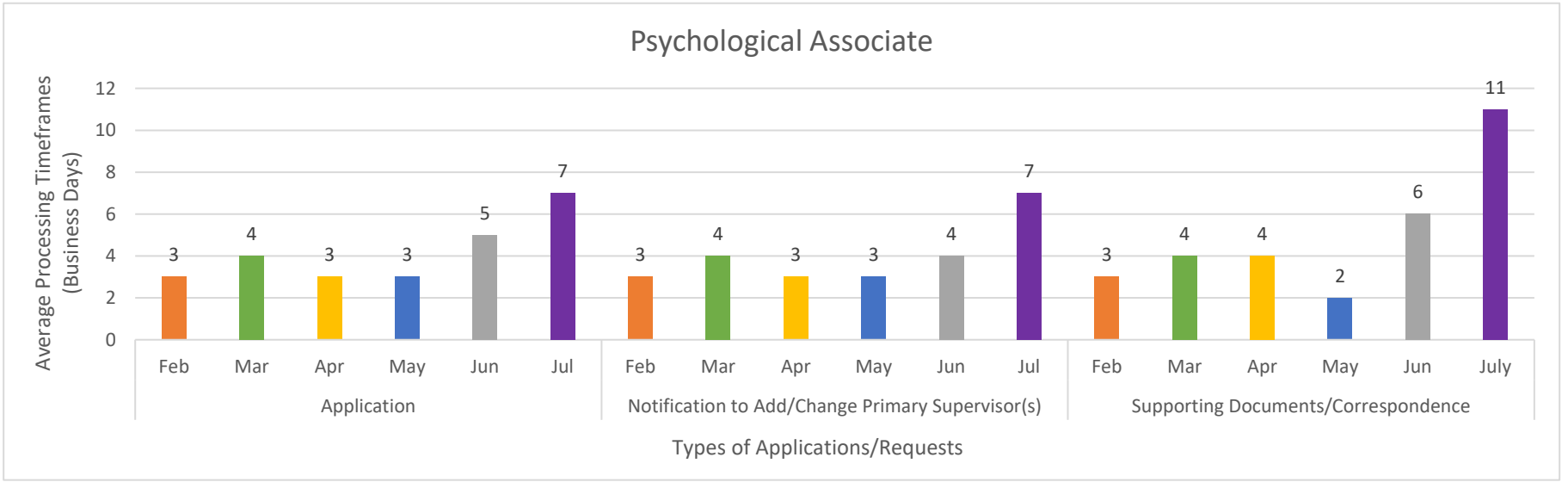






Average Application Processing Timeframes from February 2023 to July 2023
As of July 28, 2023





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MEMORANDUM

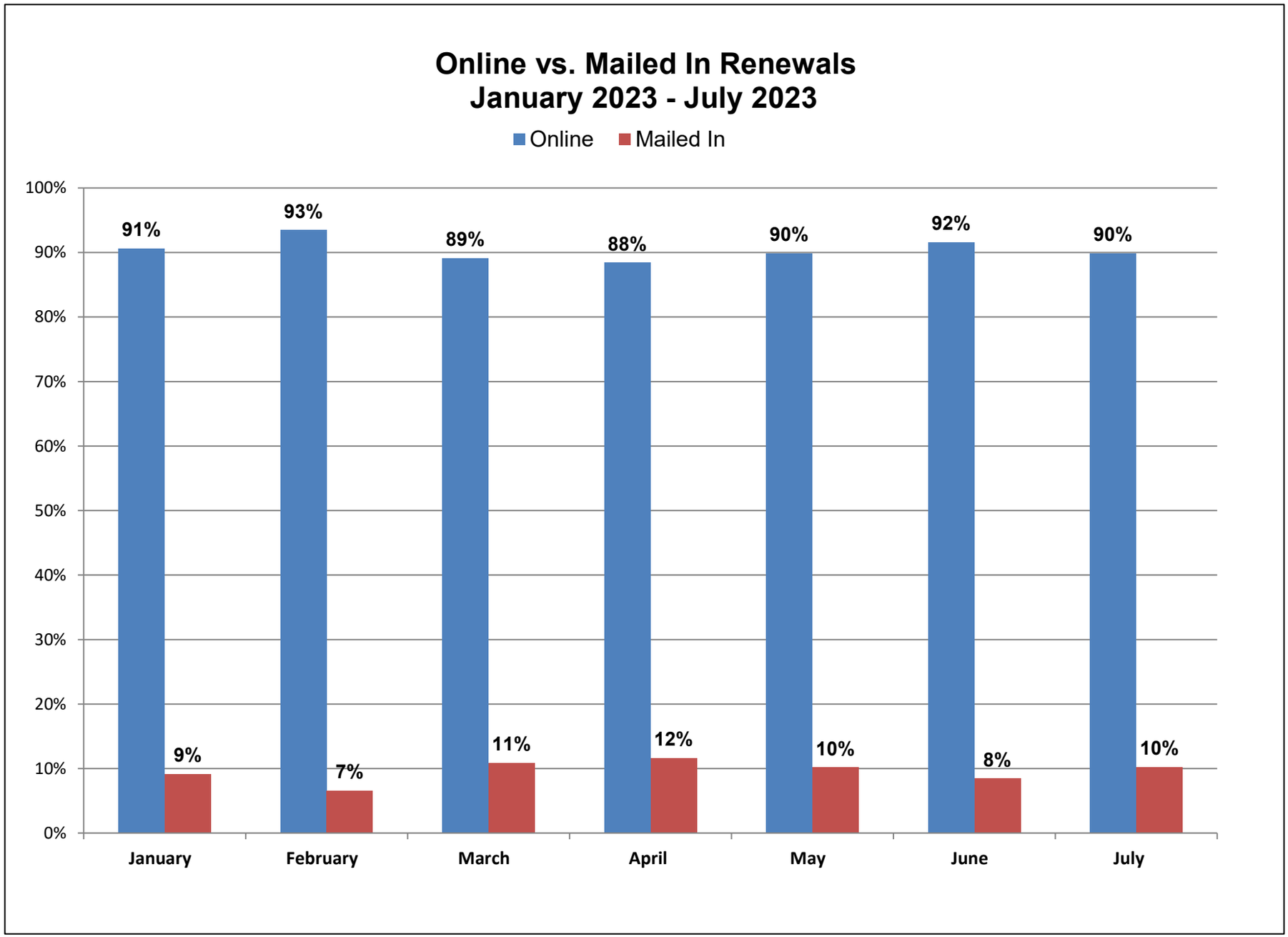
DATE	August 18, 2023
TO	Board Members
FROM	Liezel McCockran CE/CPD and Renewals Coordinator
SUBJECT	Agenda Item #15(b) – Continuing Education/Continuing Professional Development and Renewals Report

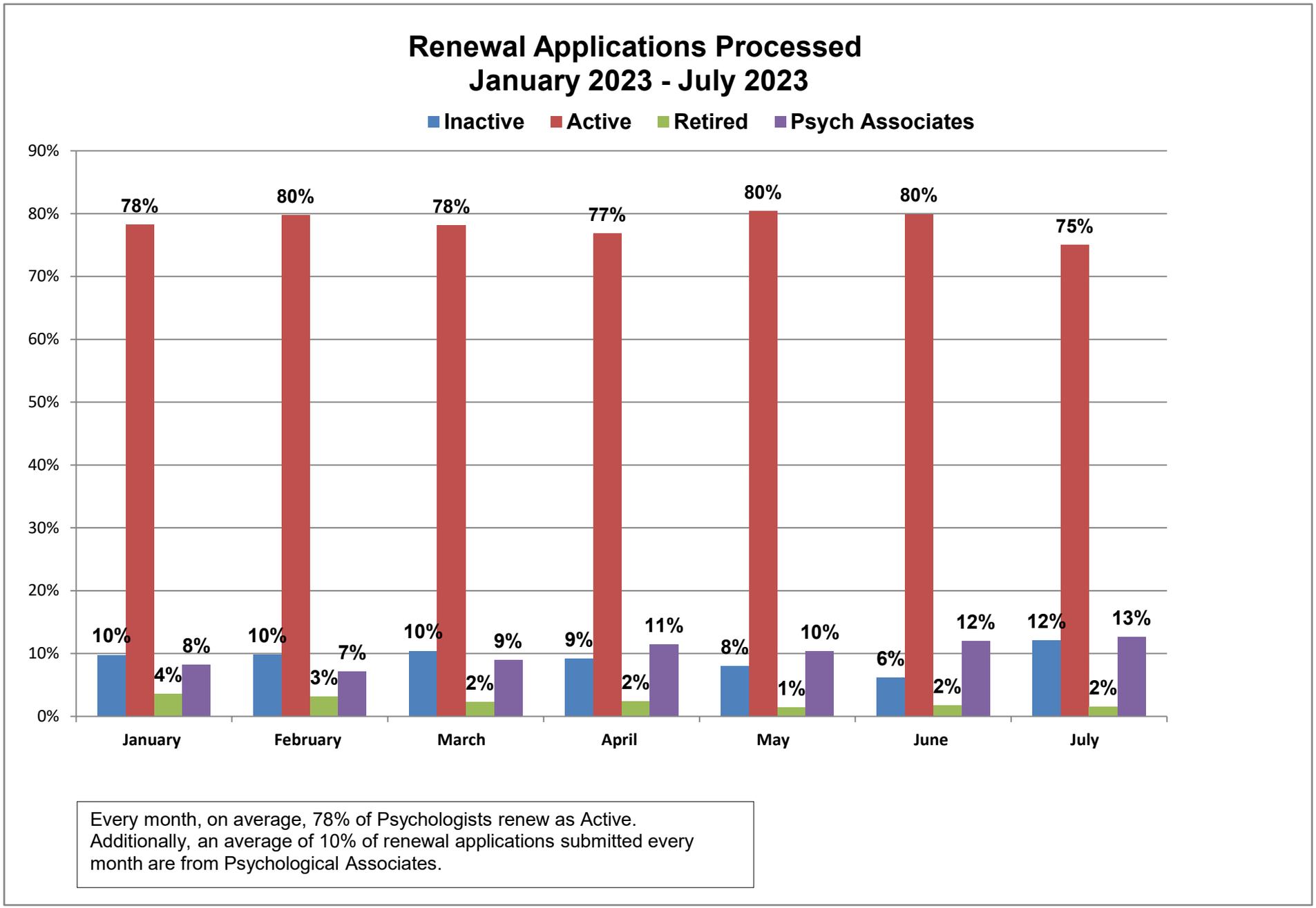
For renewals, between January 2023 through July 2023, 78 percent of Psychologists renewed as Active. Approximately 90 percent of Psychologists and Psychological Associates renewed their license online using BreEZe per month.

CE Audits have resumed, and audit notices have been sent out to licensees who expire in June and July 2023. As of now, the pass rate stands at 19%. However, approximately 70% of audits have not yet been received, which will influence the overall pass rate as more results come in.

Action Requested:
These items are for information purposes only. No action requested

Attachments:
Attachment A: Online vs. Mailed in Renewals Processed
Attachment B: Psychologist and Psychological Associate Renewal Applications Processed: January 2023 – July 2023
Attachment C: Continuing Education Audits: June and July 2023


Online vs. Mailed In Renewals
January 2023 - July 2023
Online
Mailed In
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
91%
9%
93%
7%
89%
11%
88%
12%
90%
10%
92%
8%
90%
10%
January
February
March
April
May
June
July



Every month, on average, 78% of Psychologists renew as Active. Additionally, an average of 10% of renewal applications submitted every month are from Psychological Associates.

Continuing Education Audits

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Not Yet Received:	% Failed:
June	**19**	42%	21%	32%	5%
July	**24**	8%	0%	92%	0%
Totals:	**43**	**23%**	**9%**	**65%**	**2%**

July 2023 audits were sent out August 1, 2023. Of the total of 43 audits sent out, the current pass rate is 23% with 65% not yet received.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 18, 2023
TO	Board Meeting
FROM	Lavinia Snyder Examination Coordinator
SUBJECT	Agenda Item 15(c): Examination Report

2023 Examination Statistics

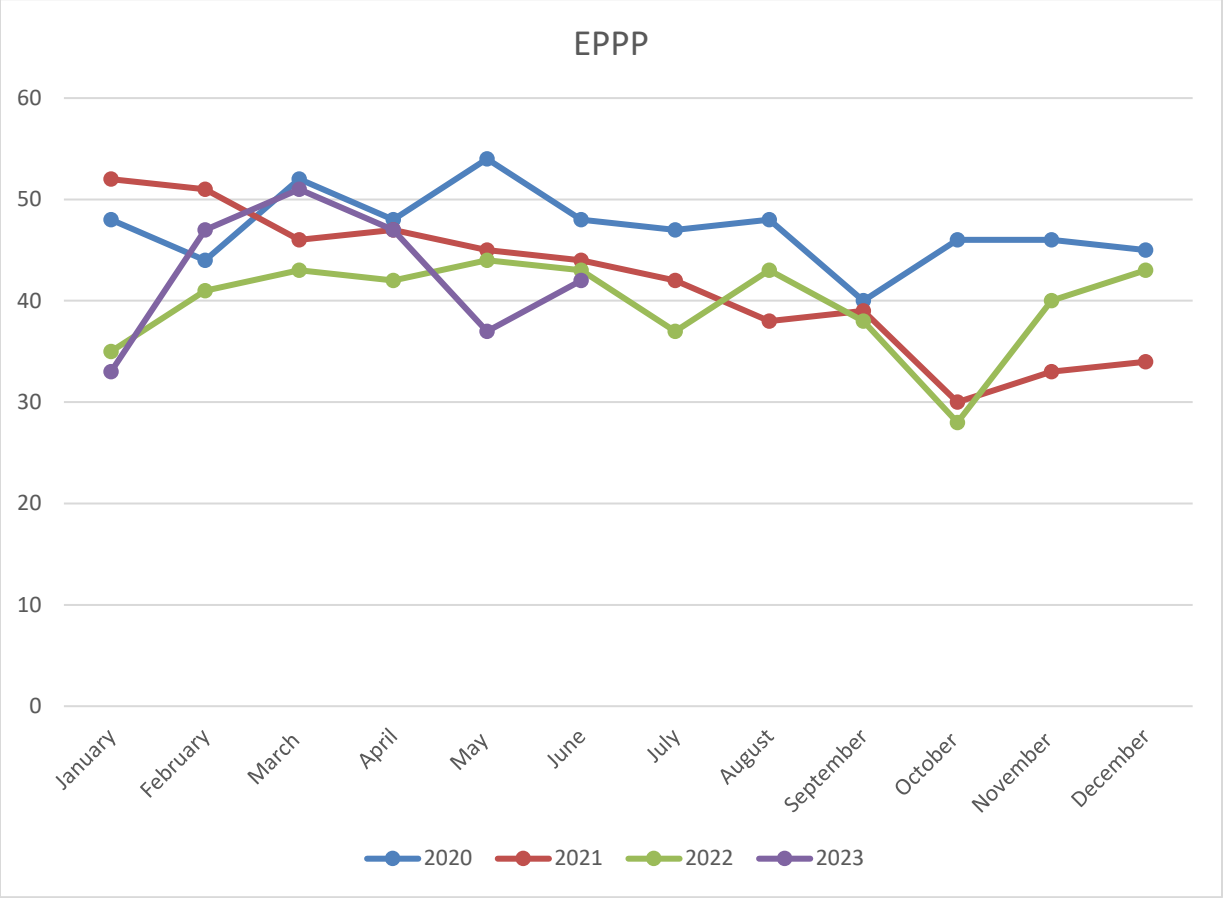
EPPP Monthly Examination Statistics

The Examination from 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. Below are the monthly statistics for the EPPP. Currently the overall pass rate is 43.09% and the overall first-time pass rate is 64.76%. First time pass rates tend to be higher than overall pass rates.

Monthly EPPP Examination Statistics						
Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	115	38	33.04%	56	31	55.36%
February	126	59	46.83%	65	41	63.08%
March	165	84	50.91%	90	66	73.33%
April	185	87	47.03%	93	65	69.89%
May	195	72	36.92%	95	57	60.00%
June	133	56	42.11%	55	34	61.82%
EPPP - Total	**919**	**396**	**43.09%**	**454**	**294**	**64.76%**

The chart below depicts pass rate statistics of the EPPP for 2020, 2021, 2022 and 2023. At the beginning of 2022 we show a downward trend of pass rates compared to the past years. Candidates did slightly better in August and November of 2022

compared to August and November of 2021. For 2023, there was an increase in pass rates in February and March.



There is not one factor that can be pinpointed as to why the failure rate is low for first time test takers. There are some possible factors but at this point it is merely speculation:

a) Pandemic may have been a factor. The Board experienced a high number of cancellations and rescheduling due to exam site shutdowns during the pandemic that may have contributed to high failure rate.
b) There are some candidates that do not do well on examinations and as a result must retake the exam and repeat test takers tend to fail at a higher rate than first timers.
c) Candidates who graduate and wait 5 to 10 years later to take the EPPP may have difficulty passing the exam the first time around.
d) Candidates may be focusing on passing the exam rather than taking and applying their knowledge on the exam. They may also be focusing on certain areas of the exam rather than trying to pass the exam as a whole.
e) ASPPB suggested that candidates coming from the American Psychological Association accredited programs tend to do better than those coming from non-APA accredited schools. The Board itself does not require APA accreditation but we do require schools to hold regional accreditation.

f) Schools can also be factor. However, the Board has no authority to regulate schools and their curricula, and each school may develop a different curriculum program as they see fit.

ASPPB recently released its *Doctoral Program Report* (https://cdn.ymaws.com/www.asppb.net/resource/resmgr/eppp_/doctoralreport2023_forpublic.pdf). This report includes data on first-time takers who took the Examination for Professional Practice in Psychology (EPPP (Part 1-Knowledge)) during the period from January 1, 2017 through December 31, 2022. The doctoral programs presented in the report are based on the 2022 American and Canadian Psychological Association accredited doctoral programs. The report is divided into sections, 3 years prior to COVID 2017-2019 and the 3 years during COVID 2020-2022) to assist with the interpretation. The report shows all the accredited doctoral programs (not *schools*, but *individual doctoral programs*) state-by-state and their pass rates on the EPPP1. ASPPB summarizes the following:

Prior to COVID:

- Accredited programs - 80%
- Non-accredited programs - 55%

During COVID:

- Accredited programs - 76%
- Non-accredited programs - 46%

Regional accreditation (which CA requires) is for the *institution* where the doctoral program is housed. Accredited *programs* (which are housed in regionally accredited institutions) are specific programs that lead to the doctoral degree. However not all regionally accredited institutions have APA accreditation.

Based on these numbers, it would appear accredited programs overall were more resilient, even during COVID, than non-accredited programs:

1. Programs in universities had higher pass rates than programs in professional schools (more of CA's programs are housed in professional schools vs. universities).
2. PhD programs had higher pass rates than PsyD programs (many more of CA's graduates are PsyDs vs. PhDs)

The Office of Professional Examination Services is conducting an exam analysis of both the EPPP and CPLEE, as well as a California School analysis. The findings will be presented by OPES once the data is analyzed.

Board staff also compiled data from different states and their educational and licensure requirements as well as each state's pass rate for the past 4 years on the EPPP. Not all States responded. Data reflected on the spreadsheet is data collected either from ASPPB's website, State's websites, or direct communication (email or phone calls) to the States. The spreadsheet reflects the following information:

- California requirements and pass rates
- Other State requirements and pass rates
- Canadian requirements and pass rates
- States that allow EPPP to be taken at the completion of coursework and their pass rates-(Arkansas, Nevada, Wisconsin)

CPLEE Monthly examination statistics

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 and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations. Below are the monthly pass rates and first-time pass rates for the year 2023. The overall pass rate is 84.10% and the overall first-time pass rate is at 84.62%.

Monthly CPLEE Examination Statistics						
Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time
January	57	48	84.21%	44	36	81.82%
February	79	62	78.48%	50	42	84.00%
March	90	79	87.78%	73	64	87.67%
April	67	56	83.58%	50	41	82.00%
May	68	53	77.94%	55	43	78.18%
June	142	125	88.03%	131	115	87.79%
CPLEE - Total	**503**	**423**	**84.10%**	**403**	**341**	**84.62%**

The chart provides the monthly pass rate statistics of the CPLEE for 2020, 2021, 2022 and 2023. CPLEE pass rate seem to be consistent over the past years with no noticeable deviation.

Action: No action required. Data is for informational purposes.

Jurisdiction	State Abbreviation	Degree	Regional Accreditation	APA/CPA Accreditation	EPPP can be taken after degree is granted	Specific Courses and Content are required	Residency	Practicum
Alberta	AB	MA	x			x		
Alaska	AK	Doctoral	x					
Alabama	AL	Doctoral	x	APA or equivalent (accept not require)	x	x	x	x
Arkansas	AR	Doctoral	x	APA/CPA		x		
Arizona	AZ	Doctoral		APA/CPA	x	x	x	
British Columbia	BC	Doctoral	x			x	x	x
California	CA	Doctoral	x		x			
Colorado	CO	Doctoral		APA or equivalent	x	x		
Connecticut	CT	Doctoral		APA or equivalent	x			

District of Columbia	DC	Doctoral	x	APA			x	x
Delaware	DE	Doctoral	x	x	x			
Florida	FL	Doctoral		APA				
Georgia	GA	Doctoral		APA/CPA	x	x		
Guam	GU	MA/Doctoral						
Hawaii	HI	Doctoral				x		

Iowa	IA	Doctoral	x	APA	x			
Idaho	ID	Doctoral	x	APA	x	x		x
Illinois	IL	Doctoral		APA	x			
Indiana	IN	Doctoral	x	APA				
Kansas	KS	Doctoral		APA or equivalent	x	x	x	
Kentucky	KY	Doctoral	x			x		x
Louisiana	LA	Doctoral	x	APA		x	x	
Massachusetts	MA	Doctoral	x	APA	x			x
Manitoba	MB	Doctoral	x			x		
Maryland	MD	Doctoral		APA	x			x
Maine	ME	Doctoral		APA				
Michigan	MI	Doctoral	x		x			
Minnesota	MN	Master/Doctoral		APA/CPA	x	x	x	
Missouri	MO	Doctoral	x		x	x	x	x
Mississippi	MS	Doctoral	x	APA	x		x	x
Montana	MT	Doctoral	x	APA	x	x	x	
New Brunswick	NB	Doctoral	x		X	x	x	x
North Carolina	NC	Doctoral		APA/CPA	x	x		
North Dakota	ND	Doctoral	x	APA/CPA	x			
Nebraska	NE	Doctoral		APA/DHHS	x			
New Hampshire	NH	Doctoral	x			x	x	
New Jersey	NJ	Doctral	x			x		x
Newfoundland	NL	MA			x	x	x	x
New Mexico	NM	Doctoral		APA/CPA				x

Nova Scotia	NS	MA	x	For doctoral		x	x	x
Nevada	NV	Doctoral	x	x	x	x	x	
New York	NY	Doctoral	x	or APA	x	x		x
Ohio	OH	Doctoral	x		x			x
Oklahoma	OK	Doctoral	x	APA after 1/1/1997	x	x		
Ontario	ON	Doctoral	x		x	x	x	
Oregon	OR	Doctoral		APA/CPA			x	
Pennsylvania	PA	Doctoral		APA/CPA	x			
Prince Edward ISL	PE	Doctoral	x			x	x	x
Quebec	PQ	Doctoral	x			x		x
Puerto Rico	PR	MA	x					
Rhode Island	RI	Doctoral	x	APA	x			
South Carolina	SC	Doctoral	x	APA		x		x
South Dakota	SD	Doctoral	x		x	x		
Saskatchewan	SK	MA	x			x		
Tennessee	TN	Doctoral		X	x			
Texas	TX	Doctoral		APA/NASP	x			

Utah	UT	Doctoral	x	APA			x	x
Virginia	VA	Doctoral	x	APA/CPA	x	x	x	x
US Virgin ISL	VI	Doctoral	x			x		
Vermont	VT	MA or Doctoral	x		x	x		
Washington	WA	Doctoral	x			x	x	x
Wisconsin	WI	doctoral		x			x	x
West Virginia	WV	Master/Doctoral	x		X	x		
Wyoming	WY	Doctoral	x					

Internship	Postdoctoral	EPPP	EPPP2	State Requirement to take the EPPP	Pass % of each state (2018 -2022)Based on ASPPB EPPP1 2022 Technical Report released by Pearson
		x			52.8
	x	x		Completion of a degree and SPE	56.7
x		x		Completion of Doctoral degree with SPE completed in a pre-doctoral internship for a year of full-time training, or no less than 10 months for a School Psychologist. Master's-level licensure is available, as a Psychological Technician. An individual compeleting a doctoral program who has already earned a terminal master's degree, or the equivalent of, may be admitted to the EPPP and use a successful score toward a doctoral-level application for licensure once that doctoral degree is conferred.	68.3
x	x	x		The initial application must contain proof of core doctoral-level courses being completed (or nearly completed, if you are in your last semester of studies) and proof of a 2,000-hour internship.	79.7
x		x	x	Arizona has the same requirement as CA; we are unable to allow candidates to take the EPPP prior to completion of the degree.	54.7
x		x			84.7
x	x	x		Completion of Doctoral degree and 1500 hours of SPE	44.8
	x	x		Completion of doctoral and one year of postdocotral expirence	71.7
x	x	x		Completion of doctoral and one year of postdocotral expirence	58.9

x	x	x	x	In order to be approved for the EPPP 1 and EPPP 2, applicants must meet the training (psychological practice experience) and educational requirements. •For educational requirements, applicants should have doctoral degree in psychology from American Psychological Association (APA) accredited program. Kindly read the psychology regulations, specifically the educational requirements sections 6902.1 and 6902.8 (https://dchealth.dc.gov/node/150892). •For training requirements, applicants will need to have a total of 4000 hours of psychological practice experience [2000 hours as a predoctoral and the other 2000 hours as postdoctoral OR they can have all 4000 hours as postdoctoral]. The postdoctoral hours are accrued after the conferral of the doctoral degree. 10% of the total required hours should be immediate supervision. The total required hours is 4000 so 10% is 400 (300 individual immediate supervision and 100 group immediate supervision).	54.3
	x			Require only the completion of a doctoral degree and 1500 hours	73.3
	x	x		At minimum, the applicant must have documented completion of a doctoral degree from APA-accredited program (Bifurcation/Exam method). Florida also accepts EPPP1 score transfers with min. scores of 500 or a passage rate of 70% correct for persons examined prior to October 2000.	55.9
x	x	x	x	Requires a doctoral degree and pre and post hours before taking the EPPP.	69.8
	x	x	x	completion of a MA or doctoral and post doc experience.	—
x	x	x		must complete the following requirements: qualifying doctoral degree; qualifying internship (1yr/1900hrs); and qualifying postdoctoral experience (1yr/1900hrs), to be authorized for the exam.	32.9

	x	x		Need a docotral degree and one year of supervised expereince in psychology	73.8
x	x	x		Require only the completion of a doctoral degree no hours.	48.3
x	x	x		Need a docotral degree and two years of supervised expereince in psychology	50.3
x	x			Can only take the EPPP after completion of Jurisprudence exam.	66.1
x	x	x		Need a doctoral degree with 2 years supervised work experience	50.3
x	x	x		Need doctoral degree and two years supervised professional experience.	60.2
x	x	x		Can take after doctoral degree is granted and while accruing post-docotral experience	73.6
x	x	x		Need doctoral degree and two years supervised professional experience before they can apply and take the EPPP	69.7
	x	x	x		86.9
x		x		Need doctoral degree and training to take the EPPP	69.4
x	x	x		Doctoral degree and supervised professional experience	66.7
x	x	x		Completion of doctoral degree and SPE hours	40.7
x	x	x		At the completion of a master's or doctoral degree	66.6
x		x		at completion of doctoral degree”	64.5
x		x		At the completion of doctoral and SPE	61.2
x	x	x		Requires the completions of doctoral degree and SPE	72.2
x	x	x		Can be taken after degree is granted and candidate must be an interim member with CPNB.	65.8
x	x	x		At the completion of doctoral and SPE	59.6
x	x	x		At the completion of doctoral and SPE	86.2
x	x	x		At the completion of doctoral and SPE	66.7
x	x	x		at the completion of degree and SPE	63.8
x		x		At the completion of doctoral and SPE	50
		x	x		78.3
x	x	x		Complete a doctoral degree and SPE	67

x	x	x		Completion of degree (MA or doctoral) and on NSBEP candidate register	77.6
x	x	x	x	In recent months, NV Board has taken action to make the EPPP available to graduate students following the successful completion of all coursework. Students are eligible to take the EPPP Part 1 upon completion of coursework and throughout internship if they choose to do so.	56.3
x	x	x		At the completion of doctoral and SPE	66.9
		x		Upon graduation with qualifying doctorate	66.2
x	x	x		At the completion of doctoral and SPE	66.3
x	x	x		a candidate may only take the EPPP after completion of the doctoral degree	78
	x	x		We require them to be awarded a qualifying degree, apply for licensure, and be reviewed and approved before they are allowed to sit for the EPPP	77.5
x	x	x		Complete a doctoral degree and SPE	68.4
x	x	x	x	When we required only Part 1 of the EPPP, the exam could be written only after degree completion. Since we began requiring part 2 as well, part 1 can be written after all course work is done (while still working on dissertation or while in internship). Part 2 can only be written after the degree is completed.	60
x					—
				At the completion of MA degree	30.3
x	x	x		At thhe completion of doctoral degree and SPE	77.1
x	x	x		At the completion of doctoral and SPE	75.4
x	x	x		At the completion of doctoral degree	68
		x			70.2
x	x	x	x	At the completion of doctoral and SPE	62.8
x	x	x		At the completion of a docotral degree and SPE	53.2

		x		Utah candidates require an appropriate doctoral degree and the completion 4,000 hours of psychology training in no less than 2 years. Of the 4,000 hours at least 1,000 hours shall be supervised mental health therapy with clients AFTER completion of a master's lever of education in psychology and at least 100 hours shall be direct supervision (at least 1 hour of supervision for every 40 hours of supervised training	78.5
		x		Virgina has specific requirements for clinical, applied and school psychologist. They require the completion of docotral degree and 1500 hours of expereince	56.6
x	x	x		At the completion of education coursework or academic degree degree and SPE	25
x	x	x		Complete a doctoral degree and SPE	55
x		x		An applicant is only approved to take the EPPP once all licensing requirements have been met and approved to include the doctoral degree and supervision requirements.	74.8
x		x		The degree must be APA or CPA accredited, or it requires approval by the Board Liaison. The application must be submitted, but evidence of the Doctoral degree and supervised experience is ot required to take the EPPP. Documentation is only needed at the time of licensure	68.1
		x		WV does license at the master's level as well as the doctoral level. We require schools to be regionally accredited, the degree must be in a clinical form of psychology, must be at least 50% on campus for master's degrees, and there are course requirements. . Candidates can take the EPPP who meet these requirements. The passing score for all candidates in WV is 500 or better.	57.4
x	X	x		At the completion of docotal and SPE	64.2

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MEMORANDUM

DATE	July 25, 2023
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 15(d)** Discussion and Possible Action on Establish Target Licensing Application Processing Timeframes

Background:

It is the goal of Board staff to streamline the processing of initial applications for registration and licensure. At the May 2023 Board meeting, Vice President Shacunda Rodgers asked Board staff what an ideal processing timeline would be. Though there is not a required timeline set forth in statute or regulations, Board staff strives to complete the initial review of an application for registration or licensure within four weeks from the date received.

Board staff believes that establishing a target processing timeframe for initial applications would be beneficial because it would enhance transparency and serve as a target in our ongoing efforts in streamlining processes.

Board staff considered comments and feedback received by our stakeholders in the past year and recommends a 2-week turnaround time to complete the initial review of an application for registration or licensure from the received date. Board staff also recommends including the new target processing timeframes in the Board's upcoming strategic plan.

Action Requested:

The Licensure Committee recommends the Board adopt the two-week target processing timeframe and include the target timeframe in the Board's upcoming Strategic Plan.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 26, 2023
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 15(e)** Discussion and Possible Action on the Certificate of Professional Qualification (CPQ) Outreach Survey Questions by the Association of State and Provincial Psychology Boards (ASPPB)

Background:

On March 22, 2023, the Board received some questions posted by the Association of State and Provincial Psychology Boards (ASPPB) regarding the Certificate of Professional Qualification in Psychology Program (CPQ).

Please see a brief description about the CPQ provided by ASPPB below and the ASPPB's Mobility Program Policies and Procedures in Attachment A for more information. The CPQ requirements can be found in Section 7 of the attached Policies and Procedures (see Attachment A):

> *"ASPPB is conducting research on the Certificate of Professional Qualification in Psychology Program (CPQ). The Certificate of Professional Qualification in Psychology (CPQ) is based upon standards established by the ASPPB Mobility Committee and endorsed by the ASPPB Board of Directors. The CPQ is a means by which a doctoral level licensed psychologist can easily demonstrate to a psychology licensing board that he or she has met ASPPB recommended standards for licensure which include specific requirements relative to his or her educational background, supervised experience, performance on the EPPP, and has never had disciplinary actions taken against his or her license. The CPQ does not constitute a license to practice."*

The recommended responses by the Licensure Committee to the questions are as follow for the Board's consideration:

1. How would your jurisdiction feel about ASPPB requiring applicants to only come from APA/CPA or ASPPB/National Register Designated Doctoral Programs in Psychology to be eligible for the CPQ?

   Recommended response by the Licensure Committee: The CPQ is one of the methods for an out-of-state licensed psychologist to demonstrate that they have met the educational and experience requirements for licensure in California. By requiring applicants to only come from APA/CPA or ASPPB/National Register Designated Doctoral Programs in Psychology to be eligible for the CPQ, it would limit other qualified individuals to take advantage of the CPQ program to enter the profession.

2. In addition to an Official CPQ Verification from ASPPB, does the California Board of Psychology require any additional documentation (e.g. Supervised Experience Documentation/EPPP Score Verification/etc.)?

   Recommended response by the Licensure Committee: The California Board of Psychology also requires an official transcript of the doctoral degree used to qualify for licensure and the applicants' license information in the other state, U.S territory, or Canadian province, where they currently hold a psychologist license.

Attachment:
A: ASPPB Mobility Program Policies and Procedures October 2021

Action Requested:
The Licensure Committee recommends the Board approve the draft responses to the CPQ Survey.

Mobility Policies and Procedures Manual

ASPPB
Association of State and Provincial Psychology Boards

October 2021

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Table of Contents

SECTION 1: INTRODUCTION

A. ASPPB Mission

The Association of State and Provincial Psychology Boards (ASPPB) is the alliance of state, territorial and provincial agencies responsible for the licensure and certification of psychologists throughout the United States and Canada. The psychology boards of all fifty states of the United States and District of Columbia, the U.S. Virgin Islands, Puerto Rico, Guam, Commonwealth of the Northern Mariana Islands and all ten provinces of Canada are members of ASPPB. The Mission of ASPPB is to support its member jurisdictions in fulfilling their goal of advancing public protection by:

1. Offering exemplary examination and credentialing programs;
2. Providing state of the art programs and services to all our stakeholders;
3. Serving as the source for the most current and accurate information about the regulation of psychologists;
4. Contributing to the critical consumer protection perspective in the on-going development of the profession.

B. ASPPB Mobility Program History

The ASPPB Mobility Program was established to facilitate professional mobility of licensed psychologists across jurisdictions. Professional mobility enhances consumer access to a broad range of psychological services.

1992 – Agreement of Reciprocity was a cooperative agreement that allowed licensed psychologists to practice across participating jurisdictions – Sunsetted January 1, 2020

1998 – ASPPB Mobility Program established

- Certificate of Professional Qualifications (CPQ) issued to licensed psychologists meeting eligibility criteria and used to apply for licensure in jurisdictions that recognize the CPQ
- Credentials Bank (CB) serves as a repository for individual psychologists to store licensure-related information

2007 – Interjurisdictional Practice Certificate (IPC) issued to license psychologists meeting eligibility criteria and used for temporary practice into another jurisdiction that recognizes the IPC _Free-Standing IPC sunsetted June 30,2020. July 1, 2020 part of the requirements for the Psychology Interjurisdictional Compact (PSYPACT). The IPC is a requirement for the Temporary Authority to Practice (TAP) issued by the PSYPACT Commission.

2015 – E.Passport developed to promote regulation of telepsychology across jurisdictions that adopt the PSYPACT. The E.Passport is a requirement for the Authority to Practice Interjurisdictional Telepsychology (APIT) issued by the PSYPACT Commission.

C. Purposes of the ASPPB Mobility Program

1. To promote responsible professional mobility for psychologists in all ASPPB jurisdictions;
2. To continue implementation, marketing and review of the E.Passport, IPC CPQ, Credentials Bank, and the Agreement of Reciprocity;
3. To review applications for the ASPPB Agreement of Reciprocity, E.Passport, IPC and CPQ programs; and
4. To keep jurisdictions apprised of developments and issues affecting mobility and continue to offer proactive resolutions to member jurisdictions on emerging professional and legal issues relevant to mobility.

D. Disclaimer

All applicants of the ASPPB Mobility Program acknowledge that ASPPB does not guarantee that the Certificates may be accepted in all or any U.S. or Canadian jurisdictions. Further, although ASPPB is committed to pursuing their acceptance, it cannot and does not guarantee the applicant that a particular jurisdiction will adopt the CPQ and/or IPC as a qualification towards jurisdictional requirements.

E. Publication regarding the ASPPB Mobility Program

Permission may be granted to analyze mobility program data upon written application and approval by the Mobility Committee and the ASPPB Board of Directors.

SECTION 2:
DEFINITIONS AND ACRONYMS

Definitions and Acronyms

ABPP- American Board of Professional Psychology

Appeal- A written request by an applicant to contest a decision made by the Committee regarding his/her application

APA- The American Psychological Association

APIT – The Authority to Practice Interjurisdictional Telepsychology certificate issued by the Psychology Interjurisdictional Compact (PSYPACT) Commission. The APIT is required to practice under the authority of PSYPACT.

APPIC- The Association of Psychology Postdoctoral and Internship Centers

Approved Continuing Education Provider- The American Psychological Association or any of its sponsors approved through the American Psychological Association Sponsor Approval System (APA, 2005), the Canadian Psychological Association Approval of Sponsors of Continuing Education for Canadian Psychologists (CPA, 2005), the Academies of the Specialty Boards of the American Board of Professional Psychology, the Association for Psychological Science, the National Association of School Psychologists, Association of State and Provincial Psychology Boards, regionally accredited educational institutions that offer graduate training in psychology or related fields, accredited medical schools, Category I Continuing Medical Education (CME) of the American Medical Association, the Canadian Medical Association, the American Bar Association, and the Canadian Bar Association. Courses offered by non-psychology organizations must be relevant to the practice of psychology.

ASPPB- The Association of State and Provincial Psychology Boards

ASPPB Member Board- A "board" (as defined below) that is a member of the Association of State and Provincial Psychology Boards (ASPPB); Members of ASPPB include 55 jurisdictions in the United States (All 50 states, the District of Columbia, Virgin Islands, Puerto Rico, Guam and the Northern Mariana Islands) and the 10 jurisdictions in Canada

Bank (CB)-The ASPPB Credentials Bank: A Verification and Storage Program

Board-The statutorily constituted body which is legally responsible for the registration or licensing of psychologists in its respective jurisdiction (state, province, territory, or District of Columbia); Boards in Canada are commonly called Colleges

Board of Directors-The Board of Directors of the Association of State and Provincial Psychology Boards (ASPPB)

CRHSP- The Canadian Register of Health Service Psychologists

CPA- The Canadian Psychological Association

CPQ- The ASPPB Certificate of Professional Qualification in Psychology

Certification- In this document, status granted by ASPPB signifying that an individual has met specific qualifications established through criteria for the CPQ and/or IPC

Certification Appeals Committee- The ASPPB committee appointed to review appeals of applicants who are denied certification or appeals from certificate holders who are denied renewal or revoked for cause

Colleges: In addition to referring to an institution of higher learning, College also refers to the statutorily constructed body which is legally responsible for the registration and/or licensing of psychologists.

CRVS- Closed Records Verification Service

Committee- The ASPPB Mobility Committee

Credentials- Includes all documents and/or materials used to support an application for licensure or registration, CPQ, E.Passport, IPC, etc.

Credentials Verification- A process of reviewing and verifying specific credentials of an applicant

Designation- Applies to psychology doctoral programs that have been reviewed by the ASPPB/National Register Joint Designation Committee and have been found to meet the designation criteria

Disciplinary Action- Any action taken by a licensing entity which finds a violation of a statute or regulation that is a matter of public record unless the licensing entity clearly states that it is not a disciplinary action

E.Passport- A certificate of the Mobility Program and is one of the requirements for the Authority to Practice Interjurisdictional Telepsychology (APIT) issued by the PSYPACT Commission. The E.Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated interjurisdictional telepsychology practice

EPPP- The Examination for Professional Practice in Psychology (Part 1 and/or Part 2)

EPPP Score Transfer Service- A service of the ASPPB Mobility Program where at a candidate's request, the service will report the candidate's EPPP score to the licensing board of another state or province in which the candidate seeks licensure or certification

IPC-The ASPPB Interjurisdictional Practice Certificate is a certificate of the Mobility Program and is one of the requirements for the Temporary Authorization to Practice (TAP) certificates issued by the PSYPACT Commission

Jurisdiction- In this document, means State, Province and/or Territory

Licensed- In this document, the word “licensed” is used to refer to licensed, registered, chartered, or other terms describing regulation of psychology practice

NACES-National Association of Credential Evaluation Services – provides evaluation of credentials for individuals trained outside the US and Canada.

NR- The National Register of Health Service Psychologists

Pending Disciplinary Action- Any action where a formal disciplinary action has been initiated and is awaiting a hearing or stipulation or is in the process of appeal

PLUS- Psychology Licensure Universal System. A service that ASPPB provides, outside of the Mobility Program, to assist participating member boards with streamlining their licensure process

Postdoctoral Supervised Experience- Work as a psychology trainee that follows the completion of all requirements for the doctoral degree by an appropriate institution of higher education and completed under the direct supervision of a licensed psychologist qualified to offer the services provided

Practicum- An organized, sequential series of supervised experiences of increasing complexity, serving to prepare the graduate student for internship under the supervision of licensed psychologists and other clinicians.

Pre-doctoral (doctoral) Supervised Experience - Work as a psychology trainee completed after the preponderance of the academic coursework and other requirements have been fulfilled. This could be a psychology internship as distinguished from practicum experience

Primary Source- The source from which the document originates

Primary Source Verification- Verification of a practitioner's credentials based upon evidence obtained from the issuing source of the credential

Professional Work Experience- Work as a psychologist that follows the issuance of a license, certificate or registration, issued at the independent level and based on a doctoral degree, which included, but was not limited to, applied or direct-client services

Psychology Trainee- Includes graduate students in a psychology program, and individuals completing supervised work experience toward licensure

PSYPACT- Psychology Interjurisdictional Compact

PSYPACT Commission – The governing body of PSYPACT

Public Member- A member of a licensure board who is not a licensed psychology practitioner

Regional Accreditation- Regional accreditation applies to entire academic institutions and not to specific academic programs. There are six regional accrediting bodies in the United States, and each is authorized to accredit institutions in specific states, divided by geographic region: Middle States Commission on Higher Education; New England Association of Schools and Colleges; North Central Association Commission on Accreditation and School Improvement; Northwest Commission on Colleges and Universities; Southern Association of Colleges and Schools, and Western Association of Schools and Colleges

Residency- Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements.

Reviewer- The individual (or individuals) selected by ASPPB to consider and evaluate CPQ, E.Passport and/or IPC application files

Staff- ASPPB's employees, including full-time employees, part-time employees, and consultants

TAP – The Temporary Authorization to Practice certificate issued by the Psychology Interjurisdictional Compact (PSYPACT) Commission. The TAP is required to practice under the authority of PSYPACT.

Transcript- A record of a student's academic performance, including but not limited to a list of course work and earned grades, issued by the institution of learning where the course work was completed. The transcript must contain sufficient information to determine when the courses were taken, including the term and year.

Written Notification- Correspondence transmitted by mail, facsimile, or electronic medium

SECTION 3:
AGREEMENT OF RECIPROCITY (AOR)

A. Program Description – Sunsetted as of January 1, 2020

The ASPPB Agreement of Reciprocity (AOR) encouraged states and provinces to enter into a cooperative agreement whereby any individual holding a license in one AOR member jurisdiction could obtain a license to practice in another AOR member jurisdiction. Under this reciprocity approach to mobility, all licensed psychologists in member jurisdictions were eligible for licensure in all other member jurisdictions based on evidence of comparable standards in current licensure requirements.

B. Jurisdictional Eligibility

Entrance into the Agreement of Reciprocity is dependent on a state or province demonstrating that its requirements for licensure meet the standards required by other participating jurisdictions. These standards include:

1. Education:

Doctoral degree in psychology must be obtained from either a or b below:

a) A program accredited by the American Psychological Association, or the Canadian Psychological Association, or designated as a psychology program by the Designation Committee of the National Register of Health Service Psychologists and the Association of State and Provincial Psychology Boards; or
b) An institution of higher education that is: (A) regionally accredited by an accrediting body recognized by the U.S. Department of Education, OR (B) authorized by Provincial statute or Royal Charter to grant doctoral degrees; and is based upon a program of three [3] years of full-time [or equivalent] graduate study not including pre-doctoral internship and include instruction in scientific and professional ethics and standards, research design and methodology, statistics and psychometrics. In addition, the core program shall require each student to demonstrate competence in each of the following substantive content areas:

    1. biological bases of behavior (e.g. physiological psychology, comparative psychology, neuropsychology, sensation, psychopharmacology);
    2. cognitive-affective bases of behavior (e.g. learning, memory, perception, cognition, thinking, motivation, emotion);
    3. social bases of behavior (e.g. social psychology, cultural, ethnic, and group processes, sex roles, organization and systems theory); and
    4. individual behavior (e.g. personality theory, human development, individual differences, abnormal psychology)

2. Supervised Experience:
    a) Two years of supervised experience, one of which shall have been completed post-doctorally, for 3,000 hours total minimum.
    b) Each year [or equivalent] shall be comprised of at least 1,500 hours of actual work, to include direct service, training, and supervisory time.
    c) A pre-doctoral internship/residency may be counted as one of the two years of experience.

The minimum standard requirement shall be one hour per week of individual one-to-one supervision from a licensed psychologist; however in the case of geographical or confirmed physical hardship, a jurisdiction may

consider variance in the frequency of supervision sessions providing that a minimum of four hours per month of individual one-to-one supervision shall be maintained.

3. Required Examinations
    a) The Examination for Professional Practice in Psychology [EPPP] with a minimum qualifying score of 70%; and
    b) An oral examination or interview to determine competence to practice.

C. Withdrawal from the AOR

If a jurisdiction changes its licensure requirements in such a way as to change the basic requirements for being in the AOR, the jurisdiction must withdraw from the Agreement.

D. Psychologist's Eligibility and Application Process

In order for a psychologist to be eligible to utilize the AOR, he or she must:

1. Have been licensed at the doctoral level for five (5) years in an Agreement of Reciprocity member jurisdiction;
2. Be applying for licensure in another member of the Agreement of Reciprocity;
3. Have been practicing continuously for five (5) years in an Agreement of Reciprocity member jurisdiction;
4. Not have any current charges or outstanding complaints pending;
5. Not have been the subject of any disciplinary action or felony conviction in any state, territory, province or other jurisdiction;
6. Not have been previously denied licensure/certification by the state or province to which he/she is applying.

In order to apply for licensure utilizing the Agreement of Reciprocity, the psychologist must:

a) Contact the board where he/she wishes to become licensed and request an application for licensure for applicants applying under the ASPPB Agreement of Reciprocity;
b) Complete the application and pay applicable fees;
c) Sign the waiver of confidentiality provided by the board;
d) Have three (3) professional colleagues send letters of reference to the board.

SECTION 4:
ASPPB CREDENTIALS BANK

A. Program Description

The ASPPB Credentials Bank is a service whereby students, trainees, and licensed psychology practitioners may deposit information about their educational preparation, supervised experience, examination performance and work history. Information is electronically stored, primary source verified, maintained by ASPPB and then forwarded to member boards or other credentials bodies upon request by the individual opening the credentials record.

B. Eligibility for the Credentials Bank

In order to be eligible to utilize the Credentials Bank, the individual must be a psychology trainee or possess a graduate degree in psychology. E. Passport, IPC, CPQ and PLUS applicants automatically have a Credentials Bank account opened without any further application process.

C. Accessing and Maintaining Stored Credentials

Credentials can be sent to the bank at any time. It is the responsibility of the Credentials Bank accountholder to maintain the correctness of the information contained in the record. The information contained in the Credentials Bank account will be electronically stored, maintained by ASPPB and then forwarded where requested upon written notification and payment of appropriate fee of the accountholder. The results of a review of the ASPPB Disciplinary Data System will be sent along with any credentials verified.

D. Primary Source Verification

All documents and credentials received by ASPPB from a third party which could potentially be used to support an application for the E. Passport, IPC, CPQ or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

E. Responsibilities and Roles of State and Provincial Psychology Boards Regarding the Credentials Bank

ASPPB member jurisdictions that agree to accept information from the Credentials Bank will recognize documents and licensure related credentials supplied by ASPPB as primary source verified and require no further verification.

SECTION 5:
E.PASSPORT

A. Program Description

The E. Passport is one of the requirements for the Authority to Practice Interjurisdictional Telepsychology (APIT) certificate issued by the PSYPACT Commission. The E.Passport promotes standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across jurisdictional lines. The E. Passport also provides more consistent regulation of interjurisdictional telepsychology practice and allows consumers of psychological services to benefit from regulated interjurisdictional telepsychology practice.

B. Eligibility Requirements for the E.Passport

1. Licensure
   Possess a current, active license or registration to practice psychology at the independent level in a PSYPACT participating state where such license or registration is based on receipt of a doctoral degree in psychology as defined below in *Section 5.B.3* below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees.

2. Disciplinary Actions
   Have no history of disciplinary actions. If there a disciplinary action pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education
   Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.

   An applicant who has been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution, is deemed to have met the educational requirements for the E. Passport and/or Interjurisdictional Practice Certificate (IPC).

   In addition to the above, the applicant's graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals or electronically from the appropriate institution with proper security protocols

4. Examination
   Successful completion of the Examination for Professional Practice in Psychology (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application. For an applicant who has been continuously licensed (active or inactive) to practice psychology at the

independent level in one or more ASPPB member jurisdictions since January 1, 1985, documentation of completion of the EPPP is not required.

5. Acknowledgments/Attestations
   Completion of acknowledgments and attestations as required by the Mobility Committee.

C. Foreign Trained Applicants

All applicants trained outside of the U.S. or Canada must have their education reviewed by a member of NACES or by another ASPPB recognized foreign credential evaluation service. Official results must be sent directly by the organization that conducted the review to ASPPB in a sealed envelope. The review must have been completed within 6 years of the application date. Any translated credential or document, or transcript being used to support an application must be accompanied by an official copy of the untranslated version.

D. Primary Source Verification

All documents and credentials received by ASPPB from a third party which could potentially be used to support an application for the E.Passport, IPC, CPQ or PLUS will be primary source verified by ASPPB.

E. Modification of E.Passport Eligibility Criteria

Eligibility criteria for obtaining the E.Passport may change as a result of action by the ASPPB Board of Directors. New criteria shall become effective on the date designated by the Board of Directors and apply to newly filed applications.

F. E.Passport Application Review Process

An individual interested in obtaining the E.Passport certificate must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of an application and the fee is received.

2. Initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist in order to verify that the required documentation has been submitted by the candidate and primary source verification completed.

3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding action on the application.

4. Once an application is determined to be complete, an evaluation of the application file shall be conducted by two (2) reviewers (ASPPB staff and/or Mobility Committee members. The first review shall consist of reviewing the credentials submitted, perform appropriate analysis, and, if necessary, return the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer.. If all reviewers concur, the application will be deemed approved or denied by the Committee. If the reviewers do not concur, the application will be submitted to the entire Committee for a final determination.

5. Reviews by the Committee or Committee members may be completed by electronic means.

6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

G. Grounds for Denial

Applications for certification will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 5.B* above;
2. There is evidence of fraud or misrepresentation of qualifications;
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 5.B* above; OR
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

H. Application Deficits and Remediation

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to remediate deficits relative to examinations and limited coursework deficiencies at the sole discretion of the Mobility Committee. No more than two (2) core course areas can be remediated. In such cases, applicants will be required to remediate deficits within one year of notification by the Mobility Committee. If remediation cannot be completed to the satisfaction of the Mobility Committee within one year of notification, the applicant will be required to submit a new E.Passport application, pay the application fee in effect at the time of re-application, and meet all eligibility requirements in effect on the date of re-application.

I. Appeals Process

Applicants who are denied certification may file an appeal by submitting the appropriate form to the ASPPB Central Office. See Appendix 4 for appeals process information.

J. Responsibilities of E.Passport holders

Certificate Holders:

1. Are expected to comply with all applicable statutory, regulatory, and ethical requirements.

2. Are compelled to report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.

3. Are expected to appropriately represent their E.Passport status as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service;

4. Are to be held to the APA/ASPPB/APAIT Telepsychology Guidelines and the ASPPB Telepsychology Principles/Standards;

5. Agree to inform the clients/patients of psychologist's licensure status and location, and that he/she possesses an E.Passport;

6. Inform the clients/patients of any limitations regarding where the psychologist can practice, and how and where the patient can file a complaint;

7. Notify the patient when there is a conflict of law regarding confidentiality (e.g., duty to warn, duty to report), at the outset of the provision of services [as well as when the incidents arises];

8. Comply with any cease and desist order or injunctive relief from a receiving jurisdiction;

9. Disclose E.Passport status on all promotional/professional materials in the connection with any telepsychological practice;

10. Notify ASPPB of any address or licensure or registration status changes;

11. Agree to obtain three hours education relevant to the use of technology in psychology practice each renewal period to maintain the E.Passport;

12. Agree to release information for posting in a directory;

13. At renewal, provide a list of jurisdictions in which they have provided services.

K. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.

L. Renewal of the E.Passport

1. The E.Passport is valid for one year from the date upon which the initial certification notification is sent to the applicant.
2. The E.Passport must be renewed annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction. This request for renewal will activate an update of the certificate holder's file, including a query of the ASPPB Disciplinary Data System. Renewal may be denied for any of the reasons stated in *Section 5.G* above or for failure to document possession of a current active license in an ASPPB member jurisdiction.
3. E.Passport holder must demonstrate 3 hours of continuing education relevant to the use of technology in psychology. Approved Continuing Professional Development for the E. Passport may include:

    i. Academic Courses
    ii. Approved Sponsor Continuing Education

All continuing education must be directly relevant to the practice of telepsychology and would include, but not be restricted to any one or more of the following areas as defined in the APA/ASPPB/APAIT Telepsychology Guidelines:

i. Competence of the Psychologist
ii. Standards of Care in the Delivery of Telepsychology Services
iii. Informed Consent
iv. Confidentiality of Data and Information
v. Security and Transmission of Data and Information
vi. Disposal of Data and Information and Technologies
vii. Testing and Assessment when Providing Telepsychology Services
viii. Interjurisdictional Practice

Relevance to the practice of telepsychology will be determined by the Mobility Committee.

4. Certificate renewal is the responsibility of the certificate holder. ASPPB will provide advanced notification of the renewal deadline to the certificate holder. Failure to receive a reminder from ASPPB does not excuse the certificate holder from renewing their certificate by the renewal date. Failure to renew by the renewal deadline will cause the certificate to expire.

5. The certificate holder may not practice under the certificate while it is expired.

6. The certificate holder may renew the certificate within 30 days of expiration by paying the renewal fees with no additional late fees. The holder may renew the certificate within two years of expiration by paying the renewal fees, reactivation fee, and providing documentation of continuing education for the period during which the certificate was expired. A certificate holder who does not renew within two years must apply anew and meet the requirements for certification in place at the time of reapplication.

7. In the event that a certificate holder's certificate is not renewed by his or her renewal date, ASPPB will report, upon inquiry by a licensing entity, the expired status of the certificate.

M. Revocation of the E.Passport

A certificate *shall* be revoked upon reasonable proof of the following:

1. Any disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board;
2. Proof of fraud in application;
3. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status.

A certificate *may* be revoked upon reasonable proof of the following:

1. Expulsion from APA or CPA;
2. A sanction issued by an ethics committee or any other entity within APA or CPA;
3. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law

is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; and any other criminal act;

4. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

N. Procedures for Infractions

Complaints against psychologists who are providing telepsychological services under the authority of PSYPACT shall be conducted as specified by the PSYPACT Commission.

Any public disciplinary actions imposed resulting from the complaint will be forwarded to ASPPB for inclusion in the ASPPB Disciplinary Data System, and will automatically result in revocation of the E.Passport.

SECTION 6: INTERJURISDICTIONAL PRACTICE CERTIFICATE (IPC)

A. Program Description

Interjurisdictional Practice Certificate (IPC) began in 2007 and promotes standardization in criteria for short-term practice and interjurisdictional mobility by facilitating the process for licensed psychologists to provide short-term psychological services across jurisdictional lines without obtaining an additional license. The IPC also provides more consistent regulation of interjurisdictional practice and allows consumers of psychological services to benefit from regulated interjurisdictional practice. The IPC as a free-standing certificate was sunsetted in June 2020.

As of July 1, 2020, the ASPPB Interjurisdictional Practice Certificate is a certificate of the Mobility Program and is one of the requirements for the Temporary Authorization to Practice (TAP) certificates issued by the PSYPACT Commission

B. Eligibility Requirements for the IPC

1. Licensure
   Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such license or registration is based on receipt of a doctoral degree in psychology as defined below in *Section 6.B.3* below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees

2. Disciplinary Actions
   Have no history of disciplinary actions. If there a disciplinary action pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education
   Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists; or (2) deemed to be equivalent to (1) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.
   An applicant who has been continuously licensed (active or inactive) to practice psychology at the independent level in one or more ASPPB member jurisdictions since January 1, 1985, based on a doctoral degree in psychology from a regionally accredited institution, is deemed to have met the educational requirements for the E. Passport and/or Interjurisdictional Practice Certificate (IPC).

4. Acknowledgments/Attestations
   Completion of acknowledgments and attestations as required by the Mobility Committee.

C. Foreign Trained Applicants

All applicants trained outside of the U.S. or Canada must have their education reviewed by a member of NACES or by another ASPPB recognized foreign credential evaluation service. Official results must be sent directly by the organization that conducted the review to ASPPB in a sealed envelope. The review must have been completed within 6 years of the application date. Any translated credential or document, or transcript being used to support an application must be accompanied by an official copy of the untranslated version.

D. Primary Source Verification

All documents and credentials received by ASPPB from a third party which could potentially be used to support an application for the E.Passport, IPC, CPQ or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

E. Modification of IPC Eligibility Criteria

Eligibility criteria for obtaining the IPC may change as a result of action by the ASPPB Board of Directors. New criteria shall become effective on the date designated by the Board of Directors and apply to newly filed applications.

F. IPC Application Review Process

An individual interested in obtaining the IPC certificate must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of an application and the fee is received.
2. Initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist in order to verify that the required documentation has been submitted by the candidate and primary source verification completed.
3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding action on the application.
4. Once an application is determined to be complete, an evaluation of the application file shall be conducted by two (2) reviewers (ASPPB staff and/or Mobility Committee members. The first review shall consist of reviewing the credentials submitted, perform appropriate analysis, and, if necessary, return the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer.. If all reviewers concur, the application will be deemed approved or denied by the Committee. If the reviewers do not concur, the application will be submitted to the entire Committee for a final determination.
5. Reviews by the Committee or Committee members may be completed by electronic means.
6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

G. Grounds for Denial

Applications for certification will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 6.B* above;
2. There is evidence of fraud or misrepresentation of qualifications;
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 6.B* above; OR
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

H. Application Deficits and Remediation

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to remediate deficits relative to examinations, postdoctoral supervision, and limited coursework deficiencies at the sole discretion of the Mobility Committee. No more than two (2) core course areas can be remediated. In such cases, applicants will be required to remediate deficits within one year of notification by the Mobility Committee. If remediation cannot be completed to the satisfaction of the Mobility Committee within one year of notification, the applicant will be required to submit a new application, pay the application fee in effect at the time of re-application, and meet all eligibility requirements in effect on the date of re-application.

I. Appeals Process

Applicants who are denied certification may file an appeal by submitting the appropriate form to the ASPPB Central Office. See Appendix 4 for appeals process information.

J. Responsibilities of IPC holders

1. Certificate status shall be presented as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service.
2. Certificate holders are expected to comply with all applicable statutory, regulatory, and ethical requirements.
3. The certificate holder is compelled to report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.

K. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.

L. Renewal of the IPC

1. The certificate is valid for one year from the date upon which the initial certification notification is sent to the applicant.

2. The certificate must be renewed annually by submission of the established fee and documentation of a current active license in an ASPPB member jurisdiction. This request for renewal will activate an update of the certificate holder's file, including a query of the ASPPB Disciplinary Data System. Renewal may be denied for any of the reasons stated in *Section 6.G* above or for failure to document possession of a current active license in an ASPPB member jurisdiction. If the current license is inactive, the certificate will be renewed in "inactive" status and cannot be used until such time ASPPB is provided verification that the license has been reactivated. However, the certificate will be considered renewed and no penalty fees will be charged.
3. Certificate renewal is the responsibility of the certificate holder. ASPPB will provide advanced notification of the renewal deadline to the certificate holder. Failure to receive a reminder from ASPPB does not excuse the certificate holder from renewing their certificate by the renewal date. Failure to renew by the renewal deadline will cause the certificate to expire.
4. The certificate holder may not practice under the certificate while it is expired.
5. The certificate holder may renew the certificate within 30 days of expiration with no additional fees. The holder may renew the certificate within two years of expiration by paying the renewal fees and reactivation fee. A certificate holder who does not renew within two years must apply anew and meet the requirements for certification in place at the time of reapplication.
6. In the event that a certificate holder's certificate is not renewed by his or her renewal date, ASPPB will report, upon inquiry by a licensing entity, the expired status of the certificate.

M. Revocation of the IPC

A certificate *shall* be revoked upon reasonable proof of the following:

1. Any disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board;
2. Proof of fraud in application;
3. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status.

A certificate *may* be revoked upon reasonable proof of the following:

1. Expulsion from APA or CPA;
2. A sanction issued by an ethics committee or any other entity within APA or CPA;
3. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; and any other criminal act;
4. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

N. Procedures for Infractions

Complaints against psychologists who are providing temporary face-to-face, in- person psychological services under the authority of PSYPACT shall be conducted as specified by the PSYPACT Commission.

Any public disciplinary actions imposed resulting from the complaint will be forwarded to ASPPB for inclusion in the ASPPB Disciplinary Data System, and will automatically result in revocation of the IPC.

SECTION 7:
CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY (CPQ)

A. Program Description

The Certificate of Professional Qualification in Psychology (CPQ) is based upon standards established by the ASPPB Mobility Committee and endorsed by the ASPPB Board of Directors. The CPQ is a means by which a doctoral level licensed psychologist can easily demonstrate to a psychology board that he or she has met ASPPB recommended standards for licensure which include specific requirements relative to his or her educational background, supervised experience, and performance on the EPPP.

B. Eligibility for the CPQ

There are two options available to apply for the CPQ: Option 1, the standard method with all requirements for licensure being documented and verified and Option 2 for persons holding an ABPP credential in a specialty area who meet the other requirements. In order to be eligible for a CPQ applicants must meet all of the criteria set out below under either Option 1 (Standard Application) or Option 2 (ABPP Application):

Option 1: Standard Application

1. Licensure
   Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such license or registration is based on receipt of a doctoral degree in psychology as defined below in *Section 7.B.Option1.3* below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees

2. Disciplinary Actions
   Have no history of disciplinary actions. If there a disciplinary action pending, the application will proceed through the review process. However, it is the responsibility of the applicant to let ASPPB know when the pending action has been resolved.

3. Education
   Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) regionally accredited by bodies approved by the council on postsecondary accreditation and the United States Office of Education, or (2) a university recognized as such by the designated provincial or territorial authority; or a foreign college or university deemed to be equivalent to (1) or (2) above by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.

   In addition to the above, the applicant's doctoral program must meet the criteria as set out in either *Section 7.B.Option1.3.a* or *Section 7.B.Option1.3.b* below and graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals.

a. APA/CPA Accredited Programs or Designated Programs	b. All Other Programs

A program accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Psychologists;	A program that is not accredited by the American Psychological Association, the Canadian Psychological Association or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial and Psychology Boards and the National Register of Health Service Psychologists must meet the following requirements at a minimum: i. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists; ii. The psychology program must stand as a recognizable, coherent organizational entity within the institution; iii. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines; iv. The program must consist of an integrated, organized sequence of study; v. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities; vi. The designated director of the program must be a psychologist and a member of the core faculty; vii. The program must have an identifiable body of students who are matriculated in that program for a degree; viii. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;
The curriculum shall encompass a minimum of three academic years of full time graduate study and a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one	The curriculum shall encompass a minimum of three academic years of full time graduate study and a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of

continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements	less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements
	The core program shall require every student to demonstrate competence in each of the following substantive areas. This typically will be met through substantial instruction in each of these following areas, as demonstrated by a minimum of three graduate semester hours or the equivalent (five or more graduate quarter hours; when an academic term is other than a semester, credit hours will be evaluated on the basis of fifteen hours of classroom instruction per semester hour): a. scientific and professional ethics and standards; b. research design and methodology; c. statistics; d. psychometric theory; e. biological bases of behavior(e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology); f. cognitive-affective bases of behavior(e.g. learning, thinking, motivation, and emotion); g. social bases of behavior (e.g. social psychology, group processes, organizational and systems theory); h. individual differences (e.g. personality theory, human development, and abnormal psychology); i. assessment/evaluation (e.g. psychological testing, program evaluation, organizational analysis); and j. treatment/intervention (e.g. therapy, consultation, evaluation)

4. <u>Professional Work Experience</u>
   Have a record of practicing psychology at the independent level for at least five (5) years in an ASPPB member jurisdiction(s) under the authority of a license which is based on receipt of a doctoral degree in psychology as attested to by another licensed doctoral level psychologist who was licensed during the time period for which he/she is attesting (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date

expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees). The attestor may not be under direct or indirect authority or supervision of the applicant. The attestor may not be a relative or a significant other of the applicant.

5. Supervised Experience
    a) Two years of supervised experience, at least one of which shall have been completed after receipt of the doctoral degree, for a minimum of 3,000 total clock hours, as attested to by the primary supervisor or individual currently responsible for the agency where the supervision took place;
    b) Each year [or equivalent] shall be comprised of no less than 10 months, but no more than 24 months, and at least 1,500 hours of professional service including direct contact, supervision and didactic training.
    c) Pre-doctoral internship/residency may be counted as one of the two years of experience.
    d) The minimum standard requirement shall be one hour per week of individual face-to-face supervision from a licensed doctoral psychologist (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees); however in the case of geographical or confirmed physical hardship, the Committee may consider variance in the frequency of supervision sessions providing that a minimum of four hours per month of individual one-to-one face-to-face supervision shall be maintained.
6. Examination
    Successful completion of the Examination for Professional Practice in Psychology (EPPP) with a score that meets or exceeds the established ASPPB recommended passing score at the time of application.

Option 2: ABPP Application

1. Licensure
    Possess a current, active license or registration to practice psychology at the independent level in an ASPPB member jurisdiction where such license or registration is based on receipt of a doctoral degree in psychology as defined below in *Section 7.B.Option2.3* below. ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees

2. Disciplinary Actions
    Have no history of disciplinary actions. If there is any disciplinary action pending, the application shall be held in abeyance until said disciplinary action is resolved.

3. Education
    Possession of a doctoral degree in psychology from an institution of higher education that was, at the time the degree was awarded: (1) regionally accredited by bodies approved by the council on postsecondary accreditation and the United States Office of Education, or (2) a university recognized as such by the designated provincial or territorial authority; or a foreign college or university deemed to be equivalent to (1) or (2) above by a foreign credential evaluation service that is a member of the

National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service.

In addition to the above, the applicant's doctoral program must meet the criteria as set out in either *Section 7.B.Option2.3.a* or *Section 7.B.Option2.3.b* below and graduate degree transcripts must be sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals.

a. APA/CPA Accredited Programs or Designated Programs	**b. All Other Programs**
A program accredited by the American Psychological Association, the Canadian Psychological Association, or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology;	A program that is not accredited by the American Psychological Association, the Canadian Psychological Association or designated as a psychology program by the Joint Designation Committee of the Association of State and Provincial and Psychology Boards and the National Register of Health Service Providers in Psychology must meet the following requirements at a minimum: i. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists; ii. The psychology program must stand as a recognizable, coherent organizational entity within the institution; iii. There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines; iv. The program must consist of an integrated, organized sequence of study; v. There must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities; vi. The designated director of the program must be a psychologist and a member of the core faculty; vii. The program must have an identifiable body of students who are matriculated in that program for a degree; viii. The program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

The curriculum shall encompass a minimum of three academic years of full time graduate study and a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements	The curriculum shall encompass a minimum of three academic years of full time graduate study and a minimum of one continuous academic year of full time residency at the educational institution granting the doctoral degree. Residency means physical presence, in person, at an educational institution or training facility in a manner that facilitates acculturation in the profession, the full participation and integration of the individual in the educational, and training experience and includes faculty student interaction. Training models that rely exclusively on physical presence for periods of less than one continuous year (e.g., multiple long weekends and/or summer intensive sessions), or that use video teleconferencing or other electronic means as a substitute for any part of the minimum requirement for physical presence at the institution are not acceptable as applied to the Mobility Program requirements
	The core program shall require every student to demonstrate competence in each of the following substantive areas. This typically will be met through substantial instruction in each of these following areas, as demonstrated by a minimum of three graduate semester hours or the equivalent (five or more graduate quarter hours; when an academic term is other than a semester, credit hours will be evaluated on the basis of fifteen hours of classroom instruction per semester hour): a. scientific and professional ethics and standards; b. research design and methodology; c. statistics; d. psychometric theory; e. biological bases of behavior(e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, and psychopharmacology); f. cognitive-affective bases of behavior(e.g. learning, thinking, motivation, and emotion); g. social bases of behavior (e.g. social psychology, group processes, organizational and systems theory);

	h. individual differences (e.g. personality theory, human development, and abnormal psychology); i. assessment/evaluation (e.g. psychological testing, program evaluation, organizational analysis); and j. j. treatment/intervention (e.g. therapy, consultation, evaluation)

4. Professional Work Experience
   Have a record of practicing psychology at the independent level for at least five (5) years in an ASPPB member jurisdiction(s) under the authority of a license which is based on receipt of a doctoral degree in psychology as attested to by another licensed doctoral level psychologist who was licensed during the time period for which he/she is attesting (ASPPB requires primary source verification of all listed licenses. If a licensing board does not provide information regarding license status, date issued, date expired (if applicable) and disciplinary actions on the licensing board's website, an applicant will need to request an official license verification be sent directly to ASPPB and will be responsible for any applicable fees). The attestor may not be under direct or indirect authority or supervision of the applicant. The attestor may not be a relative or a significant other of the applicant.

5. ABPP Diploma
   Possess an active registration/certificate from the American Board of Professional Psychology (ABPP).

C. Primary Source Verification

All documents and credentials received by ASPPB from a third party which could potentially be used to support an application for the E.Passport, IPC, CPQ or PLUS will be primary source verified by ASPPB. See Appendix 6 for details and examples.

D. Foreign Trained Applicants

All applicants trained outside of the U.S. or Canada must have their education reviewed by a member of NACES or by another ASPPB recognized foreign credential evaluation service. Official results must be sent directly by the organization that conducted the review to ASPPB in a sealed envelope. The review must have been completed within 6 years of the application date. Any translated credential or document, or transcript being used to support an application must be accompanied by an official copy of the untranslated version.

E. Modification of CPQ Eligibility Criteria

Eligibility criteria for obtaining the CPQ may change as a result of action by the ASPPB Board of Directors. New criteria shall become effective on the date designated by the Board of Directors and apply to newly filed applications.

F. CPQ Application Review Process

An individual interested in obtaining the CPQ certificate must complete an application through the ASPPB Central Office.

1. An application file shall be opened once any portion of the application and the fee is received.

2. Initial review of an application file shall be made by an ASPPB staff member. This initial review shall consist of the completion of an Application Checklist in order to verify that the required documentation has been submitted by the candidate and primary source verification completed.
3. If the application is deemed incomplete, the applicant will be notified in writing of the deficiencies precluding action on the application.
4. Once an application is determined to be complete, an evaluation of the application file shall be conducted by three (3) reviewers (ASPPB staff and/or Mobility Committee members), two (2) of whom are psychologists. The first review shall consist of reviewing the credentials submitted, perform appropriate analysis, and, if necessary, return the application to staff for verification. After that reviewer recommends approval or denial of the application, the application shall be forwarded to the next reviewer. If the next reviewer concurs, the application is forwarded to the third reviewer. If all reviewers concur, the application will be deemed approved or denied by the Committee. If the reviewers do not concur, the application will be submitted to the entire Committee for a final determination.
5. Reviews by the Committee or Committee members may be completed by electronic means.
6. The applicant will be notified in writing of a decision to certify or deny certification. An individual whose application is denied will be advised of the procedures to remediate deficiencies or appeal the Committee's decision.

G. Grounds for Denial

Applications for certification will be denied when the Committee determines that any of the following have occurred:

1. The applicant failed to complete any required portion of the application process following appropriate notification to the applicant of one or more deficiencies as described in *Section 7.B* above;
2. There is evidence of fraud or misrepresentation of qualifications;
3. The applicant failed to satisfy one or more qualifications necessary for obtaining the Certificate(s) as described in *Section 7.B* above; OR
4. The applicant failed to comply with all applicable statutory and regulatory requirements related to the practice of psychology.

H. Application Deficits and Remediation

The Mobility Committee retains the right to request any additional information to determine if the applicant meets all the requirements. Applicants will be afforded the opportunity to remediate deficits relative to examinations, postdoctoral supervision, and limited coursework deficiencies at the sole discretion of the Mobility Committee. No more than two (2) core course areas can be remediated. In such cases, applicants will be required to remediate deficits within one year of notification by the Mobility Committee. If remediation cannot be completed to the satisfaction of the Mobility Committee within one year of notification, the applicant will be required to submit a new CPQ application, pay the application fee in effect at the time of re-application, and meet all eligibility requirements in effect on the date of re-application.

I. Appeals Process

Applicants who are denied certification may file an appeal by submitting the appropriate form to the ASPPB Central Office. See Appendix 4 for appeals process information.

J. Revocation of the CPQ

1. A certificate shall be revoked upon reasonable proof of the following:

    a. Any disciplinary sanction imposed upon a certificate holder's license by an ASPPB member board;
    b. Proof of fraud in application;
    c. Failure to comply with all applicable statutory, regulatory and ethical standards in representing certification status; or

2. A certificate may be revoked upon reasonable proof of the following:

    a. Expulsion from APA or CPA;
    b. A sanction issued by an ethics committee or any other entity within APA or CPA;
    c. Conviction of a serious crime, despite the pendency of any appeal or other legal proceedings. A "serious crime" shall include any felony; any lesser crime, an element of which under applicable law is fraud, bribery, extortion, theft, or attempt or conspiracy to commit another serious crime; and any other criminal act; or
    d. Voluntary resignation from an organization listed above when such resignation is made to avoid sanctions.

K. Responsibilities of CPQ holders

1. Certificate status shall be presented as reflecting the practitioner's basic qualifications and should not be represented as an additional qualification or as a superior level of psychological qualifications or service.
2. Certificate holders are expected to comply with all applicable statutory, regulatory, and ethical requirements.
3. The certificate holder is compelled to report to ASPPB any findings of criminal or unethical conduct or disciplinary actions against him/her that arise after application for the certificate.

L. ASPPB'S Responsibilities

1. The Mobility Program shall not discriminate among applicants as to age, gender, race, religion, national origin, disability, or sexual orientation.
2. The Mobility Program shall comply with all requirements of applicable federal, provincial and state laws.

M. Responsibilities and roles of state and provincial psychology boards regarding CPQ

1. ASPPB member regulatory boards that agree to accept the CPQ as evidence that licensure requirements related to education, supervised experience and examinations are satisfied, will not impose additional requirements on CPQ holders except for locally required assessments. These

additional requirements do not include such things as additional application materials or procedures to support the application. However, a jurisdiction may ask an applicant to provide information regarding intended areas of practice or to participate in an oral interview.

2. ASPPB member jurisdictions accepting the CPQ will verify that an individual seeking licensure under the CPQ program holds a valid and current CPQ.

SECTION 8:
ASPPB SCORE TRANSFER SERVICE

A. Program Description

The ASPPB Score Transfer Service was started in 1997, and maintains a permanent record of EPPP scores. At the psychologist's request, the service will report the psychologist's EPPP score to the licensing board of another state or province in which the psychologist seeks licensure or certification. The EPPP score report will also include a review of ASPPB's Disciplinary Data System to determine if a disciplinary sanction imposed on the psychologist's license has been reported by a psychology licensing board. EPPP scores are automatically registered with ASPPB EPPP Score Transfer Service.

ASPPB has the EPPP score records on file since the first administration of the EPPP. It is important to note records prior to 1/1/1985 are in paper format and may require additional information in order to locate.

B. Requesting a Score Transfer

To request a transfer of an EPPP score or scores, a psychologist should complete the EPPP score transfer request form. This form is available by request from ASPPB or on the ASPPB website (www.asppb.net). A psychologist's examination fee includes a report of his/her score to the licensing board in which he or she seeks initial licensure.

SECTION 9:
ASPPB CLOSED RECORD VERIFICATION SERVICE (CRVS)

A. Program Description

In July 2008, ASPPB agreed to become the Agent of Record for closed psychology training programs. ASPPB has signed agreements with each program that forwards psychology training records to ASPPB indicating that ASPPB will maintain the records indefinitely and that the records forwarded to ASPPB by the programs are complete, accurate and unchanged from the original records.

B. Accessing Training Records

To request information maintained by ASPPB regarding stored information in the closed records program, a psychologist must complete a Closed Records Verification Service request within PSY|PRO (www.psypro.org).

Appendix 1:
ASPPB Mobility Program and Committee

A. ASPPB Mobility Program

1. The ASPPB Mobility Program operates as a program of ASPPB and under the authority of ASPPB.
2. Even though it operates under ASPPB, the Mobility Program is an independent decision-making entity in matters dealing with certification.
3. All administrative support contributed to the Mobility Program (including staff) is provided by ASPPB.
4. Funding for the ASPPB Mobility Program comes primarily from the fees collected from the mobility programs and services.
5. Activities for the Mobility Program are carried out by the ASPPB Mobility Committee.

B. ASPPB Mobility Committee

1. The ASPPB Mobility Committee (Committee) shall be comprised of at least five (5) members and shall include:
    a) A Chair of the committee who shall be a psychologist and is either an ASPPB staff member or a current member of the ASPPB Board of Directors
    b) Four (4) additional members who are current or former members or administrators of an ASPPB member board; one of which must be a current or former public member of an ASPPB member board; and
    c) At least one member of the ASPPB Board of Directors shall serve on the Committee, and no more than two (2) current members of the ASPPB Board of Directors shall serve on the Committee simultaneously.

2. Committee members shall be appointed by the Board of Directors and may be disqualified pursuant to (E) or (F) or for cause, and thereafter removed by the Board of Directors. The term “cause” shall be interpreted as defined in the ASPPB Policies and Procedures Manual.
3. Each member shall be appointed for a two (2) year term. Members of the Committee may be reappointed by the ASPPB Board of Directors.
4. The Committee shall meet at least two (2) times per year with additional meetings as deemed necessary. Committee meetings shall be conducted in accordance with the parliamentary rules and usages prescribed in the Association Bylaws, and with the policies and procedures established for operation of the ASPPB Mobility Program.
5. A Committee member shall resign from the Committee if he or she is unable to attend more than one scheduled Committee meeting in any one year of service; or if a situation arises that would create a conflict of interest in engaging in the Committee’s decision-making role; or, if his or her license to practice psychology is sanctioned in any ASPPB member jurisdiction.
6. A Committee member shall disqualify and remove himself or herself from decision-making regarding an applicant(s) where there may be bias or the appearance of bias because of financial, personal, professional or other reasons. It is the responsibility of the Committee member to disclose potential conflicts of interest and where appropriate recuse himself or herself from deliberation and voting in such situations.

7. There shall be at least one (1) ASPPB staff member assigned by the ASPPB Chief Executive Officer to the Mobility Committee.
8. The Committee shall periodically disseminate information regarding the Mobility Program to the Board of Directors, member boards and other appropriate organizations. The information shall include, but not be limited to certificate purposes and goals; certificate requirements; fees; recognizing jurisdictions; Mobility Program policies and procedures; and benefits of certification.
9. The Mobility Committee has the following responsibilities:
    a) The Committee shall instruct recipients of the certificate(s) on appropriate representation of the certificate(s) and shall require of the candidates that they appropriately represent the certificate(s);
    b) The Committee shall periodically review the eligibility criteria and application procedures to ensure that they are fair and equitable and reflect appropriate documentation of eligibility for licensure in an ASPPB member jurisdiction; and
    c) The Committee shall notify all ASPPB member boards of any revocations of any certificate once such revocation is final.

Appendix 2: Fees

Fees associated with programs discussed in this manual will be determined by the ASPPB Board of Directors. All fees are nonrefundable. Fees associated with programs discussed in this manual will be reviewed and revised by ASPPB as necessary. A listing of the current fee structure can be found on the ASPPB website at www.asppb.net.

Appendix 3:
History of CPQ Application Options

A. Previous CPQ Application Requirements

When the CPQ Program was initiated in 1998, there were three (3) application options to qualify for the CPQ. All three (3) application options required the applicant to demonstrate:

1. a current license to practice psychology at the independent level in an ASPPB member jurisdiction where such license was based on receipt of an acceptable doctoral degree;
2. a record of practicing psychology (including but not limited to applied or direct-client services) for at least five (5) years at the independent doctoral level in any ASPPB member jurisdiction as attested to by another licensed doctoral psychologist who was licensed during the time period for which he/she is attesting, and;
3. no record of any reported disciplinary action. If there is any disciplinary action pending, the application shall be held in abeyance until said disciplinary action is resolved.

B. Previous CPQ Application Options

1. Option 1 (Standard Application), or the standard application method, required applicants to meet additional criteria as described in earlier sections of this document;
2. Option 2 (ABPP and/or Canadian or National Register Option) was a waiver of some of the requirements imposed under Option 1 in recognition of the applicant's holding other accepted credentials in psychology such as a diplomate from the American Board of Professional Psychology (ABPP) in a specialty area of practice or listing in either the National or Canadian Registers of Health Service Providers in Psychology. The requirements waived included documentation of two years of supervised experience (including one year postdoctoral), passage of the EPPP at the ASPPB recommended pass point, and passage of an oral exam, all of which were difficult for many psychologists to meet given the variations in licensing laws and the changes in training and credentialing that occurred over many years. Option 2 was later modified such that after December 31, 2001, only individuals holding a credential from ABPP could apply under the waiver of requirements offered by Option 2.
3. Option 3 (Grandparenting Option) - Between August, 1998, and December 31, 2000, an individual could apply for the CPQ under a time-limited grandparenting provision known as Option 3. Option 3 had a waiver of some requirements similar to Option 2, but in order to qualify under Option 3 an individual had to have been licensed in an ASPPB member jurisdiction by 1981 in the United States and 1986 in Canada on the basis of an acceptable doctoral degree and have practiced without discipline above a reprimand throughout his/her career. These dates were selected to coincide with changes in training and credentialing standards in the two countries. Effective, December 31, 2000, Option 3 was no longer available to CPQ applicants. (ABPP and/or Canadian or National Register Option) was a waiver of some of the requirements imposed under Option 1 in recognition of the applicant's holding other accepted credentials in psychology such as a diplomate from the American Board of Professional

Psychology (ABPP) in a specialty area of practice or listing in either the National or Canadian Registers of Health Service Providers in Psychology. The requirements waived included documentation of two years of supervised experience (including one year postdoctoral), passage of the EPPP at the ASPPB recommended pass point, and passage of an oral exam, all of which were difficult for many psychologists to meet given the variations in licensing laws and the changes in training and credentialing that occurred over many years. Option 2 was later modified such that after December 31, 2001, only individuals holding a credential from ABPP could apply under the waiver of requirements offered by Option 2.

Only two options remain available to apply for the CPQ: Option 1, the standard method with all requirements for licensure being documented and verified, and Option 2 for persons holding an ABPP credential in a specialty area who meet the other requirements.

Appendix 4:
Appealing a Committee Decision

1. Appeals shall be considered by the Certification Appeals Committee.
2. Applicants who are denied certification may file an appeal by submitting the appropriate form to the ASPPB Central Office. The appeal must be received by the Certification Appeals Committee within 90 days of the date of the Mobility Committee's letter of notice regarding denial of certification.
3. An appeal must be based on the contention that the Mobility Committee erred in its decision based on the information submitted in the application and supporting documentation as of the applicant's last review. Additions or changes to the applicant's record may not be made on appeal but may be submitted to the Mobility Committee for reconsideration. An appeal may include written arguments regarding misapplication of standards or misinterpretation of information or documentation.
4. Nothing contained in the Mobility Program Policies shall entitle any applicant to a hearing on his or her application. An applicant and/or his/her attorney may submit arguments in writing so long as they are reasonable in length.
5. The decision of the Certification Appeals Committee will be final.
6. The ASPPB Certification Appeals Committee may conduct its reviews by electronic means or correspondence. The Certification Appeals Committee will be provided only the information that was available to the ASPPB Mobility Committee when it made its original decision. The Certification Appeals Committee may make the following decisions:
    a. Affirm the Mobility Committee's decision;
    b. Reverse the Mobility Committee's decision and issue a certificate; or
    c. Send back to the Mobility Committee with a request to the applicant for additional information for the Mobility Committee to consider.

Appendix 5:
ASPPB Certification Appeals Committee

The ASPPB Certification Appeals Committee is made up of three (3) members appointed by the Board of Directors, two of whom shall be psychologists and one of whom shall be a public member. Certification Appeals Committee members shall not be current or immediate former members (having served within the last year) of the Mobility Committee or the Board of Directors. The Certification Appeals Committee will meet on an as-needed basis.

Appendix 6:
Primary Source Verification

Primary Source Verification refers to the verification by the ASPPB Mobility staff of credentials based upon evidence obtained from the issuing source of the credential. Credentials verified include but are not limited to education, training, examination, licensure and registration, certification, and work experience.

The following is a list of commonly verified credentials and the verification procedures:

• Regional Accreditation of the doctoral degree granting institution is verified through the appropriate accrediting body;
• APA/CPA Accreditation of doctoral programs status is verified through official documentation provided by APA or CPA;
• ASPPB/National Register Designation of doctoral program status is verified through official documentation directly with ASPPB/National Register;
• Degrees from foreign colleges or universities will be deemed to be equivalent as verified by a member organization of the National Association of Credential Evaluation Services (NACES), or by another ASPPB recognized foreign credential evaluation service;
• Examination for Professional Practice in Psychology (EPPP) scores are verified with ASPPB;
• All licensure history and status will be verified directly with the issuing licensing board;
• Work History Verification form is received directly from the attestor. ASPPB will contact the attestor directly to verify the information is accurate and was completed by the attestor;
• Internship Verification Form is received directly from the internship director. ASPPB will contact the director directly to verify the information is accurate and was completed by the director;
• Postdoctoral Supervised Experience Form is received directly from the supervisor. ASPPB will contact the supervisor directly to verify the information is accurate and was completed by the supervisor; Disciplinary history is verified directly with the ASPPB Disciplinary Data System;
• American Board of Professional Psychology (ABPP) status is verified with ABPP directly; and
• Graduate degree transcripts are sent directly by the degree granting institution to ASPPB in a sealed envelope with appropriate institutional seals.
• Any additional documents as determined by ASPPB