

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 | 22,610 | 22,709 |
| Psychological Associates | 1,344 | 1,348 | 1,450 | 1,701 | 1,808 |
| COMPLAINTS | | | | | |
| Complaints Received ¹ | 1,092 | 1,130 | 742 | 820 | 987 |
| Arrest Reports Received | 43 | 32 | 34 | 14 | 27 |
| Investigations Opened ² | 829 | 788 | 761 | 610 | 718 |
| ENFORCEMENT OUTCOMES | | | | | |
| Total Citations Issued | 35 | 37 | 31 | 30 | 19 |
| Total Cases Referred to AG | 75 | 60 | 52 | 29 | 20 |
| Accusations | 47 | 32 | 29 | 17 | 7 |
| Statement of Issues | 10 | 1 | 4 | 1 | 1 |
| Petition to Revoke Probation | 2 | 2 | 0 | 2 | 0 |
| Petitions for Penalty Relief | 4 | 8 | 4 | 3 | 4 |
| Petition for Reinstatement | 3 | 3 | 2 | 1 | 2 |
| Total Filings | 66 | 46 | 28 | 24 | 14 |
| Accusations Withdrawn/Dismissed | 1 | 3 | 3 | 1 | 2 |
| Statement of Issues Withdrawn | 3 | 2 | 0 | 0 | 1 |
| Total Filings Withdrawn/Dismissed | 4 | 5 | 3 | 1 | |
| Revocations | 9 | 1 | 4 | 1 | 1 |
| Probation | 16 | 14 | 12 | 5 | 8 |
| Surrender | 12 | 12 | 7 | 9 | 5 |
| Reprovals | 2 | 6 | 7 | 3 | 2 |
| Interim Orders | 2 | 0 | 1 | 0 | 0 |
| Statement of Issues-License Denied | 0 | 1 | 1 | 0 | 1 |
| Total Disciplinary Decisions | 41 | 34 | 32 | 18 | 17 |
| Petitions for Penalty Relief Denied | 3 | 2 | 3 | 3 | 3 |
| Petitions for Penalty Relief Granted | 2 | 0 | 1 | 0 | 1 |
| Petition for Reinstatement Granted | 0 | 0 | 0 | 0 | 0 |
| Petition for Reinstatement Denied | 1 | 0 | 3 | 1 | 2 |
| Total Other Decisions | 6 | 2 | 7 | 4 | 6 |
| VIOLATION TYPES | | | | | |
| Gross Negligence/Incompetence | 28 | 29 | 24 | 18 | 13 |
| Repeated Negligent Acts | 15 | 25 | 17 | 17 | 16 |
| Self-Abuse of Drugs or Alcohol | 1 | 12 | 7 | 2 | 3 |
| Dishonest/Corrupt/Fraudulent Act | 10 | 6 | 7 | 9 | 13 |
| Mental Illness | 1 | 0 | 2 | 1 | 2 |
| Aiding Unlicensed Practice | 0 | 1 | 3 | 2 | 0 |
| General Unprofessional Conduct | 25 | 26 | 25 | 16 | 14 |
| Probation Violation | 6 | 7 | 5 | 0 | 4 |
| Sexual Misconduct | 4 | 7 | 8 | 4 | 4 |
| Conviction of a Crime | 7 | 10 | 8 | 1 | 7 |
| Discipline by Another State Board | 0 | 2 | 2 | 3 | 0 |
| Misrepresentation of License Status | 3 | 1 | 3 | 0 | 1 |

**Enforcement data pulled on May 7, 2024

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.

MEMORANDUM

| | |
|----------------|---|
| DATE | May 6, 2024 |
| TO | Board Members |
| FROM | Stephanie Cheung Licensing Manager |
| SUBJECT | Agenda Item 11 Examination Report |

2024 Examination Statistics

EPPP Monthly Examination Statistics from January to March 2024

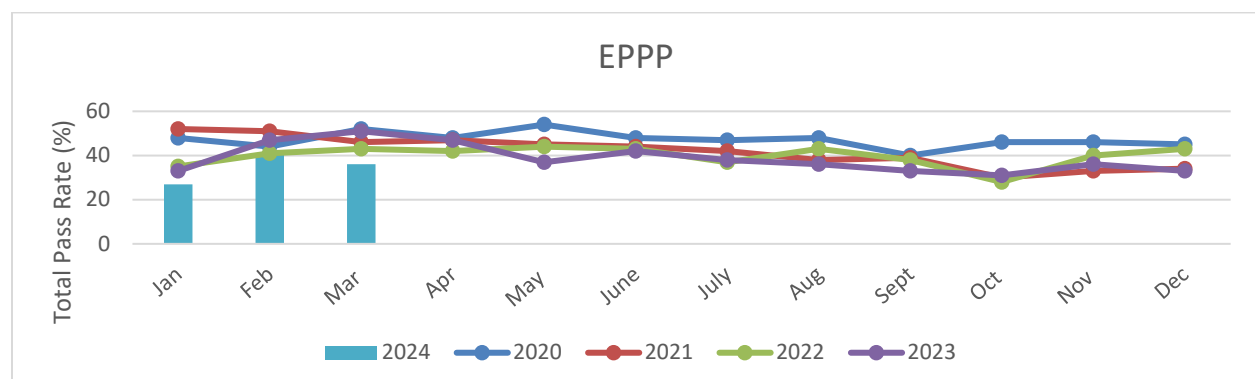
The Examination from Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam test candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

In 2024 so far, the overall pass rate is 35.04% with an overall first-time pass rate of 54.02%. First time pass rate tends to be higher than overall pass rates.

2024 Monthly EPPP Examination Statistics

| Month | # of Candidates | # Passed | % Passed | Total First Timers | First Time Passed | % First Time Passed |
|---------------------|-----------------|------------|---------------|--------------------|-------------------|---------------------|
| January | 106 | 29 | 27.36% | 46 | 19 | 41.30% |
| February | 99 | 41 | 41.41% | 52 | 29 | 52.77% |
| March | 166 | 60 | 36.14% | 76 | 46 | 60.53% |
| EPPP - Total | 371 | 130 | 35.04% | 174 | 94 | 54.02% |

The chart below depicts pass rate statistics of the EPPP for the past four years compared to the pass rates in 2024. The pass rates for 2024 are trending lower than previous years.



CPLEE Monthly examination statistics from January to March 2024

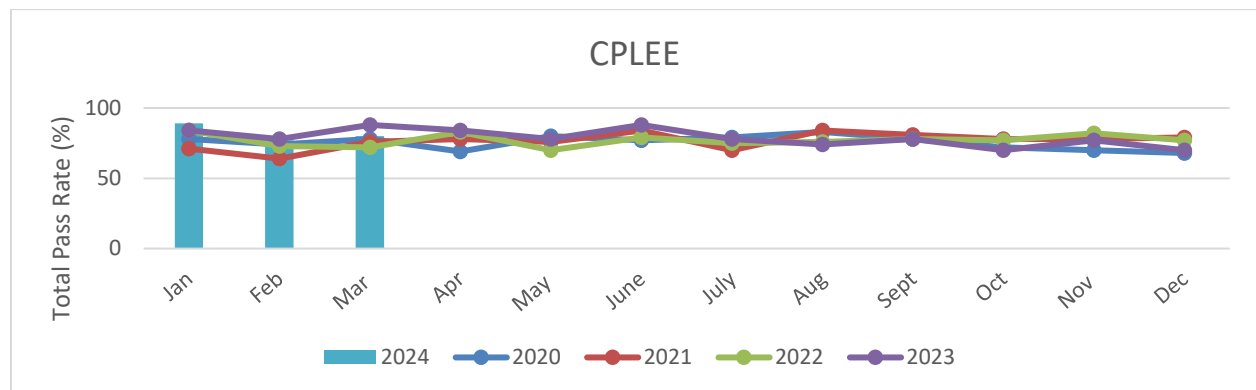
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc.

The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations. For 2024 so far, the overall pass rate is 82.06% and the overall first-time pass rate is at 80.98%.

2024 Monthly CPLEE Examination Statistics

| Month | # of Candidates | # Passed | % Passed | Total First Timers | First Time Passed | % First Time Passed |
|----------------------|-----------------|------------|---------------|--------------------|-------------------|---------------------|
| January | 74 | 66 | 89.19% | 55 | 49 | 89.09% |
| February | 74 | 57 | 77.03% | 47 | 35 | 74.47% |
| March | 75 | 60 | 80.00% | 61 | 48 | 78.69% |
| CPLEE - Total | 223 | 183 | 82.06% | 163 | 132 | 80.98% |

The CPLEE pass rate for 2024 is trending mostly consistent with previous years. The CPLEE has a higher pass rate than the EPPP.



MEMORANDUM

| | |
|----------------|---|
| DATE | April 30, 2024 |
| TO | Board Members |
| FROM | Cynthia Whitney Central Services Manager |
| SUBJECT | Agenda Item #12 – Continuing Professional Development (CPD) and Renewals Report |

For renewals, between January 2024 through March 2024, 80% of Psychologists renewed as Active. Approximately 94% of Psychologists and Psychological Associates renewed their license online using BreEZe per month. It should be noted the renewal numbers for January and February are lower than this time in years past. We are working with our Office of Information Services to determine the cause for the lower numbers.

CE/CPD audits were sent out for June 2023 through January 2024. The pass rate stands as 66%. However, it's worth noting that 18% of audits are pending completion. Out of 183 audits conducted, 98% of licensees successfully submitted their audit documentation using CPD, totaling 40 submissions. No new audit letters have been sent due to the CPD Coordinator vacancy.

Action Requested:

These items are for information purposes only. No action requested.

Attachments:

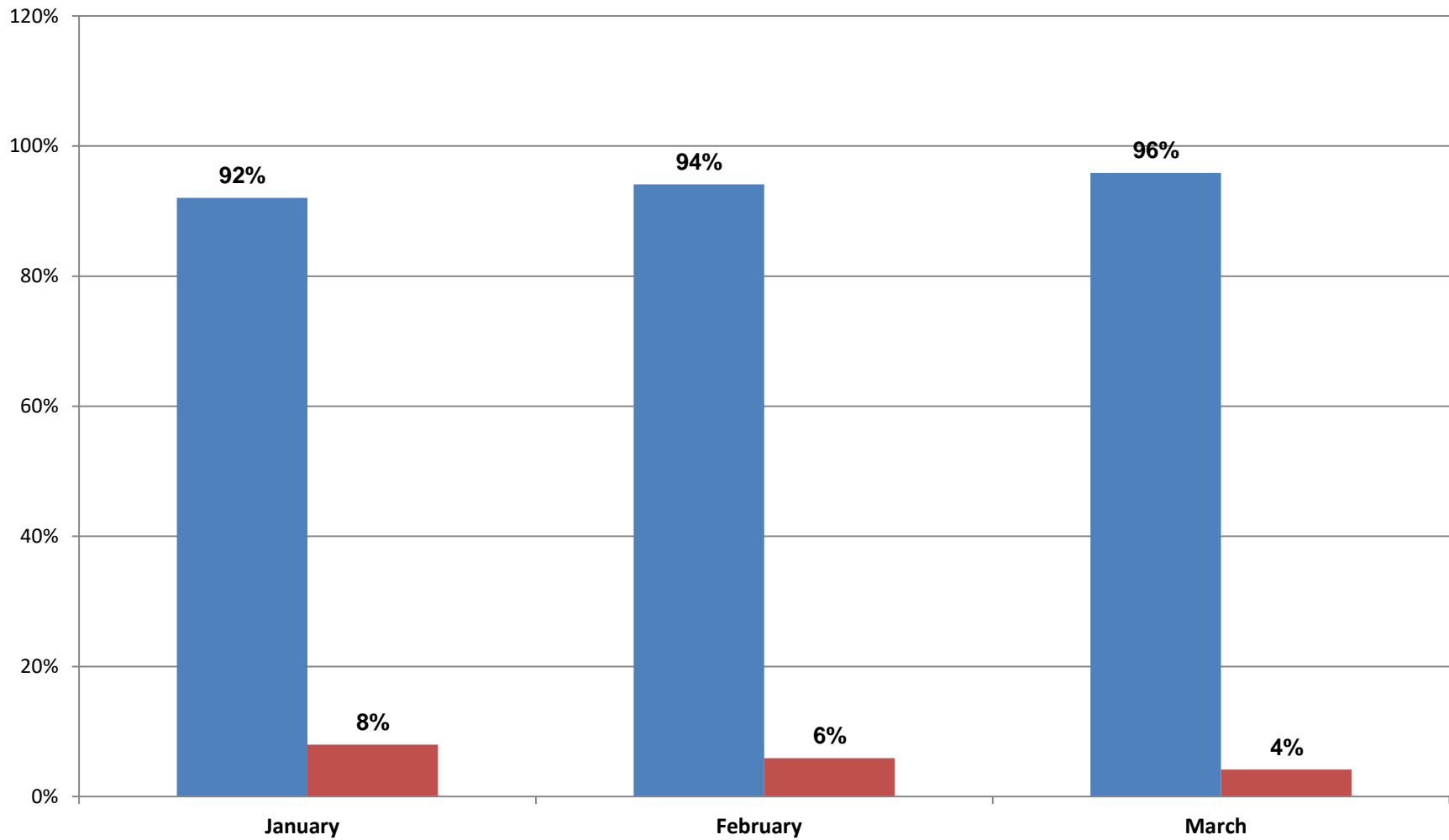
Attachment A: Online vs. Mailed in Renewals Processed: January 2024 – March 2024

Attachment B: Psychologist and Psychological Associate Renewal Applications Processed:
January 2024 – March 2024

Attachment C: CE/CPD Audits: June 2023 – January 2024

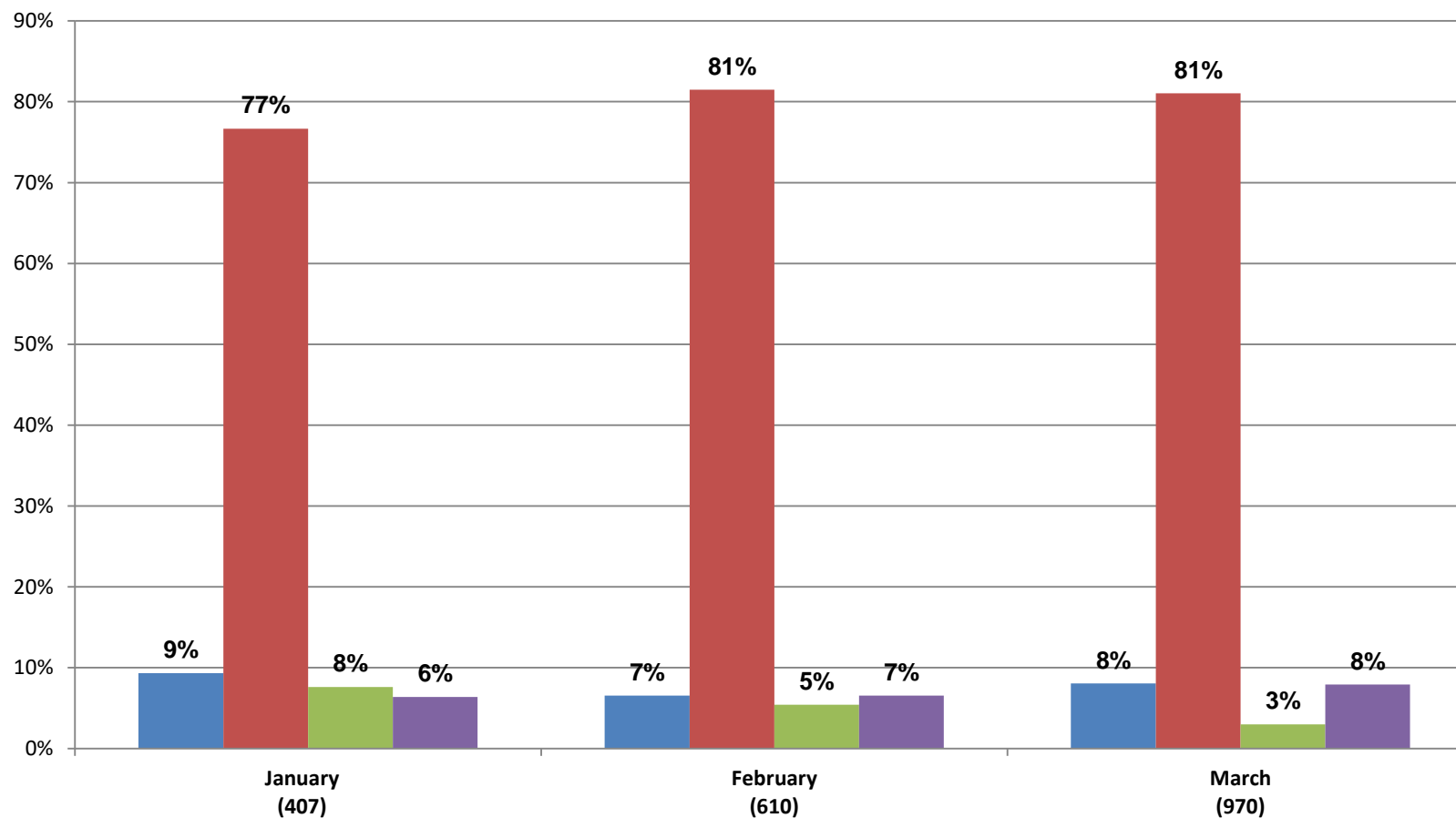
Online vs. Mailed In Renewals January 2024 - March 2024

■ Online ■ Mailed In



Renewal Applications Processed January 2024 - March 2024

■ Inactive ■ Active ■ Retired ■ Psych Associates



Every month, on average, 80% of Psychologists renew as Active.
Additionally, an average 5% of renewal applications processed each month
are for the Retired Status.

Continuing Education Audits June 2023 - January 2024

| Month | Total # of Licensees Selected for Audit: | % Passed: | % Deficient | % Not Yet Received: | % Failed: |
|----------------|--|------------|-------------|---------------------|-----------|
| June | 18 | 89% | 0% | 0% | 11% |
| July | 24 | 96% | 0% | 0% | 4% |
| August | 20 | 90% | 0% | 0% | 10% |
| September | 25 | 88% | 8% | 0% | 4% |
| October | 25 | 76% | 20% | 0% | 4% |
| November | 25 | 64% | 20% | 0% | 4% |
| December | 20 | 35% | 5% | 35% | 0% |
| January 2024 | 26 | 0% | 0% | 100% | 0% |
| Totals: | 183 | 66% | 7% | 18% | 4% |

Of the total of 183 audits sent out, the current pass rate is 66% with 18% not yet received. For November through January 2024, the number might not add up to 100% because the audit documentation may have been recieved but not yet reviewed.

MEMORANDUM

| | |
|----------------|--|
| DATE | May 10, 2024 |
| TO | Psychology Board Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 13(b)(7) – SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population. |

Background

On February 12, 2024, SB 1067 was introduced by Senator Smallwood-Cuevas.

SB 1067 would require each healing arts board under the Department of Consumer Affairs to develop a process to expedite the licensure process by giving priority to applicants who are seeking licensure if they demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population.

Health and Safety Code (HSC) 128552 defines “Medically underserved area” as a health professional shortage area or an area of the state where unmet priority needs for physicians exist. HSC 128552 also defines “medically underserved population” as individuals in the Medi-Cal program and uninsured populations.

On February 21, 2024, SB 1067 was referred to the Senate Committee on Business, Professions and Economic Development (BP&ED).

On April 8, 2024, SB 1067 passed the Committee on BP&ED and was referred to the Committee on Appropriations.

On April 12, 2024, SB 1067 was presented to the Legislative and Regulatory Affairs Committee for possible position recommendation.

The Committee expressed the concerns regarding the bill language specifically to the lack of clarification regarding the definition of “Medically underserved area” or “medically underserved population” and which documentation would be required.

Board Staff will continue to monitor SB 1067

Action Requested

Legislative and Regulatory Affairs Committee recommendation: The Board take a **Support if Amended** position on SB 1067.

Attachment #1: SB 1067 Bill Text

Attachment #2: SB 1067 Fact Sheet

Attachment #3: Senate Business, Professions and Economic Development Analysis

Attachment #4: Proposed Amendments to SB 1067

Introduced by Senator Smallwood-Cuevas

February 12, 2024

An act to add Section 871 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1067, as introduced, Smallwood-Cuevas. Healing arts: expedited licensure process: medically underserved area or population.

Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law requires specified boards to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice and specifies the documentation an applicant is required to provide to demonstrate their intent.

This bill would require each healing arts board, as defined, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population, as defined. The bill would authorize an applicant for a license to demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

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

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

1 SECTION 1. Section 871 is added to the Business and
2 Professions Code, to read:

3 871. (a) Each healing arts board shall develop a process to
4 expedite the licensure process by giving priority review status to
5 the application of an applicant for a license who demonstrates that
6 they intend to practice in a medically underserved area or serve a
7 medically underserved population, as defined in Section 128552
8 of the Health and Safety Code.

9 (b) An applicant for a license may demonstrate their intent to
10 practice in a medically underserved area or serve a medically
11 underserved population by providing proper documentation,
12 including, but not limited to, a letter from an employer, located in
13 a medically underserved area or which serves a medically
14 underserved population, indicating that the applicant has accepted
15 employment and stating the start date.

16 (c) As used in this section, “healing arts board” means any
17 board, division, or examining committee in the Department of
18 Consumer Affairs that licenses or certifies health professionals.

FACT SHEET

SB 1067 (Smallwood-Cuevas) Supporting a Strong Healthcare Workforce

SUMMARY

SB 1067 will establish a process for healing arts boards to expedite license applications for those health care providers who are going to practice in a medically underserved area or provide care to a medically underserved population.

BACKGROUND

Workforce has historically been a major issue in medically underserved areas of the state, and in health facilities primarily serving the populations who access safety net services like Community Health Centers (CHCs). CHCs encompass California's federally qualified health centers (FQHCs), community clinics, Native American Health Centers, free clinics, migrant health centers and rural health centers (RHCs). Over 1,270 CHCs in California provide high-quality comprehensive care to 7.7 million people, more than 1 in 5 Californians. They serve everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

The issue of workforce has become even more acute since the COVID-19 pandemic when workforce burnout contributed to a mass resignation from healthcare jobs. In a recent survey CHCs reported high vacancy rates and prolonged periods of time to fill staff vacancies for key positions such as physicians, dentists, and nurse practitioners. Data shows they need an average of 26.6 weeks to fill a physician vacancy and 18 weeks to fill a dentist and nurse practitioner vacancy. This has left CHCs in an untenable and challenging position when it comes to recruiting workers to provide healthcare to some of the state's most vulnerable populations.

PROBLEM

Many if not all the healing arts boards who license dentists, nurses, and other healthcare providers in California have lengthy backlogs for processing applications for licensure. Often, getting a provider licensed takes much too long and prevents a provider from joining the healthcare workforce in a timely manner. Licensing delays undermine quality patient care, timely access to care, and further exacerbates the major healthcare workforce shortage in California.

SOLUTION

The Medical Board of California (MBC) has established a process to expedite license applications for those who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population. This legislative proposal would use the model established under the MBC, to create an expedited licensure application process at all other healing arts boards for future providers who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population. This bill does not require new or duplicative efforts of healing arts boards, only the prioritization of certain applications they'd already be processing.

STAFF CONTACT

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SUPPORT

California Primary Care Association Advocates
(Sponsor)

**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Angelique Ashby, Chair
2023 - 2024 Regular

| | | | |
|--------------------|-------------------|----------------------|---------------|
| Bill No: | SB 1067 | Hearing Date: | April 8, 2024 |
| Author: | Smallwood-Cuevas | | |
| Version: | February 12, 2024 | | |
| Urgency: | No | Fiscal: | Yes |
| Consultant: | Sarah Mason | | |

Subject: Healing arts: expedited licensure process: medically underserved area or population

SUMMARY: Requires a health professional licensing board to give priority review status to the application of an applicant for licensure who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.

Existing law:

- 1) Requires all DCA boards to expedite and assist the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged, or is the spouse or domestic partner of an active duty member of the Armed Forces who is currently assigned to a duty station in California under official active duty military orders and if the spouse or domestic partner holds a current license another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license. (BPC §§ 115.4; 115.5)
- 2) Requires all DCA boards to expedite and assist the initial licensure process for an applicant who supplies satisfactory evidence to the board that they have been admitted to the United States as a refugee under Section 1157 of Title 8 of the United States Code, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States pursuant to Section 1158 of Title 8 of the United States Code, or they have a special immigrant visa (SIV) that has been granted a status under Section 1244 of Public Law 110-181, under Public Law 109-163, or under Section 602(b) of Title VI of Division F of Public Law 111-8. (BPC § 135.4)
- 3) 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.
- 4) Requires a board to issue the temporary license within 30 days of receiving documentation that the applicant has met the requirements and specifies authority for the license to be terminated if they do not meet the requirements or if they engaged in unprofessional conduct or any other act that is a cause for discipline by the board. Specifies that the temporary licenses is not renewable and expires 12 months after being issued or when a standard license is issued or denied.
- 5) Requires the Medical Board of California (MBC), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), and the Physician Assistant Board (PAB) to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions, accompanied by a letter from an employer or health care entity indicating that the applicant has accepted employment or entered into a contract to provide abortions, the applicant's starting date, the location where the applicant will be providing abortions, and that the applicant will be providing abortions within the scope of practice of their license. (BPC § 870)
- 6) Requires the MBC to develop a process to give priority review status to the application of an applicant for a physician and surgeon's certificate who can demonstrate that he or she intends to practice in a medically underserved area or serve a medically underserved population. (BPC § 2092)

This bill:

- 1) Requires each DCA health professional licensing board to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.

- 2) Specifies that an applicant may demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is sponsored by California Primary Care Association Advocates (CPCA Advocates). According to the Author, “The healing arts boards who license dentists, nurses, and other healthcare providers in California have lengthy backlogs for processing applications for licensure, which prevents a provider from joining the healthcare workforce in a timely manner. Licensing delays undermine quality patient care, timely access to care, and further exacerbates the major healthcare workforce shortage in California. Workforce has historically been a major issue in medically underserved areas of the state, and in health facilities primarily serving the populations who access safety net services like Community Health Centers. (CHCs) The issue has become more acute since the COVID-19 pandemic when workforce burnout contributed to a mass resignation from healthcare jobs. In a recent survey CHCs reported high vacancy rates and prolonged periods of time to fill staff vacancies for key positions such as physicians, dentists, and nurse practitioners. The existing expedited licensure process for medically underserved areas and medically underserved populations at the MBC has been a huge success. By replicating this for other healthcare providers we can support those serving the safety net population when it comes to recruiting workers to provide healthcare to some of the state’s most vulnerable populations.”

2. **Background.**

Expedited and Priority Licensing. The DCA currently requires that three populations receive priority review for licensure from DCA entities: (1) members of the Armed Forces who have served on active duty and were honorably discharged, (2) spouses or domestic partners of active duty members of the Armed Forces who are currently assigned to a duty station in California under official active duty military orders, and (3) refugees who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States or those with an SIV. In addition, the MBC also grants expedited licensure review to physician and surgeon’s certificate applicants who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population and MBC, OMBC, BRN, and PAB expedite the licensure process for an applicant who demonstrates that they intend to provide abortions.

Temporary Licenses. 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.

In general, temporary licenses allow an applicant to practice for a limited period, allowing them to practice while the remainder of the qualifications is obtained or verified. Since license requirements are intended to protect the public, applicants usually must be able to immediately demonstrate meeting some of the qualifications required for licensure and pass a background check. Some programs authorize temporary practice for a specified period of time to individuals who do not intend to become permanently licensed in California but in response to concerns about the inability for individuals to become employed while waiting for licensing processing, boards are now required to issue temporary licenses for up to 12-months to military spouses.

Recent Similar Efforts. AB 2442 (Zbur, 2024) requires MBC, OMBC, BRN, and PAB to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care or gender-affirming mental health care services within the scope of practice of their license.

AB 883 (Mathis, 2023) requires a DCA licensing program, 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.

SB 1168 (Morrell, 2020) would have required a state agency that issues a business license to establish a process to expedite licensing services for a person or business that meets specified criteria, including that the person or business has been displaced by an emergency proclaimed or declared within 365 days of the request for licensing services.

AB 2113 (Low, 2020) requires DCA Boards to expedite licensure applications for refugees, asylees, and special immigrant visa holders.

3. **Arguments in Support.** Supporters state that community health center workforce challenges continue to worsen, noting that the pandemic led to burnout, which contributed to a significant loss of professionals from the healthcare sector. Supporters state that health professional licensing boards have prolonged backlogs for processing applications for licensure, often preventing a provider from joining the workforce in a timely and efficient manner...delays create bottlenecks and further exacerbate recruitment and retention challenges.
4. **Policy Comments and Questions.**

Should this apply to all health professional boards and all license types issued by those boards? Will an expedited process actually result in increased workforce capacity particularly, given the potential size of the population of license types eligible for an expedited process? Despite statutory attempts to ensure swifter licensing timeframes for specified applicants, factors beyond a program's control (deficiencies in applications, the length of time fingerprint clearance is provided,

delays in receiving transcripts and education program completion verification, and more) can lead to lengthy holdups in the process, regardless of the program's internal efforts to expedite processing.

Programs that bill proponents cite as having lengthy application processing timeframes are actually processing licenses in shorter timeframes than their internal goals and historic averages. For example, the Dental Board of California reported during its 2024 sunset review oversight that *complete applications* for licensure licenses are being processed within about 24 days. The Physician Assistant Board has been on target to meet its 30-day licensing timeframe for *completed applications* but is taking twice that long for *applications that are missing information*. Between October 2023 and December 2023 they processed the 126 complete PA applications they received within 30 days, but they also received 327 incomplete applications. *It is unclear whether a mandate for every healing arts program to expedite the process for every single license type in every single medically underserved area in the state will increase the capacity of critical healthcare workforce personnel delivering important care to patients throughout the state. Moving forward, the Author may wish to include the mandate in this bill for one or two health professional licensing programs as a pilot program, or focus on particular areas of the state that meet the qualifications of being a medically underserved area or for medically underserved populations.*

SUPPORT AND OPPOSITION:

Support:

Alameda Health Consortium
 Altamed Health Services Corporation
 Apla Health
 Arroyo Vista Family Health Center
 Asian Health Services
 California Consortium for Urban Indian Health
 CAPA
 Chapa-de Indian Health
 Communicare+ole
 Community Clinic Association of Los Angeles County (CCALAC)
 Comprehensive Community Health Centers
 CPCA Advocates, Subsidiary of The California Primary Care Association
 DAP Health
 Dientes Community Dental
 Eisner Health
 El Proyecto Del Barrio, INC.
 Family Health Centers of San Diego
 Friends of Family Health Center
 Golden Valley Health Centers
 Health Alliance of Northern California
 Health and Life Organization, Inc./ Db a Sacramento Community Clinics
 Health Center Partners of Southern California
 Hill Country Community Clinic

Inland Family Community Health Center
LA Clinica De LA Raza, INC.
LA Maestra Community Health Centers
Lifelong Medical Care
Neighborhood Healthcare
North Coast Clinics Network
North East Medical Services
North East Medical Services
Northeast Valley Health Corporation
Petaluma Health Center
San Ysidro Health
Share Our Selves
Shasta Cascade Health Centers
Shasta Community Health Center
The Children's Clinic, "serving Children and Their Families"/TCC Family Health
Truecare
Unicare Community Health Center
Venice Family Clinic
Wellspace Health
West County Health Centers, INC.

Opposition:

None received

-- END --

SECTION 1.

Section 871 is added to the Business and Professions Code, to read:

871.

(a) Each healing arts board shall develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they ~~intend~~ will be performing services within their scope in a medically underserved area or serve a medically underserved population, as defined in Section 128552 of the Health and Safety Code.

(b) An applicant for a license may demonstrate ~~their intent~~ that they will be performing services within their scope ~~to practice~~ in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population as specified in 128552 of the Health and Safety Code, ~~indicating that the applicant has accepted employment and stating the start date.~~ The letter must include the proposed employment start date, the name and address of the facility(s) where the services will be provided, the specialty of the services that will be provided, and the specific underserved area or underserved population that will be treated.

(c) As used in this section, “healing arts board” means any board, division, or examining committee in the Department of Consumer Affairs that licenses or certifies health professionals.

MEMORANDUM

| | |
|----------------|---|
| DATE | May 10, 2024 |
| TO | Psychology Board Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 17 – Review, Discussion, and Possible Action on Research Psychoanalyst Ad hoc Advisory Committee – Utilizing Title 16 CCR 1367 – 1378.5 as a basis for adopting regulations for Research Psychoanalyst under the Board of Psychology’s regulations. |

Background

The Research Psychoanalyst Ad Hoc Committee (Committee) met in April 2024 and agreed with Counsel’s advice that two regulatory packages should be pursued for the creation of regulations for Research Psychoanalysts.

The first package will utilize the Medical Board’s existing Research Psychoanalyst regulations as the basis of the Board of Psychology’s regulations with non-material changes added for necessity and clarity. The expectation is that the rule making process will be completed as quickly as possible with the necessary review and approvals by the January 1, 2025, effective date.

The second package which has been under review with the Research Psychoanalyst Ad Hoc Committee will have more significant changes. As a result, the Board will reach out to the appropriate stakeholders to ensure the regulations are comprehensive. This two-pronged approach will allow the Board to adequately regulate Research Psychoanalysts on the first day they are under the Board’s purview while simultaneously working with the regulated population to gather appropriate feedback and ensure they have a keen understanding of the more substantial updates to come.

Action Requested

Committee recommendation: Board review and possibly approve adoption of regulations (first package) for Research Psychoanalyst.

Attachment #1: Research Psychoanalyst regulations

Research Psychoanalyst Regulations – Updated April 19, 2024 in Committee

Item 2 on RPC agenda

Title 16 CCR 1367 – 1378.5

1367 – Citation

This chapter may be cited and referred to as the “Research Psychoanalyst Regulations.”

1367.1 – Definitions

As used in this article:

(a) “Research Psychoanalyst” means ~~a~~ psychoanalyst who is registered with the division ~~Board~~.

(b) “Student” means a person enrolled in a psychoanalytic institution for training in psychoanalysis who is registered with the division ~~Board~~.

(c) “Graduate psychoanalyst” means a licensed physician ~~and surgeon~~, psychologist, ~~licensed~~ clinical social worker or ~~licensed~~ marriage, ~~and~~ family ~~and child counselor~~ ~~therapist~~ who has had training in psychoanalysis equal to that specified in Section 1374 or a research psychoanalyst who is a graduate of either a psychoanalytic institute specified in Section ~~2529~~ ~~2950~~ of the code or a psychoanalytic institution deemed equivalent by the division ~~Board~~ which meets the criteria set forth in Section 1374.

(d) “Psychoanalytic institution” means any institution, institute, department or program organized to provide training in psychoanalytic theory and technique meeting the criteria of Section 1374 and which certifies ~~or graduates~~ ~~students~~ engaged in such training.

(e) “Research psychoanalysts law” means Chapter ~~5-16.6~~ of Division 2 of the ~~code~~ ~~Code~~.

1367.2 – Delegation Authority

The power and discretion conferred upon the division ~~Board~~ to review and approve applications for registration and to enforce the provisions of the research psychoanalysts law are hereby delegated and conferred upon the executive director ~~officer~~ of the ~~board~~ ~~Board~~ or his or her ~~their~~ staff.

1367.3 – Applications Generally

~~All applications for registration shall be submitted on a form provided by the division and shall be accompanied by such evidence or documents which may be necessary to determine the~~

applicant's qualifications for registration. All such applications shall be filed with the division's principal office in Sacramento and shall be accompanied by the required registration fee.

1367.4 – Review of Research Psychoanalyst Applications, Processing Time

(a) The division shall inform in writing an applicant for registration as a research psychoanalyst within 11 days of receipt of the initial application form whether the application is complete and accepted for filing or is deficient and what specific information is required.

(b) The division shall inform an applicant for registration as a research psychoanalyst within 71 days after completion of the application of its decision whether the applicant meets the requirements for registration. "Completion of the application" means that a completed application form together with all required information, documentation and fees have been filed by the applicant.

(c) The minimum, median and maximum processing times for an application for registration as a research psychoanalyst from the time of receipt of the initial application until the division makes a final decision on the application are:

(1) Minimum --- 7 days

(2) Median --- 22 days

(3) Maximum --- 95 days

1368 – Evidence Required of Graduate or Student Status

All applicants shall submit to the division **Board** with the application for registration official certification of graduation or student status, **as the case may be, from** the registrar or a similar office **official** of the institution attended.

1369 – Registration Not Required

Physicians and surgeons, psychologists, **licensed** clinical social workers, and **licensed** marriage, family and child counselors, **therapists** licensed in this state, and any other persons otherwise exempt from the Medical Practice Act (Section 2000 et seq. of the code) or otherwise exempt from other state licensure laws are not required to register with the division **Board** in order to engage in research psychoanalysis.

1370 - Completion of Clinical Training Defined

The term "completed clinical training" as used in Section 2529 **2950** of the code means completion of psychoanalytic training in a psychoanalytic institute referred to in that section or from an institute, department or program deemed equivalent by the division **Board**.

1371 – Adjunct Defined

A research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training or research. “Adjunct” means that the research psychoanalyst may not engage in a full-time clinical practice rendering psychoanalytic services on a fee-for-service basis. A research psychoanalyst may render psychoanalytic services on a fee-for-service basis for not more than an average of one-third of his or her **their** total professional time including time spent in practice, teaching, training or research. Such teaching, training or research shall be the primary activity of the research psychoanalyst. This primary activity may be demonstrated by

(a) A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310, subdivisions (a) and (b), of the Education Code.

(b) Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or

(c) A significant research effort demonstrated by publications in professional journals or publication of books.

1372 – Supervision of Students Required

~~Students may practice psychoanalysis under proper supervision as set forth in Section 1373.~~

1373 – Criteria for Supervision

Students may practice psychoanalysis under proper supervision as follows:

(a) Each supervisor of a student shall be a graduate psychoanalyst who has a minimum of five years of postgraduate clinical experience in psychoanalysis following completion of his or her **their** psychoanalytic education.

(b) Each such supervisor shall:

(1) provide individual supervision of each student for a minimum of one (1) hour for each week per case of patient psychoanalysis for the first year of such supervision, then no less than one (1) hour per case each month thereafter;

(2) supervise no more students than, in the judgment of the training institute, can be effectively supervised.

(c) There shall be a minimum of 50 hours of supervision for each case for a total of at least 150 hours of supervision during training.

1373.1 – Registration After Graduation

Any person who has been registered with the ~~division~~ **Board** as a **student** research psychoanalyst ~~student~~ who wishes to continue to perform psychoanalysis shall, upon completion of training in psychoanalysis, register with the ~~division~~ **Board** as a research psychoanalyst.

1374 – Criteria for Equivalent Psychoanalytic Institutes

In order to be deemed an equivalent psychoanalytic institute, such an institute, department or program shall meet the following criteria:

- (a) Have a curriculum which is designed and implemented by a faculty which is predominantly graduate psychoanalysts;
- (b) ~~Insure~~ **Ensure** that each student has practical clinical exposure to a wide variety of psychopathologies and training in their differential diagnosis;
- (c) Require each **student** research psychoanalyst ~~student~~ prior to admission to have received a doctorate degree, or its equivalent in education and experience from the University of California, a state university or college, an educational institution which is accredited or approved pursuant to section 94310 of the Education Code or an educational institution located outside the state which has accreditation by a national or applicable regional accrediting agency recognized by the United States Department of Education;
- (d) Require each **student** research psychoanalyst ~~student~~ prior to admission to have shown achievement in teaching, training or research with demonstrated aptitude in ~~his or her~~ **their** primary ~~field~~ **field** of scholarly or scientific endeavor;
- (e) Require each student research psychoanalyst to participate in at least 560 hours of classroom training over at least three (3) years on all phases of psychoanalysis;
- (f) Require each student research psychoanalyst to participate in continuous case conferences conducted by graduate psychoanalysts;
- (g) Require each student research psychoanalyst to undergo a minimum of 300 hours personal psychoanalysis conducted by a graduate psychoanalyst who has a minimum of five years of postgraduate clinical experience in psychoanalysis following the completion of ~~his or her~~ **their** psychoanalytic education;
- (h) Require each student research psychoanalyst to conduct at least three (3) psychoanalyses under the supervision of three different graduate psychoanalysts, at least one of which is taken to termination except in those rare instances where a delay may ~~post~~ **impose** an extreme hardship ~~to~~ **on** the student research psychoanalyst and

the institute has made provision for continuing supervision of the student research psychoanalyst after graduation until at least one case is taken to termination;

(i) Require each student research psychoanalyst to either pass a comprehensive examination or write an approved thesis.

1375 – Applicants ~~form~~ from Equivalent Institutions

(a) Any applicant from a psychoanalytic institution which is claimed to be equivalent to an institute specified in Section 2529 2950 shall have presented to the division Board evidence that such institution complies with the criteria set forth in Section 1374.

(b) In its discretion the division Board may register an applicant who graduated from an equivalent institution before the time of its approval by the division Board, if the program undertaken by the applicant as a student research psychoanalyst otherwise complies with the provisions of Section 1374.

1376 – Unprofessional Conduct

The division Board may deny, suspend, revoke or impose probationary conditions upon a registrant for unprofessional conduct as specified in Section 2529 2950 of the code which includes, but is not limited to, the following:

(a) Any violation of the research psychoanalysts law.

(b) Any violation of the Research Psychoanalysts Regulations.

1376.1 – Disciplinary Actions

Any action taken by the division to deny, suspend, revoke or impose probationary conditions upon a registrant shall be pursuant to the Administrative Procedure Act (Section 11500 et seq. of the Government Code).

1377 – Fees

(a) The registration fee is \$100 for research psychoanalysts and students, except that if the registration will expire less than one (1) year after its issuance, then the registration fee is \$75.

(b) The biennial renewal fee is \$50.

1377.5 – Verification of Student Status (Renewing)

Students research psychoanalysts renewing their registration shall present to the ~~division~~ **Board** verification of their continuing student status from the registrar or similar official of the psychoanalytic institute attended.

1378 – Expiration of Registration

All registrations expire and become invalid at midnight on the last day of February of each even-numbered year if not renewed. To renew an unexpired registration, the registrant shall, on or before the date on which it would otherwise expire, apply for renewal on a form provided by the ~~division~~ **Board**, accompanied by a required verification and the prescribed renewal fee.

1378.5 – Notice to Consumers

(a) A research psychoanalyst registrant shall provide notice to ~~each patient~~ **client** of the fact that the registrant is registered and regulated by the ~~board~~ **Board**, and the registration can be checked and complaints against the registrant can be made through the ~~board's~~ **Board's** website or by contacting the ~~board~~ **Board**. The notice shall include a quick response (QR) code that leads to the ~~board's~~ **Board's** Notice to Consumer webpage at <https://www.mbc.ca.gov/licensing/Notice-to-Consumers.aspx> https://www.psychology.ca.gov/consumers/consum_stat.shtml, and **the notice** shall contain the following statement and information:

NOTICE TO PATIENTSCONSUMERS****

Research psychoanalysts are registered and regulated by the ~~Medical Board of California~~ **California Board of Psychology.**

To check up on a registration or to file a complaint go to

~~www.mbc.ca.gov~~ www.psychology.ca.gov

email: ~~licensecheck@mbc.ca.gov~~ bopmail@dca.ca.gov,

or call ~~(800) 633-2322~~ [\(916\) 574-7720](tel:(916)574-7720) or [\(866\) 503-3221 \(toll free\)](tel:(866)503-3221).

(b) The notice required by this section shall be provided by one of the following methods:

(1) Prominently posting the notice in an area visible to ~~patients~~ **clients** on the premises where the registrant provides services as a research psychoanalyst, in which case the notice shall be in at least 38-point type in Arial font.

(2) Including the notice and an acknowledgement of receipt and understanding in a written statement in a language understood by the ~~patient~~ **client** or ~~patient~~ **client** representative, signed and dated by the ~~patient~~ **client** or ~~patient~~ **client** representative and retained in that ~~patient's~~ **client's** medical records. The notice and acknowledgement of receipt and understanding may be provided and maintained in an electronic format.

(3) Including the notice in a language understood by the ~~patient~~ **client** or ~~patient~~ **client** representative in a statement on letterhead, patient instructions, or other document

given to a ~~patient~~ client or ~~patient~~ client representative, where the notice is placed immediately above the signature line for the ~~patient~~ client in at least 14-point type.

(c) If the registrant chooses to post a sign to comply with this section and the sign is not posted in a language understood by the ~~patient~~ client or ~~patient~~ client representative, the registrant shall also provide the notice as described in subdivisions (b)(2) or (b)(3) of this section, if the notice and templates for acknowledgement of receipt and understanding are provided by the ~~board~~ Board pursuant to subdivision (d) of this section in a language understood by the ~~patient~~ client or ~~patient~~ client representative.

(d) Templates for the notice and acknowledgement of receipt and understanding shall be provided on the ~~Medical Board of California~~ Board of Psychology website in the 12 most common non-English languages that are spoken in California: Spanish, Chinese, Vietnamese, Tagalog, Korean, Armenian, Farsi, Arabic, Russian, Japanese, Punjabi, and Khmer.

(e) Notwithstanding subdivision (c), a registrant shall be deemed to be in compliance with this section if the hospital, clinic, or other practice location where the registrant is practicing posts the notice on its premises in an area visible to ~~patients~~ clients consistent with the requirements of this section.

Board of Psychology

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RECEIVED

APR 22 2024

BOARD OF PSYCHOLOGY
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Dear Mr. Troy Polk and committee members,

Regarding adding sections 1391.13 and 1391.14 to TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS DIVISION 13.1, I do not support the proposed action in full.

Placing the registration status in inactive or active status may benefit the private person (psychological associate) and make it easier to change this status compared to having to restart the registration over after returning to supervised psychological practice. However, pausing the six year time clock does not make apparent sense. If a better explanation for the six year time limit can be provided which corresponds with the ability to move from inactive to active status rather than canceling their current registration, that would be helpful in clarifying this proposed action. What is the original or intended purpose for this six year time limit? I would propose keeping the six year time limit and not have the inactive status pause the clock. In other words, the psychological associate can more easily request a registration status to clearly indicate they are not performing any psychological functions by changing and restarting their status as needed, yet still be required to abide by the six year limit for the reasons that it was initially, or continues to be, implemented.

Thank you,

Amanda Mendez, Psy.D.

Amanda Mendez, Psy.D.

4/5/2024