

NOTICE OF BOARD MEETING**November 7-8, 2024****8:30 a.m. – 5:00 p.m. or until Completion of Business**Department of Consumer Affairs
1747 North Market Blvd., Ruby Room
Sacramento, CA 95834
(916) 574-7720

The Board of Psychology will be holding a Board Meeting in-person at the location noted above, and via WebEx using the following daily links:

November 7, 2024, WebEx Information<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=md814799c09b00cfc2fa8c32c14853626>**If joining using the link above**Webinar number: 2489 877 2396
Webinar password: BOP117**If joining by phone**+1-415-655-0001 US Toll
Access code: 2489 877 2396
Passcode: 267117**November 8, 2024, WebEx Information**<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m24cd2f11cc640db2cfc06bf8a1219e8a>**If joining using the link above**Webinar number: 2498 386 7959
Webinar password: BOP118**If joining by phone**+1-415-655-0001 US Toll
Access code: 2498 386 7959
Passcode: 267118

Due to potential technical difficulties, please consider submitting written comments by October 31, 2024, 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, providing their name, license number, and the number that was used to call into the meeting. Licensees physically attending the Board meeting are required to sign in using the provided attendance sheet, including their first and last name, license number, time of arrival, and time of departure from the meeting in order to receive CPD credit. 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. For Board meetings lasting a full day, six (6) hours will be credited. In cases of Board meetings that are three (3) hours or less in duration, attendance will be credited on a one-to-one basis, with one (1) hour of attendance equating to 1 hour credited towards CPD.

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 the following sample format: XXXXXX@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

Jonathan Burke, Interim Executive Officer
Stephanie Cheung, Licensing Manager
Sandra Monterrubio, Enforcement Program Manager
Cynthia Whitney, Central Services Manager
Troy Polk, CPD/Renewals Coordinator
Mai Xiong, BreEZe Coordinator
Susan Hansen, Exams Coordinator
Cecilia Voon, Board Liaison
Anthony Pane, Board Counsel
Sam Singh, Regulatory Counsel

Thursday, November 7, 2024

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) 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: August 9, 2024 (C. Whitney)
5. Discussion and Possible Approval of the Board Meeting Minutes: August 15-16, 2024 (C. Whitney)
6. Discussion and Possible Approval of the Board Meeting Minutes: September 13, 2024 (C. Whitney)
7. President's Report (L. Tate)
 - a) Meeting Calendar
8. Interim Executive Officer's Report (J. Burke)
 - a) Personnel Update
9. DCA Update
10. Budget Report (C. Whitney)
11. Enforcement Report (S. Monterrubio)
12. Licensing Report (M. Xiong)
13. Examination Report (S. Hansen)
14. Continuing Professional Development and Renewals Report (T. Polk)
15. Outreach and Communications Committee Report and Consideration of and Possible Action on Committee Recommendations (Rodgers – Chairperson, Rescate, Casuga)

- a) Strategic Plan Action Plan Update
- b) Social Media Update Memo
- c) Website Statistics Update
- d) Update on Newsletter
 - i. Journal
- e) Outreach Activities Update
- f) Review Barriers to Telehealth Survey and Identify Next Steps

9:30 a.m. - Petition Hearing

- 16. Petition for Early Termination of Probation – Roberto A Francis, PsyD

11:00 a.m. - Petition Hearing

- 17. Petition for Early Termination of Probation – Sarwat Bashir Waraich, PsyD

CLOSED SESSION

- 18. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands.
- 19. Pursuant to Government Code Section 11126(e), the Board Will Convene into Closed Session to Receive Advice From Legal Counsel on Litigation.

Geffner v. Board of Psychology, Los Angeles County Superior Court, Case #22STCP00012

RETURN TO OPEN SESSION

- 20. Research Psychoanalyst Committee Report and Consideration of Committee Recommendations (Phillips, Foo)

Friday, November 8, 2024

8:30 a.m. – 5:00 p.m. or until Completion of Business

- 21. Call to Order/Roll Call/Establishment of a Quorum
- 22. Update, presentation and discussion on California Psychology Internship Council (CAPIC) Sunset
- 23. Discussion and Possible Action Regarding the Board's Position on the EPPP Part 2
- 24. Discussion and Possible Action on the Board's 2025 Sunset Review Report

CLOSED SESSION

25. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.
26. Pursuant to Government Code Section 11126(e), the Board Will Convene into Closed Session to Receive Advice From Legal Counsel on Litigation.

Geffner v. Board of Psychology, Los Angeles County Superior Court, Case #22STCP00012

RETURN TO OPEN SESSION

27. Legislative and Regulatory Affairs Committee Update (Cervantes – Chairperson, Casuga, Phillips)
 - a) Legislative Proposals
 - 1) SB 1526 – Consumer Affairs - Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260
 - b) Bills with Active Position Taken by the Board
 - 1) AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental and physical health
 - 2) AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health
 - 3) AB 2703 (Aguiar-Curry) Federally qualified health centers and rural health clinics: psychological associates
 - 4) SB 1451 (Ashby) Professions and vocations
 - c) Watch Bills
 - 1) AB 1991 (Bonta) Licensee and Registrant Records
 - 2) SB 1120 (Becker) Health care coverage: utilization review
 - 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.
28. 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 – Discussion and Possible Approval of proposed language related to the initial application fee.
- g) Sections 1390 – 1390.14 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation

29. Election of Officers

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

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: Jonathan Burke
1625 N. Market Boulevard, Suite N-215
Sacramento, CA 95834
(916) 574-7720

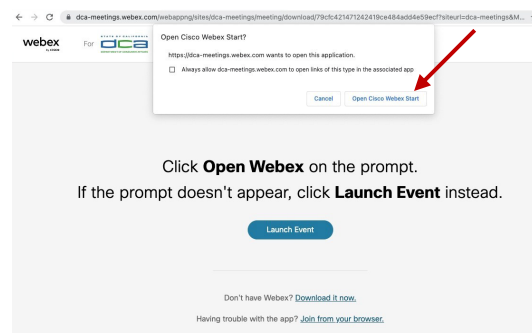
bopmail@dca.ca.gov

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

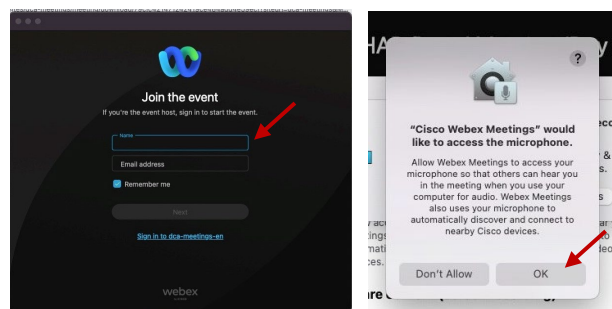
If joining using the meeting link

1 Click on the meeting link. This can be found in the meeting notice you received.

2 If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented. DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



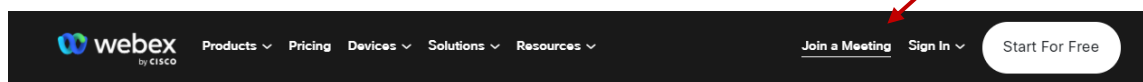
3 Enter your name and email address. Click "Join as a guest". Accept any request for permission to use your microphone and/or camera.



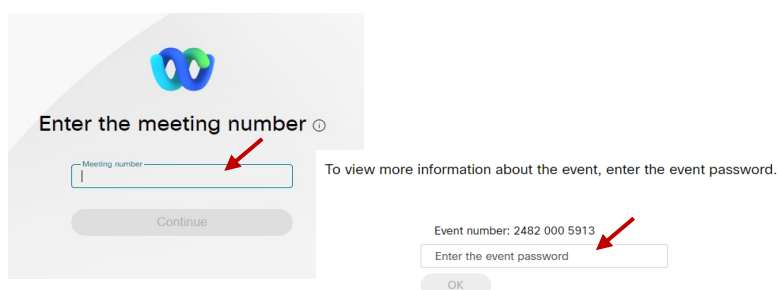
OR

If joining from Webex.com

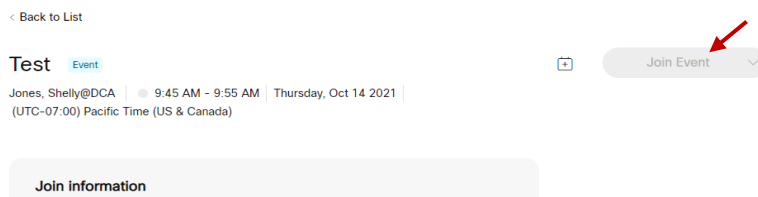
1 Click on "Join a Meeting" at the top of the Webex window.



2 Enter the meeting/event number and click "Continue". Enter the event password and click "OK". This can be found in the meeting notice you received.



3 The meeting information will be displayed. Click "Join Event".



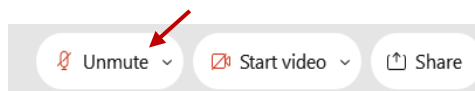
OR

Connect via telephone*:

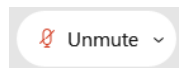
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

Microphone

Microphone control (mute/unmute button) is located on the command row.

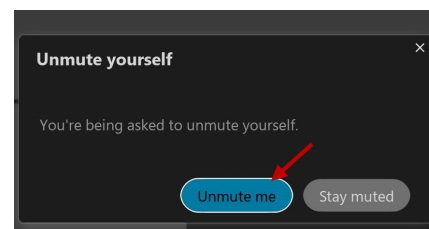


Green microphone = Unmuted: People in the meeting can hear you.



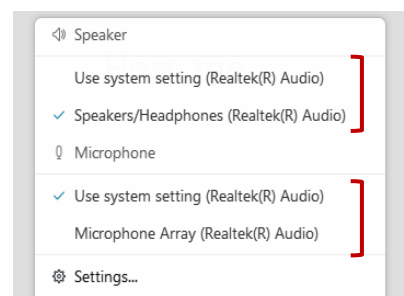
Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".



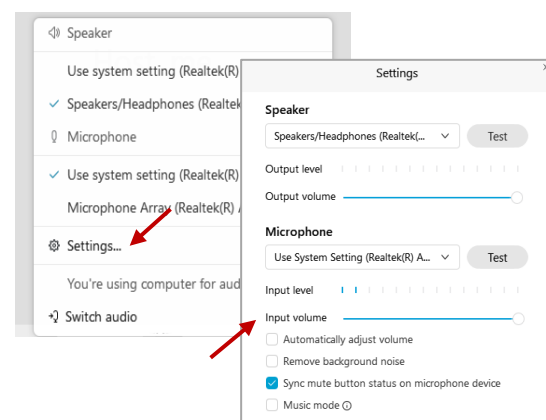
If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window, select a different:
 - Microphone option if participants can't hear you.
 - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

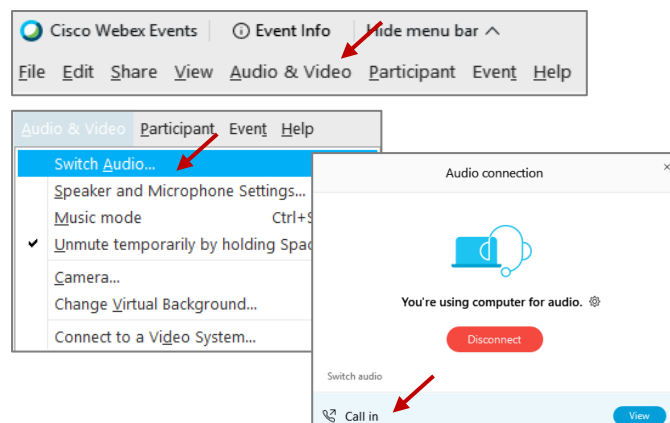
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
 - Click on "Settings...":
 - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through Webex. Your phone will then become your audio source during the meeting.

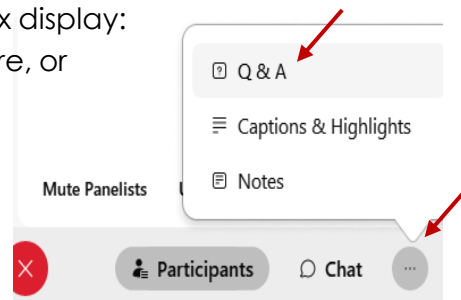
- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Select the "Call In" option and following the directions.



The question-and-answer feature (Q&A) is utilized for questions or comments. Upon direction of the meeting facilitator, the moderator will open the Q&A panel for meeting participants to submit questions or comments. *NOTE: This feature is not accessible to those joining the meeting via telephone.*

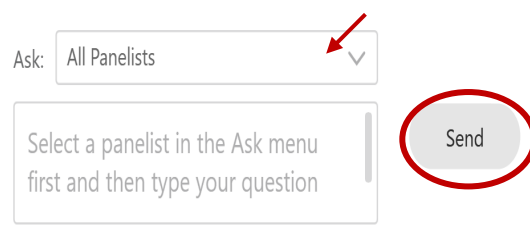
1 Access the Q&A panel at the bottom right of the Webex display:

- Click on the icon that looks like a “?” inside of a square, or
- Click on the 3 dots and select “Q&A”.



2 In the text box:

- Select “All Panelists” in the dropdown menu,
- Type your question/comment into the text box, and
- Click “Send”.



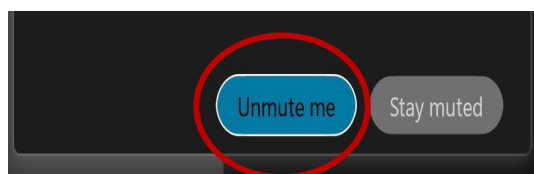
OR

If connected via telephone:

- Utilize the raise hand feature by pressing *6 to raise your hand.
- Repeat this process to lower your hand.

3 The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

- Click the **Unmute me** button on the pop-up box that appears.

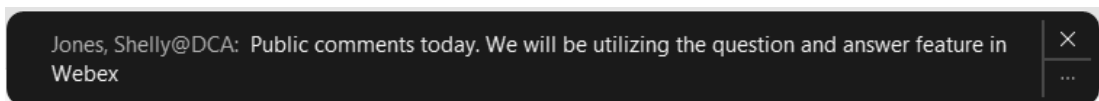


OR

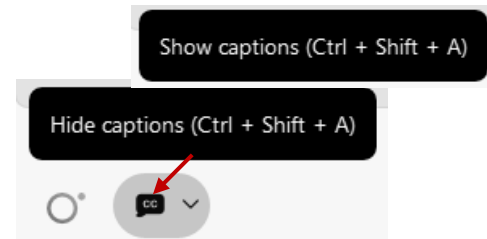
If connected via telephone:

- Press *3 to unmute your microphone.

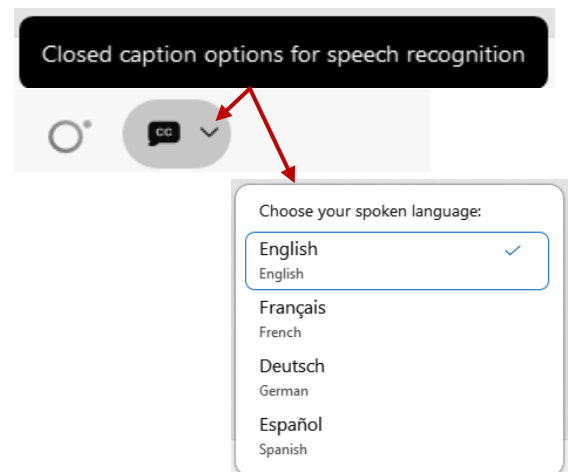
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



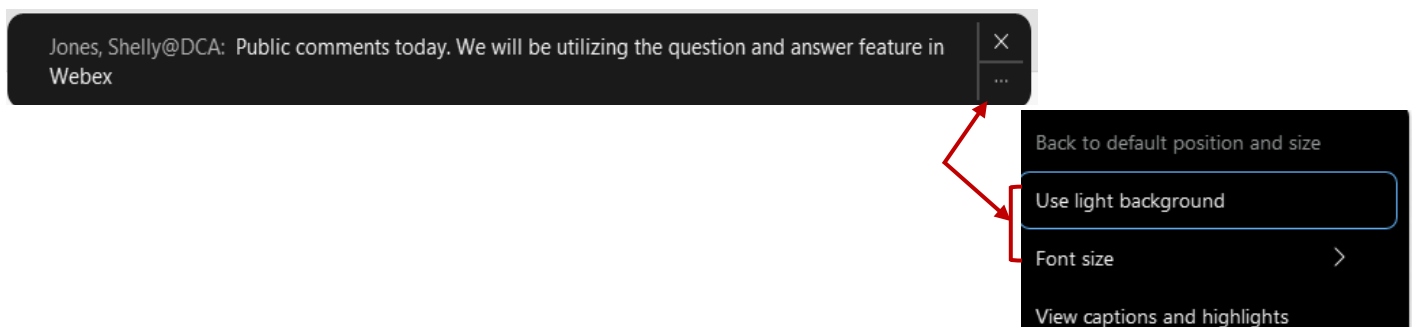
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



You can select the language to be displayed by clicking the drop-down arrow next to the closed captioning icon.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.



MEMORANDUM

DATE	October 4, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: August 9, 2024

Background:

Attached are the draft minutes of the August 9, 2024, Board Meeting.

Action Requested:

Review and approve the minutes of the August 9, 2024, Board Meeting.

DRAFT MINUTES OF BOARD MEETING

August 9, 2024

Primary Location (Members/Staff):

Department of Consumer Affairs
1625 N. Market Blvd., Mendocino Room
Sacramento, CA 95834

Teleconference Locations / Additional Locations at Which the Public Could Observe or Address the Board and Where Members Were Present:

12803 Pimperl Way
San Diego, CA 92129

1000 N. Alameda St., Suite 230
Los Angeles, CA 90012

455 Golden Gate Avenue
San Diego Room B&C
San Francisco, CA 94102-3688

Board Members

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

Board Members Absent

Lea Tate, PsyD, President
Marisela Cervantes, EdD, MPA
Stephen Phillips, JD, PsyD
Ana Rescate

Board Staff

Antonette Sorrick, Executive Officer
Jonathan Burke, Assistant Executive Officer
Sandra Monterrubio, Enforcement Manager
Sarah Proteau, CPD & Renewals Coordinator
Norine Marks, Board Counsel
Evan Gage, Special Projects Analyst

Friday, August 9, 2024

44
45 **Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum**

46
47 Dr. Rodgers called the meeting to order at 2:08 p.m.

48
49 A quorum was present and due notice had been sent to all interested parties.

50
51 **Agenda Item #2: Public Comment for Items Not on the Agenda. Note: The Board**
52 **May Not Discuss or Take Action on Any Matter Raised During this Public**
53 **Comment Section, Except to Decide Whether to Place the Matter on the Agenda**
54 **of a Future Meeting [Government Code sections 11125 and 11125.7(a)].**
55

56 Dr. Rodgers called for public comment.

57
58 Jason Frye commented about the large decrease in EPPP first-time pass rates between
59 2012 and 2024 and asked whether this would be addressed at an upcoming meeting.

60
61 Dr. Harb Sheets responded that the Board provides licensing statistics at every Board
62 meeting, and that it might be appropriate to comment on this during the Board's
63 Licensing report, or at an upcoming Board meeting when the California Practice Exam
64 Feasibility information from Office of Professional Examination Services would be
65 presented.

66
67 Simone Ravicz commented that she had been the Subject of enforcement action by the
68 Board and asked whether there would ever be an opportunity for her and others who
69 have been disciplined to share their experiences.

70
71 Mr. Foo responded that the Enforcement Report is presented at every Board meeting
72 and is open to public comment.

73
74 No further public comment was offered.

75
76 **CLOSED SESSION**

77
78 **Agenda Item #3: The Board Will Meet in Closed Session pursuant to Government**
79 **Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Stipulations**
80 **and Proposed Decisions.**

81
82 The Board convened closed session at 2:27 p.m.

83
84 **RETURN TO OPEN SESSION**

85
86 The Board returned to open session and did not take up any new business prior to
87 adjourning.

88
89 **ADJOURNMENT**

90
91 The meeting adjourned at 3:03 p.m.

92

93

MEMORANDUM

DATE	October 4, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #5 – Discussion and Possible Approval of the Board Meeting Minutes: August 15-16, 2024

Background:

Attached are the draft minutes of the August 15-16, 2024, Board Meeting.

Action Requested:

Review and approve the minutes of the August 15-16, 2024, Board Meeting.

DRAFT MINUTES OF BOARD MEETING

August 15-16, 2024

Wright Institute

2728 Durant Avenue, Room 109/110

Berkeley, CA 94704

Board Members

Lea Tate, PsyD, President

Shacunda Rodgers, PhD, Vice President

Sheryll Casuga, PsyD, CMPC

Marisela Cervantes, EdD, MPA (Day 2)

Seyron Foo

Mary Harb Sheets, PhD

Julie Nystrom

Board Members Absent

Marisela Cervantes, EdD, MPA (Day 1)

Stephen Phillips, JD, PsyD

Ana Rescate

Board Staff

Antonette Sorrick, Executive Officer

Sandra Monterrubio, Enforcement Manager (Day 1)

Stephanie Cheung, Licensing Manager

Troy Polk, Legislative and Regulatory Analyst

Sarah Proteau, CPD & Renewals Coordinator

Anthony Pane, Board Counsel

Friday, August 15, 2024

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

Dr. Tate called the meeting to order at 1:00 p.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #2: President's Welcome

a) Swearing in and reappointment of Board Member Julie Nystrom.

Dr. Tate offered opening remarks and conducted the swearing in and reappointment of Julie Nystrom to the Board.

b) Mindfulness Exercise

Dr. Rodgers led Members and attendees through a mindfulness exercise.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

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 called for public comment.

Dr. Andrea Davis of the Los Angeles County Psychological Association commented on feedback her office had received about delays in licensing and registration, especially for providers coming from out of state and those applying for Psychological Associate registration for the first time.

No further public comment was offered.

Agenda Item #4: Discussion and Possible Approval of the Board Meeting Minutes: May 10, 2024

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

It was (M)Harb Sheets(S)Rodgers(C) to adopt the May 10, 2024, Board meeting minutes.

Votes

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

Agenda Item #5: President's Report

a) Meeting Calendar

Dr. Tate provided the update on this item and called for Board comment.

No Board comment was offered.

92
93 Dr. Tate called for public comment.

94
95 No public comment was offered.

96
97 **Agenda Item #6: Executive Officer's Report**

98
99 a) **Personnel Update**

100
101 Ms. Sorrick provided the update on this item, starting on page 43 of the meeting
102 materials. On a personal note, she commented on her departure from the Board of
103 Psychology to take a position in governmental affairs in behavioral health. She spoke to
104 the twenty years she spent within DCA and her eleven years serving with this Board,
105 and expressed her gratitude.

106
107 Dr. Tate called for Board comment.

108
109 Dr. Casuga expressed gratitude to Ms. Sorrick for her years of leadership and wished
110 her well.

111
112 No further Board comment was offered.

113
114 Dr. Tate called for public comment.

115
116 No public comment was offered.

117
118 **Agenda Item #7: DCA Update**

119
120 Assistant Deputy Director of Board and Bureau Relations Yvonne Dorantes provided
121 the update on this item.

122
123 She commented that Department of Finance issued Budget Letter 2420 implementing
124 the Governor's proposal to reduce the State workforce by ten thousand positions with a
125 saving of \$1.5 billion. DCA is working closely with boards and bureaus to identify which
126 cuts could be made without compromising consumer protection. The workforce
127 reduction will be in effect 2025 – 2026.

128
129 Ms. Dorantes commented on the changes to the Labor Code arising from
130 implementation of SB 533 to mandate the development and implementation of a
131 workplace violence prevention plan. The training would be required of all staff and
132 Board Members.

133
134 Dr. Tate called for Board comment.

135
136 No Board comment was offered.

137
138 Dr. Tate called for public comment.

139

140 No public comment was offered.

141
142 **Agenda Item #8: Budget Update**

143
144 Mr. Polk provided the update on this item, starting on page 49 of the meeting materials.

145
146 Dr. Tate called for Board comments.

147
148 Dr. Harb Sheets commented on a discrepancy between the spending projections
149 provided in the meeting materials and the amounts given in Mr. Polk's report.

150
151 Mr. Polk confirmed that there was a late-discovered error in the meeting materials, and
152 that he provided the correct information here in his meeting report.

153
154 Mr. Foo commented on the \$1.8 - \$2 million increase in AG costs and asked about
155 board impacts.

156
157 Ms. Sorrick commented that the AG hourly rates increased 3.75% effective July 1,
158 2024.

159
160 Mr. Foo asked where this increase would appear in the expenditure report, and Mr. Polk
161 replied that it was reflected under Departmental Services under line item 5342.

162
163 Discussion ensued regarding the services rendered by the AG to the board in terms of
164 closed enforcement cases, especially as to why the AG costs continue to increase while
165 the length of time for cases to be adjudicated has not changed appreciably.

166
167 Ms. Sorrick commented that the latest increase in AG costs would cost the board an
168 estimated \$41,000 based on past performance.

169
170 Dr. Tate called for further Board comment.

171
172 No further Board comment was offered.

173
174 Dr. Tate called for public comment.

175
176 No public comment was offered.

177
178 **Agenda Item #9: Enforcement Report**

179
180 Ms. Monterrubio provided the update on this item, starting on page 50 of the meeting
181 materials.

182
183 Ms. Monterrubio commented on the status of two open positions in the Enforcement
184 Unit that will hopefully be filled in the coming weeks.

186 The Enforcement Unit has 33 Subject Matter Experts (SMEs) currently serving and has
187 received an additional 36 applications from prospective SMEs. The next SME training
188 was scheduled for September 2024.

189
190 Dr. Tate called for Board comment.

191
192 Ms. Nystrom asked how many SMEs the Enforcement Unit hoped to have in its ranks.

193
194 Ms. Monterrubio commented that she hoped that all 36 of the new applications would be
195 approved, but that even 20 would be great, and would represent the largest number of
196 SMEs serving over the past several years.

197
198 Discussion ensued about how to attract more applicants to the SME program.

199
200 Dr. Casuga asked about the application process for SMEs.

201
202 Ms. Monterrubio commented that the application is available online, then provided some
203 examples of qualifications looked for in potential SMEs.

204
205 Dr. Tate commented that every item relating to the SME application process mentioned
206 by Ms. Monterrubio was available starting on page 62 of the meeting materials.

207
208 Dr. Tate called for further Board comment.

209
210 No further Board comment was offered.

211
212 Dr. Tate called for public comment.

213
214 Dr. Elizabeth Winkelman commented that the public might have the perception that
215 SMEs would side with the Subject in an enforcement case, rather than review
216 objectively whether a standard of care was violated.

217
218 Ms. Monterrubio replied that the first part of assigning a case for SME review is to
219 establish that there is no conflict of interest, and SMEs are informed through the board's
220 training that the board does not make any assumptions about whether a violation may
221 have occurred when the case is sent to the SME. Board staff are lay employees and do
222 not themselves determine whether or not a violation has occurred. In this regard, SMEs
223 do act as advocates for consumer protection, because neither board staff nor
224 consumers can determine whether a violation has taken place.

225
226 Ms. Sorrick commented that the use of the word 'advocate' is inline with the Board's
227 mission to protect consumers, and that the consumer might not know whether there had
228 been a deviation from the standard of care. SMEs provide the information necessary for
229 staff to make an informed decision, and then the consumer is told of the decision. At the
230 staff level, there is a fair and impartial review of the facts of the case, and any potential
231 violations of the Practice Act can be sent up to an SME to opine on the merits of the
232 case.

Dr. Harb Sheets asked what instruction SMEs receive in their training.

Ms. Monterrubio commented that SMEs are instructed to review the case material provided to them and opine as to whether or not there has been a departure from the standard of care.

Dr. Harb Sheets asked for clarification as to whether the word ‘advocate’ was used in the context of SME training, and Ms. Monterrubio commented that it was not. Ms. Monterrubio restated that SMEs are trained to be impartial, and not to assume that there has been a departure from the standard of care.

No further public or Board comments offered.

Agenda Item #10: Enforcement Committee Report and Consideration of Committee Recommendations

a) Review Expert Application

Mr. Foo provided the update on this item, starting on page 50 of the meeting materials.

Mr. Foo commented on the revisions made to the SME Application that came out of the Enforcement Committee meeting of November 2023.

Dr. Tate called for Board comment.

Dr. Casuga agreed with the Enforcement Committee’s suggestions and commented that the definition of developmental disabilities should be expanded to include assessment or intervention of developmental disabilities including intellectual disabilities and autism.

Mr. Foo restated the new wording under bullet number 6 of the Expert Functions List Additions for Board Approval (List) (page 71 of the meeting materials) to read as:

“Assessment of, or intervention with, developmental and intellectual disabilities, including autism or a similar diagnosis”.

Dr. Casuga refined the language further to read as:

“Assessment of or intervention with developmental ~~intellectual~~ disabilities, including intellectual disability, autism, ~~or a similar~~ and other related diagnosis diagnoses”.

Mr. Foo called for Board comment.

No Board comments offered on this revision.

Mr. Foo restated the language under bullet number 9 of the List to read as:

“Psychological and Neuropsychological Evaluations, including clinical observation, reviewing records and documents, and psychometric testing”.

282
283 Mr. Foo called for Board comments on the second change to the List.

284
285 No Board comments offered on this revision.

286
287 Mr. Foo commented that in response to the Barriers to Telehealth Survey, the Board
288 might be interested in adding an additional item to the List to address diversity, equity,
289 and inclusion.

290
291 Dr. Rodgers commented that she would like to see this item added to the List.

292
293 Mr. Foo offered new language which could be added to read:

294
295 "Diversity, Equity, Inclusion, and Social Justice Consulting".

296
297 Mr. Foo called for a motion to approve the List as presented to be added to the Expert
298 Application.

299
300 It was (M)Tate(S)Rodgers(C) to approve the List as presented to be added to the Expert
301 Application.

302
303 Mr. Foo called for public comment.

304
305 No public comment was offered.

306
307 Mr. Foo asked to amend the motion so as to delegate to the Executive Officer to make
308 any non-substantive technical changes to the List.

309
310 Dr. Tate amended her motion.

311
312 It was (M)Tate(S)Rodgers(C) to approve the List as presented to be added to the Expert
313 Application, and to delegate to the Executive Officer to make any non-substantive
314 technical changes.

315
316 Votes

317 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

318
319 b) Review compliance concerns related to telehealth requirements (including HIPAA,
320 Business and Professions Code Section 2290.5, and California Code of Regulations
321 Section 1396.8)

322
323 Mr. Foo provided the update on this item, starting on page 72 of the meeting materials.

324
325 Mr. Foo commented that the Enforcement Committee would report back to the full
326 Board at the November 2024 meeting regarding their review of the statutory and
327 regulatory language relating to telehealth.

328
329 Mr. Foo called for Board comment.

330
331 No Board comment was offered.

332
333 Mr. Foo called for public comment.

334
335 No public comment was offered.

336
337 c) Strategic Plan Items

338
339 Mr. Foo provided the update on this item, starting on page 73 of the meeting materials.

340
341 It was (M)Tate(S)Harb Sheets(C) to accept the changes to the Subject Contact Letter
342 as recommended by the Enforcement Committee.

343
344 Mr. Foo called for public comment.

345
346 No public comment was offered.

347
348 Ms. Sorrick commented that she appreciated that the Board is willing to review its tone
349 and to make changes in the way it communicates with applicants, licensees, and
350 consumers.

351
352 Votes

353 6 Ayes (Casuga, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

354
355 **Agenda Item #11: Legislative and Regulatory Affairs Committee Report and**
356 **Consideration of Committee Recommendations**

357
358 Dr. Casuga introduced this item, and Mr. Polk provided the update starting on page 98
359 of the meeting materials.

360
361 a) Legislative Proposals

362
363 1. SB 1526 – Consumer Affairs - Psychological Associates: Business and Professions
364 Code Section 2913: Change of Supervisor Fee: Business and Professions Code
365 Section 2987: Health and Safety Code 124260

366
367 This item was informational and no action was taken.

368
369 b) Review of Bills for Active Position Recommendations to the Board 1. SB 1451
370 (Ashby) Professions and vocations

371
372 Action on this item was held for the second day.

373
374 c) Bills with Active Position Taken by the Board

375
376 1. AB 2051 (Bonta) Psychology interjurisdictional compact

378 Dr. Casuga called for Board comment.

379

380 No Board comment was offered.

381

382 Dr. Casuga called for public comment.

383

384 No public comment was offered.

385

386 2. AB 1991 (Bonta) Licensee and Registrant Records

387

388 Action on this item was held for the second day.

389

390 3. AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental and
391 physical health

392

393 Dr. Casuga called for Board comment.

394

395 No Board comment was offered.

396

397 Dr. Casuga called for public comment.

398

399 No public comment was offered.

400

401 4. AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health

402

403 Dr. Casuga called for Board comment.

404

405 No Board comment was offered.

406

407 Dr. Casuga called for public comment.

408

409 No public comment was offered.

410

411 5. AB 2703 (Aguiar-Curry) Federally qualified health centers and rural health clinics:
412 psychological associates

413

414 Dr. Casuga called for Board comment.

415

416 No Board comment was offered.

417

418 Dr. Casuga called for public comment.

419

420 Dr. Elizabeth Winkelman thanked the Board for supporting this CPA-sponsored bill.

421

422 No further public comment was offered.

423

424 6. SB 1012 (Wiener) The Regulated Psychedelic-assisted Therapy Act and the
425 Regulated Psychedelic Substances Control Act

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

d) Watch Bills

1. AB 236 (Holden) Health care coverage: provider directories

This item was informational and no action was taken.

2. AB 2282 (McKinnor) Family reunification services

This item was informational and no action was taken.

3. AB 2862 (Gipson) Licenses: African American applicants

This item was informational and no action was taken.

4. SB 294 (Wiener) Health care coverage: independent medical review

This item was informational and no action was taken.

5. SB 999 (Wiener) Health coverage: mental health and substance use disorders

Action on this item was held for the second day.

6. SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population

This item was informational and no action was taken.

7. SB 1120 (Becker) Health care coverage: utilization review

This item was informational and no action was taken.

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

Dr. Andrea Davis commented that she appreciated the Board adding four bills to the Watch list based on public comment she made at a previous meeting. She hoped the Board would continue to watch AB 236, SB 294, SB 999, and SB 1120.

No further public comment was offered.

Agenda Item #12: Legislative Items for Future Meeting. The Committee May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Committee or Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Committee or Board to Discuss Such Items Pursuant to Government Code Section 11125.4

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #13: Regulatory Update, Review, and Consideration of Additional Changes

Dr. Casuga introduced this item and Mr. Polk provided the update, starting on page 614 of the meeting materials.

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

Action on this item was held for the second day.

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

This item was informational and no action was taken.

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

This item was informational and no action was taken.

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

This item was informational and no action was taken.

e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations 4

This item was informational and no action was taken.

f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2.

This item was informational and no action was taken.

g) Sections 1390 – 1390.14 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation. Discussion and Possible Approval of proposed language and licensure application forms related to SB 815.

Action on this item was held for the second day.

Agenda Item #18: Licensure Committee Report and Consideration of Committee Recommendations

At Dr. Tate's direction, this item was taken out of order.

Dr. Harb Sheets introduced this item, and Ms. Cheung provided the update starting on page 642 of the combined materials.

a) Licensing Report

Dr. Harb Sheets called for Board comment.

Mr. Foo asked about current processing times for applicants inside and outside the state.

Ms. Cheung commented that the Board does post processing timelines on the board's website, and that processing times do fluctuate due to various factors including the completeness of the application materials.

Dr. Harb Sheets asked whether Ms. Cheung was reallocating resources within the board to handle the backlog of applications.

Ms. Cheung replied that analysts are sometimes able to lighten the load of other analysts in the spirit of teamwork.

Dr. Harb Sheets called for public comment.

No public comment was offered.

b) Continuing Professional Development and Renewals Report

Ms. Proteau provided the update on this item, starting on page 651 of the meeting materials.

Dr. Harb Sheets called for Board comment.

No Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

c) Examination Report

Ms. Cheung provided the update on this item, starting on page 656 of the meeting materials.

Dr. Harb Sheets commented that it is important to look at EPPP first-time pass rates versus overall pass rates, and that it should be noted that the Board does not participate in the development of the exam; ASPPB owns the EPPP and would be the appropriate place to direct concerns about the exam.

Dr. Harb Sheets called for Board comment.

No Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Mr. Foo commented about a recent report posted on the Board's website (<https://psychology.ca.gov/applicants/exams/statistics.shtml>) providing statistical data on pass rates by institution with information on how many retests occurred in the sample.

Dr. Tate commented that this topic would be discussed further on the second day of the meeting, under agenda item 17.

Dr. Casuga commented that EPPP would continue to be written up and discussed in the Board's quarterly newsletter.

No further Board comment was offered.

Ms. Proteau commented that attendance at the first day of the meeting provided 2.5 hours of CPD under Category 1.

CLOSED SESSION

Agenda Item #14: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions,

Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.

ADJOURNMENT

The meeting adjourned at 4:45 pm.

Friday, August 16, 2024

Agenda Item #15: Call to Order/Roll Call/Establishment of a Quorum

Dr. Tate called the meeting to order at 9:30 a.m. A quorum was present and due notice had been sent to all interested parties. Dr. Cervantes was present for the second day of the meeting.

Agenda Item #16: Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #11: Legislative and Regulatory Affairs Committee Report and Consideration of Committee Recommendations

These items were held over from day one.

Dr. Cervantes introduced this item and Mr. Polk provided the update, starting on page 189 of the meeting materials.

b) Review of Bills for Active Position Recommendations to the Board

1. **SB 1451 (Ashby) Professions and vocations**

Staff recommended that the Board consider a support position on SB 1451.

It was (M)Rodgers(S)Tate(C) to adopt a support position on SB 1451.

Dr. Harb Sheet asked whether this bill would mean that someone possessing a doctoral degree, but was not licensed by this Board, could not use the title 'doctor' in their advertising.

Mr. Pane commented that the main thrust behind the bill was to clarify the ambiguity surrounding the use of the title 'doctor' and suggested that the impact in most cases would be minimal unless someone set out to misrepresent the use of the title.

Ms. Sorrick commented that this legislation pertains to the Medical Practice Act and was intended to pertain to the Medical Board's enforcement purposes.

Dr. Cervantes called for further Board comment.

Ms. Nystrom recused herself.

Dr. Cervantes called for public comment.

Dr. Winkelman commented that CPA had initially taken an opposed-unless-amended position on SB 1451 and thanked the Board for considering a support position.

No further public comment was offered.

Votes

6 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Rodgers, Tate), 1 Recusal (Nystrom), 0 Noes

c) Bills with Active Position Taken by the Board

2. AB 1991 (Bonta) Licensee and Registrant Records

Mr. Polk provided the update on this item, starting on page 268 of the meeting materials.

Staff recommended that the Board consider changing its opposed position of May 10, 2024, to a watch position.

It was (M)Foo(S)Tate(C)to adopt a watch position on AB 1991.

Dr. Cervantes called for Board comment.

No Board comment was offered.

Dr. Cervantes called for public comment.

No public comment was offered.

Votes

6 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Rodgers, Tate), 1 Recusal (Nystrom), 0 Noes

d) Watch Bills

5. SB 999 (Wiener) Health coverage: mental health and substance use disorders

Mr. Polk provided the update on this item, starting on page 554 of the meeting materials.

Dr. Cervantes called for Board comment.

Dr. Casuga commented that when this bill was discussed in committee, public comment raised the question whether the person at an insurance company reviewing mental health claims for coverage would necessarily be a psychologist, or otherwise practicing in that field, and whether a claim reviewed by a lay person might be denied through not understanding the nature of the treatment being sought. The concern was that a non-psychologist might be in a position to review a psychological matter for insurance purposes.

No further Board comment was offered.

Dr. Cervantes called for public comment.

No public comment was offered.

Agenda Item #13: Regulatory Update, Review, and Consideration of Additional Changes

These items were held over from day one.

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

Mr. Polk provided the update on this item, starting on page 614 of the meeting materials.

§1391.13. Inactive Status of Psychological Associate Registration.

[Highlighting provided as an aid to indicate new language and is not part of the final language - Staff]

(a) A psychological associate holding a valid registration may request in writing that the Board place their registration on inactive status as follows:

(1) Submit a notification to remove a primary supervisor pursuant to section 1391.11(b). Separate notification is necessary if a registration is associated with more than one primary supervisor; or,

(2) If no primary supervisor is associated with a registration, submit a written request to the Board that includes the following:

(A) Psychological associate name and registration number,

(B) Last primary supervisor(s) name(s) and license number(s), and

(C) Last date of the supervision period, which shall not be a date after the submission of the written request.

(b) The Board or its Designee will approve the notification or written request pursuant to sections (a)(1) or (a)(2). Approval of the request by the Board or its designee for inactive status shall result in all primary supervisors, as defined in section 1387.1, if any, associated with the registration being disassociated. The inactive status will be effective as of the last date of the supervision period provided in the written request.

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

(d) A psychological associate registration on inactive status shall retain the same annual renewal date, and to remain valid, shall be renewed annually and there shall not be a fee charged.

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

(f) 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).

(g) A psychological associate registration shall not remain on inactive status cumulatively for more than thirty (30) months.

(h) If a notification to add a primary supervisor pursuant to section 1391.11(a) is not submitted by the registered psychological associate on or before the thirty (30) month end date, the registration shall be cancelled.

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

Reference: Sections 2913 and 2914, Business and Professions Code.

§1391.14. Reactivating a Psychological Associate Registration.

(a) 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).

(b) Primary supervisor(s) shall meet all requirements pursuant to section 1387.1

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

Reference: Section 2913, Business and Professions Code

Staff recommends the Board consider the modified regulatory text for 16 CCR section 1391.13 and 1391.14 and entertain a motion to approve the modified regulatory text,

direct staff to take all steps necessary to complete the rulemaking process, including preparing modified text for an additional 15-day comment period, which includes amendments discussed at this meeting. If after the 15-day public comment period, the board does not receive any comments providing objections or adverse recommendation specifically directed at the proposed action or to the procedures followed by the board in proposing or adopting the action, then the Board authorizes the Executive Officer to make any non-substantive changes to the proposed regulations and the rulemaking file, and adopt the proposed regulations as described in the modified text notice for CCR, title 16, section 1391.13 and 1391.14.

It was (M)Foo(S)Casuga(C) to move as provided above.

Dr. Cervantes called for Board comment.

Ms. Sorrick provided a short synopsis of the motivations behind seeking this regulatory change.

No further staff or Board comment offered.

Dr. Cervantes called for public comment.

No public comment was offered.

Votes

6 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Rodgers, Tate), 1 Recusal (Nystrom), 0 Noes

g) Sections 1390 – 1390.14 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation. Discussion and Possible Approval of proposed language and licensure application forms related to SB 815.

Mr. Polk provided the update on this item, starting on page 617 of the meeting materials.

1390 – Citation

This article may be cited and referred to as the “Research Psychoanalyst Regulations.”
NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code,
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.1 – Registration Definitions

As used in this article:

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

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

(c) "Graduate psychoanalyst" means a licensed physician and surgeon, psychologist, licensed clinical social worker or licensed marriage, and family therapist who has had training in psychoanalysis equal to that specified in Section 1390.9 or a research psychoanalyst who is a graduate of either a psychoanalytic institute specified in Section 2950 of the Business and Professions code (Code) or a psychoanalytic institution deemed equivalent by the Board which meets the criteria set forth in Section 1390.9

(d) "Psychoanalytic institution" means any institution, institute, department or program organized to provide training in psychoanalytic theory and technique meeting the criteria of Section 1390.9 and which certifies students engaged in such training.

(e) "Research psychoanalysts law" means Chapter 6.6 of Division 2 of the Code.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.2 – Delegation Authority

The power and discretion conferred upon the 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 officer of the Board or their staff.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.3 – Evidence Required of Graduate or Student Status

All applicants shall submit to the Board with the application for registration official certification of graduation or student status from the registrar or a similar official of the institution attended.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.4 – Registration Not Required

Physicians and surgeons, psychologists, licensed clinical social workers, licensed marriage, family 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 Board in order to engage in research psychoanalysis.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.5 - Completion of Clinical Training Defined

The term "completed clinical training" as used in Section 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 Board.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.6 – 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 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 meeting any of the following criteria:

(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 94885, 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.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.7 – Criteria for Supervision

Students may practice psychoanalysis under proper supervision meeting the following requirements:

(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 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 psychoanalytic 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.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.8 – Registration After Graduation

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

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
Reference: Sections 2930 and 2950, Business and Professions Code.

1390.9 – Criteria for Equivalent Psychoanalytic Institutes

In order to be deemed an equivalent psychoanalytic institute by the Board, 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) Require each student to have practical clinical exposure to a wide variety of psychopathologies and training in their differential diagnosis;

(c) Require each student research psychoanalyst 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 94885 of the Education Code or an educational institution located outside the state which has current accreditation by a national or applicable regional accrediting agency recognized by the United States Department of Education;

(d) Require each student research psychoanalyst prior to admission to have shown achievement in teaching, training or research with demonstrated aptitude in their primary 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 their psychoanalytic education;

(h) Require each student research psychoanalyst to conduct at least three (3) psychoanalyses of a client under the supervision of three different graduate

995 psychoanalysts, at least one of which is taken to termination except in those rare
996 instances where a delay may impose an extreme hardship on the student research
997 psychoanalyst and the institute has made provision for continuing supervision of the
998 student research psychoanalyst after graduation until at least one case is taken to
999 termination;

1000
1001 (i) Require each student research psychoanalyst to either pass a comprehensive
1002 examination or write an approved thesis.

1003
1004 NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
1005 Reference: Sections 2930 and 2950, Business and Professions Code.

1006 1007 **1390.10 – Applicants from Equivalent Institutions**

1008
1009 (a) Any applicant from a psychoanalytic institution which is claimed to be equivalent to
1010 an institute specified in Business and Profession Code (Code) section 2950 shall have
1011 presented to the Board evidence that such institution complies with the criteria set forth
1012 in Section 1390.9.

1013
1014 (b) In its discretion the Board may register an applicant who graduated from an
1015 equivalent institution before the time of its approval by the Board, if the program
1016 undertaken by the applicant as a student research psychoanalyst otherwise complies
1017 with the provisions of Section 1390.9

1018
1019 NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
1020 Reference: Sections 2930 and 2950, Business and Professions Code.

1021 1022 **1390.11 – Fees**

1023
1024 (a) The registration fee is \$150 for research psychoanalyst and students.

1025
1026 (b) The biennial renewal fee is \$75.

1027 NOTE: Authority cited: Sections 2930 and 2952.5, Business and Professions Code.
1028 Reference: Sections 2930 and 2952.5, Business and Professions Code.

1029 1030 **1390.12 – Verification of Student Status (Renewing)**

1031
1032 Students research psychoanalysts renewing their registration shall present to the Board
1033 verification of their continuing student status from the registrar or similar official of the
1034 psychoanalytic institute attended.

1035 NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code.
1036 Reference: Sections 2930 and 2950, Business and Professions Code.

1037 1038 **1390.13 – Expiration of Registration**

1039
1040 All registrations expire and become invalid at midnight on the last day of February of
1041 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 Board, accompanied by a required verification and the prescribed renewal fee.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code, Reference: Sections 2930 and 2950, Business and Professions Code.

1390.14 – Application

All applications for registration shall be submitted on a form provided by the Board 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 Board and shall be accompanied by the required registration fee.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code, Reference: Sections 2930 and 2950, Business and Professions Code.

Dr. Cervantes called for Board comment.

Mr. Foo commented that he and Dr. Phillips, as the Research Psychoanalyst Ad Hoc Committee, reviewed this language previously. He commented that the fee language had been included in this latest reading after having been inadvertently excluded at the previous Board meeting.

It was (M)Foo(S)Casuga(C) to adopt the language proposed, beginning on page 622 of the combined materials packet, stating that the registration fee will be \$150 and the biannual fee will be \$75.

Dr. Cervantes called for further Board comment.

No further Board comment was offered.

Dr. Cervantes called for public comment.

No public comment was offered.

Votes

6 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Rodgers, Tate), 1 Recusal (Nystrom), 0 Noes

Agenda Item #17: California Practice Examination Feasibility Information Prepared by the Office of Professional Examination Services

Ms. Cheung provided the update on this item, starting on page 624 of the meeting materials.

Dr. Tate called for Board comment.

Dr. Harb Sheets asked whether there would be a period of time during which California applicants might be unable to take a second-level exam, if the Board did not adopt the EPPP2.

Ms. Cheung replied that such a delay in the development of an examination could be two to two-and-a-half years, depending on the availability of SMEs, and other limiting factors.

Mr. Foo commented on a scenario where statutory and regulatory changes might be sought that might delay the implementation of any new examination to as long as maybe seven years, and that the two years Ms. Cheung described might be better viewed as the time it might take to develop a new exam, but not to actually implement it.

Dr. Casuga commented on a scenario where California licensees would lose their portability when they applied for licensure out of state, and that conversely, applicants coming to California would have to not only take the CPLEE, but would also have to take this non-EPPP2 exam.

Dr. Harb Sheets asked the Board generally whether there was any sense that ASPPB would delay EPPP2 implementation beyond 2026.

Ms. Sorrick commented that the ASPPB Board of Directors recently confirmed that the two-part EPPP will be in force effective January 1, 2026.

Dr. Casuga commented that the Board would be sure to pass along to its stakeholders any information coming from ASPPB as to a change of direction, especially in response to the outcry from many licensing jurisdictions about the 2026 implementation timeline.

No further Board comment was offered.

Dr. Tate called for public comment.

Dr. Winkelman commented that CPA has received feedback from many members, including some who served on the EPPP2 task force, raising serious concern that the mandated EPPP2 would serve as an additional barrier to licensure, and that there were questions as to its fairness to certain communities. Further, she noted that the exam would be an added expense, not only to take the exam itself, but to complete preparatory coursework. She commented that since the boards are the real constituents of ASPPB, that this Board should consider taking these concerns up directly with ASPPB on behalf of its licensees.

Dr. Norville Hickman commented that through his own supervision of black psychological associates, and through his own research into the EPPP2, he cites sufficient evidence of cultural bias in the exam. He pointed to an apparent lack of diversity on the boards of testing centers.

Dr. Melody Schaefer from CPA, Division 2, CAPIC Chairperson commented on her concerns over ASPPB operating as a closed-meeting culture, even though its decisions

1136 impact psychological associations inside and outside the United States. She
1137 commented that this Board might approach ASPPB directly, since the arguments of an
1138 affiliate of ASPPB such as this Board might carry more weight.
1139

1140 Dr. Lynelle Lynn commented on the barrier to her being able to be licensed in California
1141 was that she did not successfully pass the EPPP, and that the EPPP2 would put an
1142 additional barrier in the way of other young graduates.
1143

1144 Dr. Muna El-Shaieb questioned what was the intention behind having an examination
1145 like the EPPP, whether it sought to evaluate for certain competencies or other
1146 baselines.
1147

1148 No further public comments were offered.
1149

1150 Dr. Casuga commented that she and the other members of the EPPP2 Ad Hoc
1151 Committee communicate regularly with ASPPB with the Board's concerns and
1152 stakeholder feedback, including that the EPPP2 is seen as a potential barrier to
1153 licensure, and questions as to whether or not there are cultural sensitivity issues
1154 inherent to the exam.
1155

1156 Mr. Foo commented that the Board has been very clear in expressing its concerns
1157 about EPPP2. He commented that Part 2, which is the skills-based exam, emerged
1158 from nationwide observations that disciplinary cases were on the rise, pointing to a
1159 weakness in this area in the practice of a growing number of licensees. He commented
1160 that the Board continually engages with ASPPB, and that he encouraged people to
1161 review the many years of meeting materials on this topic.
1162

1163 Mr. Foo acknowledged the advocacy of Dr. Cindy Yee-Bradbury at UCLA on behalf of
1164 Californians by informing the Board about what actions other state boards like Texas
1165 and New York are taking.
1166

1167 Mr. Foo made clarifying comments about the organizational nature of ASPBB itself, the
1168 administration of exams by outside vendors, and the origin of the questions developed
1169 for inclusion in the exam.
1170

1171 **Agenda Item #18: Licensure Committee Report and Consideration of Committee**
1172 **Recommendations**
1173

1174 These items were carried over from day one.
1175

1176 d) **Barriers to Telehealth Survey Follow-Up: Discuss the Content Relating to the**
1177 **Development of a Telehealth Best Practice Guideline**
1178

1179 Dr. Harb Sheets provided the update on this item, starting on page 658 of the meeting
1180 materials.
1181

1182 It was (M)Casuga(S)Rodgers(C) to provide a list of hyperlinks to various telehealth
1183 resources for licensees to use in their practice.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Votes

7 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

e) Review Proposed Changes to the Extension Request Guidelines

Ms. Cheung provided the update on this item, starting on page 659 of the meeting materials.

It was(M)Cervantes(S)Tate(C) to adopt the proposed changes to the Extension Request Guidelines.

Submission and Review Guidelines for Extension Requests

Requests may be submitted to extend the following time limitation pursuant to the California Code of Regulations Sections 1391.1(b) and 1387(a):

- 72-month limitation for psychological associate registration;
- 30-month limit to accrue 1,500 hours of pre or post-doctoral supervised professional experience (SPE); or
- 60-month limit to accrue 3,000 hours of post-doctoral SPE.

Submission Guidelines

To submit an extension request, please provide the following information to the Board for review via email at boplicensing@dca.ca.gov:

- In the subject line, indicate the type of extension request by stating whether it is for an extension to the 72-month registration limitation period of a psychological associate registration or the 30- or 60-month time limitation in accruing SPE.
- The length of the extension.
- The reason for the extension request.
- Attach any documents (e.g., medical letter, birth/death certificates, timeline, etc.) that support the stated reason(s) for the extension request.

Review Guidelines

The following information serves as guidelines to assist Board staff in the preliminary review of straightforward requests for extension. Please note that requests made based on the following listed reason(s) do not indicate an automatic approval as they will be reviewed on a case-by-case basis. Requests submitted may still be subject to the

review of the Licensure Committee at its future scheduled meeting prior to a final determination is made.

Reasons for Extension	Parameters	Length of Extension
Disability under the ADA	Unable to practice	1-year or less
Care of family member		
Injury or accident		
Parental leave		

For your information, the intent for a psychological associate registration is one of the avenues to allow an individual to accrue the necessary SPE required for licensure as a psychologist. If a registrant has successfully accrued all required experience, an extension to a registration beyond the 72-month limitation is not warranted in the absence of a good cause as determined by the Board~~unnecessary if the individual has successfully accrued all required experience.~~

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Votes

7 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

f) Review a Courtesy Document: Weekly Log for Supervised Professional Experience

Ms. Cheung provided the update on this item, starting on page 661 of the meeting materials.

Dr. Harb Sheets commented that while a weekly log is required to be kept, this log as drafted by staff is offered as a courtesy which they could use, or they could instead come up with their own.

It was (M)Casuga(S)Tate(C) to direct staff to provide the courtesy log on the Board's website.

Mr. Foo asked whether there were electronic versions of the weekly log in use by other boards, or whether it was standard practice to use a paper format.

Dr. Harb Sheets replied that people could certainly develop their own PDF version that was auto-fillable.

1273 Dr. Cervantes commented that the courtesy log should be widely publicized to promote
1274 uniformity when staff are reviewing the logs for discrepancies in reported hours.

1275
1276 Dr. Tate called for public comment.

1277
1278 Dr. Winkelman commented that 'waiver psychologist' should be added as an additional
1279 optional checkbox.

1280
1281 Dr. Schaefer commented that confusion could arise if the form is not actually mandated
1282 for use as the weekly log, since this might be interpreted to mean that keeping a weekly
1283 log was not mandated.

1284
1285 Dr. Harb Sheets commented that this was the rationale behind providing the hyperlink to
1286 the regulation itself in the introductory paragraph.

1287
1288 Mr. Pane asked whether Drs. Casuga and Tate accepted the amendment to their
1289 original motion, whereby 'waiver psychologist' would be added as a category of
1290 supervisor.

1291
1292 It was (M)Casuga(S)Tate(C) to direct staff to add 'waiver psychologist' as a category of
1293 supervisor on the courtesy log, and then to provide the courtesy log on the Board's
1294 website.

1295
1296 No further Board nor public comments were offered.

1297
1298 Votes

1299 7 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

1300
1301 g) Discuss the Content and Propose a Date to Convene a Stakeholder Meeting Relating
1302 to the Role between a Licensed Psychologist, a Licensed Educational Psychologist, and
1303 Individuals with a Pupil Personnel Services Credential

1304
1305 Dr. Harb Sheets provided the update on this item, starting on page 663 of the meeting
1306 materials.

1307
1308 The Licensure Committee is planning to convene the stakeholder meeting in July 2025.

1309
1310 It was (M)Rodgers(S)Casuga(C) to approve the stakeholder meeting as recommended
1311 by the Licensure Committee.

1312
1313 Dr. Harb Sheets called for Board comment.

1314
1315 Dr. Casuga asked which stakeholders would be participating in this meeting.

1316
1317 Dr. Harb Sheets replied that this would be discussed at the January 2025 Licensure
1318 meeting.

1319

Dr. Cervantes commented that it might be helpful to include membership from CTA, for their expertise in identifying workplace issues.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Votes

7 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Rodgers, Tate), 0 Noes

Agenda Item #19: Recommendations for Agenda Items for Future Board Meetings. Note: The Committee May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

Dr. Tate called for Board recommendations for future Board meetings.

Dr. Casuga recommended having a mindfulness exercise from Dr. Rodgers again, inviting ASPPB back, and having HCAI come to a future meeting, since they were not able to attend the August meeting as they normally would have.

No further Board recommendations were offered.

Dr. Tate called for public recommendations.

Dr. Schaefer commented that CAPIC is being sunset and asked to be given time on an agenda to explain the reasons and to discuss how the process will unfold as far as student data is accessed.

No further public recommendations were offered.

Special Mention: Departures

In her closing remarks, Dr. Tate recognized the departures of Antonette Sorrick, Executive Officer of the Board, and Sarah Proteau, CPD Coordinator. Dr. Tate acknowledged Ms. Sorrick's long service and deep understanding of the Board's business, as well as Ms. Proteau's extraordinary efforts in helping the Members navigate all the difficulties with travel and meeting logistics through the pandemic and beyond.

The Board Members then each expressed their own well-wishes and gratitude.

Ms. Proteau commented that attendance at the second day of the meeting provided 2.0 hours of CPD under Category 1.

1368 **ADJOURNMENT**

1369

1370 The meeting adjourned at 11:17 a.m.

1371

1372

1373

1374

MEMORANDUM

DATE	October 4, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #6 – Discussion and Possible Approval of the Board Meeting Minutes: September 13, 2024

Background:

Attached are the draft minutes of the September 13, 2024, Board Meeting.

Action Requested:

Review and approve the minutes of the September 13, 2024, Board Meeting.

DRAFT MINUTES OF BOARD MEETING

September 13, 2024

Primary Location (Members/Staff):

Department of Consumer Affairs
1625 N. Market Blvd., El Dorado Room

Teleconference Locations / Additional Locations at Which the Public Could Observe or Address the Board and Where Members Were Present:

8920 Wilshire Blvd., Ste. 334
Beverly Hills, CA 90211

2888 Eureka Way, Ste. 200
Redding, CA 96001

Elihu Harris (Bond) State Building
1515 Clay Street, Room 14
Oakland, CA 94612

Board Members

Lea Tate, PsyD, President
Shacunda Rodgers, PhD, Vice President
Sheryll Casuga, PsyD, CMPC
Seyron Foo
Julie Nystrom
Stephen Phillips, JD, PsyD
Ana Rescate

Board Members Absent

Marisela Cervantes, EdD, MPA
Mary Harb Sheets, PhD

Board Staff

Jonathan Burke, Acting Executive Officer
Stephanie Cheung, Licensing Manager
Sandra Monterrubio, Enforcement Manager
Cynthia Whitney, Central Services Manager
Troy Polk, Legislative and Regulatory Analyst
Evan Gage, Special Projects Analyst
Cecilia Voon, Administrative Technician
Anthony Pane, Board Counsel

Friday, September 13, 2024

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

Dr. Tate called the meeting to order at 9:40 a.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #2: 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 called for public comment.

Dr. Elizabeth Winkelman with CPA commented that she would like the Board to take an opposed position on ASPPB's decision to make the EPPP2 mandatory on January 1, 2026, to notify ASPPB of the Board's position, to appoint a delegate to vote on any related items at ASPPB meetings, and to revise any proposed regulations to require the EPPP2 only if it is no longer possible to administer the EPPP1 separately from the EPPP2.

No further public comment was offered.

Agenda Item #3: Executive Officer (EO) Recruitment and Selection Process

a) Presentation from Department of Consumer Affairs (DCA), Office of Human Resources on EO Recruitment and Selection Process

Dr. Tate introduced Olivia Trejo, Chief of the Office of Human Resources for Department of Consumer Affairs.

Ms. Trejo described the process undertaken to recruit and select a new Executive Officer.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

b) Discussion and Possible Action on Process for Recruitment and Selection of an EO

Ms. Trejo continued her presentation on this item and moved ahead to item 3d to have the Board nominate two members for the EO Selection Committee.

91 d) Discuss and Possible Action on Appointment of an EO Selection Committee

92
93 Dr. Tate asked whether any Board Members would be interested in participating in the
94 two-person selection committee. She nominated Drs. Phillips and Rodgers.

95
96 Discussion ensued as to the expected time commitment for the two members of the
97 selection committee.

98
99 Drs. Phillips and Rodgers accepted their nominations to the selection committee.

100
101 Mr. Foo voiced his support for the nominations.

102
103 Ms. Nystrom commented that she echoed Mr. Foo's approval of the nominations.

104
105 It was (M)Nystrom(S)Tate(C) to nominate Dr. Stephen Phillips and Dr. Shacunda
106 Rodgers to serve on the two-person selection committee.

107
108 Mr. Foo commented that with the shortened timeframe for the selection of an EO to
109 align with upcoming scheduled Board meetings, it might be well to hire an executive
110 search firm.

111
112 Ms. Trejo commented that in her experience, this approach was not used.

113
114 Discussion ensued regarding the costs of hiring such a firm against current budget
115 status and the time reasonably remaining to search for an EO candidate.

116
117 No further Board discussion was offered.

118
119 Dr. Tate called for public comment.

120
121 No public comment was offered.

122
123 Votes

124 7 Ayes (Casuga, Foo, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes

125
126 c) Review and Possible Action on Revised EO Duty Statement and Recruitment
127 Announcement

128
129 Ms. Trejo continued her presentation with a review of the Executive Officer Duty
130 Statement.

131
132 Dr. Tate called for Board comment.

133
134 Dr. Phillips commented that the Enforcement Committee should be added to the list of
135 Committees.

136

137 Mr. Pane confirmed that no motion was needed to add Enforcement Committee to the
138 list of Committees, and Ms. Trejo continued her presentation with a discussion of the
139 Qualifications section of the recruitment flyer.

140
141 Mr. Foo commented that the recruitment materials were not included in the publicly
142 viewable meeting materials.

143
144 Mr. Pane commented that this Announcement and Duty Statement are going to be
145 posted for public review for the length of time the Board chooses for the recruitment
146 period, so there is not an issue of non-transparency in this case.

147
148 Dr. Phillips questioned why, in the section on Qualifications and Experience, the three
149 traits of race, gender and age are called out separately.

150
151 Ms. Trejo commented that there was no particular reason those traits were called out
152 specifically, but that this was a template previously used by other boards.

153
154 Dr. Casuga commented that it would be clearer to talk in terms of diversity and
155 inclusivity, rather than only 'diversity' with listed groups.

156
157 Ms. Nystrom commented that she agreed with keeping description of these traits more
158 general, for clarity. She questioned how these qualifications differed from required
159 minimum qualifications and experience.

160
161 Ms. Trejo commented that since the Executive Officer is an Exempt position, there are
162 no mandated minimum qualifications.

163
164 Dr. Phillips commented that he agreed that taking out specific examples and keeping
165 the qualifications more general was a great way to handle the description of desirable
166 attributes in an Executive Officer.

167
168 Dr. Phillips commented further as to whether interested individuals should submit a
169 writing sample in addition to the application materials.

170
171 Ms. Trejo commented that her staff could develop specific language for what the Board
172 is seeking in a candidate, and that the initial interview process could include a written
173 component.

174
175 Dr. Casuga followed up on her earlier comment that it was her intention that the words
176 'diversity' and 'inclusivity' be used together with the list of desirable traits in an
177 Executive Officer. She expressed support for the suggestion Dr. Phillips made to
178 include a writing sample as a part of the application process.

179
180 Dr. Phillips commented that the writing sample length should be spelled out in the
181 instructions, limiting the size of the sample.

182
183 Ms. Trejo commented that the typical timeframe for a recruitment might typically be
184 thirty days, but that this was not a requirement.

Dr. Tate commented that she would prefer to see a period of maybe 14 to 21 days, especially to be able to include it on the November 2024 Board meeting agenda.

Dr. Phillips concurred with Dr. Tate in preferring 21 days.

Dr. Rodgers concurred with Drs. Tate and Phillips that 21 days was the preferred upper-end timeframe for the recruitment.

Dr. Tate called for public comment.

No public comment was offered.

CLOSED SESSION

Agenda Item #4: The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss and Take Possible Action on the Selection Process and Appointment of an “Acting” or “Interim” EO.

The Board convened in closed session to discuss this item.

Agenda Item #5: The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reconsideration, and Remands

The Board remained in closed session to discuss this item.

OPEN SESSION

Dr. Tate reconvened the meeting in open session.

Agenda Item #6: Report on Actions Taken During Closed Session Regarding Acting or Interim EO Appointment

Dr. Tate commented that the Board had selected an Interim Executive Officer in closed session and that an announcement would be made in the near future as to their choice.

Agenda Item #7: Consideration of, and Possible Action on Comment(s) Received (if any) During the 15-Day Comment Period for the Modified Proposed Text to Amend Title 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration.

Mr. Polk provided the update on this item, starting on page 15 of the meeting materials.

Mr. Polk commented that no public comments were received during the 15-day comment period, so this item was informational only.

232
233 Dr. Tate called for Board comment.
234
235 No Board comment was offered.
236
237 Dr. Tate called for public comment.
238
239 No public comment was offered.
240
241 Dr. Tate called on Ms. Whitney to provide the amount of CPD credit for attending this
242 meeting.
243
244 Ms. Whitney commented that attendance at the meeting provided 2.5 hours of CPD
245 credit under Category 1.
246
247 **ADJOURNMENT**
248
249 The meeting adjourned at 11:44 a.m.

2025 Board of Psychology Meeting Dates

Board Meetings

February 27-28 – Sacramento

May 9 – Bay Area

August 22 – San Diego

November 6 & 7 – Riverside

Licensure Committee Meetings

January 31 – WebEx

July 11 - WebEx

Legislative and Regulatory Affairs Committee Meetings

April 11 – WebEx

June 6 - WebEx

Outreach and Communications Committee Meetings

September 19 – WebEx

MEMORANDUM

DATE	October 28, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #10 – Budget Report

Background:

The current projections below are based on the FM 3 totals for the 2024-25 fiscal year.

As for revenue, the Board is projected to collect \$9.014 million in Fiscal Year 2024-25. Board staff will continue to monitor revenue with the Budget Office monthly.

For 2024-25 expenditures, the Board is projected to spend \$7.873 million of its budgeted appropriation of \$8.088 million, leaving a balance of approximately \$215 thousand.

Action Requested:

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

Attachment #1: Budget Report: FY 2024-25 through Fiscal Month 3

Attachment #2: Fund Condition

Attachment #3: Revenue Projection Report

Attachment #4: Expenditure and Revenue Comparison

Department of Consumer Affairs
Expenditure Projection Report
Board of Psychology
Reporting Structure(s): 11112100 Support
Fiscal Month: 3
Fiscal Year: 2024 - 2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$1,830,000	\$1,884,630	\$1,836,000	\$139,755	\$450,004	\$0	\$450,004	\$1,927,200	-\$91,200
5100	TEMPORARY POSITIONS	\$47,000	\$68,674	\$47,000	\$3,199	\$7,761	\$0	\$7,761	\$36,057	\$10,943
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$33,068	\$22,000	\$1,343	\$37,305	\$0	\$37,305	\$68,400	-\$46,400
5150	STAFF BENEFITS	\$1,272,000	\$1,212,828	\$1,295,000	\$97,555	\$281,120	\$0	\$281,120	\$1,205,662	\$89,338
	PERSONAL SERVICES	\$3,171,000	\$3,199,200	\$3,200,000	\$241,851	\$776,190	\$0	\$776,190	\$3,237,319	-\$37,319

OPERATING EXPENSES & EQUIPMENT

5301	GENERAL EXPENSE	\$107,000	\$89,507	\$107,000	\$11,523	\$12,902	\$34,421	\$47,324	\$100,779	\$6,221
5302	PRINTING	\$55,000	\$22,781	\$55,000	\$0	\$0	\$8,946	\$8,946	\$24,957	\$30,043
5304	COMMUNICATIONS	\$31,000	\$4,320	\$31,000	\$187	\$252	\$0	\$252	\$4,360	\$26,640
5306	POSTAGE	\$19,000	\$6,905	\$19,000	\$0	\$0	\$0	\$0	\$6,905	\$12,095
5308	INSURANCE	\$0	\$50	\$0	\$0	\$0	\$0	\$0	\$50	-\$50
53202-204	IN STATE TRAVEL	\$25,000	\$28,650	\$25,000	\$1,192	\$1,192	\$0	\$1,192	\$30,000	-\$5,000
5322	TRAINING	\$18,000	\$1,000	\$18,000	\$0	\$0	\$0	\$0	\$1,500	\$16,500
5324	FACILITIES	\$153,000	\$245,263	\$153,000	\$18,865	\$55,312	\$169,891	\$225,203	\$250,287	-\$97,287
53402-53403	C/P SERVICES (INTERNAL)	\$1,426,000	\$1,204,618	\$1,426,000	\$197,011	\$197,011	\$11,931	\$208,942	\$1,580,748	-\$154,748
53404-53405	C/P SERVICES (EXTERNAL)	\$781,000	\$468,201	\$723,000	\$41,510	\$52,786	\$77,362	\$130,148	\$292,822	\$430,178
5342	DEPARTMENT PRORATA	\$2,581,000	\$2,134,610	\$2,306,000	\$576,500	\$1,153,000	\$0	\$1,153,000	\$2,306,000	\$0
5342	DEPARTMENTAL SERVICES	\$54,000	\$49,499	\$54,000	\$37	\$37	\$0	\$37	\$49,499	\$4,501
5344	CONSOLIDATED DATA CENTERS	\$15,000	\$17,718	\$15,000	\$0	\$0	\$0	\$0	\$17,718	-\$2,718
5346	INFORMATION TECHNOLOGY	\$7,000	\$1,823	\$7,000	\$298	\$596	\$2,980	\$3,576	\$5,399	\$1,601
5362-5368	EQUIPMENT	\$38,000	\$23,010	\$0	\$372	\$372	\$0	\$372	\$7,953	-\$7,953
5390	OTHER ITEMS OF EXPENSE	\$0	\$3,757	\$0	\$0	\$0	\$0	\$0	\$3,757	-\$3,757
54	SPECIAL ITEMS OF EXPENSE	\$0	\$4,125	\$0	\$0	\$0	\$0	\$0	\$4,125	-\$4,125
	OPERATING EXPENSES & EQUIPMENT	\$5,310,000	\$4,305,837	\$4,939,000	\$847,496	\$1,473,462	\$305,530	\$1,778,992	\$4,686,859	\$252,141

OVERALL TOTALS	\$8,481,000	\$7,505,037	\$8,139,000	\$1,089,347	\$2,249,651	\$305,530	\$2,555,182	\$7,924,178	\$214,822
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REIMBURSMENTS	-\$51,000	-\$191,000	-\$51,000					-\$51,000	
OVERALL NET TOTALS	\$8,430,000	\$7,314,037	\$8,088,000	\$1,089,347	\$2,249,651	\$305,530	\$2,555,182	\$7,873,178	\$214,822

2.64%

0310 - Board of Psychology Fund Analysis of Fund Condition
(Dollars in Thousands)
2023-24 Budget Act with FM 3 Projections

Prepared 10.23.2024

	Actual 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27	BY +2 2027-28
BEGINNING BALANCE	\$ 5,661	\$ 5,405	\$ 6,552	\$ 6,721	\$ 6,640
Prior Year Adjustment	\$ 40	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 5,701	\$ 5,405	\$ 6,552	\$ 6,721	\$ 6,640
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 99	\$ 98	\$ 96	\$ 96	\$ 96
4127400 - Renewal fees	\$ 6,048	\$ 7,654	\$ 7,750	\$ 7,750	\$ 7,750
4129200 - Other regulatory fees	\$ 199	\$ 292	\$ 102	\$ 102	\$ 102
4129400 - Other regulatory licenses and permits	\$ 877	\$ 1,118	\$ 998	\$ 998	\$ 998
4143500 - Miscellaneous Services to the Public	\$ 1	\$ -	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 245	\$ 198	\$ 99	\$ 98	\$ 93
4171400 - Escheat of unclaimed checks and warrants	\$ 4	\$ 13	\$ -	\$ -	\$ -
Totals, Revenues	\$ 7,473	\$ 9,373	\$ 9,045	\$ 9,044	\$ 9,039
Totals, Transfers and Other Adjustments	\$ -	\$ -	\$ -	\$ -	\$ -
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 7,473	\$ 9,373	\$ 9,045	\$ 9,044	\$ 9,039
TOTAL RESOURCES	\$ 13,174	\$ 14,778	\$ 15,597	\$ 15,765	\$ 15,679
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 7,194	\$ 7,614	\$ 8,331	\$ 8,581	\$ 8,838
9892 Supplemental Pension Payments (State Operations)	\$ 94	\$ 67	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 481	\$ 545	\$ 545	\$ 545	\$ 545
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,769	\$ 8,226	\$ 8,876	\$ 9,126	\$ 9,383
FUND BALANCE					
Reserve for economic uncertainties	\$ 5,405	\$ 6,552	\$ 6,721	\$ 6,640	\$ 6,296
Months in Reserve	7.9	8.9	8.8	8.7	8.1



Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11112100 Support

Fiscal Month: 3

Fiscal Year: 2024 - 2025

Revenue

Fiscal Code	Line Item	Budget	July	August	September	October
	Delinquent Fees	\$96,000	\$8,992	\$8,377	\$13,632	\$8,274
	Other Regulatory Fees	\$102,000	\$26,030	\$29,743	\$26,835	\$27,450
	Other Regulatory License and Permits	\$998,000	\$123,374	\$108,004	\$107,264	\$110,494
	Other Revenue	\$68,000	\$8,902	\$235	\$150	\$64,125
	Renewal Fees	\$7,750,000	\$884,691	\$1,142,591	\$1,268,002	\$500,534
	Revenue	\$9,014,000	\$1,051,990	\$1,288,949	\$1,415,883	\$710,877

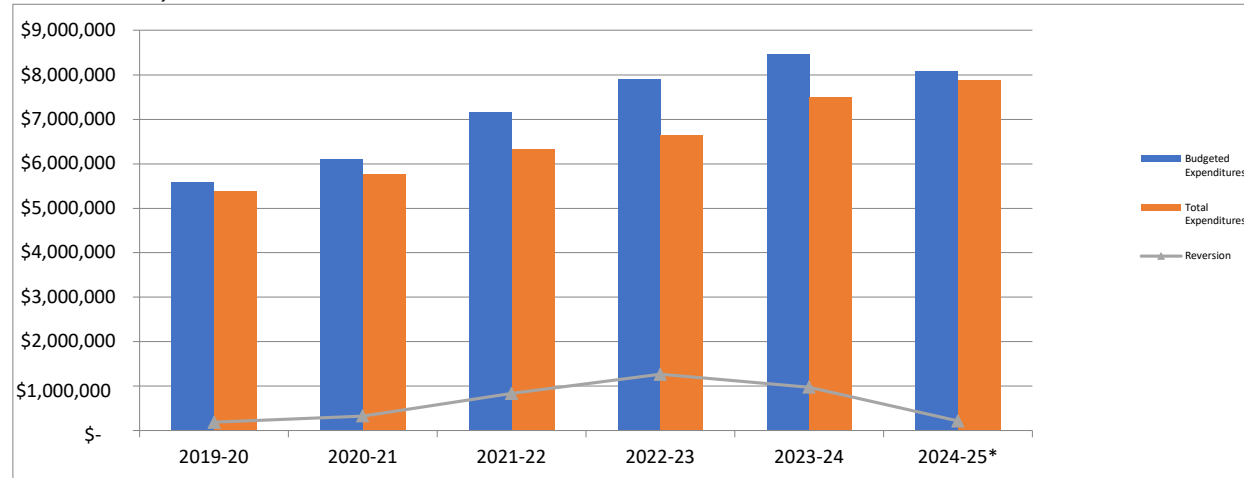
Reimbursements

Scheduled Reimbursements	\$51,000	\$882	\$490	\$882	\$750
Unscheduled Reimbursements	\$0	\$19,262	\$13,157	\$7,618	\$24,000
Reimbursements	\$51,000	\$20,144	\$13,647	\$8,500	\$24,750

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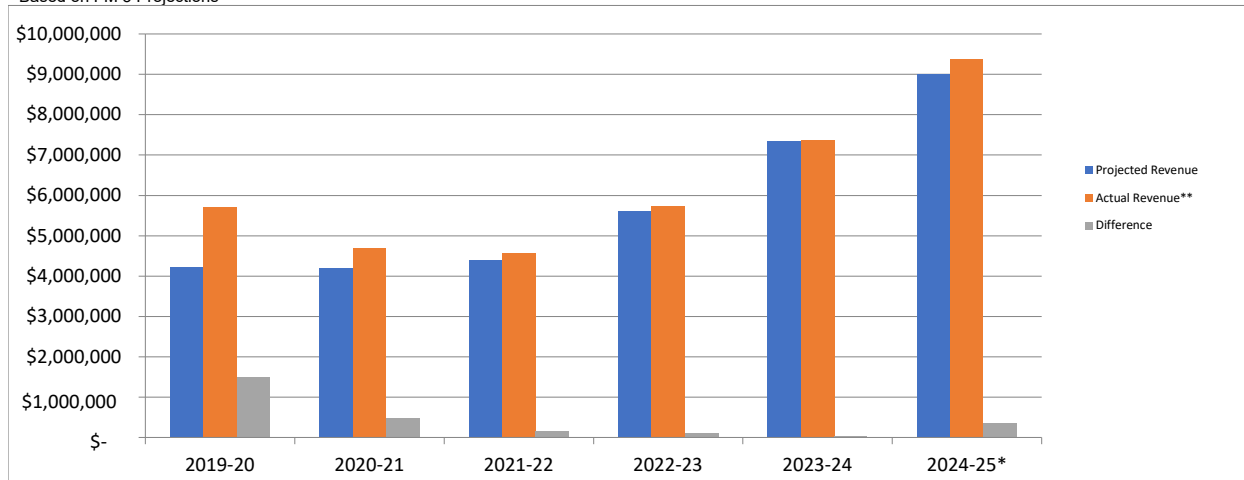
Psychology Expenditure Comparison (Budgeted vs. Actual)						
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25*
Budgeted Expenditures	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,481,000	\$ 8,088,000
Total Expenditures	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 7,505,000	\$ 7,873,000
Reversion	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 976,000	\$ 215,000

*Based on FM 3 Projections



Psychology Revenue Comparison (Projected vs. Actual)						
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25*
Projected Revenue	\$ 4,219,000	\$ 4,201,689	\$ 4,411,000	\$ 5,623,000	\$ 7,344,000	\$ 9,014,000
Actual Revenue**	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,378,000	\$ 9,373,000
Difference	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ 34,000	\$ 359,000

*Based on FM 3 Projections



MEMORANDUM

DATE	October 9, 2024
TO	Psychology Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Enforcement Report, Agenda Item 11

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

The Board filled one of its vacant Enforcement Analyst positions in September and the second vacant position will be filled by October 25, 2024. Staff is excited to have two new team members join the team.

The Board now has 53 Expert Reviewers and conducted its Expert Reviewer Training on September 20, 2024. The Office of the Attorney General and the Division of Investigation assisted in the training, and we have received positive feedback. We will hold a mid-year check-in to see how things are going with our experts and discuss any lingering issues. Our expert reviewers are paid \$150 – \$200 per hour, depending upon the services rendered, for case reviews, preparation of expert opinion reports and testimony at administrative hearings. There is only one expert assigned to each case. They are expected to perform an initial and final review and testify, if needed.

Complaint Program

Since July 1, 2024, the Board has received 316 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program

Since July 1, 2024, the Board has issued 8 enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2024, the Board has referred 17 cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 32 (thirty-two) active probationers and 15 (fifteen) tolled probationers. Of the 32 probationers, 2 (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

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY

Overview of Enforcement Activity

LICENSES	20/21	21/22	22/23	23/24	24/25
Psychologist	22,058	22,289	22,610	22,693	22,740
Psychological Associates	1,348	1,450	1,701	1,791	1,840
COMPLAINTS					
Complaints Received ¹	1,130	742	820	1,157	316
Arrest Reports Received	32	34	14	31	6
Investigations Opened ²	788	761	610	877	230
ENFORCEMENT OUTCOMES					
Total Citations Issued	37	31	30	29	8
Total Cases Referred to AG	60	52	29	29	17
Accusations	32	29	17	10	7
Statement of Issues	1	4	1	1	0
Petition to Revoke Probation	2	0	2	0	0
Petitions for Penalty Relief	8	4	3	4	0
Petition for Reinstatement	3	2	1	2	0
Total Filings	46	28	24	17	
Accusations Withdrawn/Dismissed	3	3	1	3	1
Statement of Issues Withdrawn	2	0	0	1	0
Total Filings Withdrawn/Dismissed	5	3	1	4	1
Revocations	1	4	1	2	0
Probation	14	12	5	10	2
Surrender	12	7	9	7	2
Reprovals	6	7	3	2	0
Interim Orders	0	1	0	0	0
Statement of Issues-License Denied	1	1	0	1	0
Total Disciplinary Decisions	34	32	18	22	
Petitions for Penalty Relief Denied	2	3	3	3	0
Petitions for Penalty Relief Granted	0	1	0	1	0
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	0	3	1	2	0
Total Other Decisions	2	7	4	6	0
VIOLATION TYPES					
Gross Negligence/Incompetence	29	24	18	19	12
Repeated Negligent Acts	25	17	17	25	13
Self-Abuse of Drugs or Alcohol	12	7	2	3	0
Dishonest/Corrupt/Fraudulent Act	6	7	9	17	5
Mental Illness	0	2	1	1	0
Aiding Unlicensed Practice	1	3	2	0	1
General Unprofessional Conduct	26	25	16	21	7
Probation Violation	7	5	0	5	2
Sexual Misconduct	7	8	4	6	1
Conviction of a Crime	10	8	1	8	2
Discipline by Another State Board	2	2	3	0	0
Misrepresentation of License Status	1	3	0	2	1

**Enforcement data pulled on October 10, 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	October 16, 2024
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 12 Licensing Report

Licensing Unit Staffing Update

We are thrilled to share that Celyne Luong has joined the Licensing team as a Licensing Technician on October 14, 2024. We plan to resume with the hiring of a limited-term half-time licensing analyst position to assist with the licensing workload.

License/Registration Data by Fiscal Year:

License & Registrations	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25**
Psychologist*	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,611	23,141	23,311
Psychological Associate	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,844
Psychological Testing Technician***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	66

*Includes licensees who are in Current, Inactive, Military Inactive, Military Active, and Retired status

**As of October 16, 2024

***The psychological testing technician registration category became effective 1/1/2024, thus there are no data prior to 1/1/2024.

As of October 16, 2024, there are 23,311 licensed psychologists, 1,844 registered psychological associates, and 66 registered psychological testing technicians that are overseen by the Board. This includes 20,674 licensed psychologists who are in the “current” status, 2,083 licensed psychologists who are in the “inactive” status, 2 licensed psychologists who are in the “military inactive” status, 1 license psychologist who is in the “military active” status, and 551 license psychologists who are in the “retired” status which is provided in the Licensing Population Report (Attachment A). This report also provides a snapshot of the number of psychologists, psychological associates, and psychological testing technicians in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from April 2024 through September 2024 on the application status by month for psychologist license, psychological associate, and psychological testing technician registrations (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 on the following page 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. An “open” status application may be due to one or more deficiencies or pending initial review.

Psychological Testing Technician Application Workload Report

The “Psychological Testing Tech Initial” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

The “Change of Supervisor” transaction for the psychological testing technician is created to allow a psychological testing technician to practice with more than one supervisor or to request to remove a supervisor who the psychological testing technician is no longer providing services under. This transaction captures the number of approved notifications to add, change or remove a supervisor if the status is “approved” or pending additional information or initial review when it has an “open” status.

Applications and Notifications Received

Attachment C provides the number of new applications and notifications received in the last 12-month period. In comparison to the same 12-month period in 2022/2023, there is a decrease of 101 psychologist applications and 24 psychological associate applications and an increase of 53 psychological associate notifications.

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.

Attachments:

- A. Licensing Population Report as of October 16, 2024
- B. Application Workload Reports April 2024 – September 2024 as of October 16, 2024
- C. Applications and Notifications Received October 2023 – September 2024 as of October 16, 2024
- D. Average Application Processing Timeframes – May 2024 to October 2024 as of October 16, 2024

Action:

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



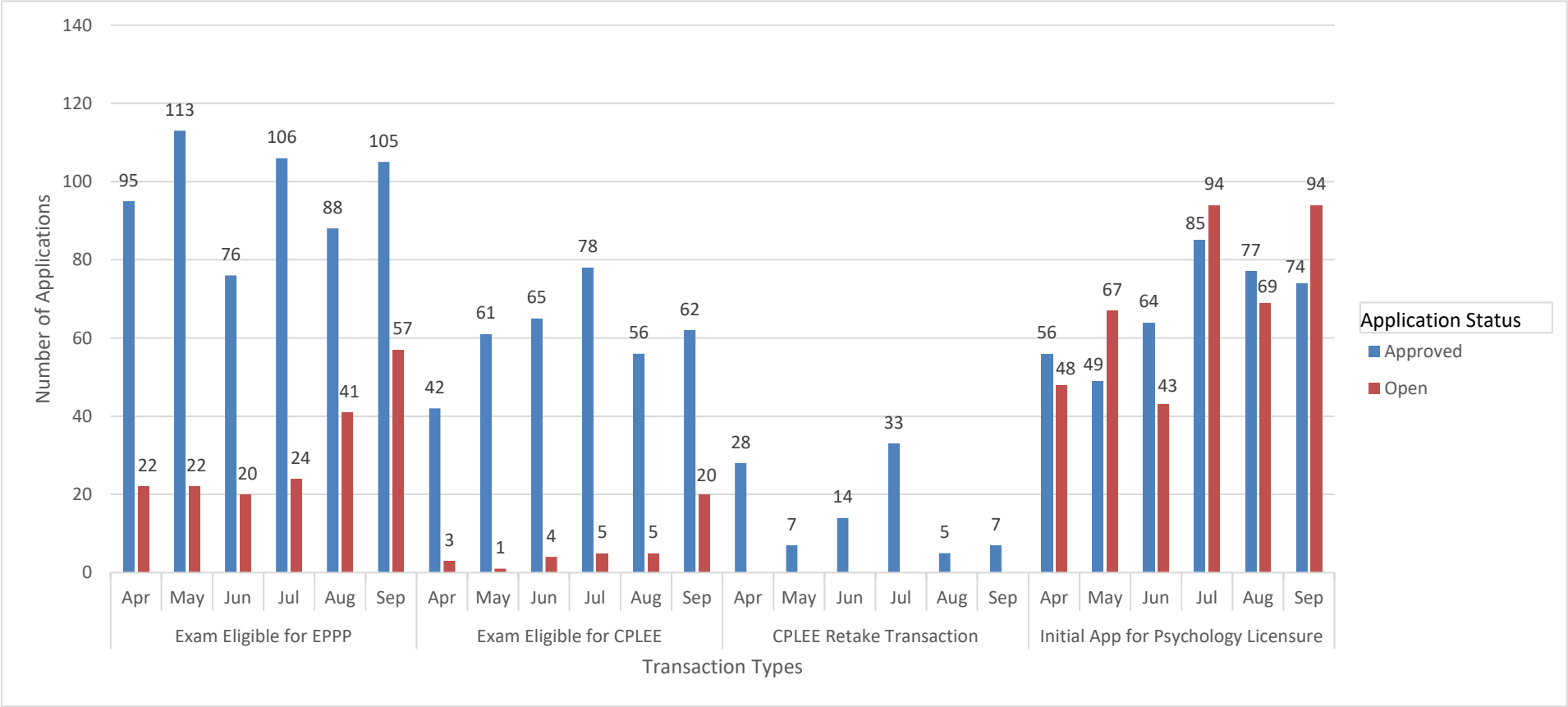
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



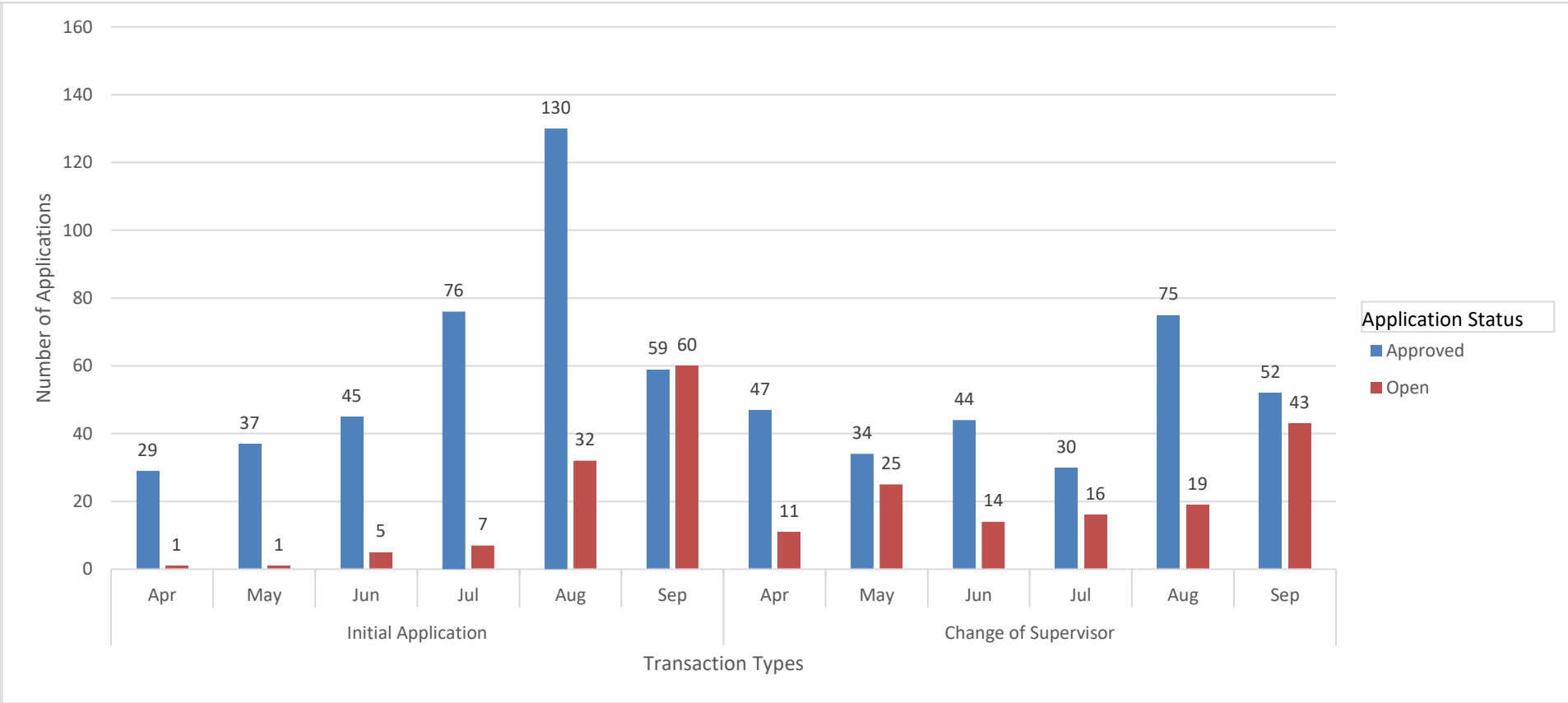
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 10/16/2024

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,674	2,083	2	1	1,541	8,291	551	1,093	274	165	128	34,803
Psychological Associate	1,844	0	0	0	113	24,491	0	8	15	8	19	26,498
Psychological Testing Technician	66	0	0	0	0	0	0	0	0	0	0	66
Total	22,584	2,083	2	1	1,654	32,782	551	1,101	289	173	147	61,367

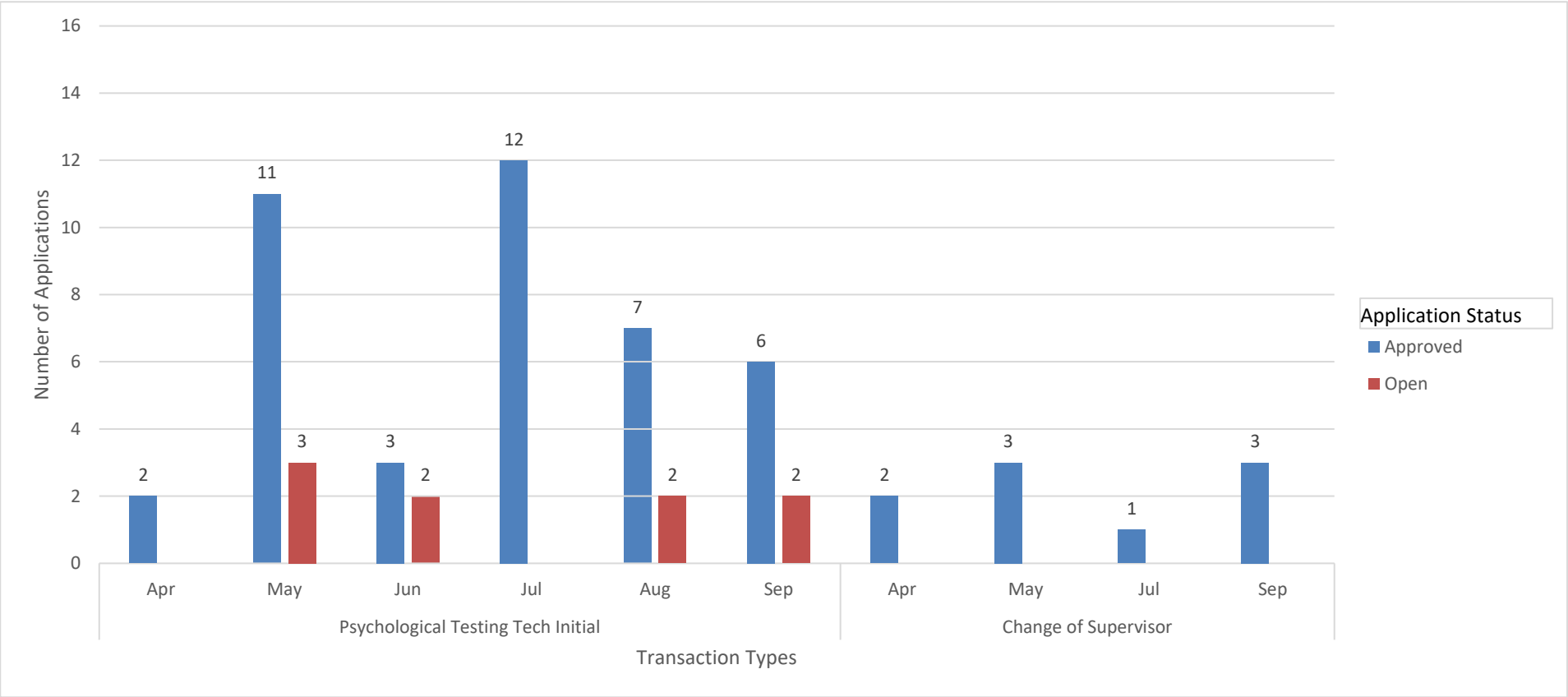
Psychologist Application Workload Report
April 1, 2024 to September 30, 2024
As of October 16, 2024



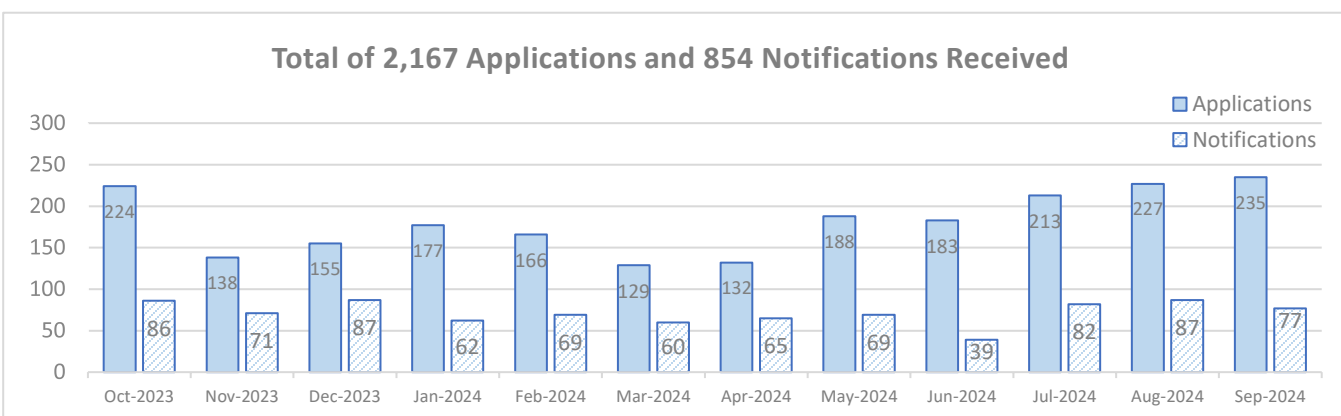
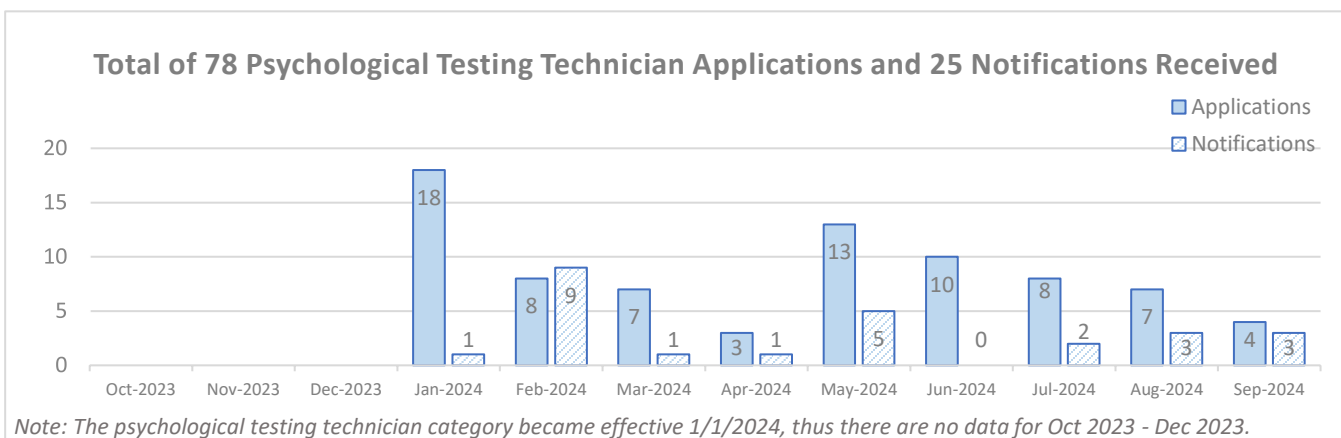
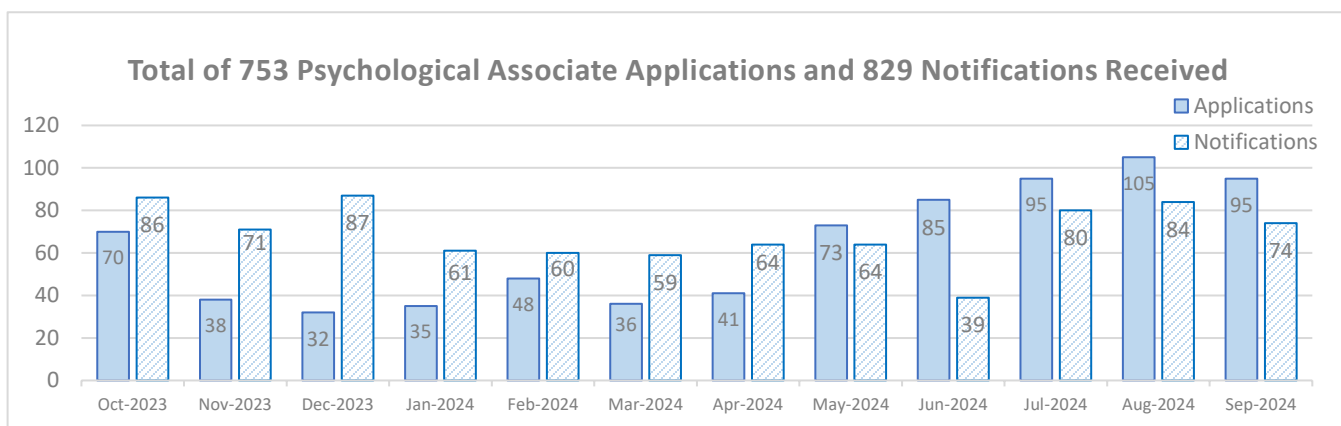
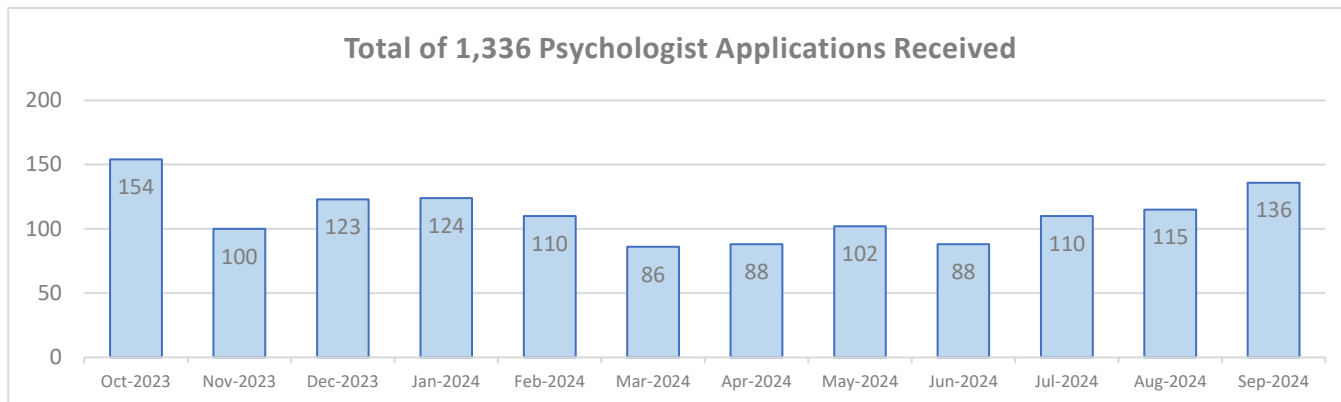
Psychological Associate Application Workload Report
April 1, 2024 to September 30, 2024
As of October 16, 2024



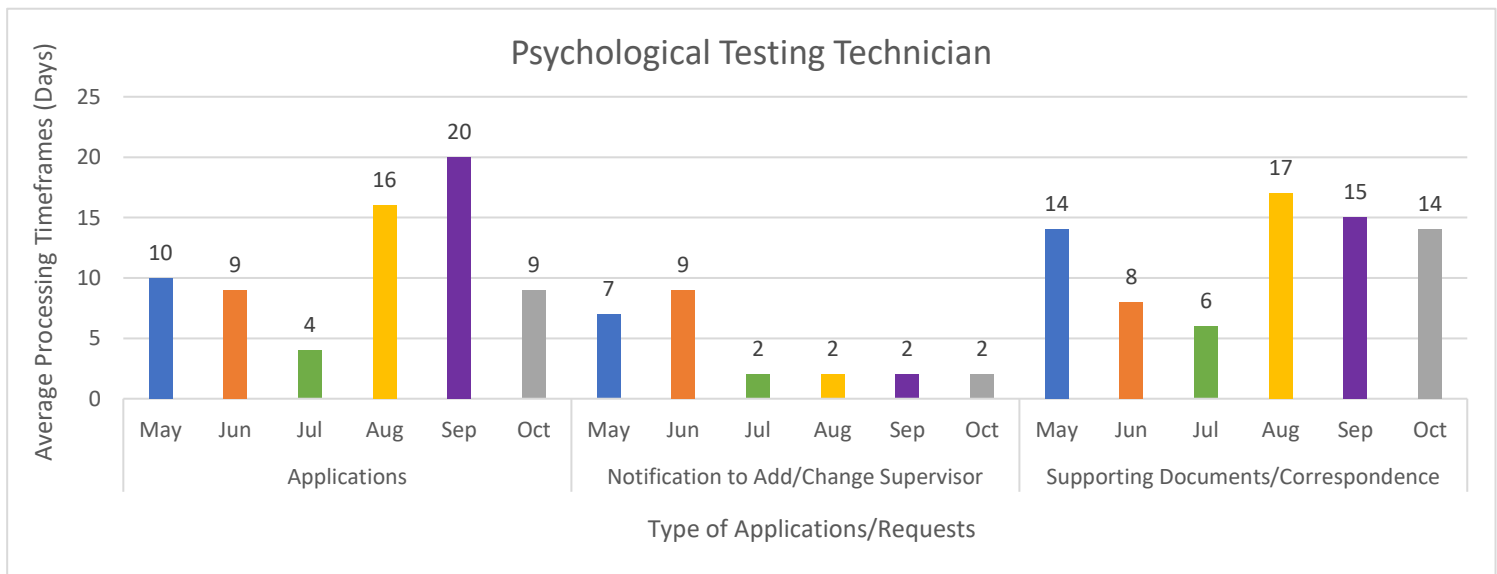
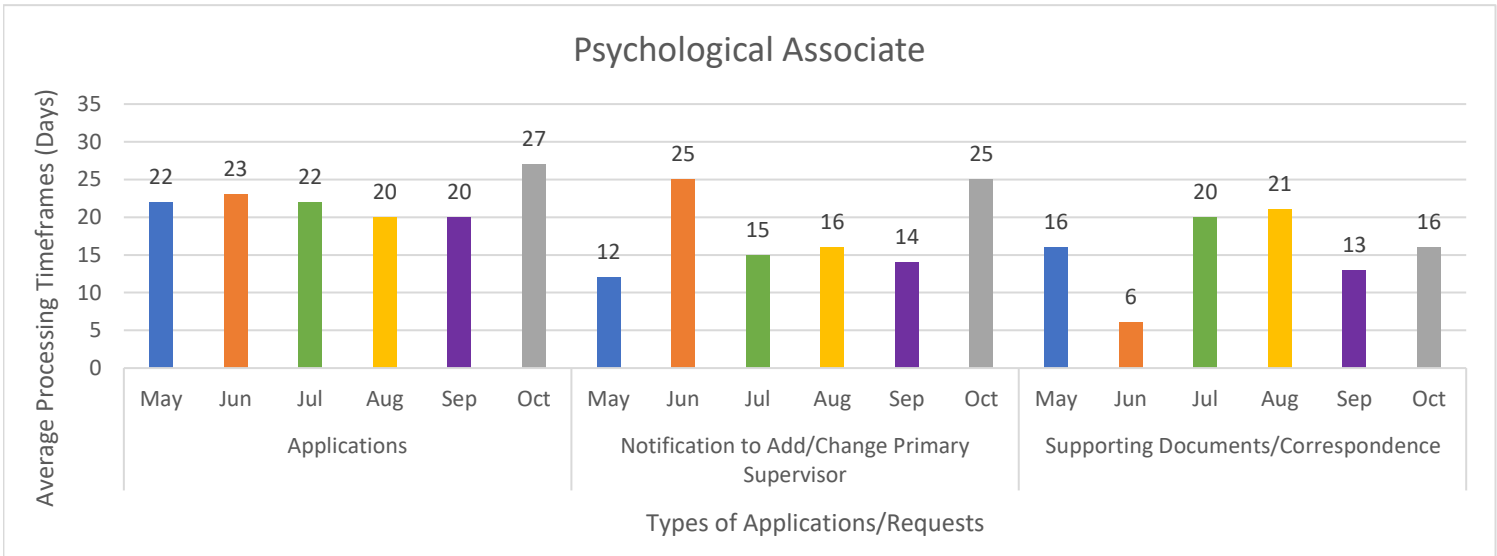
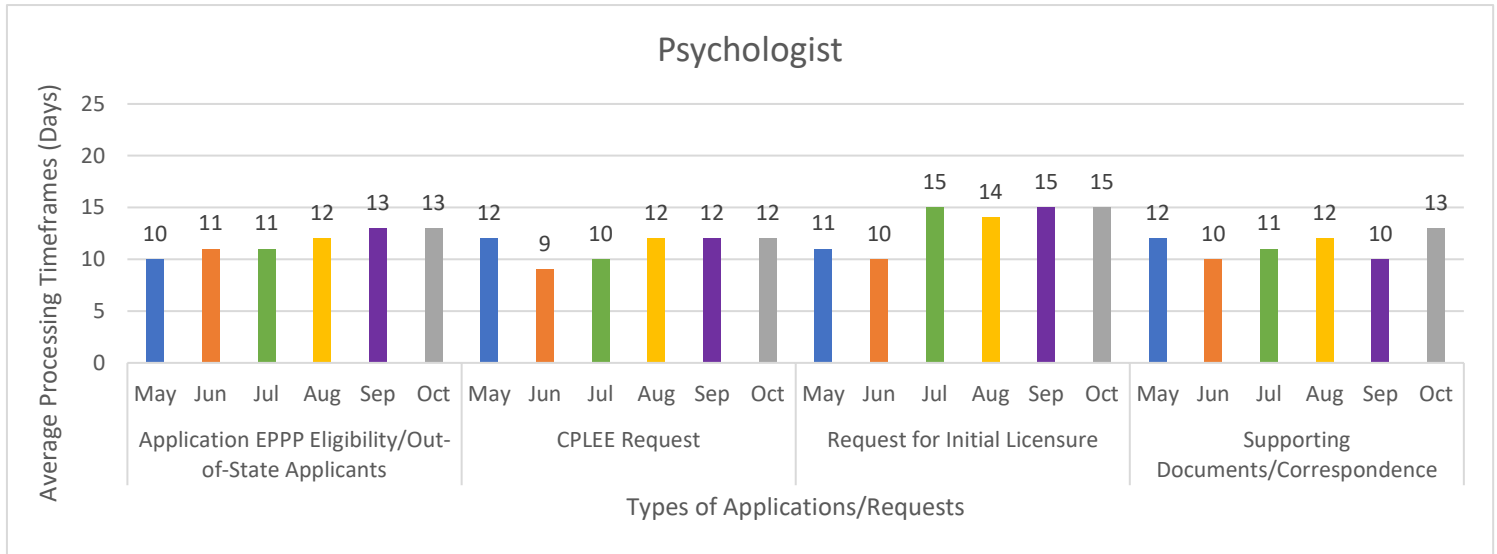
Psychological Testing Technician Application Workload Report
April 1, 2024 to September 30, 2024
As of October 16, 2024



Applications and Notifications Received from October 2023 to September 2024
As of October 16, 2024



**Average Application Processing Timeframes from May 2024 to October 2024
As of October 16, 2024**



MEMORANDUM

DATE	10/15/2024
TO	Board Meeting
FROM	Susan Hansen Examinations Coordinator
SUBJECT	

Examination Statistics

EPPP Monthly Examination Statistics for January through September 2024

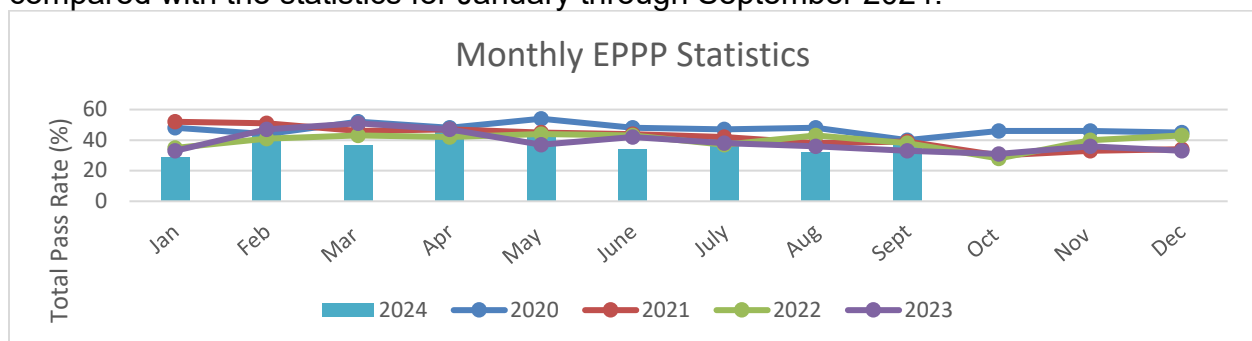
The Examination from Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Pass rates are averaging 38.44% in 2024, with an overall first-time pass rate of 61.09%. First time pass rates tend 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	108	31	28.70%	48	21	43.75%
February	101	43	42.57%	54	31	57.41%
March	169	63	37.28%	79	49	62.03%
April	180	82	45.56%	82	59	71.95%
May	150	66	44.00%	74	53	71.62%
June	186	63	33.87%	78	46	58.97%
July	157	67	42.68%	70	46	65.71%
August	152	48	31.58%	49	25	51.02%
September	142	54	38.03%	52	28	53.85%
Overall - Total	1,345	517	38.44%	586	358	61.09%

The chart below depicts pass rate statistics of the EPPP for the past four years compared with the statistics for January through September 2024.



CPLÉE Monthly Examination Statistics for January through September 2024

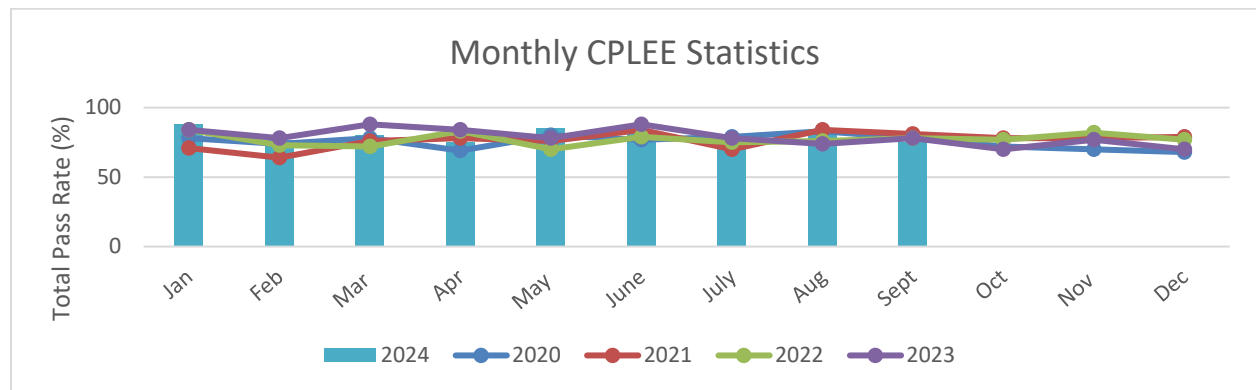
The California Psychology Laws and Ethics Exam (CPLÉE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Pass rates are averaging 80.83% in 2024, with the overall first-time pass rate of 80.48%.

2024 Monthly CPLÉE Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	78	69	88.46%	59	52	88.14%
February	79	61	77.22%	52	39	75.00%
March	79	63	79.75%	64	50	78.13%
April	48	36	75.00%	33	26	78.79%
May	87	74	85.06%	67	55	82.09%
June	109	91	83.49%	94	78	82.98%
July	89	70	78.65%	75	60	80.00%
August	118	97	82.20%	95	77	81.05%
September	106	80	75.47%	91	70	76.92%
Overall - Total	793	641	80.83%	630	507	80.48%

The chart below depicts pass rate statistics of the CPLÉE for the past four years compared with the statistics for January through September 2024. The CPLÉE pass rate is consistent with no noticeable deviation.



Action:

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

MEMORANDUM

DATE	November 7, 2024
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 14 – Continuing Professional Development and Renewals Report

Between January 2024 through September 2024, 75 percent of Psychologists renewed as Active. The retirements count for approximately 4 percent of the monthly applications processed. Psychological Associates account for 21 percent of the monthly applications. Approximately 94 percent of Psychologists and Psychological Associates renewed their license online using BreEZe per month.

CE/CPD audits were sent out for June 2023 through January 2024. The pass rate stands as 89% with 5% of audits are pending completion. Audits were put on hold due to the CPD Coordinator vacancy, and the position was filled in May. The CPD Coordinator position became vacant again and was filled in September 2024. Board staff is projecting to continue with audits in early 2025.

Action Requested

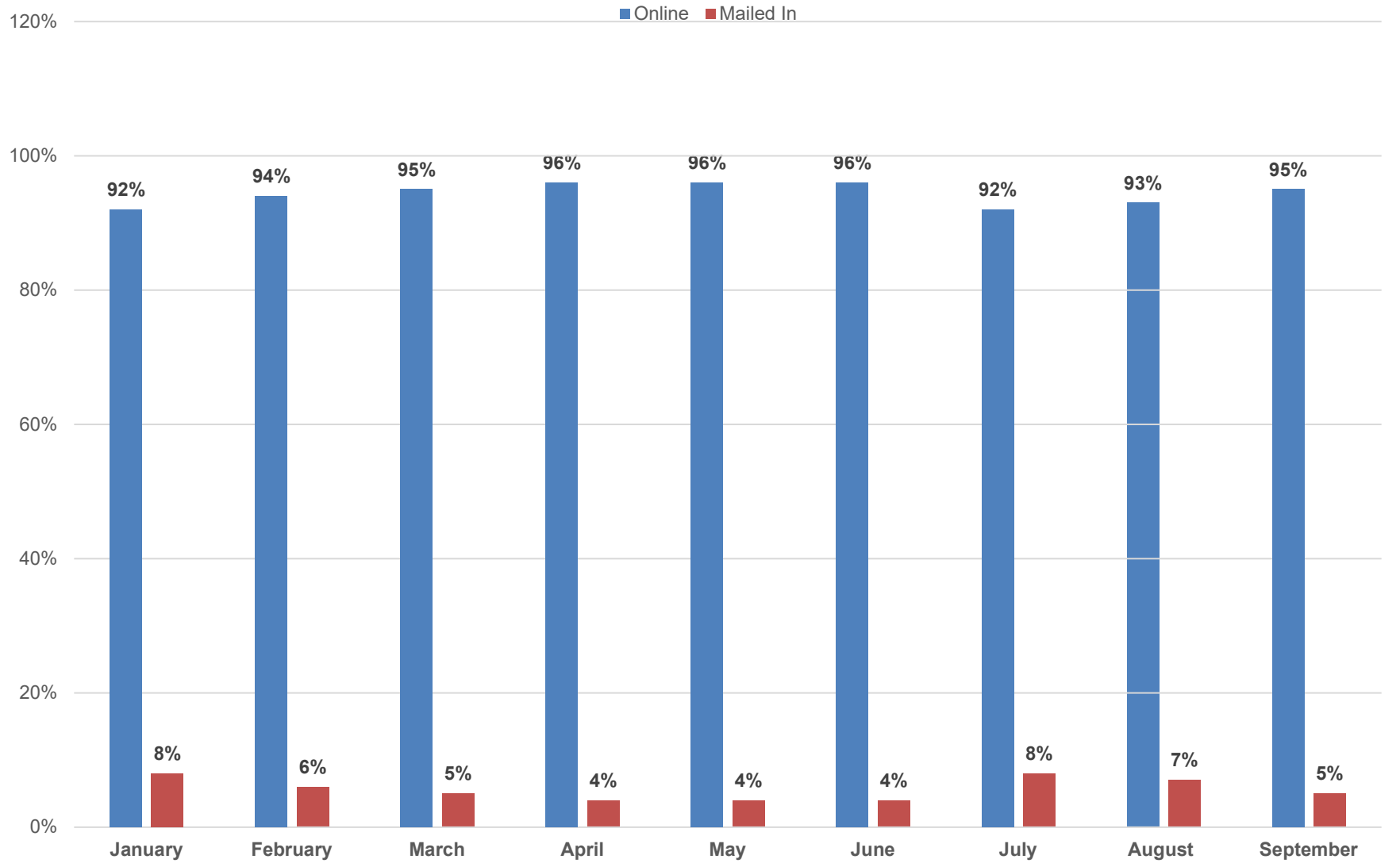
This item is for informational purposes only. There is no action required at this time.

Attachment A: Online vs. Mailed in Renewals Processed (January 2024 – September 2024)

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

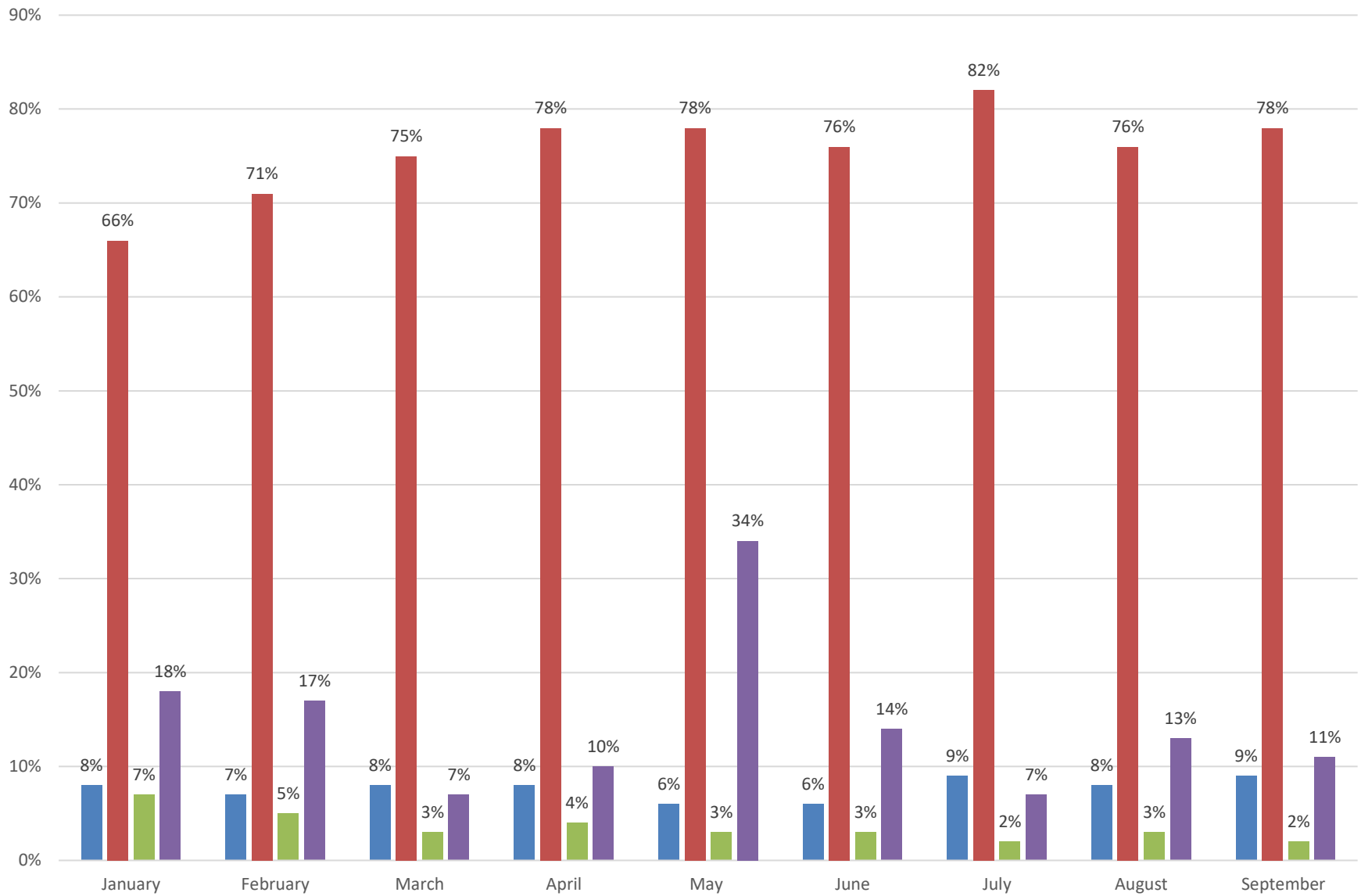
Attachment C: CE/CPD Audits: June 2023 – January 2024

Online vs. Mailed In Renewals January 2024 - September 2024



Renewal Applications Processed January 2024 - September 2024

■ Inactive ■ Active ■ Retired ■ Psych Associates



Continuing Education Audits

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	96%	0%	0%	4%
October	25	96%	0%	0%	4%
November	25	100%	0%	0%	0%
December	20	85%	5%	5%	0%
January 2024	26	61%	38%	0%	1%
Totals:	183	89%	22%	5%	6%

Of the total of 183 audits sent out, the current pass rate is 89% with 5% 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

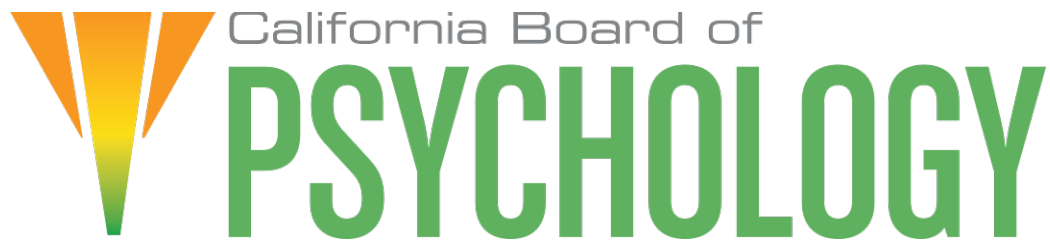
DATE	October 28, 2024
TO	Board of Psychology
FROM	Jon Burke, Interim Executive Officer
SUBJECT	Strategic Plan Update: Agenda Item 15(a)

Background:

The attached Strategic Plan Update identifies the action steps that were created to meet the Board's identified goals and objectives in its 2024-2028 Strategic Plan. This document will be updated and provided to the Outreach and Communications Committee (Committee) and to the Board after each Committee meeting. Updates to the document will be indicated in the status column.

Action Requested:

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



California Board of Psychology

Action Plan

2024 to 2028

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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Goal 1: Licensing

Objective 1.1

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

Success Measure: Shortened timelines and increased use of BreEZe.

Due Date: Q1 2028

Task #	Task Description	Responsible Party	Due Date
1.1.1	Create and post application checklist(s) for psychologist applicants on the Board's website.	Licensing Manager, Licensing and BreEZe Coordinator	Q2 2024
1.1.2	Create and post application checklist(s) for psychological associate registration applicants on the Board's website.	Licensing Manager, Licensing and BreEZe Coordinator	Q4 2024
1.1.3	Develop and configure additional psychologist applications to be available through BreEZe.	Licensing Manager, Licensing and BreEZe Coordinator	Q1 2026
1.1.4	Update forms that were incorporated by reference to allow for online submission of psychological associate registration applications.	Licensing Manager, Licensing and BreEZe Coordinator	Q4 2027
1.1.5	Develop and configure psychological associate applications to be available through BreEZe.	Licensing Manager, Licensing and BreEZe Coordinator	Q1 2028

Objective 1.2

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

Success Measure: New staff are hired and trained.

Due Date: Q2 2025

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

Objective 1.3

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

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

Due Date: Q1 2026

Task #	Task Description	Responsible Party	Due Date
1.3.1	Develop and configure BreEZe functionality for new categories.	Licensing Manager, Licensing and BreEZe Coordinator	Q4 2024
1.3.2	Create new website with pages which have instructions and checklists.	Licensing Manager, Licensing and BreEZe Coordinator	Q4 2024
1.3.3	Share new resources through email and social media.	Licensing Manager and Special Project Analyst	Q4 2024
1.3.4	Promulgate regulation packages for implementation.	AEO, Licensing Manager, Legislation and Regulation Analyst	Q1 2026

Objective 1.4

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

Success Measure: Videos have been created and posted.

Due Date: Q2 2026

Task #	Task Description	Responsible Party	Due Date
1.4.1	Work with Office of Public Affairs to create short video tutorial on psychologist licensure application process.	Licensing Manager	Q4 2025
1.4.2	Work with Office of Public Affairs to create short video tutorial on psychologist exam applications process.	Licensing Manager	Q1 2026
1.4.3	Work with Office of Public Affairs to create short video tutorial on psychological associate application process.	Licensing Manager	Q2 2026
1.4.4	Work with Office of Public Affairs to create short video tutorial on psychological associate notification process.	Licensing Manager	Q2 2026

Goal 2: Continuing Professional Development

Objective 2.1

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

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

Due Date: Ongoing

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

Goal 3: Policy and Advocacy

Objective 3.1

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

Success Measure: California remains outside of the PSYPACT.

Due Date: Q3 2024

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

Objective 3.2

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

Success Measure: Increased partners listed on legislative efforts.

Due Date: Q2 2025

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

Objective 3.3

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

Success Measure: Board proactively acting on emerging issues.

Due Date: Ongoing

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

Goal 4: Enforcement

Objective 4.1

Improve communication to licensees involved in the enforcement process.

Success Measure: Initial contact letter templates for licensees updated.

Due Date: Q1 2027

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

Objective 4.2

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

Success Measure: Brochures created [and distributed].

Due Date: Q1 2027

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

Objective 4.3

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

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

Due Date: Q4 2027

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

Objective 4.4

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

Success Measure: Subject matter expert pool increased.

Due Date: Q2 2025

Task #	Task Description	Responsible Party	Due Date
4.4.1	Contact psychological associations and see if BOP can recruit with their assistance.	Enforcement Manager	Q4 2024
4.4.2	Send letters to licensees that have been licensed over 5 years.	Enforcement Manager	Q1 2025
4.4.3	Ask current experts for referrals.	Enforcement Manager	Q1 2025
4.4.4	Include enforcement statistics in newsletter (very few cases result in discipline through a hearing).	Enforcement Manager	Q2 2025
4.4.5	Have quotes or letters with input from existing experts about their own experiences and how they prepare for the hearings and the support that they get.	Enforcement Manager	Q2 2025

Goal 5: Outreach and Communication

Objective 5.1

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

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

Due Date: Q4 2025

Task #	Task Description	Responsible Party	Due Date
5.1.1	Cohost stakeholder meeting with Board of Behavioral Sciences and Commission on Teacher Credentialing.	EO and Licensing Manager	Q1 2025
5.1.2	Create informational resources.	EO, Licensing Manager, and Office of Public Affairs	Q4 2025

Goal 5: Outreach and Communication

Objective 5.2

Increase access to the Board's informational materials.

Success Measure: Materials are being accessed on website.

Due Date: Q1 2025

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

Goal 5: Outreach and Communication

Objective 5.3

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

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

Due Date: Ongoing

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

Goal 5: Outreach and Communication

Objective 5.4

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

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

Due Date: Q3 2026

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

Goal 5: Outreach and Communication

Objective 5.5

Increase communication regarding the Board's objectives and achievements.

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

Due Date: Q4 2028

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

Goal 6: Board Operations

Objective 6.1

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

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

Due Date: Q1 2028

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

California Board of Psychology

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Sacramento, CA 95834

Phone: (916) 574-7720

<https://www.psychology.ca.gov>



Prepared by:

SOLID Planning Solutions

1747 N. Market Blvd., Ste. 270

Sacramento, CA 95834

MEMORANDUM

DATE	October 25, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #15(b): Social Media Update

Background:

Due to changes with Facebook and Twitter analytics over the last two years, Board staff is no longer able to track “Likes” or followers over time. With the changes in the analytics, the Board requested in November 2023 to remove this data from this report.

a) Linked In – The Board has created a LinkedIn account and has been reaching out to licensees and interested parties as part of the rollout campaign.

b) YouTube - Continuing Professional Development Videos

- 1) January 31, 2024 – BOP Continuing Professional Development Model Webinar -
880 Views
- 2) March 21, 2024 – BOP Informational Fees Webinar
313 Views

c) Board/Committee Meeting Webcasts:
2024

Board Meetings

February 29th – Part 1 -197 Views
Part 2 – 100 Views
March 1st – 176 Views

May 10th – 161 Views

August 15th – 57 Views
August 16th – 62 Views

Legislative and Regulatory Affairs Committee

April 12th – 86 Views
June 14th – 161 Views

Licensure Committee

February 2nd – 217 Views

July 19th – 62 Views

2023

Board Meetings

February 2nd – 125 views

February 3rd – Part 1 – 94 Views

Part 2 – 77 Views

April 7th – Part 1 – 96 Views

Part 2 – 90 Views

May 19th – Part 1 – 55 Views

Part 2 – 55 Views

August 18th – Part 1- 31 Views

Part 2 – 36 Views

Legislative and Regulatory Affairs Committee

June 16th – 36 Views

Licensure Committee

January 13th – 101 Views

July 21st – 34 Views

EPPP Ad hoc Committee

April 28th – Part 1 - 55 Views

Part 2 – 34 views

Action Requested:

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

MEMORANDUM

DATE	October 25, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #15(c): Website Update

Website Background:

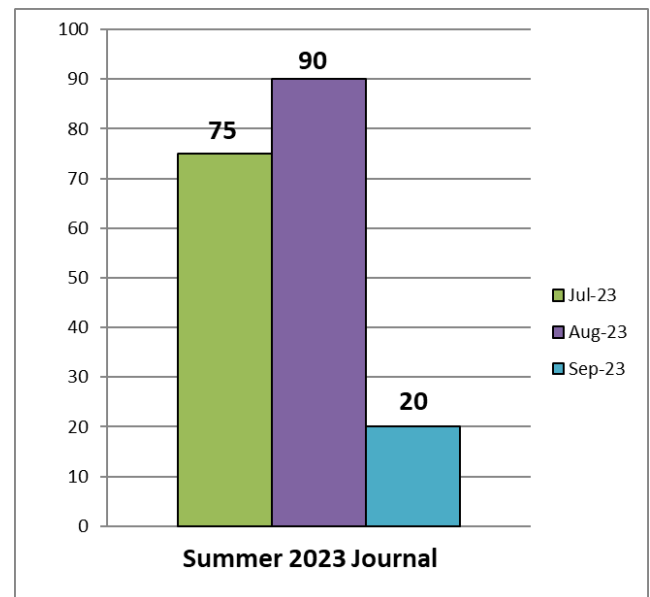
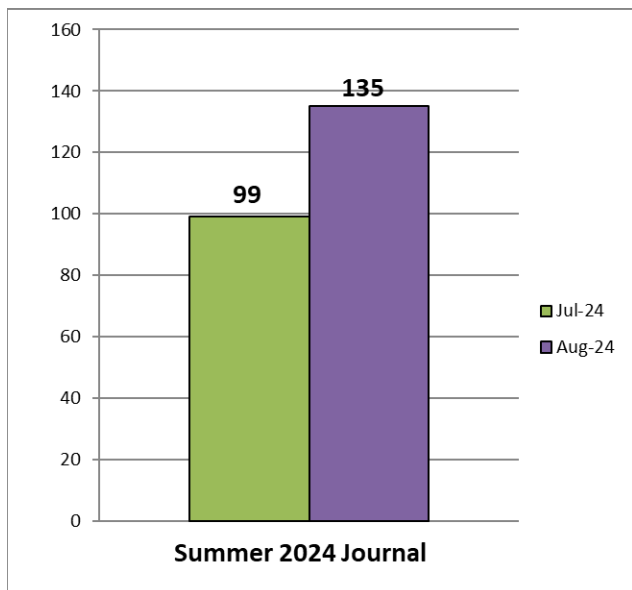
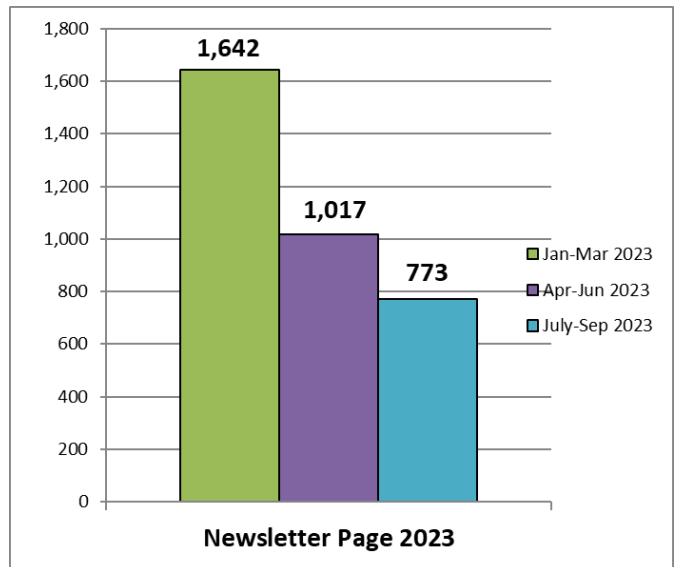
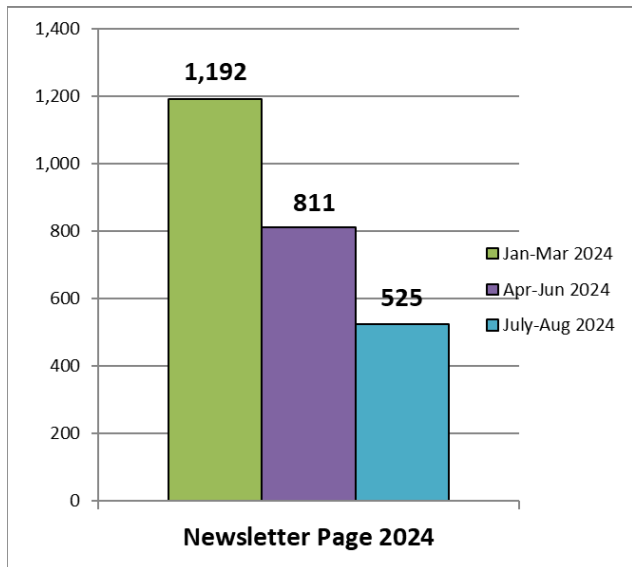
Website: www.psychology.ca.gov

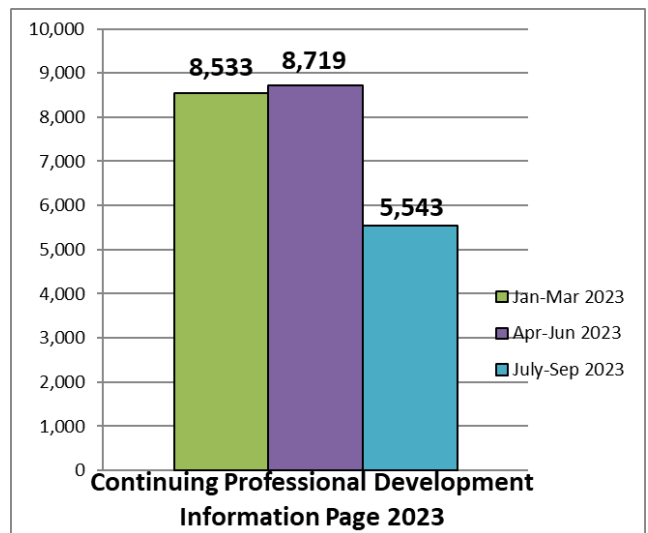
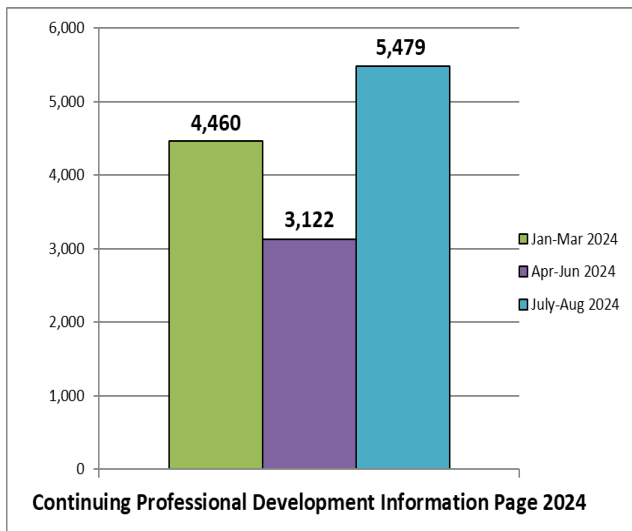
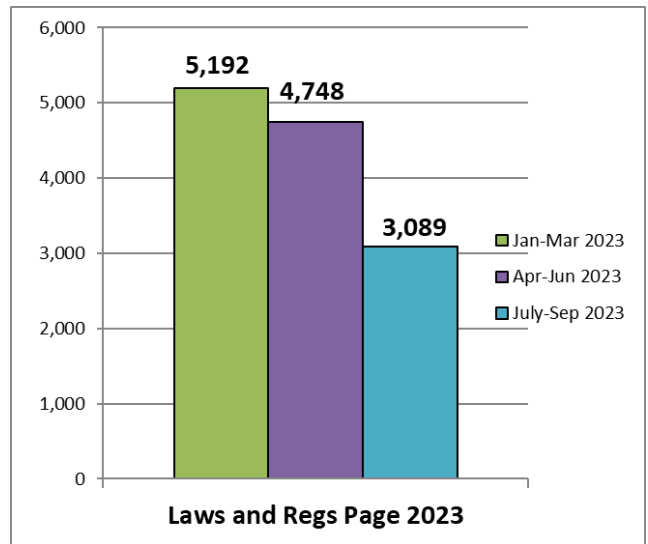
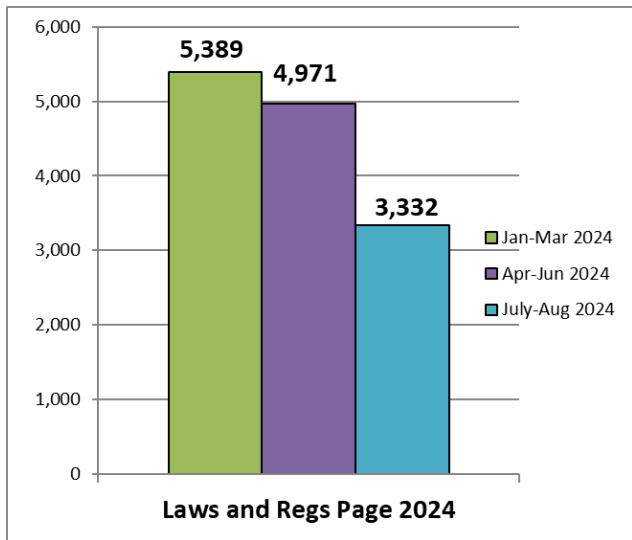
Below are the top five web pages viewed between January 1, 2024, and August 31, 2024. The total number of views are listed for 2023 if that page was in the top five last year.

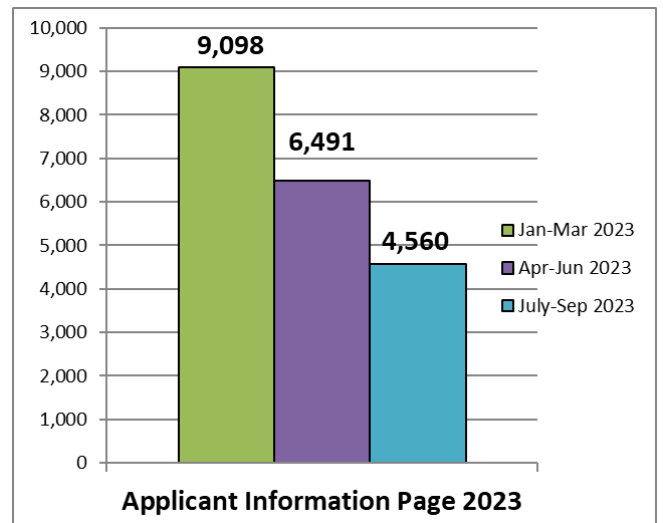
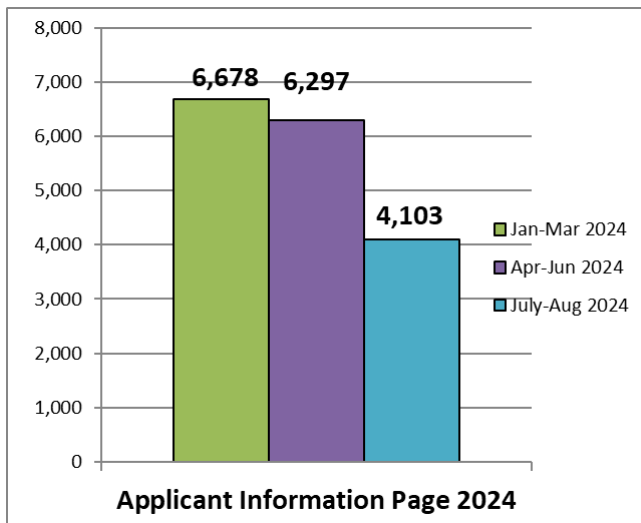
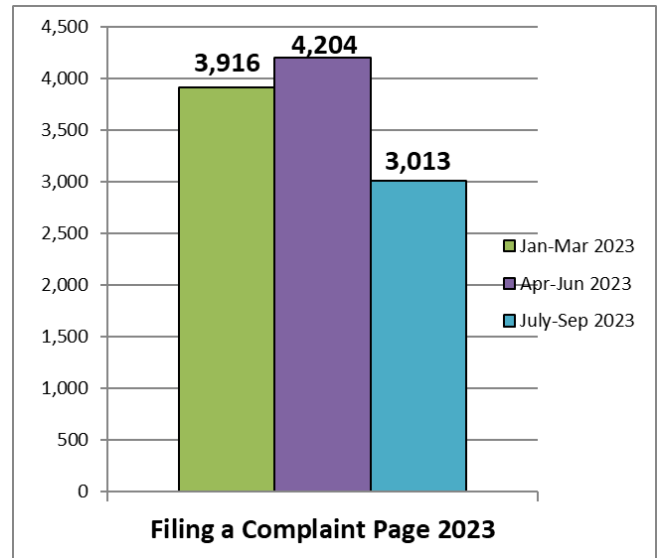
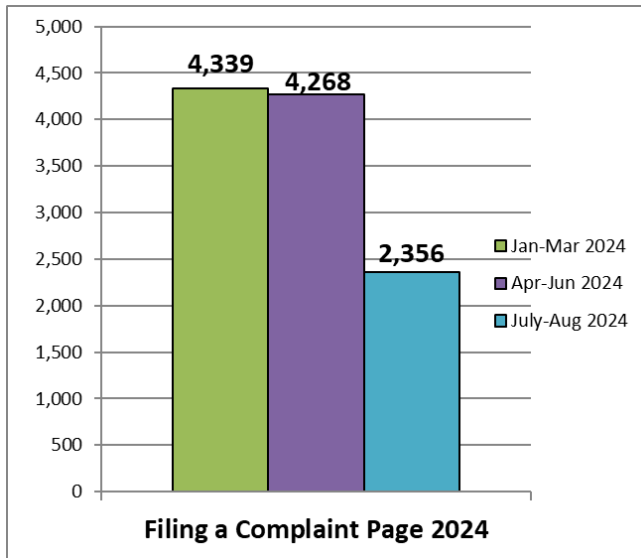
TOP FIVE PAGES	# OF VIEWS	CONTENT
/licensee/faq.shtml	2024 - 33,103 2023 - 38,536	Licensure as a Psychologist – Frequently Asked Questions Page
/licensees/index.shtml	2024 – 31,069 2023 - 30,941	Licensee and Registrant Information Page
/applicants/psychologist.shtml	2024 – 25,775 2023 – 24,743	Psychologist Applicant Page
/licensees/ce_faqs.shtml	2024 -25,501 2023 -22,795	Continuing Professional Development Information Page
/applicants/psychological_assistant.shtml	2024 - 20,083	Psychological Associate Page

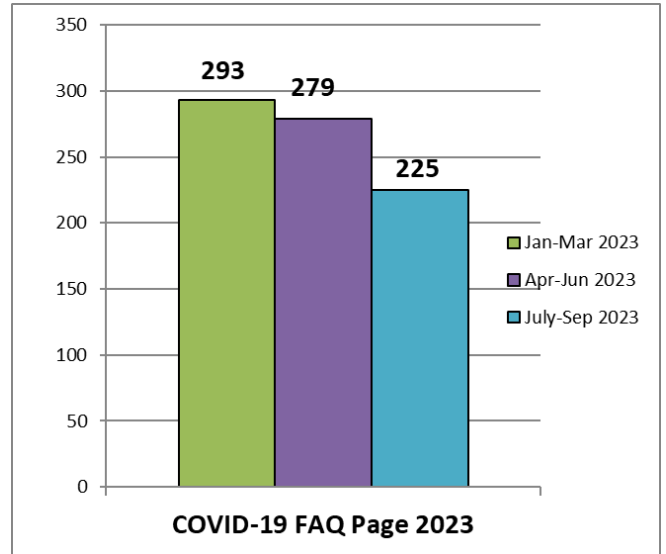
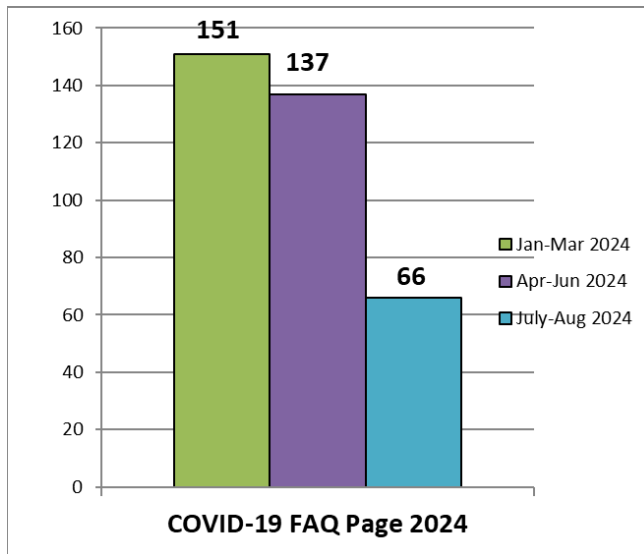
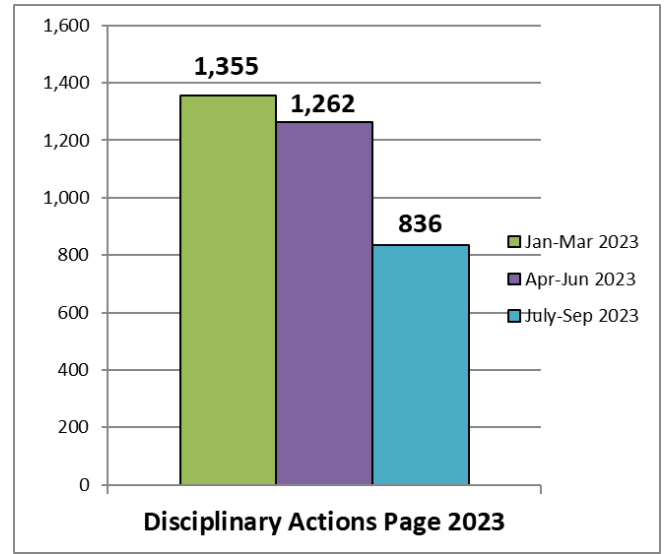
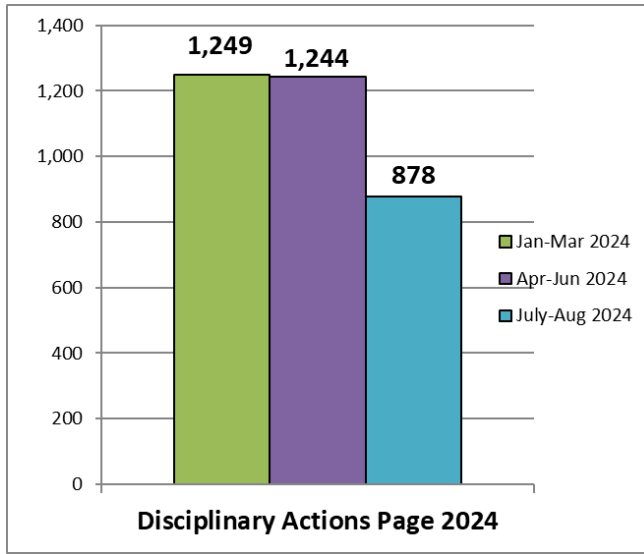
Below please you will find the 2023 and 2024 viewings for the following pages by quarter (through August 31, 2024):

- Newsletter Page
- Summer 2024 Journal Page (Third quarter views by month)
- Laws and Regulations Page
- Continuing Professional Development Information Page
- Filing a Complaint Page
- Applicant Information Page
- Disciplinary Actions Page
- COVID-19 FAQ Page









<u>Legislative Advisories</u>	<u>Views to Date 2024</u>	<u>Views to Date 2023</u>
AB 665 (Carrillo), Minors: consent to mental health services (Effective 1, 2024)	2,217	N/A
AB 282 Advisory – FINAL – October 24, 2023	2,533	N/A
SB 816 (Roth), Professions and Vocations (Effective January 1, 2024)	911	N/A
SB 887 (Committee on Business, Professions and Economic Development. Consumer Affairs, Chapter 510, Statutes of 2023)	173	N/A
SB 372 (Menjivar), Department of Consumer Affairs: licensee and registrant records: name and gender changes (Effective January 1, 2024).	196	N/A
SB 731 (Durazo, Chapter 814 Statutes of 2022) - Criminal Records: Relief	231	1,210
AB 32 (Aguiar-Curry, Chapter 515 Statutes of 2022) – Telehealth	53	242
SB 1428 (Archuleta), Psychological testing technicians	59	19
SB 401 (Pan) Psychology: unprofessional conduct: disciplinary action: sexual acts	601	663
AB 2754 (Bauer-Kahan), Psychology: supervision	187	1,335
AB 486 (Friedman), Emotional support animals	997	677
SB 801 (Archuleta), Healing arts: Board of Behavioral Sciences: Board of Psychology: licensees	651	665
AB 107 (Salas), Licensure: veterans and military spouses	29	85
AB 2113 (Low), Refugees, asylees, and special immigrant visa, etc.	1,834	526
AB 2253 (Low), Professional Licensure	249	311
SB 1474 (BP&ED), Business and Professions	19	27
AB 1145 (Cristina Garcia) Child Abuse: Reportable Conduct, etc.	64	9
AB 1076 (Ting) – Criminal Records: Automatic Relief	62	3
SB 425 (Hill) Probationary Physician's and Surgeon's: Unprofessional Conduct	30	30
SB 786 (BP&ED) – Healing Arts.	6	20
AB 2138 (Chiu) – Licensing Boards: Denial of Application (legislation)	344	517
AB 89 (Levine) – Psychologists: Suicide Prevention Training	347	262

<u>Regulation Advisories</u>	<u>Views to Date 2024</u>	<u>Views to Date 2023</u>
Psychological Associates (2016 Sunset Conforming Changes) Advisory	0	313
Retired License Regulation Advisory	832	1,551
Continuing Professional Development Regulation Advisory	6,421	23,794
Fee Increase Regulation Advisory	875	578
Telehealth FAQ	10,088	14,912
Standards of Practice for Telehealth Regulation Advisory	1,432	1,485
AB 2138 (Chiu) – Licensing Boards: Denial of Application (Regulation)	344	517
Verification of Experience Regulation	1,618	1,209
Uniform Standards, etc.	63	97
Filing of Addresses Regulation Advisory	102	37

Action Requested:

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

MEMORANDUM

DATE	October 28, 2024
TO	Board of Psychology
FROM	Jon Burke, Interim Executive Officer
SUBJECT	Newsletter: Agenda Item 15d

Background:

Attached is the Board's *Fall Journal*. The *Winter Journal* will go out in December 2024.

Action Requested:

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

Journal

****The California Department of Consumer Affairs, Board of Psychology Newsletter ****

IN THIS ISSUE:

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President's Message

By Lea Tate, Psy.D., President, Board of Psychology



Welcome to the fall 2024 Board of Psychology newsletter!

I am pleased to announce the reappointment of Julie Nystrom to the California Board of Psychology. She has provided sound advice and invaluable observations during her tenure on the Board. Her reappointment will continue to support the California Board of Psychology mission.

The fee structure has been a topic of discussion for psychologists throughout California for the past several months. The Board of Psychology continues to field questions regarding the fee structure. If you have questions, please access the informational fee webinar here www.youtube.com/watch?v=KdgM0vwYE2w.

Additionally, for a synopsis of the fee changes, go to www.psychology.ca.gov/images/24-073_psychology_fee_alert.jpg.

As of January 1, 2024, all Continuing Professional Development (CPD) requirements must fall within these four categories: Professional Activities, Academic, Sponsored Continuing Education, and Board Certification. Please continue to diligently document attendance information pertaining to the four areas of development. If you continue to have CPD questions, please refer to the Board of Psychology CPD FAQs located at: www.psychology.ca.gov/licensees/cpd_faqs.shtml.

Please continue to join us at Board meetings. We welcome your comments and enjoy having new faces in the audience!

I want to share what is upcoming for the California Board of Psychology legislative schedule. The Board of Psychology will be preparing for our sunset review scheduled for 2025. There will be sunset hearings in spring 2025 and a final report to the Legislature in winter 2024.

The next Board meeting is in San Diego on November 7-8. The Board is looking forward to our next meeting and we hope to see you there!

Warmly,

Lea Tate, Psy.D.

www.psychology.ca.gov



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CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS



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CALIFORNIA DEPARTMENT OF
**CONSUMER
AFFAIRS**





Living With an Open, Awakened Heart

By Shacunda Rodgers, Ph.D., Vice President, Board of Psychology

Greetings, dear colleagues. I am writing to share a bit about my own mindfulness practice as of late with the hope that it resonates with wherever you may

be on your own personal and professional paths these days. In the last newsletter, we explored the ways in which we can engage the felt sense in our bodies as a pathway toward healing. This time, I'd like to explore how the practice of mindfulness can help us live with an open, awakened heart.

The true goal of mindfulness and meditation, if there is a goal at all, is to awaken—awaken our minds, bodies, and hearts, so that we might be free from our suffering. It is also to awaken us from the slumber of disconnection. Increasingly, it seems that the faster the world moves these days, the more disconnected we have become from ourselves, from one another, and even this very planet we call home. With protracted periods of disconnection and detachment, we can find ourselves simply going through the motions of life, almost as if we're in a trance of some kind.

The kind of trance we might be in varies for all of us—but it can feel like a dreamlike state filled with stories and narratives that tell us how we are different from and separate from the world around us. Perhaps it's a trance that has developed because of burnout, reducing our capacity to be connected to others, or a trance of unworthiness, the trance of shame, the trance of trauma and how it impacts

us, or a trance of some other kind. Or perhaps we're in a trance in our present day lives because we are fixated on the past, or busy forecasting the future. No matter what it is that has us on autopilot, mindfulness helps us to return to a state of presence by returning to the present moment and can help awaken and open our hearts to what's right here, right now.

In her book, "Radical Compassion," meditation teacher Tara Brach notes that there are three features of presence that can bring us out of trance: wakefulness, openness, and tenderness. What do each of these three qualities feel like for you somatically? How do you truly know when the heart is awakened, open, and tender? Conversely, what's the felt sense when the heart is closed off and hardened? How does that show up in the body?

I have noticed in my own life that when my heart is closed, what I notice somatically is a generalized tension marked by tightness, constriction, and holding throughout my body. Rather than judging this physical and emotional sense of being closed off, I try to bear witness to my experience in a way that is kind, nonjudgmental, and compassionate instead. By being gentle in holding what's present, it creates enough space for me to get curious instead of being critical about the fact that I am closed off. This, I believe, is how we can slowly begin to loosen the grip of suffering. In "A Path With Heart," Jack Kornfield writes,



(continued on page 3)



(continued from page 2)

“The patterns of holding in our body and mind are like knots of energy that have bodily contraction, emotions, memories, and images all intertwined. In this practice, [‘Opening Through the Center’], we carefully direct our awareness to each level of a knot, feeling into the very center of the pattern. In doing so, we can release our identification with it and discover a fundamental openness and well-being beyond the contraction.”

What might it be like to truly feel into the spaces where we are tight and contracted, closed off, and in a veritable knot, by going right into the center of it all? Can we allow awareness to gently untangle all of the stories, emotions, and sensations present, and truly listen to the wisdom that emerges? What might the heart reveal about what it needs most? Where can you offer deep, abiding care to yourself? What do you find beneath the hard edges of contraction, once you allow yourself to soften? What’s waiting to be discovered? And, more importantly, can you be with whatever it is?

In this process of exploration, we see that there is wisdom not only in the contraction itself, but also in what the contraction is covering. Mindful awareness helps us hold both with lovingkindness. After all, both are our teachers. Kornfield summarizes it this way, “We must inquire what ... is asking for acceptance and compassion, and ask ourselves, ‘Can I touch with love whatever I have closed my heart to?’”

In your own life, are there areas of tension, holding, and constriction that are calling you to open and awaken the heart? If so, what might be possible? More ease, spaciousness, or freedom? My deepest wish is that these practices can help us know peace on our own paths of healing so that we can help others continue their own paths as well.

Until next time, colleagues, take gentle care.





EPPP Pass Rates in California

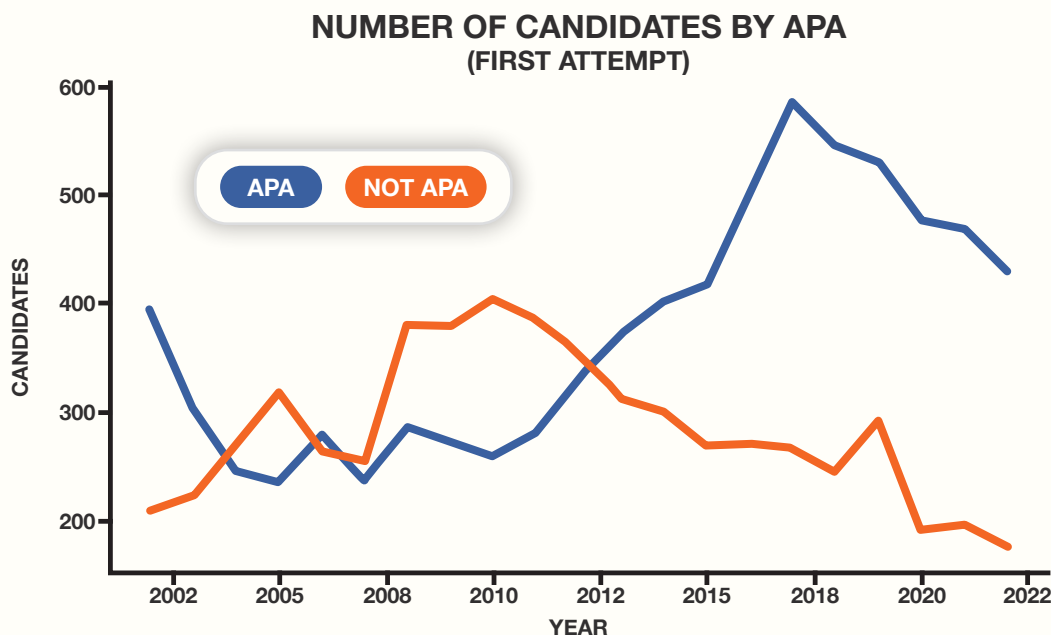
By Marisela Cervantes, Ed.D., MPA, Board Member, Board of Psychology

According to a review of the pass rates of the Examination for Professional Practice in Psychology (EPPP) in 2023, the overall pass rate within the state is 39.22%, with an overall first-time pass rate of 59.88%. The highest pass rate for 2023 was in March, at 51.20%, while the lowest pass rate was in October, at 30.94%. Due to the low pass rates for the EPPP, the Board expressed concern, and wanted to learn more about factors contributing to test-takers' performances. As a result, The Office of Professional Examination Services (OPES) of the Department of Consumer Affairs analyzed factors affecting the California pass rates for the Examination for Professional Practice in Psychology (EPPP) and presented those findings at the February 2024 Board of Psychology meeting.

OPES studied the following variables to determine the degree to which these may have impacted overall

pass rates: American Psychological Association (APA) accreditation, school used to qualify for the EPPP, age of the candidate at the time of testing, and degree earned (Ph.D., Psy.D., or Ed.D.). Our plan is to share a series of articles highlighting specific findings from OPES in this and subsequent newsletters this year.

OPES examined data on Californians completing the EPPP between 2002–2022, to understand how the population of applicants for a psychology license are performing on the examination over time. The analysis revealed that the number of candidates taking the examination has increased during this period, while the pass rate has decreased. The number of first-time test takers peaked in 2018, at nearly 900. The average score for the examination has decreased over time, however; nearly 85% of candidates eventually pass the EPPP.



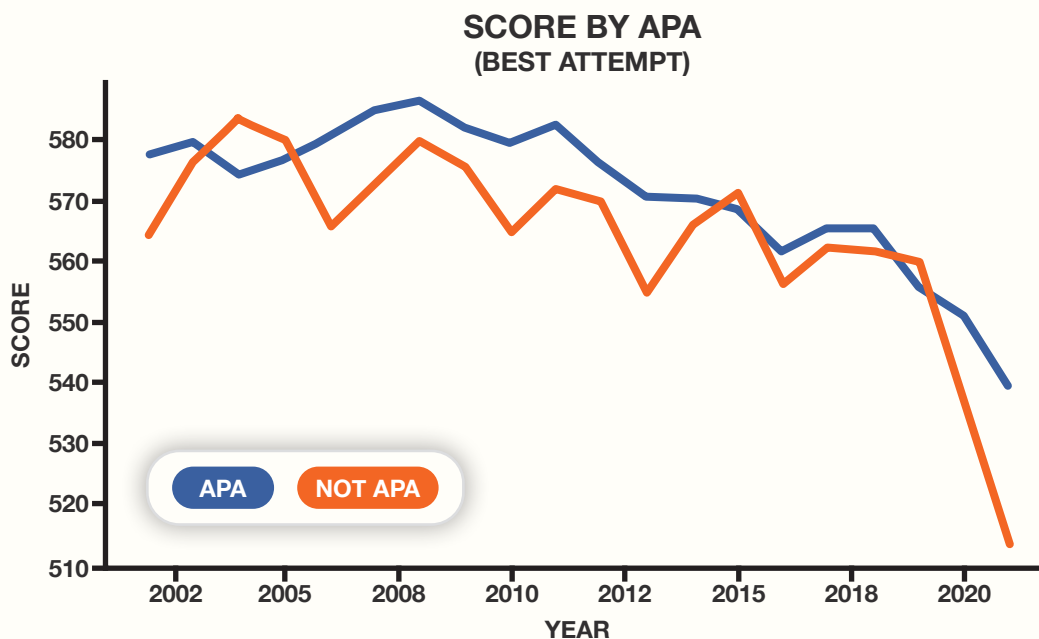
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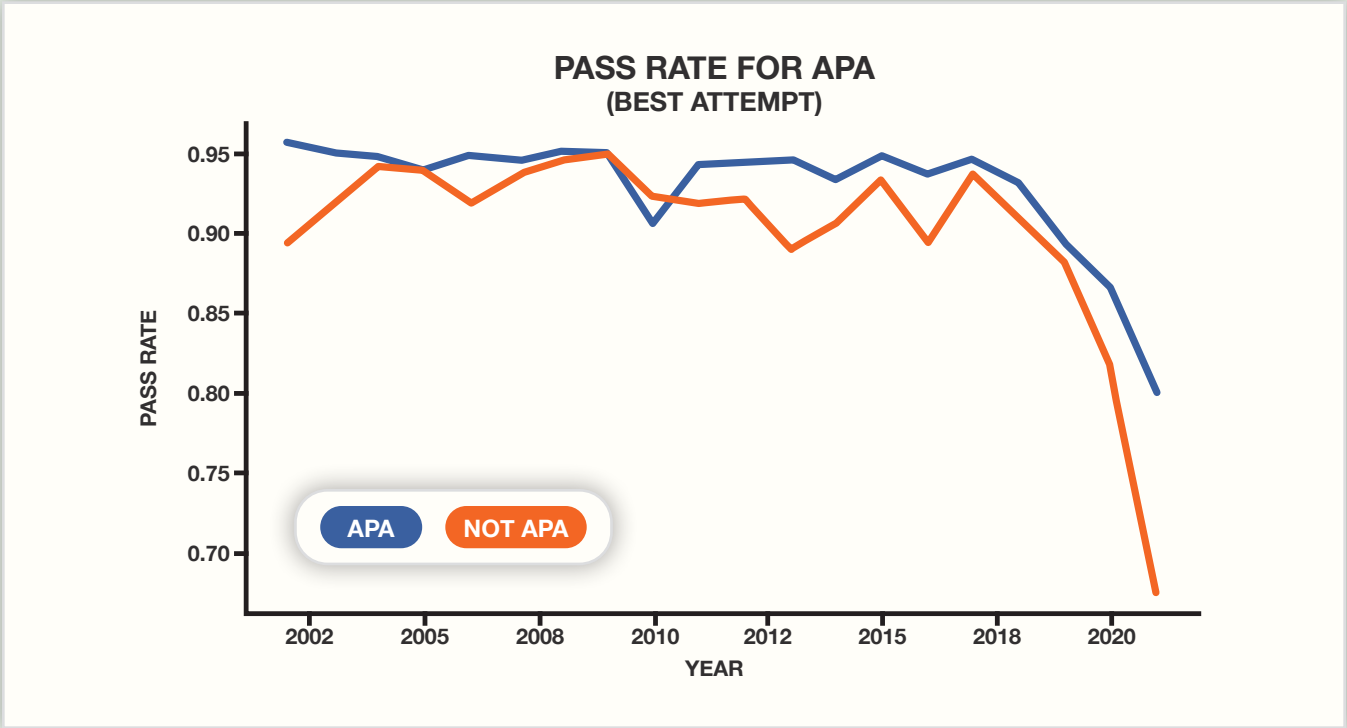
In California, applicants for a psychology license may complete a program that is accredited by the APA, but it is not required. The Board accepts applications for licensure from regionally accredited programs, which often reflect the diverse communities where these programs are based. In 2002, 394 applications from APA-accredited programs were received, compared to 209 from regionally accredited programs. By 2022, the number of applications received from APA-accredited programs was 431, compared to 176 from regionally-accredited programs. Since 2012, the number of applicants taking the EPPP for the first time from APA-accredited programs, has consistently exceeded the number of applicants who attended non-APA-accredited programs.

Scores on the EPPP have decreased over time; however, applicants from APA-accredited programs score slightly higher in their first attempt than those from regionally-accredited programs. In 2002, the average score for applicants in the first attempt from an APA-accredited program was 564, compared to 556 for applicants from a regionally-accredited program. In 2022, the gap increased. The average score for applicants in the first attempt from an APA-accredited program was 519, compared to 496 for applicants from a regionally-accredited program. The passing score has remained 500 throughout the timeframe.



It is important to note that pass rates are very similar for applicants from APA-accredited and regionally-accredited programs over time; however, the performance has been decreasing for both groups.

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How to Become an Exam Expert

By Susan Hansen, Examinations Coordinator, Board of Psychology

The Board of Psychology actively recruits subject matter experts (SMEs) for the development of the California Professional Laws and Ethics Examination (CPLÉE) every year. The work of our SMEs is important as they are the selected representatives of the psychology profession, and their contribution determines the quality of the law and ethics exam that will be administered to individuals who are on the path to become licensed psychologists.

The Board, along with the Office of Professional Examination Services (OPES), works with qualified SMEs through six different workshops annually where our SMEs gather to write and review new items, construct four new forms of the CPLÉE, and establish passing scores for each form of the exam. Specifically, the item writing and item review workshops are administered remotely, while the other four workshops are conducted in-person at the OPES office in Sacramento.

SMEs receive honorarium compensation for their service. Lodging and travel costs are compensated at state rates. To qualify, SMEs must:

- Maintain a license in good standing.
- Maintain a current and active license.
- Be currently working in the field of psychology and have up-to-date skills.
- Not be involved in instructing or supervising graduate level psychology students.

- Have no conflict of interest with current or past employment with the government.
- Not be a Board member or committee member.

Serving as a SME for exam development also allows a licensed psychologist to earn CPD hours where one hour of service is equal to one hour of CPD credit. The regulations allow a maximum of 12 hours of CPD to be credited for activity relating to exam SMEs for each renewal period.

We welcome all interested psychologists to apply. To ensure a well-rounded perspective, if you are a licensed psychologist who has been licensed five years or less, the Board strongly encourages you to apply.

Recruitment of SMEs takes place each spring. Applications are sent to approximately 1500 randomly selected licensees, as well as to those who have expressed interest in participating. Applications are then reviewed and qualified SMEs are scheduled for each workshop. The Board aims to staff workshops with participants that represent the profession in terms of geographic area, practice specialty, ethnicity, and gender. Selected participants are required to submit the necessary documents to be contracted to work as an SME. If you are interested in being placed on a list of interested parties to participate as an SME for the CPLÉE development workshops, please email BOPEXam@dca.ca.gov.





Health Profession Education Foundation Recipient Profile

My journey into the realm of health care began with the foundational influence of my parents, who instilled in me the values of service and compassion from a young age. Their support led me to pursue medicine, equipped with a scholarship that enabled me to study in Europe and earn my M.D. Physician degree without the burden of debt. This initial phase of my career was driven by a desire to make a tangible impact in the lives of those who needed it most.

Upon returning to India and later moving to the U.S. to practice, I was confronted with the reality of health care delivery: brief patient interactions that barely scratched the surface of their needs. This realization was particularly stark in my work with vulnerable communities, where the complexities of their situations demanded more than just medical interventions.

Driven by a deep-seated belief in the importance of comprehensive care, I transitioned from medicine to clinical psychology. This shift was motivated by my experiences in community services, where I saw firsthand the critical need for accessible mental health support. My new path allowed me to engage with individuals on a deeper level, addressing not only their immediate health concerns but also the underlying psychological and emotional challenges.

My grounding practices, rooted in the traditions of yoga and meditation from my upbringing in India, have been invaluable in this work. They have provided me with the resilience and balance necessary to support others effectively, especially when faced with the overwhelming challenges that often accompany work in community health services.

The transition to psychology was also informed by my cultural background, which instilled in me a strong sense of community and the importance of mental wellness. Despite facing stigmas around mental health in my own community, I was driven by a commitment to change these perceptions and improve access to mental health services for vulnerable populations.

My personal battle with perfectionism, shaped by cultural and societal pressures, has further enriched my ability to empathize with those I serve. It has allowed me to connect on a more human level, offering not just clinical support but also understanding and compassion derived from my own experiences.

In my work with diverse and vulnerable communities, I approach each individual as a unique being, transcending societal labels to focus on their inherent worth and potential for healing. This approach has enabled me to build trust and foster a supportive environment where individuals feel seen, heard, and cared for.

My journey from medicine to psychology, driven by experiences in community services, is a reflection of my commitment to holistic and accessible health care. It underscores the importance of compassion, understanding, and culturally sensitive care in making a meaningful impact in the lives of those in vulnerable communities.

I extend my deepest gratitude to the Department of Health Care Access and Information (HCAI) for their invaluable support through the scholarship that has been instrumental in my journey. This gesture of faith and investment in my potential has not only facilitated my academic pursuits but has also significantly amplified my ability to serve those in need within our community. The HCAI's commitment to nurturing professionals dedicated to accessible and compassionate health care resonates deeply with my personal mission and has been a beacon of encouragement as I navigate the complexities and challenges of community service.

This scholarship represents more than just financial assistance; it embodies a shared vision of a world where health care, especially mental health services, is within reach of even the most vulnerable populations.

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It has empowered me to further my education and skills in clinical psychology, thereby enhancing my capacity to make a meaningful difference in the lives of those who often find themselves on the fringes of our health care system. The support from HCAI has been a pivotal force in my journey, enabling me to continue my work with renewed vigor and a deepened commitment to fostering a healthier, more inclusive community. For this, I am profoundly thankful.

Best regards,

Raj Aurora



ASPPB Receives Grant from the Health Resources and Services Administration

Marian Burnetti-Atwell, Psy.D., Chief Executive Officer, Association of State and Provincial Psychology Boards

The Association of State and Provincial Psychology Boards (ASPPB) is thrilled to share the news of our selection to receive a new five-year Licensure Portability Grant (starting July 1, 2024) from the Health Resources and Services Administration (HRSA), a division of the U.S. Department of Health and Human Services. This significant grant, amounting to \$100,000 each year for the next five years, is a testament to the importance of our work and our commitment to the field of psychology. It will primarily support the ongoing development and implementation of the ASPPB Centre for Data and Analysis on Psychology Licensure, a crucial resource for our stakeholders.

The primary purpose of the Centre is to support psychology licensing boards in making informed decisions through consistent data collection, analysis, and reporting. The Centre's website (www.asppbcentre.org) and the annual ASPPB InFocus document also provide valuable information for those seeking licensure and details associated with psychology regulation. With the assistance of this grant from HRSA, ASPPB will be able to create a cohesive outreach strategy for students, licensed psychologists, state psychology licensing boards, state legislatures, and other stakeholders to educate them on continuing developments in licensure portability.



Administrative Citations:

January 1–June 30, 2024

Sharon Kappelman-Culver

Unlicensed, Lafayette

On January 2, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$5,000 for holding herself out to be a psychologist and practicing psychology (including therapy, assessment, diagnosis, etc.) without a license in private practice and private schools.

Philip M. Takakjian, Ph.D.

Psychological License No. PSY 15142, Sausalito

On February 8, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$1,000 for harassing employees at Brightside Health and Happier Living after employment interviews and violating the Board of Psychology Rules of Professional Conduct.

David Frederick Dahl, Ph.D.

Psychological License No. PSY 19014, Cupertino

On February 20, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$500 for violating the probation conditions by failing to submit quarterly reports on time as required by the terms and conditions of his probation.

Carlos Tony Reza, Psy.D.

Unlicensed, Chino Hills

On February 27, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$2,000 for engaging in the unlicensed practice of psychology from June 22, 2015, to September 2, 2017, and failing to maintain the required weekly logs.

Stephen L. Salter, Psy.D.

Psychological License No. PSY 24716, Tarzana

On February 27, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$500 for violating the terms of his probation by failing to submit a quarterly report on time and failing to comply with the terms and conditions of probation fully.

Shannon Shimako Brazee, Psy.D.

Unlicensed, Los Angeles

On March 5, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$1,500 for engaging in the unlicensed practice of psychology from January 7, 2020, to April 1, 2021, by providing psychological services without proper registration and not in an exempt setting.

Danitza Borges

Unlicensed, Palm Desert

On March 19, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$2,500 for providing counseling to trauma survivors and individuals with PTSD beyond the scope of a sex therapist, constituting an extreme departure from the standard of practice and misrepresenting services.

Zarrin Azaedi

Unlicensed, Sherman Oaks

On April 30, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$2,500 for representing herself as an expert in psychology and offering psychological services to the public, which addressed clinical psychological problems and describing her activities in ways indistinguishable from psychological practice.

Meghan E. Lewis, Ph.D.

Unlicensed, Oakland

On May 7, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$2,500 for providing psychological services under the guise of "counseling," offering "professional counseling" via cognitive behavioral therapy (CBT) and "mental health counseling" on her website and conducting an hour-long session involving psychological techniques.

Itzel Anaya, Ph.D.

Psychological License No. PSY 34800 Pomona

On May 7, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$1,500 for engaging in the unlicensed practice of psychology from August 4, 2023, to January 10, 2024, by providing psychological services after the expiration of her registration.

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Barbara J. Kessell, Ph.D.

Psychological License No. PSY 34932, Oakland

On May 14, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$750 for engaging in the unlicensed practice of psychology from August 31, 2023, to January 3, 2024, by providing psychological services after the expiration of her registration.

Emily A. Kurginyan

Psychological License No. PSB 94026209, Los Angeles

On May 14, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$1,000 for failing to respond to the Board's inquiries regarding Case No. 6002023000761, representing a failure to cooperate with a Board investigation, which constitutes unprofessional conduct.

Razia A. Iqbal, Psy.D.

Registration No. RPS 2012366, Cancelled, Berkeley

On May 29, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$2,500 for practicing psychology and holding herself out as a psychologist despite being unlicensed and failing to notify stakeholders and clients of her unlicensed status.

Stephen L. Salter, Psy.D.

Psychological License No. PSY 24716, Tarzana

On May 29, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$750 for violating the terms of his probation by failing to submit his Quarterly Report of Compliance by the required due date of April 7, 2024.

Lauren Ashley Shapiro, Psy.D.

Psychological License No. PSY 29059, Orange

On June 6, 2024, the Board issued a citation containing an order of abatement and a fine in the amount of \$1,000 for failing to fully participate in the alcohol/drug screening program as required by the terms of her probation and for failing to comply with all conditions of her probation.

Christian B. Garnica

Psychological License No. PSB 94027032, Cancelled, San Diego

On June 6, 2024, the Board issued a citation containing an order of abatement and fine in the amount of \$500 for engaging in the unlicensed practice of psychology from September 16, 2023, to February 8, 2024, by providing psychological services to two clients after the expiration of his registration.

Disciplinary Actions:

January 1–June 30, 2024

Malik Salaam Muhammad, Ph.D.

Psychological License No. 2826, Chula Vista

Respondent Malik Salaam Muhammad, Ph.D., stipulated to surrender Psychologist License No. 28269 after the Board filed an Accusation alleging Respondent committed dishonest, corrupt, and/or fraudulent acts by submitting false and fraudulent Medicaid claims for outpatient psychotherapy services that were not provided. From July 2015 to October 2017, Respondent knowingly submitted claims for services not rendered, resulting in substantial financial gain. The Decision and Order took effect on January 3, 2024.

Joy E. Carter-Chastain, Psy.D.

Psychological License No. 13609, Los Angeles

Respondent Joy E. Carter-Chastain, Psy.D., stipulated to surrender Psychologist License No. 13609 after the Board filed an Accusation alleging Respondent failed to comply with an Order for Examination pursuant to Business and Professions Code section 820 and failed to report her change of address to the Board within 30 days. Respondent did not submit to the ordered mental examination or update her address, preventing the Board from communicating effectively. The Decision and Order took effect on January 16, 2024.

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Zona Lai, Ph.D.

Psychological License No. PSY 15697, La Jolla

Respondent Zona Lai, Ph.D., stipulated to surrender Psychologist License No. 15697 after the Board filed an Accusation alleging Respondent committed acts of gross negligence, repeated negligent acts, functioning outside the field of competence, and violations of ethical standards in the practice of psychology. The Decision and Order took effect on May 31, 2024.

Susan Marie Wilde, Psy.D.

Psychologist License No. PSY 19673, Berkeley

Respondent Susan Marie Wilde, Psy.D., stipulated to the surrender of Psychologist License No. PSY 19673 after the Board filed an Accusation alleging Respondent committed unprofessional conduct, including exceeding the scope of her professional training and the limits of her role as a forensic psychological evaluator during a child custody evaluation. The Decision and Order took effect on June 16, 2024.

PROBATION

Eric R. Bergemann, Ph.D.

Psychological License No. PSY 23775, Los Angeles

Respondent Eric R. Bergemann, Ph.D., stipulated to placing Psychologist License No. PSY 23775 on probation for three years, subject to its revocation if Respondent fails to comply with the terms and conditions of probation after the Board filed an Accusation alleging Respondent committed gross negligence, repeated negligent acts, unprofessional conduct, and violation of professional conduct rules, including inadequate and inaccurate record-keeping. The Decision and Order took effect on January 19, 2024.

Heather L. Hobson, Psy.D.

Psychological License No. PSY 28278, Elk Grove

Respondent Heather L. Hobson, Psy.D., stipulated to placing Psychologist License No. PSY 28278 on probation for four years, subject to its revocation if Respondent fails to comply with the terms

and conditions of probation after the Board filed an Accusation alleging Respondent committed unprofessional conduct, including failure to comply with ethical principles and standards related to psychological assessments and failing to maintain accurate records. The Decision and Order took effect on February 23, 2024.

Peggy Holcomb, Ph.D.

Psychological License No. PSY 28011, Sacramento

Respondent Peggy Holcomb, Ph.D., stipulated to placing Psychologist License No. PSY 28011 on probation for five years, subject to its revocation if Respondent fails to comply with the terms and conditions of probation after the Board filed an Accusation alleging Respondent committed acts of repeated negligence, unprofessional conduct, and failure to produce records to a patient in a timely manner. The Decision and Order took effect on March 15, 2024.

Barbara M. Thomas

Psychological License No. PSY 25391, San Clemente

Respondent Barbara M. Thomas stipulated to placing Psychologist License No. 25391 on probation for three years, subject to its revocation if Respondent fails to comply with the terms and conditions of probation, after the Board filed an Accusation alleging Respondent committed acts of gross negligence, including failing to report suspected child abuse as required by law, and took personal phone calls during therapy sessions, thus violating the standard of care and ethical guidelines. The Decision and Order took effect on May 3, 2024.

Carolyn Frances Crimmins

Psychological License No. PSY 23205, Santa Rosa

Respondent Carolyn Frances Crimmins stipulated to placing Psychologist License No. 23205 on probation for five years, subject to its revocation if Respondent fails to comply with the terms and conditions of probation after the Board filed an Accusation alleging Respondent engaged in unprofessional conduct, including providing substandard care,

(continued on page 13)



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failing to maintain adequate records, and violating patient confidentiality. The Decision and Order took effect on June 1, 2024.

PUBLIC LETTER OF REPROVAL (PLR)

Bonita Weavingearth, Ph.D.

Psychological License No. PSY 17876, Los Angeles

Respondent Bonita Weavingearth, Ph.D., was publicly reproved pursuant to California Business and Professions Code section 495 after the Board filed an Accusation alleging Respondent failed to verify completion of continuing education (CE) when requested to do so by the Board during a CE audit. Additionally, Respondent failed to respond to the Board's repeated requests for documentation, demonstrating unprofessional conduct. The Decision and Order took effect on February 15, 2024.

Active Board Positions

AB 2051 (Bonta)—Psychology interjurisdictional compact

This bill would approve the Psychology Interjurisdictional Compact (PSYPACT), to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines in California. This bill would require California to join as a compact state, to recognize the right of a psychologist, licensed in a compact state in compliance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as approved in the compact.

This bill is currently in the Assembly and referred to the Business and Professions Committee.

Board Position: Oppose

To view the text of the bill, click here:

[AB 2051 Psychology interjurisdictional compact](#)

AB 2270 (Maienschein)—Continuing education: menopausal mental or physical health

This bill would allow medical providers, including psychologists, to have the option to take a course in menopausal mental and physical health as

part of the continuing education or professional development requirements.

Board Position: Support

To view the text of the bill, click here:

[AB 2270 Continuing education: menopausal mental or physical health](#)

AB 2581 (Maienschein)—Continuing education: maternal mental health

This bill would allow medical providers, including psychologists, to have the option to take coursework in maternal mental health to satisfy continuing education or professional development requirements.

Board Position: Support

To view the text of the bill, click here:

[AB 2581 Continuing education: maternal mental health](#)

AB 2703 (Aguiar-Curry)—Federally qualified health centers and rural health clinics: psychological associates

This bill would amend the current law to allow psychological associates to perform services in Federally Qualified Health Centers and Rural Health Centers and allow the centers to be reimbursed for the services.

Board Position: Support

To view the text of the bill, click here:

[AB 2703 Federally qualified health centers and rural health clinics: psychological associates](#)

SB 1526—Consumer Affairs Committee on Business, Professions and Economic Development

This bill would amend Health and Safety Codes (HSC) 1374.72, 124260 and 128454, by removing the outdated registration category for “registered psychologist” and amend the registration title “psychological assistant” by replacing the category with the current title of “psychological associate”.

Board Position: Support

To view the text of the bill, click here:

[SB 1526 Consumer affairs](#)



Regulatory Update

Below are the Board's pending regulatory changes and their status in the formal rulemaking process.

Title 16, CCR Sections 1391.13 and 1391.14—Inactive Psychological Associate Registration and Reactivating a Psychological Associate Registration

Status: This package is in the Final Filing Stage. Revised proposed regulatory language was adopted at the May 19, 2023, Board Meeting. At the August 18, 2023, Board Meeting, the Board resolved additional issues regarding the inactive timeframe and voted to adopt the proposed regulatory language as amended. On December 15, 2023, the Department of Consumer Affairs (DCA) Budget Office completed the fiscal impact of this rulemaking. On January 18, 2024, Board staff submitted the regulation package to the regulations coordinator to be submitted for review by the DCA director and the Business, Consumer Services and Housing Agency. Once the director and agency have approved, the rulemaking will be filed with OAL for notice publication. On March 21, 2024, the regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL. The 45-minute public comment period began on April 5 and was completed on May 21, 2024. On June 27, 2024, the regulatory package was submitted to OAL for final review and approval.

This regulatory package does the following:

Allows a psychological associate to request that the Board place their active registration in an inactive status. In addition, the proposed regulations would allow the Board to place the registration in an inactive status when the registrant has no primary supervisor. While the registration is in an inactive status, it will stop the time counting towards the cumulative total of six years registration limitation. The Board is also proposing the adoption of the process for reactivating an inactive psychological associate registration.

Title 16 CCR Section 1395.2—Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Status: Production Phase. Review of the proposed regulatory language at the May 19, 2023 Board meeting was postponed to the August 18, 2023 Board meeting. At the August 18, 2023 Board meeting, the Board voted to adopt the proposed regulatory language and staff is preparing the initial submission documents for DCA and Agency review before filing with OAL for notice publication.

This regulatory package does the following:

Updates the Board's disciplinary guidelines including conforming changes required by the passage of AB 2138, the Board's new regulations regarding criminal convictions and substantial relationship criteria, and the Department's Uniform Standards for Substance Abusing Licensees.

Title 16 CCR Sections 1380.3, 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, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12—Pathways to Licensure

Status: Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

This regulatory package does the following:

Streamlines the licensing process and removes unnecessary barriers for applicants and the supervisors who support their training.

Title 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

Status: Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.



(continued from page 14)

This regulatory package does the following:

This regulatory package would update the Board's enforcement provisions.

Title 16 CCR Sections 1397.35–1397.40—Corporations

Status: Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

This regulatory package does the following:

This regulatory package would update the Board's requirements for professional corporations provisions.

Title 16 CCR Sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1—EPPP-2

Status: 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 that would implement the EPPP part 2 Skills Exam, effective January 1, 2026. On May 10, 2024, Board approved amended regulatory language.

This regulatory package does the following:

This regulatory package updates the statutory and regulatory sections needed to implement the EPPP-2.

Title 16 CCR 1390–1390.14—Research Psychoanalyst

Status: Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. On May 10, 2024, the Board approved adoption of regulations for research psychoanalysts. Board staff plans to bring updates to the text back to the Board during the August meeting.

This regulatory package does the following:

This regulatory package creates regulations for research psychoanalysts under the Board utilizing previous regulatory language from the Medical Board of California's regulation of the licensing group with minor changes for clarity and consistency.



Board Members

Lea Tate, Psy.D. (President)
Shacunda Rodgers, Ph.D. (Vice President)
Sheryll Casuga, Psy.D., CMPC
Marisela Cervantes, Ed.D., MPA
Seyron Foo
Mary Harb Sheets, Ph.D.
Julie Nystrom
Stephen Phillips, J.D., Psy.D.
Ana Rescate

2024 Meeting Calendar

BOARD MEETINGS

November 7–8

COMMITTEES

**Outreach and Communications
Committee Meeting**
September 27

Research Psychoanalyst Ad Hoc Committee
September 20

Have an idea for an article?

Email us at bopmail@dca.ca.gov



MEMORANDUM

DATE	October 28, 2024
TO	Board of Psychology
FROM	Jon Burke, Interim Executive Officer
SUBJECT	Outreach Activities: Agenda Item 15(e)

Stakeholder Meetings FY 2023/24

Stakeholders Meetings – Fiscal Year 23/24

- 9/7-9/2023 – Jonathan Burke (Assistant Executive Officer), Jeffrey Smith (Enforcement Analyst), Stephanie Cheung (Licensing Manager), and Liezel McCockran (Continuing Professional Development Coordinator) attended the California Psychological Association Convention in San Diego, CA. Board staff had an exhibitor booth and fielded questions from attendees (309 in attendance).
- 10/21/2023 - Stephanie Cheung (Licensing Manager) and Liezel McCockran (Continuing Professional Development Coordinator) attended the Los Angeles County Psychological Association Convention at UCLA in Los Angeles, CA (estimated attendance 275).
- 1/22/2024 – Liezel McCockran (Continuing Professional Development Coordinator), Cynthia Whitney (Central Services Manager), Jonathan Burke (Assistant Executive Officer), Antonette Sorrick (Executive Officer), Sam Singh (Regulatory Counsel), Anthony Pane (Board Counsel), and Dr. Stephen Phillips (Board Member conducted a three-hour continuing professional development webinar (909 in attendance).
- 2/2/2024 – Dr. Phillips attended the ASPPB Board of Directors meeting in Los Angeles, CA. PsyPACT and EPPP2 were both topics of discussion (15 in attendance).
- 3/21/24 – Dr. Rodgers, Cynthia Whitney (Central Services Manager), Jonathan Burke (Assistant Executive Officer), Antonette Sorrick (Executive Officer), Sam Singh (Regulatory Counsel), Anthony Pane (Board Counsel), Evan Gage (Special Projects Coordinator), Troy Polk (Legislative and Regulatory Affairs), and Sarah Proteau (Board Relations Liaison) (509 in attendance).

Requests

- None

Action Requested:

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

MEMORANDUM

DATE	October 28, 2024
TO	Psychology Board Members
FROM	Jon Burke, Interim Executive Officer
SUBJECT	Review Barriers to Telehealth Survey and Next Steps – Agenda Item 15(f)

Background:

In 2020, a pandemic and nationwide protests regarding racial inequities have highlighted the need for the Board of Psychology to consider how it conducts business and how that impacts the profession of psychology and access to psychological services. As such, then Board President Seyron Foo and Outreach and Communications Committee Chair Dr. Lea Tate agreed on the following areas of focus:

- a. Update on Continued Professional Development Regulations: Implementation Plan to Produce Written Materials including Cultural Diversity and Social Justice Requirement
- b. Increase Stakeholder Engagement
- c. Engage Department of Healthcare Services (DHCS) Regarding Medi-Cal Reimbursement Rates
- d. Engage Substance Abuse and Mental Health Services (SAMHSA) Regarding Federal Initiatives Addressing Equity
- e. Digital Divide – How Does the Digital Divide Impact Access to Telehealth

On June 26, 2023, the Board conducted a *Barriers to Telehealth* survey. This survey was a follow up to e (the Digital Divide). The surveys were sent to 30,000 consumers and providers of telehealth. The survey was closed on July 24, 2023. The initial goal of the survey was to share the survey results to an organization that would write a white paper which would include policy recommendations based on the survey results. The Board reached out to both the University of California and the Little Hoover Commission. To date, no interest in a white paper has been expressed by either organization.

At its November 2023 Meeting the Board reviewed the results of the survey and assigned the following task to the Committee:

- Engage in partnerships with stakeholders such as the American Psychological Association (APA), the Association of Black Psychologists (ABPsi), the Association of State and Provincial Psychology Boards (ASPPB), the California Psychological Association (CPA), The Trust (Professional Liability Insurance/Risk

Assessment) and the Association of Regional Center Agencies regarding practice standards and best practices (via webcasts, podcasts, newsletter articles and social media)

At the September 27, 2024, meeting Dr. Casuga requested the Board write a letter to potential stakeholders to determine if they would be interested in partnering with the Board to share standards in telehealth. Dr. Casuga also requested the Board consolidate and highlight major themes from the survey in a “dashboard’ format to include graphics and data.

Attachments

Dashboard (Hand Carry)

MEMORANDUM

DATE	October 25, 2024
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #20: Research Psychoanalyst Committee Report and Consideration of Committee Recommendations

Background:

During the Medical Board of California's (MBC) Sunset Review, the Senate Business, Professions and Economic Developments (Senate BP&ED) noted that psychoanalysis is a discipline of psychology and that, consequently, the Board of Psychology (Board) should administer the Research Psychoanalyst registration program instead of MBC. , The Board currently oversees individuals practicing psychology and already successfully administers registration programs for individuals with practice limitations in psychology. The Board took no position on Senate BP&ED's proposal and did not seek to administer the Research Psychoanalyst registration program. However, the Senate BP&ED created Senate Bill 815 which transfers the administration and oversight of the Research Psychoanalyst registration program to the Board.

The effective date for transfer of administration and oversight of authority is January 1, 2025. There are statutory and regulatory changes that will need to be implemented to conform the Research Psychoanalyst registrations with the current practices of the Board of Psychology. To implement the statutory and regulatory changes, the Board will go through various steps throughout the next several years. The Board intends to be transparent throughout this process and welcomes participation from members of the public and stakeholders. The Board has held three committee meetings and one stakeholder meeting in 2024.

Since the Board is making amendments to Business and Professions Codes (BPC), the Board will need to include these changes in our upcoming Sunset Review over the next 18 months. Sunset Hearings will be scheduled in 2025. These hearings are another great opportunity for the public and stakeholders to express their support or opposition to the Legislature.

The Senate Business Professions and Economic Development Committee will place those amendments into statute effective January 1, 2026. Once the Board has statutory authority we can start making changes to the regulations. The Board anticipates the regulatory package being effective July 1, 2026. Public and stakeholders will also be able to express their support or opposition at various stages throughout the regulatory process during public meetings or written public comment periods.

Stakeholder Committee Meeting Feedback:

During the September 20, 2024, Research Psychoanalyst Stakeholder Committee Meeting, public comment was heard, and the evaluation of each topic is below:

Licensure vs. Registration

Public comment requested the board look into creating a licensure category for Research Psychoanalysts instead of a registration category. The Committee determined that if the registration were to become a licensure, they would need to develop a new national licensure exam, and state law and ethics exam. This would be cost prohibitive to develop the new exams and would cause an increase in fees to registrants. Furthermore, the Committee heard feedback to reduce the additional requirements already contemplated for this registration transfer. The desire for a licensure category would necessitate even more requirements for consumer protection purposes. Consequently, the Committee does not recommend to the Board that it seek legislation allowing the Research Psychoanalysis registration program to be converted into a licensure category.

Pre-registration Coursework

There was also discussion about adding six coursework requirements for Research Psychoanalysts prior to registration. To clarify, this coursework would be a one-time requirement similar to the existing rules governing psychologist applicants. Two courses are part of the Business and Professions Code (BPC) General Provisions that apply to applicants for all healing arts Boards within the Department of Consumer Affairs:

- BPC 25 – Human Sexuality
- BPC 28 - Child, Elder, and Dependent Adult Abuse Assessment and Reporting

The other four courses are established in the Board's governing statute:

- BPC 2914(e) - Alcohol and Other Chemical Substance Dependency Detection and Treatment
- BPC 2914(f) - Spousal or Partner Abuse Assessment, Detection, and Intervention
- BPC 2915.4 - Suicide Risk Assessment and Intervention
- BPC 2915.5 - Aging and Long-term Care

The Committee recommends the adoption of these one-time courses to remain consistent with mandates by the State Legislature and for the protection of California consumers.

Continuing Professional Development Requirement:

During the stakeholder meeting, it was discussed that the Board will require Research Psychoanalysts to complete 36 hours of approved Continuing Professional Development (CPD) hours every two years during their renewal cycle. The following

courses would be required as part of the CPD requirements and would be a one-time renewal requirement for current registrants prior to their first renewal with the Board.

- BPC 25 – Human Sexuality
- BPC 28 - Child, Elder, and Dependent Adult Abuse Assessment and Reporting
- BPC 2914(e) - Alcohol and Other Chemical Substance Dependency Detection and Treatment
- BPC 2914(f) - Spousal or Partner Abuse Assessment, Detection, and Intervention
- BPC 2915.4 - Suicide Risk Assessment and Intervention
- BPC 2915.5 - Aging and Long-term Care

Stakeholders raised concerns as to how such course work can be undertaken and the scope of the requirements.

International Equivalency

During the stakeholder meeting, concerns were raised regarding international individuals who obtained foreign training as research psychoanalysts being recognized for their education and experience, and what constitutes equivalency .

Stakeholders expressed concerns regarding the historical lack of communication and transparency in the application and appeal processes for international students.

Currently, the Board may accept a foreign doctoral degree for psychologist licensure and registration as a psychological associate. The doctoral degree must be evaluated by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), or by the National Register Health Services Psychologists (NRHSP). The member of the NACES or NRHSP is required to submit the evaluation to the Board directly and include in the evaluation, a transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure, an indication that the degree used to qualify for licensure is verified using primary sources, and a determination that the degree is equivalent to a degree that qualifies for licensure or registration.

The Board may want to investigate means by which research psychoanalysts have obtained credentials outside of the United States and a standard and mechanism for determining equivalency. Given that the process of completing such training is unlike the process in the United States for obtaining graduate degrees, consideration of appropriate standards for equivalency and its documentation will need to be explored.

Action Requested:

Discuss and adopt the Committee's recommended changes to the statutory and regulatory language.

Attachments:

Proposed Statutory Changes
Proposed Regulatory Changes

BUSINESS AND PROFESSIONS CODE - BPC
DIVISION 2. HEALING ARTS [25 - 4999.129]
(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 6.6. Psychologists [2900 - 2999]
(Chapter 6.6 repealed and added by Stats. 1967, Ch. 1677.)

ARTICLE 9. PSYCHOLOGICAL CORPORATIONS [2995 - 2999]
(Article 1 added by Stats. 1980, Ch. 1314.)

Business and Professions Codes 25, 28, 490, 726, 729, 2914, 2915, 2915.4, 2915.5, 2936, 2936.5, 2950, 2951, 2952, 2953, and 2954, 2960.1, 2963, and 2966

25.

Any person applying for a license, registration, or the first renewal of a license, after the effective date of this section, as a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, research psychoanalyst, or a licensed professional clinical counselor shall, in addition to any other requirements, show by evidence satisfactory to the agency regulating the business or profession, that they have completed training in human sexuality as a condition of licensure or registration. The training shall be creditable toward continuing education or continuing professional development requirements as deemed appropriate by the agency regulating the business or profession, and the course shall not exceed more than 50 contact hours.

The Board of Psychology shall exempt from the requirements of this section any persons whose field of practice is such that they are not likely to have use for this training.

“Human sexuality” as used in this section means the study of a human being as a sexual being and how a human being functions with respect thereto.

The content and length of the training shall be determined by the administrative agency regulating the business or profession and the agency shall proceed immediately upon the effective date of this section to determine what training, and the quality of staff to provide the training, is available and shall report its determination to the Legislature on or before July 1, 1977.

If a licensing board or agency proposes to establish a training program in human sexuality, the board or agency shall first consult with other licensing boards or agencies

that have established or propose to establish a training program in human sexuality to ensure that the programs are compatible in scope and content.

(Amended by Stats. 2019, Ch. 351, Sec. 3. (AB 496) Effective January 1, 2020.)

28.

(a) The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse that will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

(b) The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist, or registration as a research psychoanalyst. This training shall be required one time only for all persons applying for initial licensure, initial registration, or for renewal of licensure or registration renewal.

(c) All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist, or registration or renewal of a registration as a research psychoanalyst shall, in addition to all other requirements for licensure, registration or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

(1) Be obtained from one of the following sources:

(A) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.

(B) A continuing education provider as specified by the responsible board by regulation.

(C) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved or accepted by the responsible board.

(2) Have a minimum of seven contact hours.

(3) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

(4) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

(d) The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from this section and who shows to the satisfaction of the board that there would be no need for the training in the applicant's practice because of the nature of that practice.

(e) It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist, or registered as a research psychoanalyst have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that, by solely complying with this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

(f) The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure, registration, or renewal of a license ~~renewal~~ or registration.

(Amended by Stats. 2019, Ch. 351, Sec. 5. (AB 496) Effective January 1, 2020.)

490. Grounds for suspension or revocation; Discipline for substantially related crimes; Conviction; Legislative findings

(a) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action that a board is permitted to take following the establishment of a conviction may be taken 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 Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos v. Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

(Amended by Stats. 2010, Ch. 328, Sec. 2. (SB 1330) Effective January 1, 2011.)

726. (sexual relations)

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(Amended by Stats. 2015, Ch. 510, Sec. 3. (AB 179) Effective January 1, 2016.)

729. (sexual exploitation)

(a) Any physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000). For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Research psychoanalyst" has the same meaning as defined in Section 2950.

(3) "Student research psychoanalyst" has the same meaning as defined in Section 2950.

(24) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(35) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(46) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

(Amended by Stats. 2011, Ch. 15, Sec. 6. (AB 109) Effective April 4, 2011. Operative October 1, 2011, by Sec. 636 of Ch. 15, as amended by Stats. 2011, Ch. 39, Sec. 68.)

2914.

(a) An applicant for licensure as a psychologist or registration as a research psychoanalyst shall not be subject to denial of licensure or registration under Division 1.5 (commencing with Section 475).

(b) (1) On and after January 1, 2020, an applicant for licensure shall possess an earned doctoral degree in any of the following:

(A) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(B) Education with the field of specialization in counseling psychology, educational psychology, or school psychology.

(C) A field of specialization designed to prepare graduates for the professional practice of psychology.

(2) (A) Except as provided in subparagraph (B), the degree or training obtained pursuant to paragraph (1) shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(B) Subparagraph (A) does not apply to any student who was enrolled in a doctoral program in psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology or in education with the field of specialization in counseling psychology, educational psychology, or school psychology at a nationally accredited or approved institution as of December 31, 2016.

(3) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(4) Until January 1, 2020, the board may accept an applicant who possesses a doctoral degree in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology from an institution that is not accredited by an accrediting agency recognized by the United States Department of Education, but is approved to operate in this state by the Bureau for Private Postsecondary Education on or before July 1, 1999, and has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code.

(5) An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that the applicant possesses a doctoral degree in psychology or education as specified in paragraphs (1) and (2) that is equivalent to a degree earned from a regionally accredited academic institution in the United States or Canada by providing the board with an evaluation of the degree by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), or by the National Register of Health Services Psychologists (NRHSP), and any other documentation the board deems necessary. The member of the NACES or the NRHSP shall submit the evaluation to the board directly and shall include in the evaluation all of the following:

(A) A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure.

(B) An indication that the degree used to qualify for licensure is verified using primary sources.

(C) A determination that the degree is equivalent to a degree that qualifies for licensure pursuant to paragraphs (1) and (2).

(c) (1) An applicant for licensure shall have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific

requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall have occurred after the applicant was awarded the qualifying doctoral degree. Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. The supervisor shall submit verification of the experience to the trainee as prescribed by the board. If the supervising licensed psychologist fails to provide verification to the trainee in a timely manner, the board may establish alternative procedures for obtaining the necessary documentation. Absent good cause, the failure of a supervising licensed psychologist to provide the verification to the board upon request shall constitute unprofessional conduct.

(2) The board shall establish qualifications by regulation for supervising psychologists.

(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. If a national licensing examination entity approved by the board imposes additional eligibility requirements beyond the completion of academic coursework, the board shall implement a process to verify that an applicant has satisfied those additional eligibility requirements. For purposes of this subdivision, "academic coursework" does not include participation in an internship or writing a dissertation or thesis.

(e) An applicant for licensure as a psychologist or registration as a research psychoanalyst shall complete coursework or provide evidence of training in the detection and treatment of alcohol and other chemical substance dependency.

(f) An applicant for licensure as a psychologist or registration as a research psychoanalyst shall complete coursework or provide evidence of training in spousal or partner abuse assessment, detection, and intervention.

(Amended by Stats. 2023, Ch. 425, Sec. 1. (AB 282) Effective January 1, 2024.)

2915.

(a) Except as provided in this section, the board shall issue a renewal license only to a licensed psychologist or a research psychoanalyst who has completed 36 hours of approved continuing professional development in the preceding two years.

(b) A licensed psychologist or a research psychoanalyst who renews or applies to reinstate their license issued pursuant to this chapter shall certify under penalty of perjury that they are in compliance with this section and shall retain proof of this compliance for submission to the board upon request. False statements submitted pursuant to this section shall be a violation of Section 2970.

(c) Continuing professional development means certain learning activities approved in four different categories:

(1) Professional activities.

(2) Academic activities.

(3) Sponsored continuing education coursework.

(4) Board certification from the American Board of Professional Psychology.

The board may develop regulations further defining acceptable continuing professional development activities.

(d) Continuing education courses approved to meet the requirements of this section shall be approved for credit by organizations approved by the board. An organization previously approved by the board to provide or approve continuing education is deemed approved under this section.

(e) The board may accept continuing education courses approved by an entity that has demonstrated to the board in writing that it has, at a minimum, a 10-year history of providing educational programming for psychologists and has documented procedures for maintaining a continuing education approval program. The board shall adopt regulations necessary for implementing this section.

(f) The administration of this section may be funded through professional license fees and continuing education provider and course approval fees, or both. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(Amended by Stats. 2021, Ch. 647, Sec. 9. (SB 801) Effective January 1, 2022.)

2915.4.

(a) Effective January 1, 2020, an applicant for licensure as a psychologist or registration as a research psychoanalyst 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.

(Amended by Stats. 2023, Ch. 510, Sec. 53. (SB 887) Effective January 1, 2024.)

2915.5.

~~(a) Any applicant for licensure as a psychologist as a condition of licensure~~Any applicant for licensure as a psychologist or registration as a research psychoanalyst shall show, as part of the application, 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.

(Amended by Stats. 2023, Ch. 510, Sec. 54. (SB 887) Effective January 1, 2024.)

2936.

~~The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the “Ethical Principles of Psychologists and Code of Conduct” published by the American Psychological Association (APA). Those standards shall be applied by the board as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.~~

~~To facilitate consumers in receiving appropriate psychological services, all licensees and registrants shall be required to post, in a conspicuous location in their principal psychological business office, a notice which reads as follows:~~

~~“NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board by email at bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov, by calling 1-866-503-3221, or by writing to the following address:~~

~~Board of Psychology
1625 North Market Boulevard, Suite N-215
Sacramento, California 95834”~~

~~(Amended by Stats. 2014, Ch. 316, Sec. 10. (SB 1466) Effective January 1, 2015.)~~

2936.5

The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychoanalysis. The board shall establish as its standards of ethical conduct relating to the practice of psychoanalysis and psychoanalytic therapy, the “APsA Code of Ethics” published by the American Psychoanalytic Association (APsA). Those standards shall be applied by the board as the accepted standard of care in all research psychoanalyst and student research psychoanalyst development and in all board enforcement policies and disciplinary case evaluations.

To facilitate consumers in receiving appropriate psychoanalysis and psychoanalytic services, all registrants shall be required to post, in a conspicuous location in their principal psychoanalytic business office, a notice which reads as follows:

“NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice

of psychoanalysis. If you have questions or complaints, you may contact the board by email at bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov, by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology
1625 North Market Boulevard, Suite N-215
Sacramento, California 95834

2950.

(a) Graduates of psychoanalytic institutes which belong to the American Psychoanalytic Association or the International Psychoanalytical Association, 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 research 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 28, 490, 726, 729, 2936, 2960, 2960.1, 2960.6, 2963, 2966, 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.

(Added by Stats. 2023, Ch. 294, Sec. 30. (SB 815) Effective January 1, 2024. Operative January 1, 2025, pursuant to Section 2954.)

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 Psychology Fund a fee to be fixed by the board at a sum of one hundred fifty dollars (\$150).

(b) Each person shall pay into the Psychology Fund a fingerprint processing fee of forty-nine dollars (\$49).

~~(c) The money in the Psychology Fund 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.~~

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.

~~(bd)~~ 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 seventy-five dollars (\$75). Students seeking to renew their registration shall present to the board evidence of their continuing student status. The money in the Psychology Fund 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.

(de) The board may employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of this article.

(Added by Stats. 2023, Ch. 294, Sec. 30. (SB 815) Effective January 1, 2024. Operative January 1, 2025, pursuant to Section 2954.)

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.~~

~~*(Added by Stats. 2023, Ch. 294, Sec. 30. (SB 815) Effective January 1, 2024. Operative January 1, 2025, pursuant to Section 2954.)*~~

2954.

This article shall take effect on January 1, 2025.

(Added by Stats. 2023, Ch. 294, Sec. 30. (SB 815) Effective January 1, 2024.)

2960.1.

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. A proposed or issued decision that contains a finding that the licensee or registrant engaged in an act of sexual abuse, sexual behavior, or sexual misconduct, as those terms are defined in Section 2960, may contain an order of revocation.

(Amended by Stats. 2022, Ch. 298, Sec. 2. (SB 401) Effective January 1, 2023.)

2963. Matters deemed conviction

A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions and duties of a psychologist, ~~or psychological assistant~~ associate, or research psychoanalyst, or student research psychoanalyst, is deemed to be a conviction within the meaning of this article. The board may order the license suspended or revoked, or may decline to issue a license 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 Section 1203.4 of the Penal Code allowing the person to withdraw his or her 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.

(Amended by Stats. 1989, Ch. 888, Sec. 33.)

2966. Suspension during incarceration for felony conviction; Determination of substantial relationship of felony to functions of psychologist; Discipline or denial of license or registration

(a) A psychologist's license, or psychological associate or research psychoanalyst or student research psychoanalyst registration shall be suspended automatically during any time that the holder of the license is incarcerated after conviction of a felony, regardless of whether the conviction has been appealed. The board shall, immediately upon receipt of the certified copy of the record of conviction, determine whether the license ~~of the psychologist or registration~~ has been automatically suspended by virtue of the psychologist's licensee's or registrants' incarceration, and if so, the duration of that suspension. The board shall notify the ~~psychologist licensee or registrant~~ psychologist licensee or registrant of the license or registration suspension and of the right to elect to have the issue of penalty heard as provided in this section.

(b) Upon receipt of the certified copy of the record of conviction, if after a hearing it is determined therefrom that the felony of which the licensee or registrant was convicted was substantially related to the qualifications, functions, or duties of a ~~psychologist licensee or registrant~~, the board shall suspend the license or registration until the time for appeal has elapsed, if an appeal has not been taken, or until the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the board. The issue of substantial relationship shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board.

(c) Notwithstanding subdivision (b), a conviction of any crime referred to in Section 187, 261, 288, or former Section 262, of the Penal Code shall be conclusively presumed to

be substantially related to the qualifications, functions, or duties of a ~~psychologist~~ licensee or registrant and a hearing shall not be held on this issue. Upon its own motion or for good cause shown, 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 to maintaining the integrity of and confidence in the psychology profession.

(d) (1) Discipline or the denial of the license or registration may be ordered in accordance with Section 2961, or the board may order the denial of the license or registration when the time for appeal has elapsed, the judgment of conviction has been affirmed on appeal, or an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(2) The issue of penalty shall be heard by an administrative law judge sitting alone or with a panel of the board, in the discretion of the board. The hearing shall not be commenced until the judgment of conviction has become final or, irrespective of a subsequent order under Section 1203.4 of the Penal Code, an order granting probation has been made suspending the imposition of sentence; except that a licensee or registrant may, at the ~~licensee's~~ option of the licensee or registrant, elect to have the issue of penalty decided before those time periods have elapsed. Where the licensee or registrant so elects, the issue of penalty shall be heard in the manner described in this section at the hearing to determine whether the conviction was substantially related to the qualifications, functions, or duties of a psychologist, a registered psychological associate, a research psychoanalyst, or a student research psychoanalyst. If the conviction of a licensee or registrant who has made this election is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. This subdivision does not prohibit the board from pursuing disciplinary action based on any cause other than the overturned conviction.

(e) The record of the proceedings resulting in the conviction, including a transcript of the testimony therein, may be received in evidence.

(Amended by Stats. 2021, Ch. 626, Sec. 2. (AB 1171) Effective January 1, 2022.)

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROGRAM

PROPOSED REGULATORY LANGUAGE
Research Psychoanalyst

Legend:	Added text is indicated with an underline. Omitted text is indicated by (* * * *) Deleted text is indicated by strikeout .
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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 to a patient or client~~ for not more than 1700 hours per renewal cycle. Verification of specified hours shall be provided to the Board upon request. The remainder of total professional time including time should be spent in practice, teaching, training o 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, ~~at the state-California State university University or college,~~ or an accredited or approved educational institution as defined by Section XXXX, 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.

Existing Medical Board of California Language:
~~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 Board, accompanied by a required verification and the prescribed renewal fee.~~

Proposed Board of Psychology Language:

For registrations prior to January 1, 20XX, all registrations expire and become invalid at 11:59 pm Pacific Standard Time 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 Board, accompanied by a required verification and the prescribed renewal fee.

Subsequent to January 1, 20XX, all registrations expire biannually and become invalid at 11:59 pm Pacific Standard Time two years following the date of issuance 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 Board, accompanied by a required verification and the prescribed renewal fee.

The annual renewal fee required in section XXX must be submitted to renew the registration. A registration renewed 30 days after its expiration must be accompanied by the delinquency fee referenced in section 163.5 of the Business and Professions Code in order to be renewed.

A research psychoanalyst who has been registered with the Board but whose registration has expired and has not been renewed shall not function as a research psychoanalyst.

A registration not renewed by the research psychoanalyst within 60 days after its expiration shall be cancelled and shall not be reinstated. A new registration must be obtained to perform psychological functions as a research psychoanalyst.

NOTE: Authority cited: Sections 2930 and 2950, Business and Professions Code, Reference: Sections 2930 and 2950, Business and Professions Code.

MEMORANDUM

DATE	October 28, 2024
TO	Board Members
FROM	Jonathan Burke Interim Executive Officer
SUBJECT	Agenda Item # 23 Discussion and Possible Action Regarding the Board's Position on the EPPP Part 2

History of Board Consideration of the EPPP2

The 2024 developments regarding the examination are discussed on page 4.

In 2017, the Board determined that there was a need for stakeholder input regarding possible implementation of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology Part 2 (EPPP2). A Task Force with representatives from various stakeholders was created to provide input to the Board regarding consideration and possible implementation of the EPPP Part 2.

The Task Force's role was to consider the pros and cons of the proposed examination to the Board's prospective licensees and consumers, eligibility criteria, the application process, and the impact on the Board's process for licensure. The Task Force met on April 5th and June 29th, 2018 at the Department of Consumer Affairs' (DCA's) Headquarters in Sacramento. This Task Force was chaired by Board Member Dr. Sheryll Casuga.

The Examination for Professional Practice in Psychology, currently known as the EPPP Part 1 (Knowledge), is a computer-based examination developed and administered by ASPPB. This exam is one of two examinations required for licensure in California. The cost of the exam to the applicant is \$600.00.

EPPP Part 2 (Skills exam), per ASPPB, will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice and enhance consumer protection. The cost of this exam was initially set at \$600.00. ASPPB, at the time of the initial Task Force meeting, announced the plan to make this exam mandatory for all jurisdictions.

After several discussions, the Task Force did not believe the EPPP Part 2 was in the best interests of California consumers for the following reasons:

- Lack of a proven necessity for the examination;
- Concerns related to the exam's ability to assess skills resulting in negligible consumer protections;

- Costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students;
- New barriers to licensure and potentially detrimental impact on access to psychological services to California consumers; and
- Clarification on whether the optional Enhanced EPPP is an indefinite alternative or ASPPB is simply postponing the deadline for mandatory adoption. If the implementation date is merely being delayed, the Board would appreciate clarification on the anticipated date for mandatory implementation.

The Task Force also had significant concerns with the loss of license portability with other States if ASPPB decided to mandate the EPPP Part 2. Due to this concern, the Task Force recommended (should part 2 become mandatory) that the Board continue participation in the EPPP, and not create its own version of a national examination. For a copy of the full EPPP 2 task force report please reference attachment A.

In August 2018, ASPPB retracted its decision and made the EPPP Part 2 an optional exam for all state boards and proposed incentives for early adopters. Although ASPPB's announcement clarified that the EPPP Part 2 was now an optional component, it raised concerns regarding whether ASPPB would eventually make the examination mandatory.

These concerns were addressed in the letter dated December 2018 which stated as follows:

“The Board of Psychology supports a competency-based examination but feels that certainty is required as to its mandatory implementation, and that a date certain for all member jurisdictions is necessary. Uncertainty as to implementation results in a current inability to move forward with the required statutory and regulatory changes.

ASPPB would aid its member jurisdictions if it were to identify all statutory and regulatory changes needed to implement the new examination (drafting and supporting statutory and regulatory changes through advocacy, etc.) over a set period of time calibrated to the expected implementation date and the time necessary to effect needed changes.

ASPPB should continue to evaluate the total cost of both examinations and establish a uniform lower total cost as to all jurisdictions, as of the mandatory effective date of the Enhanced EPPP.

In addition, the Board also requests that ASPPB make available to the Board and the Department of Consumer Affairs' Office of Professional Examination Services the following information as it becomes available:

- *Data from Beta testing from participating jurisdictions to evaluate the validity of the Enhanced EPPP.*
- *Evidence of external validity that substantiates the need for the Enhanced EPPP. This information would help further clarify the need for and validity*

of the Enhanced EPPP and inform the Board's discussion regarding the prospect for adoption of the Enhanced EPPP.”

ASPPB’s response was noted in a letter (Attachment B) dated January 29, 2019. Summarily, ASPPB Board of Directors (BOD) had determined that the jurisdictional use of the Enhanced EPPP would not be mandated during the initial implementation process. The BOD, however, would revisit the implementation process of the examination and determine whether or not to continue delivering the EPPP 1 as a stand-alone option or only to deliver the Enhanced EPPP. They would take into consideration the time it takes for California to develop and implement regulation changes and factor that into their decision.

ASPPB also reduced the exam fee for the EPPP2 from \$600.00 to \$450.00 and to allow the Board access to beta testing information from participating jurisdictions to enable the Department of Consumer Affairs, Office for Professional Examination Services (OPES) to conduct an audit of the EPPP.

This audit (Attachment C) was completed in April 2021. Summary of the audit is as follows:

“Overall, the SMEs concluded that the content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics. This general knowledge should continue to be tested on the California Psychology Law and Ethics Examination.

The SMEs were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items. Additionally, the SMEs favored the EPPP Part 2 over the EPPP Part 1 as a single-examination option. However, the SMEs concluded that while the EPPP Part 2 assesses a deeper measure of skills than those measured by the EPPP Part 1, that alone may not support adoption of the EPPP Part 2. The SMEs further concluded that the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure. OPES recommends that the Board continue to monitor the beta testing results of the EPPP Part 2 as part of their decision-making process for adopting the EPPP Part 2 as a requirement for licensure in California in the future.”

This audit was presented at the EPPP AdHoc Committee meeting held on October 21, 2021. However further discussion could not be made until the ASPPB Board of Directors decided on their plan for the EPPP2.

In October 2022, the ASPPB Board of Directors announced the implementation of the Enhanced EPPP two-part exam to become effective January 1, 2026, to all member jurisdictions. The announcement and factual overview (Attachment D) are attached for your convenience. ASPPB does not believe that the EPPP2 will create a barrier to practice and promises to smooth the road to licensure amidst a national mental health crisis. ASPPB’s core value is to develop a fair, equitable and accessible exam and that the two-part exam ensures a thorough assessment of competence and promote consumer

protection. They will be mindful of the cost and confirmed a 25% reduction in the EPPP2 fee with no current plans to increase the fee.

After the announcement, the Board received several letters of opposition and one in favor of implementing the EPPP2. Copies are attached for your review (Attachment E & F).

The EPPP Ad Hoc Committee met on April 28, 2023, to discuss the EPPP part 2 and make recommendations to the Board. Implementation of the EPPP part 2 meant that statutory and regulatory changes were necessary to continue to conduct business and license portability remains. If the Board decides not to implement the EPPP part 2, this will require the creation of California's own practice base exam which would add additional cost to the Board's examination development process, and it would also eliminate license portability for California licensees.

Committee Recommendations were as follows:

- 1) To adopt the two-part EPPP exam for licensure for the State of California effective January 1, 2026, to avoid any interruption of service.
- 2) To have staff conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting.
- 3) Direct the executive officer to continue to work with ASPPB and communicate any barriers to licensure concerns from the Board.

The Committee also reviewed the proposed statutory and regulatory language that would enable Board staff to implement the two-part EPPP exam.

In May 2023, the Board accepted the committee's recommendation and agreed to adopt the two-part EPPP exam on January 1, 2026.

In August 2024 the Board provided the process, workload, and cost to develop a California practice exam in lieu of adopting the EPPP 2. (Attachment G)

The Texas Behavioral Health Executive Council expressed opposition to the mandated EPPP two-part exam and proposed amending the ASPPB's bylaws. As a response, ASPPB made announcement to the member jurisdictions that a vote would be taken at the annual meeting October 30-November 3, 2024, regarding ASPPB's bylaws amendments. (Attachment H)

In October 2024, the California Psychological Association (CPA) wrote a letter opposing the implementation of the EPPP two-part exam (Attachment I). CPA has requested that the Board do the following at its November 2024 meeting:

1. Reverse its adoption of the EPPP-2 starting January 1, 2026.
2. Cease development of laws and/or regulations relating to EPPP-2.

On October 22, 2024, ASPPB issued a letter to member jurisdictions that they are pausing the 1/1/2026 EPPP 2-part exam mandate. They will explore the feasibility of a single EPPP exam that test on both knowledge and skills. (Attachment J)

Board staff have stopped drafting the regulatory package that was going to implement the EPPP2 examination by January 1, 2026. The same package was going to implement AB 282 and staff will present modified text for Board approval at the February 2025 meeting.

AB 282 allows applicants to take the EPPP or CPLEE, or both exams as soon as they have completed all academic coursework required for a qualifying doctoral degree.

The law also states, "If a national licensing examination entity approved by the board imposes additional eligibility requirements beyond the completion of academic coursework, the board shall implement a process to verify that an applicant has satisfied those additional eligibility requirements."

Action Requested:

If ASPPB opt for a single EPPP exam to test on both knowledge and skills, the Board will need to consider eligibility requirements for the new combined EPPP. Particularly whether supervised professional experience is necessary and if the requirements of AB 282 are applicable.

Attachments:

Attachment A: Full Report of the EPPP Part 2 Task Force

Attachment B: January 29, 2019, letter from ASPPB

Attachment C: EO Summary of OPES Audit of the EPPP

Attachment D: October 2022 ASPPB's Announcement regarding the Enhanced EPPP and Factual Overview

Attachment E: Letters of Opposition

Attachment F: Letter in Favor

Attachment G: California Practice Exam Cost Analysis

Attachment H: EPPP 2 Texas Developments, ASPPB Response and Letter

Attachment I: CPA Opposition Letter on EPPP 2

Attachment J: ASPPB Pausing EPPP 2 Mandate

**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force**

Task Force Report

July 30, 2018



EPPP2 Task Force Members

Member Name	Organization Represented
Dr. Sheryll Casuga	Task Force Chair, Board of Psychology, Board Member
Seyron Foo	Board of Psychology, Board Member
Dr. Andrew Harlem (Alternate: Dr. Allison Briscoe-Smith)	California Institute of Integral Studies
Dr. Olga Belik	California Psychological Association (CPA) Division II
Crystal Faith Cajilog (Alternate: Katherine Kruser)	California Psychological Association of Graduate Students (CPAGS), Chair
Rene Puliatti	CAPIC, Executive Director
Dr. Paul Marcille	CPA President
Sherri Sedler	CPAGS, School Representative for Cal Southern University
Anushree Belur	CPAGS, School Representative for The Chicago School of Professional Psychology
Alejandra Ojeda-Black	CPAGS, School Representative for UC Berkeley
Amy Welch-Gandy	DCA/OPEs
William Bloxham	JFK University (CPAGS, Student representative for JFK University)
Dr. Jay Finkelman	The Chicago School of Professional Psychology, I-O Business Psychology, Professor and Chair
Dr. Sherry Johnson (Alternate: Dr. Cindy Yee-Bradbury)	UC System
Dr. Gilbert Newman (Alternate: Dr. Lani Chow)	Wright Institute

Origin and Purpose of the Task Force

In Fall of 2017, Dr. Stephen Phillips, President of the Board of Psychology (Board), determined that there was a need for stakeholder input regarding possible implementation of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology Part 2 (EPPP2), which was still under development, and it was decided that a Task Force with representatives from various impacted stakeholders would be best to provide the necessary input to the Board.

The purpose of the EPPP2 Task Force, as provided by Dr. Phillips, was to provide stakeholder input for the consideration and possible implementation of the EPPP Part 2. The task force was tasked with considering the benefits and drawbacks of the proposed examination for the Board, prospective licensees, and consumers, eligibility criteria, the application process, and the impact on the Board's process for licensure.

Task Force Meetings

The EPPP2 Task Force met on April 5, 2018 and June 29, 2018 at DCA's Headquarters in Sacramento, CA. The meetings were chaired by Dr. Sheryl Casuga (Chair), both meetings were open to the public, had a quorum of Task Force members present, and due notice had been sent to all interested parties prior to the meeting. See Appendix D and E for meeting minutes/draft meeting minutes from the respective meetings.

ASPPB Background and Necessity for the EPPP Part 2

At the EPPP2 Task Force's April meeting, Dr. Matt Turner, Director of Examination Services for ASPPB, and Dr. Emil Rodolfa, Chair of ASPPB's Examination for Professional Practice in Psychology Part 2 Implementation Task Force, provided the EPPP2 Task Force with a presentation on the need for, development process of, sample test questions in Part 2 of the examination. The current Examination for Professional Practice in Psychology (soon to be EPPP Part 1) is a computer-based examination developed and proctored by ASPPB, passage of which is required for licensure in all but one state/territory in the United States. ASPPB stated that the EPPP Part 2 will enhance consumer protection and provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice. ASPPB also stated that EPPP Part 2 would be considered mandatory and that they could not in a legally defensible way provide these as standalone tests with EPPP Part 2 being optional.

EPPP Examination Basic Information		
	EPPP Part 1	EPPP Part 2
Content of Exam is Designed to Assess	Basic Knowledge Required of a Newly Licensed Practitioner to Practice Independently	Basic Skills Required of a Newly Licensed Practitioner to Practice Competently and Independently
Eligibility Criteria	Currently: Board of Psychology Eligibility Approval (Degree Completion and 1500 Hours Supervised Professional Experience) ASPPB Proposal: Board of Psychology Eligibility Approval and/or Coursework Completion at an APA Approved Degree Program	ASPPB Proposed: Board of Psychology Eligibility Approval
Exam Format	Computer-based multiple choice	Computer-based, varied question types including avatars
Exam Cost	\$600	\$600

According to ASPPB, Part 2 of the EPPP was created because of the following factors:

- A move towards a culture of competence and corresponding lack of a standardized reliable method for determining competency due to the lack of standardization in graduate education and practicum training hours;
- Concerns over the reliability and validity of supervisor's written assessments of the competency of their trainees; research has shown a trend of overestimating supervisee competence and that supervisors have difficulty writing critical or constructive letters;
- The technology now exists to create a cost-efficient and computer-based examination to test the functional skills necessary for independent practice; and
- Having a skills examination that assesses competency puts Psychology in line with other healthcare professions.

(Taken from ASPPB's presentation (Appendix A) and ASPPB's report "The EPPP Part 2, The Assessment of Skills Needed for the Independent Practice of Psychology" (Appendix B))

Additionally, Dr. Turner and Dr. Rodolfa discussed the logic of moving the timeframe for when applicants would take the knowledge portion of the examination (EPPP Part 1) to earlier in the process and their reason for proposing to allow exam eligibility directly from ASPPB for pre-degree completion applicants from American Psychological Association (APA) approved degree programs.

The EPPP2 Task Force members asked Dr. Turner and Dr. Rodolfa a wide range of questions relating to the new part of the examination, including questioning the necessity of the new part of the examination, the structure and design of the examination and its question formats, the development process for the examination, and various questions about reliability and validity (content vs. predictive) for a skills examination. EPPP2 Task Force members also relayed to Dr. Turner and Dr. Rodolfa the following concerns:

- That the necessity of the new examinations was not well established and questioning the perceived deficiencies the new examination was supposed to be correcting;
- Worries that additional time and test preparation materials and classes would be needed by students to pass the new part of the examination
- The appropriateness of the new timeline for taking each part of the examination, as offered by ASPPB, and whether this would create negative effects on graduate programs, internship programs, and additional pressure and time constraints on students who would need to prepare for Part 1 of the examination earlier in their program.
- The reality that doubling the cost of the entry examinations would create additional barriers to licensure and further reduce access to care by licensed psychologists within California, especially for students from historically underrepresented populations and socio-economically disadvantaged students.
- The serious market inequity that providing only APA students early and direct eligibility for Part 1 of the examination creates.

Since Dr. Turner and Dr. Rodolfa could not speak on behalf of ASPPB's Board of Directors regarding all of the Task Force's concerns or the ASPPB Board's willingness to consider making changes to the costs, eligibility criteria, implementation timeline, and roll-out of the EPPP Part 2, the Task Force instructed Board staff to send a letter with its questions to the ASPPB Board of Directors. The Task Force members were able to review ASPPB's responses to their questions at the Task Force's second meeting. On the whole, ASPPB's answers to the Task Force's concerns did not wholly address Task Force concerns. The Task Force's Letter and ASPPB's response can be found in Appendix C.

Upholding the Best Interests of California Consumers of Psychological Services and Prospective Licensees

During the Task Force's discussion of whether implementation of the EPPP Part 2 was in the best interest of California consumers of psychological services and prospective licensees, the following concerns were discussed:

- Uncertainty regarding whether the EPPP Part 2, from what Task Force members were shown regarding test design, would enhance consumer protection as Task Force

members did not believe the design of the EPPP Part 2 would accurately assess skills and ensure competency.

- Potentially detrimental impact on California consumer's already limited access to psychological services if the implementation of EPPP Part 2 creates additional significant barriers to entering the profession and licensure, especially for historically underrepresented populations and socio-economically disadvantaged students.
- Questionable value-added benefits (enhanced consumer protection and ensure competency) to outweigh the significant costs (financial costs and time burden on prospective licensees and detrimental impacts to access to care for consumers).
- Apprehension that the California psychology license would be diminished and potentially become less portable across other states and territories if California chose to create its own general knowledge examination and opt out of participation in the EPPP altogether.

During this discussion, the Task Force was made aware that as it stood during the two Task Force meetings, participation in EPPP Part 2 was not optional according to ASPPB. Thus, not implementing EPPP Part 2 would mean opting out of participation in EPPP as a whole, both the knowledge and skills parts, and force the Board to create their own general knowledge examination. Significant problems with California creating its own examination were provided verbally to the Task Force as follows:

- Significant costs and startup time needed to develop and implement the examination, which may not be a politically feasible solution acceptable to the Administration and Legislature in authorizing the funding;
- Reduction in licensure portability, as states and territories other than California will not administer the same examination, and therefore California licensees would not meet the criteria for licensure set by other states and territories, thus hindering licensees when they apply to become licensed elsewhere.

From these discussions, a general consensus emerged that due to the uncertainty of the information available to the Task Force on examination design and components, that implementation of the EPPP Part 2 by the 2020 deadline was not in the best interest of California consumers of psychological services and prospective licensees. However, the alternative of the Board abandoning the EPPP altogether and creating its own general knowledge exam was neither desirable due to its potential to diminish license portability nor feasible due to the significant costs (both with time and finances) for the Board and State.

EPPP Part 2 Effects on Examination Sequencing and the Initial Licensure Process

To show the effects of the EPPP Part 2 on the examination sequencing and length of the initial licensure process, Board staff developed a comparison chart (below) and four detailed flow charts to show the current examination sequencing required for licensure and three (3) potential implementation options incorporating EPPP Part 2 that could be instituted with/without statutory and regulatory changes depending on the option. What became apparent through the comparison charts is the inequity and delays in licensure, and thus market disadvantage, that Implementation Option 1 created for California applicants compared to out of state applicants, and Implementation Option 2 created for California applicants in non-APA approved programs compared to in-state applicants from APA approved schools or out of state applicants.

Chart 1. Comparison Chart of the Three EPPP Part 2 Implementation Options

EPPP Examination Process as of 1/1/2020 without changes to the Regulations (Option 1)	EPPP Examination Process as of 1/1/2020 with ASPPB Pre-Registration (Option 2)		EPPP Examination Process as of 1/1/2020 with Board Pre-Registration (Option 3)
All Applicants	Non-APA approved program students	APA approved program students	All Applicants
Coursework Completion	Coursework Completion		Coursework Completion
		Pre-application directly to ASPPB	Submit application and application fee for Licensure to the Board
		Schedule and Pass EPPP Part 1	Approval by the Board for EPPP Part 1 if applicant has completed all academic coursework
		Submit an application and application fee for Licensure	Schedule and Pass EPPP Part 1
Doctoral Degree Completion	Doctoral Degree Completion	Doctoral Degree Completion	Doctoral Degree Completion
1500 Supervised Professional Experience	1500 Supervised Professional Experience	1500 Supervised Professional Experience	1500 Supervised Professional Experience
Submit application and application fee for Licensure to the Board	Submit an application and application fee for Licensure	Take and pass EPPP Part 2	Submit application to apply for the EPPP Part 2
Take and Pass EPPP Part 1	Take and pass EPPP Part 1	Submit additional 1500 of SPE	Take and Pass the EPPP Part 2
Take and Pass EPPP Part 2	Take and pass EPPP Part 2	Take and Pass CPLEE	Submit additional 1500 of SPE
Submit additional 1500 of SPE	Submit additional 1500 of SPE	Meet all licensure requirements and pay licensure fee of \$400	Take and Pass CPLEE
Take and Pass CPLEE	Take and Pass CPLEE		Meet all licensure requirements and pay licensure fee of \$400
Meet all licensure requirements and pay licensure fee of \$400	Meet all licensure requirements and pay licensure fee of \$400		

Chart 2. Current California Examination Qualification for the EPPP

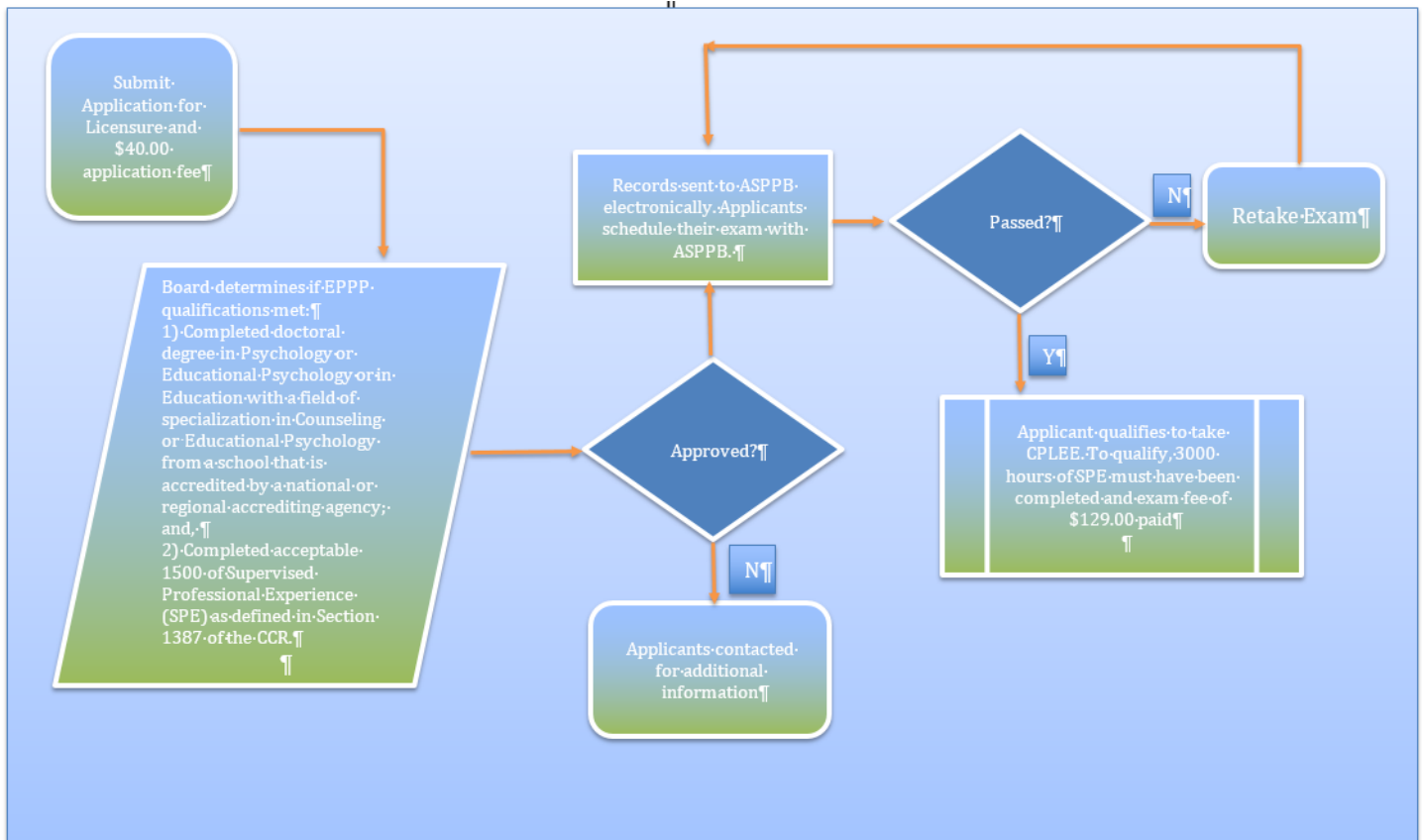


Chart 3. EPPP Examination Process (1/1/2020) Without Changes to Regulations (Option 1)

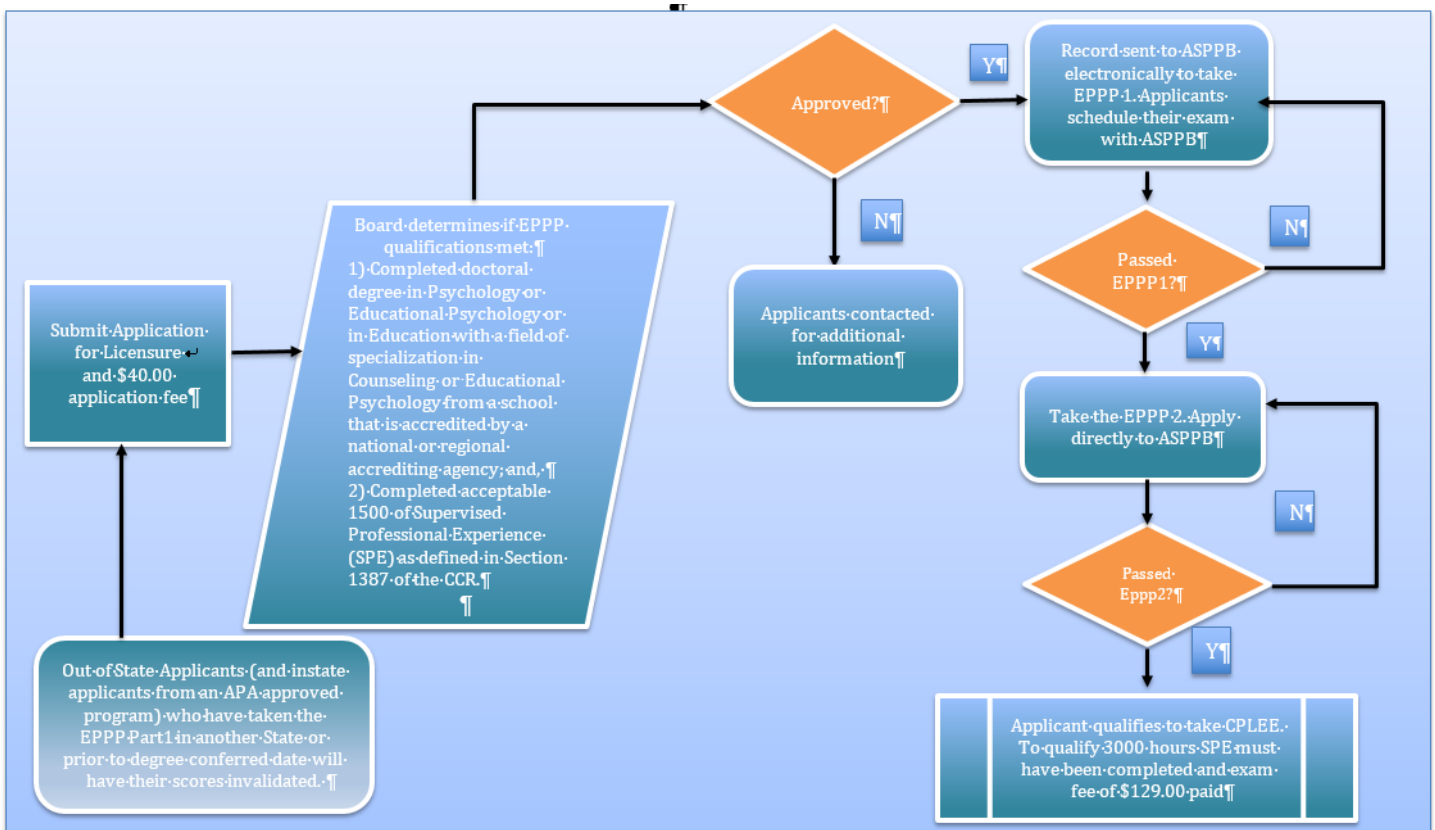


Chart 4. EPPP Examination Process (1/1/2020) With ASPPB Pre-Degree Eligibility (Option 2)

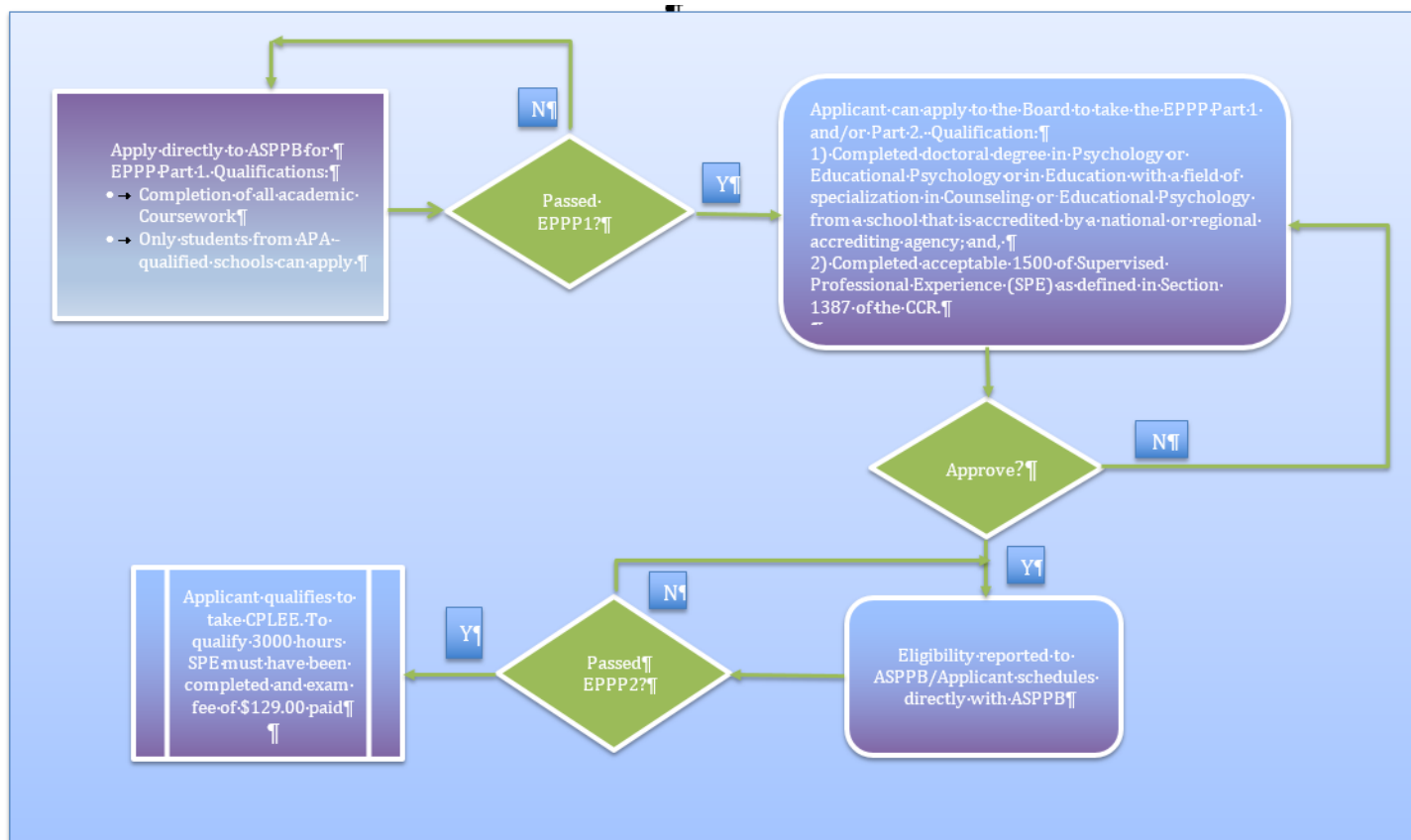
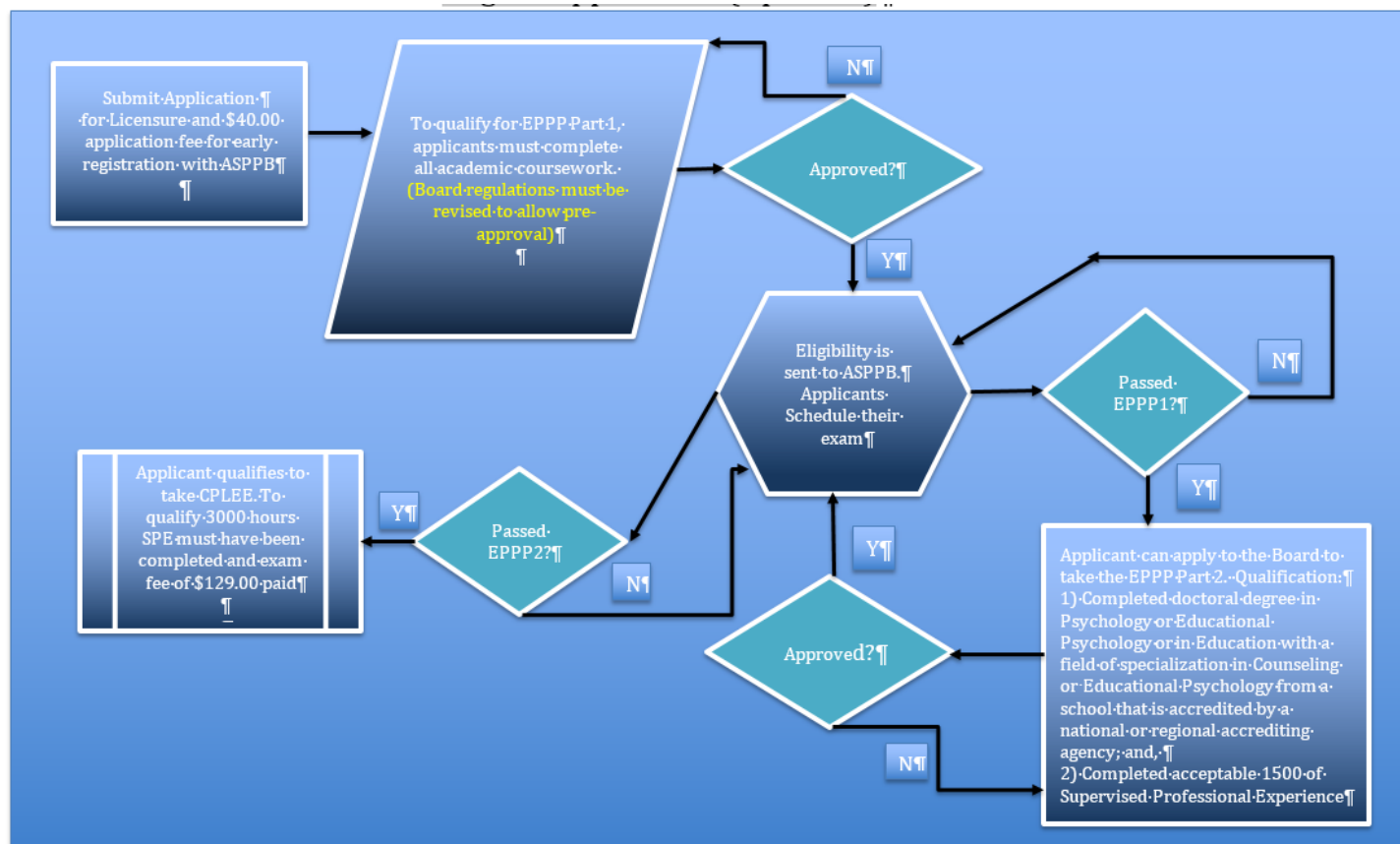


Chart 5. EPPP Examination Process (1/1/2020) With Board Pre-Degree Eligibility (Option 3)



Ensuring Exam Eligibility is Consistent and Equitable

As seen in the Charts above, the options for implementation can have significant impacts on what body approves examination eligibility, the sequencing for examination eligibility, the length of the initial licensure process, and in some instances, giving differential advantages to different pools of prospective licensees in both the sequencing and length of the initial licensure process. At the Task Force meeting, Board staff highlighted the following concerns with the above options:

- Implementation Option 1 (no regulation changes) could result in an inconsistent application process where the examination results for applicants who have taken the EPPP Part 1 in another state could be invalidated if it was taken prior to degree completion, thus unfairly penalizing out of state applicants.
- Implementation Option 2 (pre-degree eligibility for APA students through ASPPB) was the most inconsistent and least equitable option as it creates a deliberate and unfair licensing process and market disadvantage for students who are in non-APA approved programs as it will extend the timeframe for completion of all licensure requirements for non-APA students and delays non-APA student's ability to start practicing professionally and earning professional wages, thus extending the time they will need to be paying for the associated student loans.
- Implementation Option 3 (pre-degree eligibility for all California applicants through the Board) was the most equitable solution for all applicants that also preserves the Board's ability to maintain a consistent licensure process and ensure that all applicants meet the same eligibility requirements without undue delay or denial.

During the Task Force's discussion of what entity should approve eligibility and determine the criteria for eligibility for California applicants, the Task Force members felt strongly that the Board should not cede authority to ASPPB for approval of eligibility and that any changes to eligibility should be equitable to all applicants. For this reason, the Task Force recommended that if the Board chooses to implement EPPP Part 2, that it use Implementation Option 3 to ensure a consistent and equitable process.

There were some concerns about the lack of specificity of the definition of "completion of all academic coursework" which would be used to certify eligibility to take the EPPP Part 1. After considerable discussion regarding whether the definition should be left to each program or be defined as excluding internship and dissertation, the Task Force members agreed that being more specific in the proposed regulations would be preferable in terms of defining what the Board means by the "completion of all academic coursework." Therefore, even if a program has a course and credits associated with internships and the dissertation, the certification by a program training director or school registrar is only certifying to the Board that the student has completed all coursework except those last two classes. Board staff added this definition into the proposed language provided to the Board for consideration.

The Need for More Information and Transparency from ASPPB

If the Board determines that the EPPP2 Task Force needs to continue to meet and to consider additional items, the Task Force members would like the following information to be provided and discussed at a future meeting:

- Due to the way that the discussion of the items went, an official vote on whether the Task Force specifically recommends implementation of the EPPP Part 2 to the Board.
- Due to the verbal nature of the charge provided to members during the first two meetings, provide a written charge and scope of authority for the Task Force.
- The following information was also requested to be obtained from ASPPB:
 - More information from ASPPB on the items included in the test and how it will test for competency.
 - Asks ASPPB to provide information on how this exam will help protect CA consumers
 - Have ASPPB detail their decisions and alternatives they considered in developing EPPP2 and their current timelines for implementation of those considerations,
 - Provide more information on their timeline for rollout of the examination, including a true implementation plan with details, validating the test, and when materials will be available.
 - Provide clarification on the lack of PCSAS inclusion for early eligibility approval.
 - Provide clarification on when the beta testing will be happening and when would we get results on that beta testing.
 - Provide more information on their cost consideration decisions.

Summary of Task Force Recommendations

The Task Force does not believe the EPPP Part 2 is in the best interest of California consumers for the following reasons:

- Lack of a proven necessity for the additional examination;
- Considerable concerns related to the examination designs ability to assess skills and thus potentially providing negligible consumer protections;
- The additional examination's additional costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students; and
- The additional examination's creation of new barriers to licensure and potentially detrimental impact on access to psychological services to California consumers.

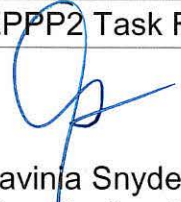
However, if ASPPB continues to make the implementation of the EPPP Part 2 mandatory and not optional, the Task Force had significant concerns with the loss of license portability if the Board does not implement the EPPP Part 2. Therefore, the Task Force recommends that the Board does not discontinue participation in EPPP altogether.

Last, if the Board decides to continue with EPPP (which will be both Part 1 and 2 effective 1/1/2020), then the Task Force recommends implementation Option 3, which would allow early Board eligibility approval of all applicants after completion of their academic coursework, as this option provides the most equitable and consistent process and the least delay in licensure for all prospective licensees.

**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force Report**

Appendix A

MEMORANDUM

DATE	April 5, 2018
TO	EPPP2 Task Force
FROM	 Lavinia Snyder Examination Coordinator
SUBJECT	Agenda Item #4: Review and Discussion of the Development and Implementation of ASPPB's Enhanced EPPP (Presented by Dr. Emil Rodolfa, Chair of the ASPPB EPPP2 Implementation Task Force and Dr. Matthew Turner, ASPPB Director of Examination Program)

Below are brief bios of Dr. Turner and Dr. Rodolfa. Copies of their presentation is attached.

Dr. Matt Turner is the Director of Examination Services at the Association of State and Provincial Psychology Boards (ASPPB). Dr. Turner oversees the operations and the development of the Examination for Professional Practices in Psychology (EPPP) Part 1 and Part 2 and the Psychopharmacology Exam for Psychologists (PEP). He is a graduate of the University of Kentucky and has 12 years' experience as a school psychologist. Most recently, he served as a lead psychologist and then a part-time psychologist with the Gwinnett County (GA) Public Schools. He has also operated a private practice in child psychology since 2010.

Emil Rodolfa, Ph.D. is a Distinguished Professor of Psychology at Alliant International University's California School of Professional Psychology in Sacramento. He is the Chair of the Association of State and Provincial Psychology Boards' Examination for Professional Practice in Psychology Part 2 Implementation Task Force. He is a Past-President of the State of California Board of Psychology, a Fellow of ASPPB and APA, and the founding editor of *Training and Education in Professional Psychology*. He has been active in many professional associations and has numerous publications exploring education, training, and competency. He has received numerous professional acknowledgments for his contributions to psychology education and training. In his spare time Dr. Rodolfa enjoys spending time with his family, playing horseshoes, and BBQing (some might call it grilling) at his cabin in the mountains.

Attachment: "The Enhanced EPPP: What Got Us Here and Where Are We Headed"
Presentation Slides

The Enhanced EPPP

What Got Us Here and Where Are We Headed?

Emil Rodolfa, PhD, Chair, Implementation Task Force
Matt Turner, Ph.D., Director of Examination Services



What is the Enhanced EPPP?

- One Exam: Two Parts
 - Part 1 (EPPP) = tests knowledge
 - Part 2 = tests skills
 - Needed for independent practice
- Most significant change in psychology licensing since EPPP launched in 1963.
- Enhanced EPPP (Part 1 and 2) will provide a thorough assessment package of competency to be used by all jurisdictions when Part 2 is available.
- A standardized, objective assessment of professional skills complements the assessment of professional knowledge.



Why the EPPP Part 2?

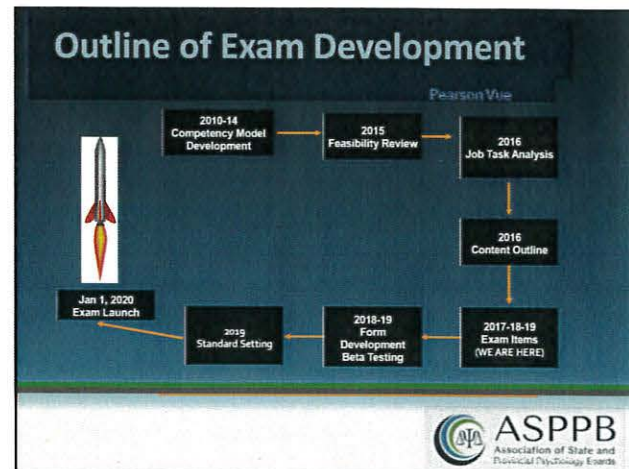
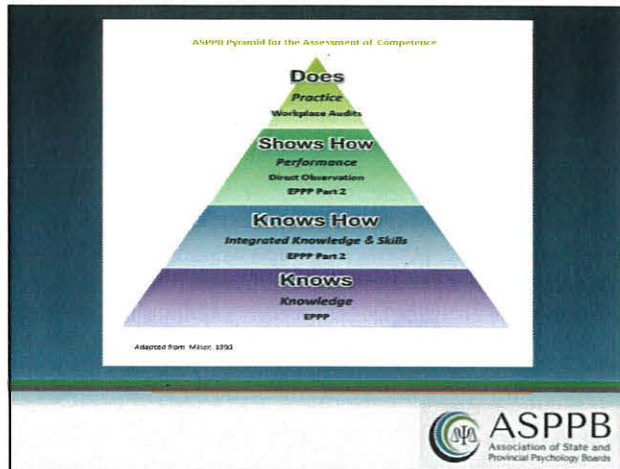
- Licensing boards charged with public protection
- Public protection includes ensuring competence to practice
- Knowledge is one part of competence
- Skills, attitudes, and values comprise the rest of competence
- Psychology and most regulated professions have embraced the move to assessment of competence
- Doctoral healthcare professions have implemented the assessment of competence in licensure examination procedures



Why the EPPP Part 2?

- ASPPB members - supportive
- Lack of standardization in
 - A) Graduate education: 13% to 100% EPPP Pass rates
 - B) Practicum training: AAPI hours
- Accreditation is for **programs**, licensing boards approve **individuals**
- Supervisors' difficulty writing critical or constructive letters of evaluation
- Technology now available to assess competency
- In the eyes of others, equalizes Psychology with other healthcare professions
- Greater understanding of how to assess competency





EPPP Part Job Task Analysis Results

- 2736 licensed psychologists responded from 61 of 64 jurisdictions (95%)
- 84% from the US; 16% from Canada

The Blueprint for the EPPP Part 2: Competency Domains and Weights

• Scientific Orientation	6%
• Assessment and Intervention	33%
• Relational Competence	16%
• Professionalism	11%
• Ethical Practice	17%
• Collaboration, Consultation, Supervision	17%

****THIS BLUEPRINT IS THE FOUNDATION FOR THIS MEETING**

ASPPB
Association of State and Provincial Psychology Boards

QUESTIONS About the EPPP Part 2

- Many questions are answered on the ASPPB Website:
- www.asppb.net/page/EPPPPart2

ASPPB
Association of State and Provincial Psychology Boards

**ASPPB is well on the way to
developing a standardized,
reliable, valid assessment of the
skills needed for independent
practice:
The EPPP Part 2**



Contact Us:

Please email me if I can provide you additional information:
erodolfa@alliant.edu

Or please feel free to email Carol Webb: cwebb@asppb.org

More Information: www.asppb.net/page/EPPPPart2



**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force Report**

Appendix B

The EPPP Part 2

The Assessment of Skills needed for the Independent Practice of Psychology

October 2017

The EPPP Part 2: The Assessment of Skills needed for the Independent Practice of Psychology

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An Overview of the Rationale for the EPPP Part 2

Assessing competence to practice independently is a critical function of psychology licensing boards and colleges throughout the United States and Canada. Competence is the integrated and habitual use of knowledge, skills, attitudes, and values in psychology. The evaluation and establishment of competence is necessary to ensure the protection of the public.

Establishing competence is the key to ensuring that a professional is capable of practicing as part of the profession safely and effectively (Rodolfa et al., 2005).

A current component of the profession's assessment of readiness for independent practice is a test of knowledge, the Examination for Professional Practice in Psychology (EPPP). The EPPP has served the profession well for over 50 years, but as the profession has moved toward embracing a culture of competence it has become clear that a standardized method to assess the skills needed to practice independently is also required. Other professions that embrace a culture of competence utilize knowledge-based and skills-based exams to determine readiness to practice independently.

Currently there are a number of educational models used to train students in the field of psychology, many of which are accredited by the American Psychological Association (APA) and the Canadian Psychological Association (CPA). The APA and CPA accreditation systems do not require a prescribed course of education and training. Rather the focus of both accreditation systems is on ensuring that the core competencies for the profession are covered as opposed to prescribing the means by which they are covered. Thus, there is diversity in how students are trained, resulting in sometimes vastly different levels of knowledge and skills in students. ASPPB values these accreditation systems, and in fact has endorsed the position that "... graduation from an APA or CPA accredited program should be a minimum requirement for doctoral level licensure for health service providers".

It should be noted that accreditation systems accredit training programs, *not* individuals. As licensing boards license individuals, it is their duty to assure the public that each individual who is licensed is competent to practice independently.

Evidence of a lack of standardization in training can be seen in the range of EPPP pass rates for APA/CPA-accredited programs, which ranges from 13% to 100% (ASPPB, 2016). Additionally, as can be seen from summary data on the APPIC Application for Psychology Internship, there is great variability in the type and quantity of practicum experiences that are required by accredited programs (APPIC, 2015, 2016). This variability in training models and experiences results in students accruing anywhere from a few hundred hours, to several thousand hours of practicum experience.

Not all academic programs, internships or post-doctoral residencies are APA/CPA accredited; thus, some individuals who become licensed have received training from programs that have not been reviewed by an external agency. Students from these academic programs

consistently underperform on the EPPP when compared to the average student from an accredited doctoral program (Lightfoot, Rodolfa & Webb, 2016). This raises questions about the effectiveness of the training provided by these programs, and suggests the importance of programs being reviewed by an external agency.

Concern regarding the reliability and validity of supervisor written assessments of trainees has been raised for years, and it has been demonstrated that supervisors tend to overestimate their supervisees' competence (e.g., Gonsalvez, 2007; Miller, Rodney, Van Rybrock & Gregory, 1988). This tendency is perhaps the result of the inherent conflict of being in gatekeeper and mentor roles simultaneously. The problem of supervisors overvaluing the competence of their supervisees led APPIC to change its format for intern letters of evaluation to encourage a more accurate evaluation of competence. APPIC requires supervisor letters to address the strengths and weaknesses of their trainees as opposed to a general statement of their performance. The issues of variability in ratings, a lack of standardization in the evaluative process, and the questionable validity of supervisor ratings make it difficult for licensing boards to attest to the competence of the psychologists they license. The EPPP Part 2 will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice.

Critically, the profession of psychology's move towards a "culture of competence" has resulted in essential agreement among key stakeholder groups (e.g., APA's CoA, CPA's AP, ACPRO and ASPPB) regarding the necessary competencies for independent practice. This essential agreement was a necessary precondition to developing a skills examination. Lastly, the technology is now available to assess skills via a computer based examination, rather than the costlier and time-consuming examination using either real or standardized patients. Thus, ASPPB concluded that it is the optimal time to develop a **standardized** examination to assess the functional skills necessary for independent practice.

In January 2016, the Board of Directors (BOD) of the Association of State and Provincial Psychology Boards (ASPPB) approved the development of a skills-based exam. The skills exam will enhance the knowledge-based examination that is currently administered as part of the licensure process. The first part of the new and enhanced EPPP will be the knowledge-based exam, the current EPPP, and the second part will be the skills-based (functional skills) exam, the EPPP Part 2. With a test to assess skills in addition to the current test to assess knowledge, licensing boards will have available to them an *enhanced EPPP* that will offer a standardized, reliable and valid method of assessing competence.

This document provides an overview of the development of the EPPP Part 2.

Developing an Empirical Base for a Competency Model

The historical efforts of the competency movement propelled the profession of psychology forward in its development of a conceptual basis for a competencies framework. ASPPB's initial attempt to use empirical evidence to inform the development of a competency model occurred in 2009 with the work of the ASPPB Practice Analysis Task Force (PATF). In addition to the task of revalidating the knowledge domains of the EPPP, the PATF was charged with: 1) identifying and validating underlying professional competencies in psychology, and 2) identifying assessment methods that would best measure these competencies. The goal of the EPPP practice analysis is to ensure that the exam reflects the knowledge necessary for competent practice, and in doing so the public interest is protected.

A competency model was proposed by the PATF based on the data obtained from the practice analysis. The PATF then developed a survey regarding the practice competencies identified in the model, and randomly sampled 4732 licensed psychologists from across Canada and the United States. Psychologists were asked to rate and comment on the relevance to the practice of psychology, of 37 competency statements and 276 behavioral exemplars in the following clusters:

- Scientific Knowledge
- Foundational competencies
 - Evidence-based decision making/critical reasoning cluster
 - Interpersonal and cultural competence cluster
 - Professionalism/ethics cluster
- Functional competencies
 - Assessment cluster
 - Intervention/supervision/consultation cluster

Survey respondents were asked to indicate the frequency with which they performed each competency in their practice during the previous year, the degree to which each competency was critical for optimizing outcomes for clients, and the importance of each competency to their psychology practice during the previous year. Respondents were also asked to comment on the point in their development at which a psychologist should be able to demonstrate each behavioral exemplar.

The ASPPB Competency Model and results of the survey were described in the Practice Analysis Report (ASPPB, 2010) and in an article written by members of the PATF (Rodolfa et al., 2013). The full report of the Practice Analysis is available on the ASPPB web site.

In 2010, the ASPPB Board of Directors appointed a task force to investigate the possibility of developing a method to assess functional skills. The Competency Assessment Task Force (CATF) used the PATF competency model as the basis of its continued development of an ASPPB Competency Model for Licensure. It reviewed the competency model, carefully exploring the data generated in the PAFT survey and comparing the model with other competency models, including the competency model utilized in Canada that is part of the Mutual Recognition Agreement (MRA).

The CATF developed criteria to focus the model to include only those competencies and behavioral exemplars that are the most relevant and needed at the point of initial licensure. The criteria chosen were based on empirical results from the PATF study. The CATF then conducted an in-depth examination of each competency and its related behavioral exemplars, eliminating redundancies and rewording for clarity when necessary. This process resulted in a model with 6 competency clusters, 32 competencies and 97 behavioral exemplars.

Once this was completed, the CATF sought the opinions stakeholders, conducting two surveys of the revised model of competency:

CATF Regulator Survey: The CATF surveyed the ASPPB membership to determine regulators' opinions regarding whether entry-level licensees/registrants should be able to demonstrate the 97 behaviors that defined in the model, and whether these behaviors are critical to public protection.

CATF Training Director Survey: The CATF subsequently surveyed the Association of Psychology Postdoctoral and Internship Centers (APPIC) membership (internship and postdoctoral residency training directors) and APPIC subscribers (academic program directors) regarding the competency model. Helpful ratings were received about which behavioral exemplars they felt trainees were expected to demonstrate at three different developmental levels (end of internship, end of postdoctoral residency, and post-licensure).

Results of the Surveys and 2014 Competency Model

Seventy regulators from 42 jurisdictions in the United States (81%) and 6 jurisdictions in Canadian (60%) provided empirical support for the majority of the model. The data from the training director survey (N=216) substantially mirrored the results of the regulator survey, and also provided empirical support for the model. As a result of the survey feedback, the CATF made further modifications to the proposed ASPPB Competency Model and eliminated the Supervision competency. The model, *ASPPB Competencies Expected at the Point of Licensure*, was approved by the ASPPB BOD in 2014.

2016 Job Task Analysis

Another job task analysis (also known as a practice analysis) was initiated in 2016 to revalidate the knowledge base for the EPPP Part 1 and to validate the current form of the competencies model to be used to provide the blueprint for the new exam, the EPPP Part 2. The Job Task Analysis Advisory Committee with the assistance of the exam vendor (Pearson Vue) analyzed the results of survey responses received from 2736 licensed psychologists from across Canada and the USA. The responses were used to formulate the *2017 version of the ASPPB Competencies Expected at the Point of Licensure*. The respondents, all of whom were practicing psychologists rated the competencies in the model according to whether or not they are needed at the point of licensure, as well as on the criticality and utility of each. The results validate the original competency model, with the addition of a Supervision competency. Changes were made to the structure of the original competency domains based on the data received and the feedback of the expert panel advising the job task analysis. Thus, there are different names for some of the domains in this latest iteration of the model (e.g., Professional Practice is focused on two major areas of practice - Assessment and Intervention; Systems Thinking has been broadened to include Collaboration, Consultation and Supervision). While most of the language of the competencies and behavioral exemplars was retained, some of the actual competencies and behavioral exemplars were refined, moved, clarified and updated, or deleted based on the data received. The comments below provide an overview, and Appendix A contains the updated ASPPB competency model which was empirically based on the input from these various sources. This model was approved by the ASPPB BOD in February, 2017. A full report of the 2016 Job Task Analysis is available on the ASPPB website.

2017 ASPPB Competencies Expected of Psychologists

at the Point of Licensure

The 2017 version of the competency model contains the following competency domains:

- I. **Scientific orientation:** This competency domain involves an orientation to the knowledge developed through the science of psychology, including evidence-based practice, as well as a scientific method of looking at and responding to psychological problems. This general competency also involves the knowledge of the core areas of psychology, which will not be assessed by the new competency part of the EPPP as they are currently well assessed by the Part 1 of the Examination for Professional Practice in Psychology.
2. **Assessment and Intervention:** This competency domain involves the provision of psychological assessment and intervention services to the public.
3. **Relational competence:** This competency domain includes the ability to engage in meaningful and helpful professional relationships, as well as to understand and interact appropriately in a variety of diverse cultural and social contexts. It includes the two sub-categories of diversity and relationships.
4. **Professionalism:** This competency domain includes personal competence, the ability to identify and observe the boundaries of competence and reflective practice, the ability to be self-reflective and to receive feedback from others in relationship to one's psychological activities.
5. **Ethical practice:** This competency domain involves the ability to apply both the ethical codes of the profession and the laws and regulations that govern the practice of psychology.
6. **Collaboration, Consultation, and Supervision:** This competency domain involves the ability to understand and work with individuals within broader systems and includes the skills to operate effectively and ethically within organizational structures, to collaborate with others in a cooperative, multidisciplinary manner and to effectively and ethically provide supervision to students, trainees and other professionals.

Appendix A contains a complete list of competencies and the behavioral exemplars that were identified within each competency cluster.

Comparison of Competency Models

A comparison of the competency clusters articulated in the current ASPPB Competency Model (2017), the competencies articulated in the Canadian Mutual Recognition Agreement (MRA, 2004), and the competency model contained in the APA Commission on Accreditation's (CoA) *Standards of Accreditation* (2015) is presented in Appendix B. In comparing these three models, it is clear that there is substantial overlap at the domain or cluster level of the models, as well as at the competency level. The comparison suggests that there is agreement among educators, practitioners, and regulators regarding the competencies required for the independent practice of psychology.

Assessment of Competence

Miller's Pyramid (1990) is an assessment framework that was designed for use in the assessment of practitioner clinical skills, and was developed for use by the profession of medicine. This framework was adapted by the CATF to describe the developmental process that psychologists go through as they establish the competence necessary for independent practice. The CATF's adaptation of the Pyramid provides a simple representation of the manner in which the practice competencies develop, and provides a useful rubric for their assessment. As displayed in Figure 1, the first and foundational stage in the pyramid is "KNOWS", the second is "KNOWS HOW", the third is "SHOWS HOW", and the fourth and final level is "DOES".

The EPPP Part 1 is a test of core knowledge in the profession, and in essence forms the base of the pyramid – "KNOWS." In this stage of competency development, the candidate knows information (e.g., the tenets that are part of a well-known theory of personality development), and can demonstrate this knowledge on the test. The next stage of competency development reveals that the candidate "KNOWS HOW" to do something (e.g., can state the basic procedure for administering common intelligence tests and "apply" such information to an assessment situation). The EPPP Part 2 will be able to assess many of the competencies related to the "KNOWS HOW" stage of competency development and a number of the competencies in the third stage, "SHOWS HOW", (e.g., correctly using a standard score table). Other competencies in the "SHOWS HOW" stage will need to be assessed through direct observation, either with an Objective Structured Clinical Examination (OSCE) or similar type of assessment tool, or by enhanced supervisor assessments.

It is important to stress that no single method can measure all of the competencies needed to practice psychology. Thus, the CATF discussed a number of other methods to assess a candidate's skills at each of the levels of the Pyramid. The CATF encouraged the development of enhanced competency-based supervisory evaluation forms and processes to be included in the information provided to psychology licensing boards/colleges that demonstrates the candidate's competency in terms of the "SHOWS HOW" stage.

The “DOES” stage reflects the actual practice of psychology that may be assessed in an ongoing way through practice or workplace audits. Epstein and Hundert’s (2002) often quoted definition of competency sums up ‘DOES” as the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served (p. 226). ... Competence depends on habits of mind including attentiveness, critical curiosity, self-awareness, and presence (p.228).” In the world of psychology licensing, however, assessment of the “DOES” stage remains a future endeavor.

The CATF’s adapted version of Miller’s Pyramid for assessing competency for licensure in psychology is shown below.



Reviewing Methodologies to Assess Competency

Based on a review of the literature and consideration of testing methods in other professions, the two general methodologies that appeared to be the most appropriate for a skills examination were computer-based testing and in-person testing. The CATF reviewed each of the ASPPB competencies to determine how a skill might best be tested and determined that the majority of competencies could be sufficiently assessed by a computer-based, written examination. When the ASPPB Competency Model changed as a result of the 2016 Job Task Analysis, the members of the EPPP Part-2 Implementation Task Force and the ASPPB Job Task Analysis Advisory Committee reviewed each of the competencies of the revised model. Based on this review, it was again determined that the majority of the competencies could be sufficiently assessed through computer-based testing.

Computer-Based Testing Procedures

There is extensive information available in the literature about the use of innovative item types that can be administered to candidates via computer to assess competence (Parshall & Harmes, 2007, Parshall & Harmes, 2008). These innovative item types can be used to pose the “KNOWS HOW” questions and basic “SHOWS HOW” items as identified within the proposed assessment framework.

The current EPPP (now known as the EPPP Part 1) uses a multiple-choice examination format, but there are many other item type options for computer-based examinations. Such innovative item types include expanding the multiple-choice format to include a larger number of distractors or multiple correct responses, including sequencing questions (e.g., the best next steps to be taken in a series of actions). Other possibilities include fill-in-the-blank, short answer completion, or questions requiring the candidate to circle or highlight the most important information presented in a table, figure, or paragraph. Graphics and images (audio or video) and stimuli including short video vignettes with multiple serial questions can also be used. Although most commonly used as a summative evaluation of examinee’s mastery of the knowledge base (as the current EPPP does), carefully developed examinations can also evaluate a number of foundational and functional competencies.

Review of Competency Assessment Procedures Used by Other Professions

A review of how other human service professions evaluate the competency of applicants for licensure revealed that typically skills examinations are utilized. Most other professions require both a test of knowledge and a test of skills in their assessment of candidate competence to practice independently. The number of examinations utilized in assessing competence varies between professions, and can be two or three separate examinations.

The first examination is most commonly a test of what the candidate “KNOWS”; the second is a “KNOWS HOW” skills test; and when there is a third examination, it is a “SHOWS HOW” examination that requires the application of “KNOWS HOW” skills when interacting with another human being, typically a standardized patient. The intent is that the EPPP Part 2 will allow for assessment at both the “KNOWS HOW” and the “SHOWS HOW” stages of competency development.

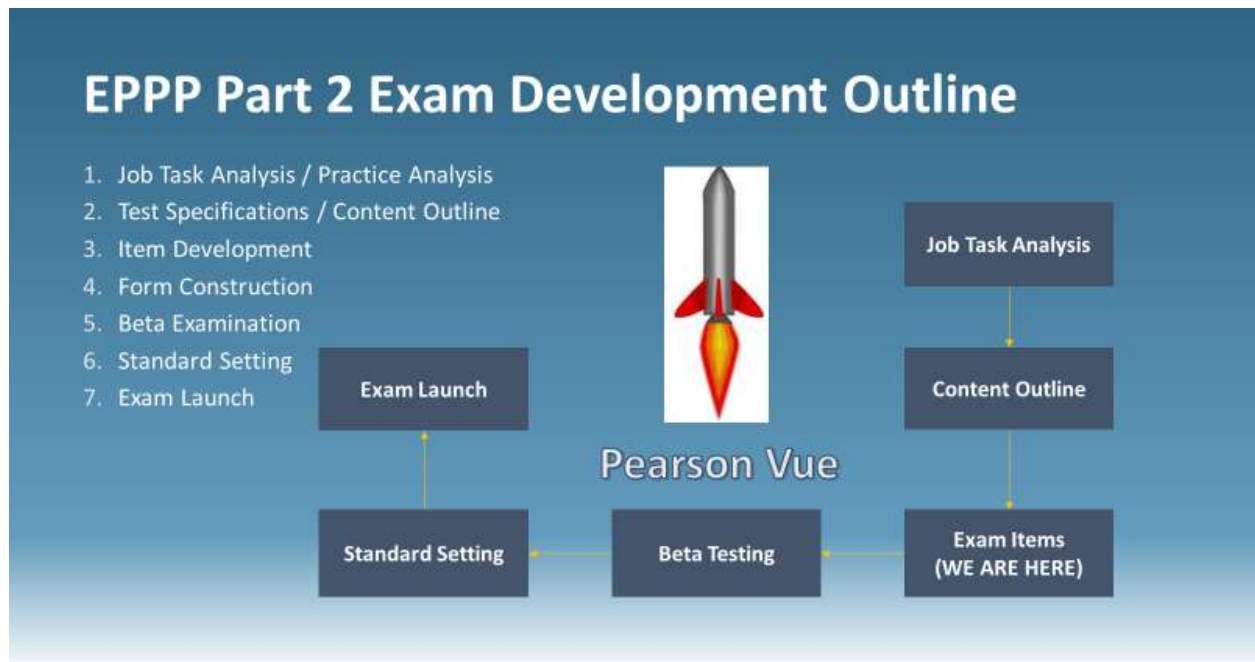
Other professions’ competency examinations are consistently based on their competency models. These competency models used to assess practice readiness typically include assessment, intervention, ethics, professional behavior and interpersonal behavior, and interprofessional consultations.

There were many different models for item development described by the professions. The CATF found that the most relevant model with the most utility for the development of a Knows How/Shows How Examination is used by the Medical Council of Canada. Their documents can be obtained at http://meds.queensu.ca/assets/CDM_Guidelines_e.pdf.

The Timeline for Skills Assessment in Psychology

As one might imagine, there are many tasks involved with the development of a skills examination. The time line below outlines the exam development tasks accomplished to this point, what remains to be done, and when it will be done. From 2010-2014, ASPPB developed a competency model with significant input from psychology member boards. In 2015 ASPPB determined that developing the EPPP Part 2 was feasible, both conceptually and financially. In 2016, the competency model was tested and validated through the 2016 job task analysis project that resulted in the blueprint that will form the basis for the structure of the EPPP Part 2. Over the next several years ASPPB will be training licensed psychologists to write items for the new exam. Both traditional item types like multiple choice questions, and innovative item types such as the use of avatars to demonstrate a targeted skill, presentation of a section of a test manual or a test protocol to use in answering questions, written vignettes with cascading questions, or questions that require ordering of information will be utilized in the new exam. During the coming years, ASPPB will develop a robust item bank, will create exam policies and procedures, and will develop multiple exam forms. ASPPB will then conduct beta testing for the new exam, and use the results of that testing to help create the final forms of the EPPP Part 2. The target date for launching the exam is January 2020.

EPPP Part 2 Exam Development Outline



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A Competency Model for the Practice of Psychology. *Training and Education in Professional Psychology*. 7 (2).

APPENDIX A: 2017 ASPPB Competencies Expected of Psychologists at the Point of Licensure

For ease of reading and understanding the model, the competencies are identified by the letter “C” and a number and the behavioral exemplars are identified by the letter “B” and a number.

Domain 1: Scientific Orientation

- C1. Select relevant research literature and critically review its assumptions, conceptualization, methodology, interpretation, and generalizability
 - B1. Critically evaluate and apply research findings to practice, with attention to its applicability and generalizability
 - B2. Interpret and communicate empirical research results in a manner that is easily understood by non-scientific audiences
- C2. Acquire and disseminate knowledge in accord with scientific and ethical principles
 - B3. Critically evaluate the literature relevant to professional practice
 - B4. Share psychological knowledge with diverse groups (e.g., students, colleagues, clients, other professionals, the public) within professional settings in an unbiased manner

Domain 2: Assessment and Intervention

- C3. Apply knowledge of individual and diversity characteristics in assessment and diagnosis
 - B5. Integrate knowledge of client characteristics in formulating assessment questions and understanding the reason for assessment
 - B6. Select assessment methods and instruments based on psychometric properties, available normed data and/or criterion-referenced standards, and address any limitations in that selection
- B7. Ensure that professional opinions, recommendations, and case formulations adequately reflect consideration of client characteristics
- C4. Demonstrate effective interviewing skills
 - B8. Adapt interview questions and behaviors in light of the characteristics of the interviewer and interviewee

- B9. Demonstrate flexible, empathic, and appropriate use of a broad range of interview techniques
 - B10. Consider contextual information (e.g., reason for assessment, possible legal or forensic considerations) in conducting an interview
- C5. Administer and score instruments following current guidelines and research
 - B11. Administer, score, and interpret a range of commonly used standardized assessment instruments
 - B12. Adapt relevant guidelines in situations requiring non-standard administration, scoring, interpretation, or communication of assessment results
- C6. Interpret and synthesize results from multiple sources (e.g., multiple methods of assessment, written documentation, interviewees, collateral sources of information) following current guidelines and research
 - B13. Interpret and integrate results from standardized tests and interviews following established guidelines and, as appropriate, multiple applicable norm sets
 - B14. Identify the strengths and limitations of various types of assessment data
 - B15. Reconcile or explain discrepancies between various sources of data and suggest alternative interpretations or explanations in light of any limitations of assessment instruments
 - B16. Synthesize client-specific and scientific data with contextual factors to refine working hypotheses and develop conclusions and recommendations across a range of problems
- C7. Formulate and communicate diagnoses, recommendations, and/or professional opinions using relevant criteria and considering all assessment data
 - B17. Formulate diagnoses using current taxonomies
 - B18. Provide recommendations that incorporate client and contextual factors, including diagnoses
 - B19. Communicate assessment results to clients, referral sources, and other professionals in an integrative manner
- C8. Select interventions for clients based on ongoing assessment and research evidence as well as contextual and diversity factors
 - B20. Conceptualize intervention or treatment on the basis of evidenced-based literature

- B21. Integrate client or stakeholder opinions, preferences, readiness for change, and potential for improvement into intervention plan
- C9. Apply and modify interventions based on ongoing assessment, research, contextual factors, client characteristics, and situational and environmental variables
 - B22. Articulate evidence-based rationale for decisions, recommendations, and opinions to clients and others as indicated
 - B23. Continually evaluate, modify, and assess the effectiveness of interventions, considering all relevant variables including biases and heuristics
 - B24. Consult with qualified peers when facing the need to modify interventions in unfamiliar situations

Domain 3: Relational Competence

- C10. Integrate and apply theory, research, professional guidelines, and personal understanding about social contexts to work effectively with diverse clients
 - B25. Recognize, understand, and monitor the impact of one's own identities in professional situations
 - B26. Engage in respectful interactions with an awareness of individual, community, and organizational differences
 - B27. Modify one's own behavior based on self-reflection and an understanding of the impact of social, cultural, and organizational contexts
 - B28. Follow professional guidelines and the scientific literature, when available, for providing professional services to diverse populations
 - B29. Apply culturally appropriate skills, techniques, and behaviors with an appreciation of individual differences
- C11. Work effectively with individuals, families, groups, communities, and/or organizations
 - B30. Use relational skills to engage, establish, and maintain working relationships with arrange of clients
 - B31. Communicate respectfully, showing empathy for others
 - B32. Collaborate effectively in professional interactions
- C12. Demonstrate respect for others in all areas of professional practice

- B33. Consider differing viewpoints held by clients and others
- B34. Respond to differing viewpoints by seeking clarification to increase understanding before taking action
- C13. Identify and manage interpersonal conflict between self and others
 - B35. Manage difficult and complex interpersonal relationships between self and other
 - B36. Consult with peers to examine and address one's own reactions and behavior when managing interpersonal conflict

Domain 4: Professionalism

- C14. Identify and observe boundaries of competence in all areas of professional practice
 - B37. Identify limits of professional competence
 - B38. Use knowledge of professional competence to guide scope of practice
 - B39. Seek appropriate consultation when unsure about one's competence and additional needs for training and professional development
 - B40. Seek additional knowledge, training, and supervision when expanding scope of practice
 - B41. Update knowledge and skills relevant to psychological practice on an ongoing basis
- C15. Critically evaluate one's own professional practice through self-reflection and feedback from others
 - B42. Engage in systematic and ongoing self-assessment and skill development
 - B43. Accept responsibility for one's own professional work and take appropriate corrective action if needed
 - B44. Maintain awareness of personal factors that may impact professional functioning

Domain 5: Ethical Practice

- C16. Demonstrate and promote values and behaviors commensurate with standards of practice, including ethics codes, laws, and regulations
 - B45. Demonstrate integration and application of ethics codes and laws in all professional interactions

- B46. Communicate ethical and legal standards in professional interactions as necessary
- B47. Seek professional consultation on ethical or legal issues when needed
- B48. Discuss with peers or collaborators any ethical concerns with their behavior
- B49. Take appropriate Parts to resolve conflicts between laws or rules and codes of ethics in one's professional practice
- C17. Accurately represent and document work performed in professional practice and scholarship
 - B50. Maintain complete and accurate records
 - B51. Report research results accurately, avoiding personal biases
 - B52. Ensure adequate and appropriate credit is given to trainees and collaborators in scholarship
- C18. Implement ethical practice management
 - B53. Practice in a manner commensurate with laws, ethical standards, practice guidelines, and organizational constraints
 - B54. Manage billing practices in an ethical manner
- C19. Establish and maintain a process that promotes ethical decision-making
 - B55. Systematically identify the ethical and legal issues and conflicts that occur in professional practice
 - B56. Consult with peers to aid in ethical decision-making when needed
 - B57. Proactively address identified ethical issue

Domain 6: Collaboration, Consultation, and Supervision

- C20. Work effectively within organizations and systems
 - B58. Recognize the organizational and systemic factors that affect delivery of psychological services
 - B59. Utilize knowledge of organizations and systems to optimize delivery of psychological services
- C21. Demonstrate interdisciplinary collaborations
 - B60. Collaborate with various professionals to meet client goals
- C22. Consult and collaborate within and across professions

- B61. Tailor consultation requests and provision of information based on knowledge of others' professional needs and viewpoints
- B62. Use evidence-based psychological theories, decision-making strategies, and interventions when consulting
- B63. Continually evaluate, modify, and assess the effectiveness of consultation, considering all relevant variables
- C23. Evaluate service or program effectiveness across a variety of contexts
 - B64. Develop plans for evaluating service or program effectiveness
 - B65. Assess outcome effectiveness in an ongoing way
- C24. Ensure supervisee compliance with policies and procedures of the setting, the profession, and the jurisdiction
 - B66. Provide a supervision plan that details the supervisory relationship and the policies and procedures of supervision, including procedures to manage high-risk situations
 - B67. Identify responsibilities of supervisees towards clients, including informed consent and supervisory status
- C25. Monitor, evaluate, and accurately and sensitively communicate supervisee performance to the supervisee, the organization, and the jurisdiction as needed
 - B68. Regularly provide behaviorally anchored feedback about supervisee strengths and areas that need further development
 - B69. Assure that supervisees who are trainees practice within the scope of supervisor's competence and license
- C26. Create and maintain a supportive environment in which effective supervision occurs for trainees and other professionals being supervised
 - B70. Attend to the interpersonal process between supervisor and supervisee
 - B71. Monitor possible multiple roles or conflicts of interest, and work toward resolution, if needed


2017 Comparison of Competency Models

ASPPB	MRA (Canadian)	CoA (US)
Scientific Orientation <ul style="list-style-type: none"> Core Knowledge Domains 	Research <ul style="list-style-type: none"> Core Content Areas 	Research <ul style="list-style-type: none"> Discipline- Specific Knowledge (DSK)
Assessment and Intervention	Assessment and Evaluation Intervention	Assessment Intervention
Relational Competence	Interpersonal Relationships <ul style="list-style-type: none"> Knowledge of Others 	Individual & Cultural Diversity Communications & Interpersonal Skills
Professionalism	Interpersonal Relationships <ul style="list-style-type: none"> Knowledge of Self 	Professional Values, Attitudes & Behaviors
Ethical Practice	Ethics and Standards	Ethical and Legal Standards
Collaboration, Consultation and Supervision	Supervision Consultation Interpersonal Relationships <ul style="list-style-type: none"> Macro-environment 	Consultation & Interprofessional/Interdisciplinary Skills Supervision

**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force Report**

Appendix C

MEMORANDUM

DATE	June 29, 2018
TO	EPPP2 Task Force
FROM	 Lavinia Snyder Examination Coordinator
SUBJECT	Agenda Item #5: Review and Discussion of ASPPB's Response to the EPPP2 Task Force Letter Regarding Questions and Concerns Raised at the April 5, 2018, Task Force Meeting

Background:

The Board's first Examination for Professional Practice in Psychology Part 2 (EPPP2) Task Force meeting was held on April 5, 2018. The meeting was conducted by Dr. Sheryl Casuga (Chair) and Mr. Seyron Foo (Board member) to discuss issues related to the potential implementation of the EPPP2 and to assist the Board in promulgating regulations. At the meeting, the following issues were discussed:

- a) Is Implementation of a New National Licensing Examination in the Best Interests of California Consumers of Psychological Services and Prospective Licensees?
- b) Should the Board Allow ASPPB to Determine Eligibility for Taking the National Examination for California Applicants? Should There Be Different Eligibility Criteria?
- c) How Would California Licensing Requirements Be Impacted if ASPPB Allows Candidates to Directly Register for and Take the EPPP (Part 1) Prior to Graduation and Completion of 1,500 Hours of SPE?

After a lengthy discussion on these issues, Task Force members decided to send a letter to the Association for State and Provincial Psychology Boards (ASPPB) Board of Directors to address their questions and concerns. A copy of the letter is attached (Attachment A). ASPPB's response to the letter is also attached (Attachment B).

Action Requested:

Discuss ASPPB's response to the Task Force's questions. This item is for informational purposes only, no further action is required.

Attachment A: EPPP2 Task Force Letter to ASPPB Board of Directors

Attachment B: ASPPB's EPPP2 Task Force Response

Attachment A
EPPP2 Task Force Letter to ASPPB Board of Directors

April 9, 2018

Association of State and Provincial Psychology Boards (ASPPB)
Board of Directors
P.O. Box 849
Tyrone, GA 30290

Dear Board Members:

The California Board of Psychology established the Examination for Professional Practice in Psychology Part 2 (EPPP2) Task Force (Task Force) at its February 2018 Board meeting to discuss issues and concerns surrounding the implementation of the EPPP2 and to provide feedback and recommendations to the full Board. The Task Force met on April 5, 2018. At this meeting, Matt Turner, PhD, ASPPB's Director of Examination Services, and Emil Roldolfa, PhD, Chair of ASPPBs EPPP2 Implementation Task Force, made a presentation on the EPPP2 and answered questions posed by the Task Force members.

After the meeting, a list of questions/concerns were developed, and the Task Force is respectfully requesting that the ASPPB Board of Directors address the following issues at its next Board of Directors' meeting:

- What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?

The concern was raised that having two examinations comes with additional cost to prospective licensees.

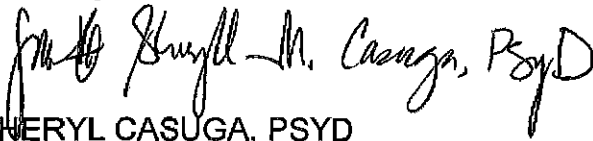
- Would ASPPB consider a mechanism to make the cost of the examination more affordable for low-income applicants or for those serving impoverished communities, underserved populations, or performing services in public agencies? For instance, would there be consideration to lower the cost of the EPPP Part 1 to off-set the cost of the whole examination?
- Would ASPPB reconsider its requirement of American Psychological Association (APA) or Canadian Psychological Association (CPA) accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?

The concern was raised that having APA/CPA accreditation as a requirement impedes upon the regulatory function of state boards, given that many states including California do not require APA accreditation. Additionally, some doctoral programs without APA/CPA accreditation, but with regional accreditations, serve as accessible institutions from underrepresented communities, including communities of color, socioeconomically disadvantaged areas, and immigrant communities.

- Would ASPPB consider delaying the implementation of the EPPP2 to allow jurisdictions more time to develop processes, procedures, legislation and/or regulations for implementation?
- What was the formal process ASPPB used to solicit feedback from member boards and would the Task Force be able to review the feedback received?

The Task Force will be conducting another meeting on June 29, 2018 and would be grateful to receive feedback from the Board of Directors in advance for consideration by the Task Force.

Sincerely,

A handwritten signature in black ink, reading "Sheryl M. Casuga, PsyD". The signature is fluid and cursive, with the first name "Sheryl" being the most prominent part.

SHERYL CASUGA, PSYD
Chairperson, EPPP2 Task Force
California Board of Psychology

Attachment B
ASPPB's EPPP2 Task Force Response



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection.

Dear California EPPP Task Force,

Thank you for the opportunity to discuss the enhanced EPPP. We appreciate your engagement and feedback in this important endeavor. The ASPPB Board of Directors has asked us to respond to your letter. We understand you have questions regarding the development, rationale and implementation of the EPPP. We hope that this letter will be responsive to your concerns.

Specifically, you raised questions about 1) the rationale for two separate examinations; 2) the cost of the EPPP; 3) the early admission requirements; 4) the implementation date of the EPPP Part 2; and 5) the membership feedback regarding the development of the skills examination. Each issue will be addressed below.

What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?

The concern is that having two examinations comes with additional costs to prospective licensees.

The EPPP continues to be one exam. The exam will be a more comprehensive assessment of competency that is delivered in two parts. The Job Task Analysis drove the decision to lengthen the exam instead of incorporating the knowledge and skills into a single sitting of the examination. The results of the job task analysis revealed that an enormous amount of material will need to be assessed to incorporate a comprehensive assessment of skills. After completion of the Job Task Analysis, the following Blueprint was indicated:

Scientific Orientation to Practice
Relational Competence
Assessment and Intervention
Ethical Practice
Collaboration
Consultation
Supervision
Professionalism

Within this blueprint, 71 skill statements were included. Conversely, 70 Knowledge statements were included in the EPPP part one. Collectively, this will require that 141 statements be thoroughly assessed in order to determine if a candidate meets a minimum, entry level of competence for the profession of psychology. A decision was made to include the addition of the skills assessment as a second part of the examination for several reasons. First, the EPPP as it is constructed now is a 175-item multiple choice examination. It would not be possible to adequately assess the additional skills statements within a reasonable amount of time. The length of the current EPPP is 4 hours and 15 minutes. Increasing this to a single session would lead to a very lengthy examination for the test takers. In addition, any test taker requiring an accommodated administration of extended time would have an extremely lengthy administration. This structure would be too taxing on candidates in general and specifically problematic for those with disabilities.

Second, by offering the exam in two parts, the knowledge portion of the examination could be moved earlier as an option for those that would prefer to take the exam prior to graduation from their academic program. This model is logical, in line with other professions that have competency assessment examinations and will allow candidates more flexibility in taking the exam.

President, Board of Directors – Sharon Lightfoot, PhD

Chief Executive Officer – Stephen T. DeMers, EdD

The proposed increase in examination fees is not related to whether or not the exam is administered in one or two sittings. The increase in fees is related to the significant startup and maintenance costs in the development of a new area of assessment. It is not possible to add this assessment without additional costs.

As ASPPB representatives mentioned in the meeting with the Task Force, the Early Admittance Option will have some benefits, including the following:

- 1. increasing the overall number of candidates that pass the knowledge portion of the examination on their first attempt as our current data indicates that candidates pass at higher rates when the exam is taken closer to completion of academic coursework. This would result in financial savings as fewer individuals would need to retake the exam.*
- 2. decreasing dependence on and associated cost of third party test prep study programs because the knowledge portion of the examination will be taken closer to the foundational coursework and,*
- 3. allowing exam costs to be incorporated into educational loans.*

Would ASPPB consider a mechanism to make the cost of the examination more affordable to low income applicants or those serving impoverished communities, underserved populations, or performing service in public agencies? For instance, would there be consideration of a lower cost for the EPPP Part 1 to offset the cost of the whole examination.

ASPPB is considering options to decrease the hardship associated with increased fees to candidates. No decisions have been made at this time.

Would ASPPB reconsider its requirement of APA or CPA accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?

The early entry option will be limited to students that are enrolled in APA or CPA accredited programs. This decision was based on the ASPPB Model Act which recommends that licensure applicants are trained in accredited training programs. In addition, this standard for an early entry option allowed for greatest acceptance by most jurisdictions.

For Jurisdictions that wish to allow an early admittance option for applicants from non-accredited training programs, ASPPB suggests that a rule change be made in those jurisdictions to allow those candidates to be able to take the Part 1 prior to degree. This will enable states and provinces to use criteria relevant in their particular jurisdiction. Jurisdictions would continue to register candidates as they do now but the timing would be prior to degree.

Would ASPPB consider delaying the implementation of the EPPP Part 2 to allow jurisdictions more time to implement processes, procedures, legislation, and or regulations for implementation?

The ASPPB Board of Directors continues to monitor the needs of member jurisdictions and the organization has been actively engaged in communication with jurisdictions about their concerns. In most jurisdictions, there does not appear to be a need to change regulations. At this time, the launch date is planned for January 2020. ASPPB encourages communication from jurisdictions that may be facing hurdles in implementation.

What was the formal process of soliciting feedback from member boards and would the task force be able to review the feedback.

Beginning in 2009 ASPPB has been in discussion with member jurisdictions about assessment of competencies through discussions at membership meetings, review of feedback at such meetings and various surveys of interest. As can be seen from the following data from ASPPB's most recent strategic plan, there was broad support from our member jurisdictions for developing an assessment of skills prior to becoming licensed.

70% of the respondents to the Strategic Plan rated that maintaining ASPPB's Examination Program and expanding it to measure skills was a top priority. This priority ranked as the second highest priority for ASPPB right behind pursuing more consistency in licensing standards to facilitate professional mobility. The skills exam was rated

second, but close to the knowledge exam in order of importance of priority for the next 3-5 years for the examination program.

The Board of Directors remains actively engaged in the process of member feedback and has recently sent out a letter alerting member jurisdictions that they will spend considerable time this summer reviewing all information received. The California EPPP Task Force's letter and any further communications will be included in the board's review.

Thank you for the opportunity to answer your questions. We hope our comments address your concerns. Please feel free to contact us if the Task Force has additional questions or comments.

Matt Turner
ASPPB, Director of Examination Services
mturner@asppb.org

Emil Rodolfa
ASPPB, Implementation Task Force Chair
erodolfa@alliant.edu

**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force Report**

Appendix D

EPPP2 TASK FORCE MEETING MINUTES

**Department of Consumer Affairs
1747 N. Market Blvd., HQ2 Hearing Room #186
Sacramento, CA 95834
(916) 574-7720**

THURSDAY, APRIL 5, 2018

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

Sheryll Casuga, PsyD, Chairperson, called the EPPP 2 Task Force meeting to order at 9:36am. A quorum was present and due notice had been sent to all interested parties.

Members Present:

Sheryll Casuga, PsyD, Chairperson
Seyron Foo, Board Member
Amy Welch-Gandy, Office of Professional Examination Services (OPES)
Crystal Faith Cajilog, Student Representative of California Psychological Association of Graduate Students
Anushree Belur, Student Representative of California Psychological Association of Graduate Students for The Chicago School of Professional Psychology
William Bloxham, Student Representative of JFK University 5th Year Student
Sherry Johnson, Director of Clinical Training, Representative of University of California
Rene Puliatti, Esq, Representative of California Psychology Internship Council (CAPIC)
Andrew Harlem, PhD, Representative of California Institute of Integral Studies
Gilbert Newman, PhD, Representative of The Wright Institute
Alejandra Ojeda-Beck, Student Representative of California Psychological Association of Graduate Students, UC Berkeley
Sherri Sedler, Student Representative of California Psychological Association of Graduate Students, California Southern University
Olga Belik, PhD, Representative of California Psychological Association (CPA), Division II

Others Present:

Antonette Sorrick, Executive Officer
Jeffrey Thomas, Assistant Executive Officer
Stephanie Cheung, Licensing Manager
Cherise Burns, Central Services Manager
Lavinia Snyder, Examination Coordinator
Jason Glasspiegel, Central Services Coordinator
Norine Marks, Legal Counsel, Department of Consumer Affairs

Agenda Item #2: Chairperson Welcome

Dr. Casuga welcomed the Task Force members and those in attendance. Ms. Snyder provided an overview of the contents of the packet provided to the attendees of the Task Force meeting.

Agenda Item #3: Public Comment(s) for Items not on the Agenda.

There were no public comments.

Agenda Item #4: Review and Discussion of the Development and Implementation of ASPPB's Enhanced EPPP (Presented by Dr. Emil Rodolfa, Chair of the ASPPB EPPP2 Implementation Task Force and Dr. Matthew Turner, ASPPB Director of Examination Program)

Dr. Casuga introduced Dr. Rodolfa and Dr. Turner and advised of the presentation they will be providing for the Task Force.

Dr. Turner and Dr. Rodolfa began the presentation on behalf of the Association of State and Provincial Psychology Boards (ASPPB).

Task Force members asked a variety of questions of the presenters during the presentation. Discussion ensued regarding the following topics: ASPPB's perceived deficiency that the EPPP 2 is trying to correct, questions relating to the content validity of the new part of the examination, concerns related to the structure of the examination, increased cost of the examination, the additional time needed for students to pass the new part of the examination before licensure, and implementation timeline for the new part of the examination, and ASPPB's lack of communication with member Board's throughout the development process. Additional concerns were raised about when students would or should be able to take the two parts of the examination and if this would cause delays in licensure and the inequity of allowing students from graduate programs accredited by the American Psychological Association (APA) to take the exam before degree completion versus students from regionally accredited programs.

Ms. Sorrick assured that the Task Force was aware of the importance of license portability and not creating additional barriers to licensure while discussing this question. Additionally, she provided the Task Force with a spectrum of options regarding answers to the question. She advised that should the Task Force recommend to the Board not to adopt the EPPP 2, which would encompass both the knowledge and competency based examinations, that the Board would need to create their own general knowledge exam. She indicated that doing so may reduce licensure portability, as states other than California will not administer the same examination, and therefore licensees within California would not be expected to meet the criteria for licensure set by other states, thus hindering licensees from California becoming licensed elsewhere.

Agenda Item #5: Task Force Discussion of the following issues:

- a. **Is Implementation of a New National Licensing Examination in the Best Interests of California Consumers of Psychological Services and Prospective Licensees?**

Dr. Casuga introduced this question. After which she asked the Task Force members to provide their thoughts on the issue.

Task Force members provided input on the question and expressed concerns over the following issues: ensuring that the portability of California psychologist license is not diminished, disbelief that the value added of the new part of the examination will outweigh the additional costs and burdens it places on students and that the examination would actually assess skills, the new part of the examination creating additional barriers to entering the profession for socio-economically disadvantaged students, and uncertainty that the new part of the exam will actually ensure competency and enhance public protection.

Given the aforementioned comments by the Task Force members and Ms. Sorrick, Mr. Foo stated that the new part of the examination will need to be considered for implementation, but that there were significant concerns regarding ASPPB's anticipated 2020 start date as well as other items.

Discussion ensued and a sentiment was reached that introducing a secondary portion to the examination was not in the best interest of California consumers of psychological services and prospective licensees, but that the alternative of the Board abandoning the EPPP and creating its own general knowledge exam was not feasible or desirable due to potential issues with license portability.

It was M(Harlem)/S (Newman)/C to move to agenda item 5(b)

Vote: 17 Aye, No-0

b. Should the Board Allow ASPPB to Determine Eligibility for Taking the National Examination for California Applicants? Should There Be Different Eligibility Criteria?

Dr Casuga introduced this agenda item. She advised that based on the information provided by ASPPB, ASPPB plans to approve candidates to take the first part of the EPPP prior to the conferring of their degree, as long as they have completed their course requirements, and are attending an APA approved graduate program. Dr. Casuga asked Ms. Snyder to provide the Board's current process regarding providing ASPPB with the list of eligible applicants.

Ms. Snyder provided the Task Force with the Board's current process of review and approval for eligibility to take the EPPP, including the requirements that the applicant be awarded their degree and have accrued 1500 hours of supervised professional experience.

After this overview, discussion ensued regarding whether or not the Task Force should recommend the Board accept EPPP scores if Part 1 is taken prior to the confirmation of the degree and accrual of 1500 hours of supervised professional experience, or whether the Board would make the applicant take Part 1 of the EPPP again after approval by the Board.

After a discussion, the Task Force concluded that it did not approve of ASPPB approving applicants to take Part 1 of the EPPP prior to candidates meeting the Board's specified approval requirements. They also concluded that if ASPPB was going to provide early approvals for students of APA accredited programs, that they believed it would be necessary that the Board approve all applicants for licensure to take part 1 of the exam after completing their coursework but prior to degree conferment and accrual of all 1500 hours.

Additional discussion ensued regarding the Task Force's role and its ability to make an effective decision regarding the EPPP Part 2 with the information provided. The sentiment of the Task Force was that more information was needed to make an informed decision.

Dr. Casuga recommended to the Task Force that they ask staff to draft a letter of concern to ASPPB.

The Task Force agreed with Dr. Casuga and discussed what questions should be asked and agreed on the following questions to be sent to ASPPB:

What were the factors that led to the decision to create two separate examinations instead of one combined examination that assesses both knowledge and skills?

Would ASPPB consider a mechanism to make the cost of the examination more affordable for low-income applicants or for those serving impoverished communities, underserved populations, or performing services in public agencies? For instance, would there be consideration to lower the cost of the EPPP Part 1 to off-set the cost of the whole examination?

Would ASPPB reconsider its requirement of American Psychological Association (APA) or Canadian Psychological Association (CPA) accreditation for eligibility to take the EPPP Part 1 for pre-degree graduate students?

Would ASPPB consider delaying the implementation of the EPPP2 to allow jurisdictions more time to develop processes, procedures, legislation and/or regulations for implementation?

What was the formal process ASPPB used to solicit feedback from member boards and would the Task Force be able to review the feedback received?

The Task Force advised they wanted a response by their next meeting which will allow the responses to be included for discussion.

Dr. Casuga advised due to time constraints the Task Force will need to table the remaining agenda items for a future meeting.

Agenda Item #7: Recommendations for Agenda Items for Future Task Force Meetings.

Task Force members requested to see a flow chart to help visualize all of the possible ways that this new examination can be implemented. Additionally, they wanted to see how the Board's regulations might need to be updated.

The Task Force adjourned at 5:10pm

John B. M. Casara, PsyD
Chair

7/3/18

Date

**Examination for Professional Practice
in Psychology Part 2 (EPPP2)
Task Force Report**

Appendix E

EPPP2 TASK FORCE MEETING MINUTES

Department of Consumer Affairs
1625 N. Market Blvd., HQ1 Hearing Room #117
Sacramento, CA 95834
(916) 574-7720

Friday, June 29, 2018**Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum**

Sheryll Casuga, PsyD, Chairperson, called the EPPP 2 Task Force meeting to order at 9:44 a.m. A quorum was present and due notice had been sent to all interested parties.

Members Present:

Sheryll Casuga, PsyD, Chairperson
Seyron Foo, Board Member
Amy Welch-Gandy, Office of Professional Examination Services (OPES)
Paul Marcille, PhD, Representative of California Psychological Association (CPA)
Representative
Anushree Belur, Student Representative of California Psychological Association of Graduate Students for The Chicago School of Professional Psychology
William Bloxham, Student Representative of JFK University 5th Year Student
Cindy Yee-Bradbury, Director of Clinical Training, Representative of UCLA
Rene Puliatti, Esq, Representative of California Psychology Internship Council (CAPIC)
Lani Chow, PhD, Representative of California Institute of Integral Studies
Allison Briscoe-Smith, Representative of The Wright Institute
Jay Finkelman, PhD, Representative of The Chicago School of Professional Psychology
Alejandra Ojeda-Beck, Student Representative of California Psychological Association of Graduate Students, UC Berkeley
Sherri Sedler, Student Representative of California Psychological Association of Graduate Students, California Southern University
Olga Belik, PhD, Representative of California Psychological Association (CPA), Division II

Others Present:

Antonette Sorrick, Executive Officer
Stephanie Cheung, Licensing Manager
Cherise Burns, Central Services Manager
Lavinia Snyder, Examination Coordinator
Jason Glasspiegel, Central Services Coordinator
Norine Marks, Legal Counsel, Department of Consumer Affairs
Jo Linder-Crow PhD, California Psychological Association

47 **Agenda Item #2: Chairperson Welcome**

48
49 Dr. Casuga welcomed the Task Force members and those in attendance.

50
51 **Agenda Item #3: Public Comment(s) for Items not on the Agenda**

52
53 There were no public comments

54
55 **Agenda Item #4: Approval of EPPP2 Task Force Minutes: April 5, 2018, meeting**

56
57 It was M(Foo)/S(Puliati)/C to accept the minutes as written.

58
59 Dr. Casuga opened the discussion for public comment.

60
61 Mr. Foo asked for lines 100 and 101 to be amended to state: "Mr. Foo stated that the
62 new part of the exam will need to be considered for implementation."

63
64 The motion was amended as follows: it was M(Foo)/S(Puliati) to accept the minutes as
65 amended.

66
67 Vote: 14 Aye, No-0.

68
69 **Agenda Item #5: Review and Discussion of ASPPB's Response to the EPPP2**
70 **Task Force Letter Regarding Questions and Concerns Raised at the April 5, 2018,**
71 **Task Force Meeting**

72
73 Dr. Casuga provided an overview of the item and the response letter.

74
75 Mr. Foo thanked Dr. Matthew Turner, from ASPPB, for attending and asked for an
76 update on the cost of the examination.

77
78 Dr. Turner stated the suggestion to review the different cost per examination options
79 and/or scholarship opportunities was well received by ASPPB, and it is currently under
80 review. No decision has been made, but the Board of Directors will meet again in
81 August.

82
83 Discussion ensued regarding the overall financial impact to students with the addition of
84 the second part of the EPPP and the number of students that take a test prep course,
85 and how this should be considered when discussing the total financial impact.

86
87 Ms. Briscoe-Smith advised that cost is not the only issue. She is concerned about
88 students incorporating the first part of the EPPP into when they would normally be
89 working on their dissertation and applying for internships.

90
91 Discussion ensued regarding how the change to when students can take the first part of
92 the EPPP will affect students' completion of their dissertation and when they begin their
93 internship.

94

Mr. Puliatti asked Dr. Turner why students at institutions accredited by Psychological Clinical Science Accreditation System (PCSAS) are not being allowed to apply to ASPPB to take the first part of the EPPP early.

Discussion ensued regarding concerns over ASPPB's proposal to approve of students at APA accredited institutions to take the first part of the EPPP, and not also approving students at universities that are accredited by PCSAS.

Mr. Foo clarified that although ASPPB does not plan to approve students at institutions not accredited by APA, each jurisdiction can establish eligibility for applicants.

Mr. Foo asked Dr. Turner about the response from ASPPB to the Task Force regarding the need for delayed implementation. Mr. Foo advised that the largest states that use the EPPP are California, Texas, and New York, and all three have stated that they will need to delay implementation due to their states respective statutory and regulatory processes.

Dr. Turner advised that ASPPB is currently reaching out to member boards regarding their specific process and how long it will take to make the changes, and how it will affect the current timeline.

Dr. Chow referenced a survey sent to the Board Administrators/Registrars Committee (BARC) by the California Board which was provided to the Task Force in the meeting materials. This survey asks which states will require legislative/regulatory change to allow the first part of the EPPP to be taken once coursework has been completed.

Discussion ensued regarding the responses to this survey, which led into a discussion of the ramifications of California not utilizing the EPPP and how that would affect licensure portability.

This discussion led into a question from Mr. Foo to Dr. Tracy Montez of the Office of Professional Examination Services, about the examination audit process California uses to verify that examinations meet the standards and suitability for California, and any known history of an examination failing an audit conducted by OPES. Dr. Montez provided information regarding a failed audit for one of the Board of Behavioral Sciences (BBS) license types and how that process worked. Dr. Montez did make the Task Force aware that since that time, the national examination provider has made changes that now allow the examination to be used by BBS as it meets all state standards.

Agenda Item #6: Review and Discussion of Examination Sequencing and Timeline Scenarios That May Affect Applicants and the Board's Business Processes Relating to EPPP2 Implementation

Ms. Snyder provided an overview of the different examination sequencing scenarios and staff's recommendation that Option 3 is the most equitable choice.

It was M(Foo)/S(Belur)/C to adopt option 3 if the Board decides to adopt EPPP step 2.

Dr. Casuga asked for discussion.

Dr. Chow asked who would be verifying the completion of academic coursework for the students, which based on the flowchart provided in option 3, would be necessary to take the first part of the EPPP.

Discussion ensued regarding whether the registrar or training director would be best suited to sign off on completion of academic coursework, and if it is appropriate to ask them to certify such information. Additional discussion ensued regarding how taking the first part of the EPPP early can unintentionally become a requirement to receive an internship.

Vote: 14 Aye, No-0.

Agenda Item #7: Recommendation to the Board in Light of Discussion – Review and Determine Possible Statutory Changes to Business and Professions Code Sections 2940-2944, and Regulatory Changes to Title 16 of the California Code of Regulations, Sections 1388 -1389.1 – Examinations

Ms. Snyder provided an overview of the materials. Ms. Sorrick highlighted the starting point for the statutory and regulatory revisions was the work of the Licensing Committee during their review of the pathways to licensure, and clarified that the statutory provisions are not required for EPPP2 adoption. Ms. Snyder read the changes to each section for the Task Force.

Discussion ensued during the review of section 1388(b) regarding the need for specific failsafe regulatory language that replicates Business and Professions Code sections 139 and 2942, which would describe the Board's process should an examination not meet the standards set forth by OPES upon the completion of an occupational analysis.

Discussion ensued during the review of section 1388(c) regarding the need to specify that completion of academic coursework does not include completion of a dissertation and internship, as these courses generally have a course number through the institution and can therefore be viewed as academic courses.

It was M(Foo)/S(Belur)/C to accept the language as amended which includes changes to Article 4 of Title 16 of the California Code of Regulations section 1388 to include failsafe regulatory option in section (b) and clarification to the reference of academic coursework in section (c) and refer this language for the Board to consider if the Board decides to continue with the EPPP.

Vote: 14 Aye, No-0

Bus. & Prof. Code sections 2940-2944

§ 2940. Application and fee

Each person desiring to obtain a license from the board shall make application to the board. The application shall be made upon a form and shall be made in a manner as the board prescribes in regulations duly adopted under this chapter.

The application shall be accompanied by the application fee prescribed by Section 2949. This fee shall not be refunded by the board.

To obtain a license from the board, an applicant shall submit any applications and pay any applicable fees as required by the board.

(Amended by Stats. 1997, Ch. 758, Sec. 38. Effective January 1, 1998.)

§ 2941. Examination and fee

Each applicant for a psychology license shall be examined by the board, and shall pay to the board, at least 30 days prior to the date of examination, the examination fee prescribed by Section 2987, which fee shall not be refunded by the board.

Each applicant for licensure as a psychologist shall take and pass any examination required by the board. An applicant may be examined for knowledge in any theoretical or applied fields of psychology, as well as professional skills and judgment in the utilization of psychological techniques and methods, and the ethical practice of psychology, as the board deems appropriate.

Each applicant shall pay any applicable examination fees.

(Amended by Stats. 1997, Ch. 758, Sec. 39. Effective January 1, 1998.)

§ 2942. Time for examinations; Passing grades

The board may examine by written or computer-assisted examination or by both. All aspects of the examination shall be in compliance with Section 139. The examination shall be available for administration at least twice a year at the time and place and under supervision as the board may determine. The passing grades for the examinations shall be established by the board in regulations and shall be based on psychometrically sound principles of establishing minimum qualifications and levels of competency.

Examinations for a psychologist's license may be ~~conducted~~ utilized by the board under a uniform examination system, and for that purpose the board may make arrangements with organizations to supply and administer ~~furnishing examination materials~~ material as ~~may in its discretion be desirable.~~

(Amended by Stats. 2005, Ch. 658, Sec. 9. Effective January 1, 2006.)

~~§ 2943. Examination subjects~~

~~The board may examine for knowledge in whatever theoretical or applied fields in psychology as it deems appropriate. It may examine the candidate with regard to his or her professional skills and his or her judgment in the utilization of psychological techniques and methods.~~

~~(Amended by Stats. 1989, Ch. 888, Sec. 24.)~~

~~§ 2944. Written examinations~~

~~The board shall grade the written examination and keep the written examination papers for at least one year, unless a uniform examination is conducted pursuant to Section 2942.~~

~~(Amended by Stats. 1989, Ch. 888, Sec. 25.)~~

Article 4. of Title 16 of the California Code of Regulations, sections 1388-1389.1 – Examination

§ 1388. Examinations.

(a) The Board recognizes the expertise of the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES). The Board shall utilize the services of the OPES in licensing examination development and validation through an interagency agreement.

(b) An applicant for examination shall successfully take and pass the licensing examinations prior to being licensed shall submit to the Board for its approval the required application (exam rev 6/18) and the applicable fee. The licensing examinations shall consist of the Association of State and Provincial Psychology Boards' (ASPPB) Examination for Professional Practice in Psychology (EPPP), which consists of two parts, and the California Psychology Laws and Ethics Examination (CPLEE), except ~~that the EPPP shall be waived for those applicants who meet the criteria in section 1388.6 of this chapter.~~ Such applicants shall be required to take and pass the CPLEE.

(c) An applicant is eligible to take the first part of the EPPP upon completion of all academic coursework of a qualifying doctorate degree. To satisfy this requirement, the applicant shall submit to the Board a written certification from the registrar or training director of the educational institution or program stating that the applicant has completed all required academic coursework (exclusive of internship and dissertation) of a qualifying doctorate degree.

(ed) An applicant is eligible to take the second part of the EPPP upon passing the first part of the EPPP, completion of a qualifying doctorate degree, and accrual of 1500 hours of qualifying supervised professional experience.

(e) An applicant is eligible to take the CPLEE upon passing shall pass both parts of the EPPP and completion all of 3000 hours of qualifying supervised professional

experience prior to being eligible for the CPLEE, whichever is applicable, pursuant to section 1388.6.

(df) ~~Upon application, the~~ The Bboard will notify applicants of their eligibility to take each examination ~~the EPPP~~. Applicants are responsible for completing any administrative requirements for taking the EPPP established by ASPPB or its agent, including paying any fees. This subsection applies to those re-taking the EPPP as well as to those taking it for the first time.

(eg) For forms of the EPPP taken prior to September 1, 2001, the passing score is the score that was recognized by the Bboard at that time. For computer administered forms of the EPPP, the Bboard shall accept the passing score recommended by ~~apply a scaled score as recommended by~~ ASPPB.

(fh) Qualified applicants desiring to take the CPLEE shall submit to the Bboard the fee set forth in section 1392 of this chapter. Applicants shall comply with all instructions established by the DCA examination vendor for taking the CPLEE.

(gi) The passing score on the CPLEE shall be determined for each form of the examination by a criterion referenced procedure performed by OPES.

(hj) An applicant for whom English is his or her second language may be eligible for additional time when taking the EPPP and/or the CPLEE. The applicant must complete and submit a request for additional time that states under penalty of perjury that English is his or her second language. The Test of English as a Foreign Language (TOEFL) certification score of 85 or below must be sent by Educational Testing Service directly to the Bboard. The TOEFL must have been taken within the previous two years prior to application. The Board will only consider the highest score of any TOEFL taken within the previous two years. If approved, the applicant will be allotted time-and-a-half (1.5x) when taking the examination.

Note: Authority cited: Sections 2930 and 2942, Business and Professions Code.

Reference:

Sections 123, 496, 2941, 2942, 2943 and 2960, Business and Professions Code.

§ 1388.6. License Requirements and Waiver of Examination **Licensure Requirements.**

~~(a) When a California-licensed psychologist has been licensed for at least five years and has allowed his/her license to cancel by not renewing the license for at least three years, the psychologist shall not be required to take the EPPP.~~

~~(ab)~~ If an applicant for licensure as a psychologist has been is currently licensed at the doctoral level and has been so for at least two (2) years in another state, Canadian province, or U.S. territory, for at least five years the applicant shall not be required to take the EPPP submit documentation of a passing score on the EPPP.

(be) An applicant for licensure as a psychologist who holds a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards (ASPPB), shall ~~not be required to take the EPPP~~ submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(cd) An applicant for licensure as a psychologist who is credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and ~~has been who is currently licensed based on a doctoral degree at the doctoral level~~ in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(de) An applicant for licensure as a psychologist who is certified by the American Board of Professional Psychology (ABPP) and ~~has been who is currently licensed based on a doctoral degree at the doctoral level~~ in another state, Canadian province, or U.S. territory for a minimum of five years shall not be required to take the EPPP submit documentation of a passing score on the EPPP. Such an applicant shall be deemed to have met the educational and experience requirements of subdivisions (b), (c) and (ed) of Code section 2914.

(ef) Although the EPPP ~~is some requirements are deemed to have been met-waived~~ under this section, an applicant must file a complete application and meet all current licensing licensure 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.

Note: Authority cited: Sections 2930 and 2946, Business and Professions Code.
Reference: Section 2946, Business and Professions Code.

§ 1389. Reconsideration of Examinations.

(a) ~~There shall be no reconsideration of the grade score received on the EPPP or on the CPLEE.~~

(b) ~~Nothing in this section shall be construed to deprive an applicant of his or her rights of appeal as afforded by other provisions of law.~~

Note: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code.

§ 1389.1. Inspection of Examinations.

~~(a) All examination materials, except those owned by an examination service, shall be retained by the board at the board's office in Sacramento for a period of two (2) years after the date of the examination.~~

~~(b) No inspection is allowed of the written examination administered by the board~~

~~Note: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 2942 and 2944, Business and Professions Code; and Section 12944, Government Code~~

Agenda Item #8: Recommendations for Agenda Items for Future Task Force Meetings.

The following recommendations for future task force meetings were received from task force members:

- Ms. Briscoe-Smith – Requested a vote on whether the Task Force recommends implementation of the EPPP2
- Dr. Marcille – Requested that staff collect more information from ASPPB on the items included in the test and how it will test for competency.
- Mr. Puliatti – Requested that an item is included which asks ASPPB to provide information on how this examination will help protect California consumers.
- Dr. Belik - Different ASPPB decisions and alternatives and their timelines for implementation of those considerations, including ASPPB's timeline for rollout of the examination.
- Mr. Bloxham - Requested a true implementation plan with details, validating the test, and when materials will be available.
- A request to ASPPB for clarification on the lack of PCSAS inclusion.
- A request to ASPPB for clarification on when the beta testing will be happening and when would results of that beta testing be available.
- A request to ASPPB for their cost considerations decision.
- A request for the written charge of Task Force.

ADJOURNMENT

The Task force adjourned at 4:12 pm.



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in training their responsibility of public protection.

Dear Members of the California Board of Psychology:

Thank you for your inquiry regarding the Enhanced EPPP. We appreciate the ongoing dialogue on this important issue. We hope that our responses will provide some clarity to the concerns raised in your letter.

- *The Board of Psychology supports a competency-based examination but feels that certainty is required as to its mandatory implementation, and that a date certain for all member jurisdictions is necessary. Uncertainty as to implementation results in a current inability to move forward with the required statutory and regulatory changes.*

Thank you for your support of a competency-based examination. We also appreciate the clarity of your explanation regarding California's position on the Enhanced EPPP. Although the ASPPB Board of Directors (BOD) believes that adding a valid, reliable, and legally defensible assessment of skills will prove valuable to jurisdictions, the BOD determined that jurisdictional use of the Enhanced EPPP will not be required during the initial implementation period. Near the end of the early adoption period, the BOD plans to revisit the implementation process of the examination and will determine whether or not to continue delivering the EPPP 1 as a stand-alone option or only to deliver the Enhanced EPPP. Given that California has specific processes and regulatory changes that must occur, we will continue to keep you apprised of the development and status of the implementation of the Enhanced EPPP. ASPPB also recognizes that these regulatory changes may take time and we will work with California to ensure reasonable notice of any changes in requirements for the EPPP.

- *ASPPB would aid its member jurisdictions if it were to identify all statutory and regulatory changes needed to implement the new examination (drafting and supporting statutory and regulatory changes through advocacy, etc.) over a set period of time calibrated to the expected implementation date and the time necessary to effect needed changes.*

In preparation for the development of the Enhanced EPPP, ASPPB staff reviewed the regulations and legislation of the ASPPB member jurisdictions. As a result of that review, we found that most jurisdictions will need little or no statutory changes; however, we understand that is not the case for all jurisdictions. While each jurisdiction will have the specific knowledge about what changes may be needed in its own rules, ASPPB Staff have developed draft language, are available to consult on possible statutory and regulation language changes, and will provide samples of draft language and language that has been used in other jurisdictions.

President, Board of Directors – Gerald O'Brien, PhD | Chief Executive Officer – Mariann Burnetti-Atwell, PsyD

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- *ASPPB should continue to evaluate the total cost of both examinations and establish a uniform lower total cost as to all jurisdictions, as of the mandatory effective date of the Enhanced EPPP.*

The ASPPB BOD heard members' concerns regarding the cost of the EPPP Part 2 and re-evaluated the cost plan. Beginning January 1, 2022, the cost of the EPPP Part 2 will be \$450 for all jurisdictions, rather than \$600 as initially proposed. In addition, jurisdictions that adopt the EPPP part 2 between January 1, 2020 and December 31, 2021 will have a reduced fee (between \$100 and \$300) during this early adoption period.

- *In addition, the Board also requests that ASPPB make available to the Board and the Department of Consumer Affairs' Office of Professional Examination Services the following information as it becomes available:
Data from Beta testing from participating jurisdictions to evaluate the validity of the Enhanced EPPP.
Evidence of external validity that substantiates the need for the Enhanced EPPP.*

Beta testing data from participating jurisdictions will be provided to all member jurisdictions. This information will include data from the Standard Setting process that evaluates the pass point, pass rates, and item level psychometric data. The steps to develop these data will follow the standard procedures used to develop a licensing examination as recommended by the American Educational Research Association, The American Psychological Association, and the National Council on Measurement in Education.

With regard to external validity measures, ASPPB is not conducting these evaluations. External validity is not the standard for development of any licensure exam of any profession, and to the best of our knowledge, very few studies exist that even attempt to assess external validity of a licensing examination. As we mentioned to your Task Force on the EPPP, the primary difficulty with demonstrating external (criterion-related) validity is that establishing an appropriate reliable criterion for which to measure the test is extremely difficult (Raymond & Leucht, 2013). For example, supervisor ratings are known to be unreliable, and direct observations likely lack the psychometric rigor of the exam itself. Therefore, attempts to provide validity data by comparing to such measures are problematic. Because of this, researchers (e.g., Kane 1982, Stocker and Impara 1995, Raymond & Leucht, 2013) have reported for decades that evaluation of licensure exams as a predictive measure is not appropriate or warranted. In fact, Stoker and Impara (p. 184) evaluated the support for criterion related measures and concluded that "at present we would concur with most of our colleagues that licensure boards should not be concerned with criterion related validity." Instead the Enhanced EPPP is constructed based on a rigorous and thorough content validity methodology that follows industry standards. The empirical basis for the use of the Enhanced EPPP is the Job Task Analysis. The 2016 job task analysis surveyed approximately 2700 practicing psychologists in Canada and the United States to determine the knowledge and skills needed for entry level practice as a psychologist. Analysis of the data resulted in the final test specifications that comprise the Enhanced EPPP

(Part 1 and Part 2). Thus, the test specifications are produced through analysis of what practicing psychologists report is required for entry-level practice. Additionally, ASPPB incorporates Subject Matter Experts (licensed psychologists) at every step of the development process to ensure that the examination accurately represents the knowledge and skills required for entry-level practice.

Thank you again for the opportunity to respond to your concerns. As always, please feel free to contact us if we can provide you additional information about the Enhanced EPPP.

Sincerely,

Matt Turner, PhD
ASPPB, Senior Director of Examination Services
mturner@asppb.org

Emil Rodolfa, PhD
ASPPB, Implementation Task Force Chair
erodolfa@alliant.edu

References

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REVIEW OF THE EXAMINATION FOR
PROFESSIONAL PRACTICE IN PSYCHOLOGY



BOARD OF PSYCHOLOGY

REVIEW OF THE EXAMINATION FOR PROFESSIONAL PRACTICE IN PSYCHOLOGY



April 2021

Heidi Lincer, Ph.D., Chief
Amy Welch Gandy, M.A., Research Data Supervisor II



EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The California Board of Psychology (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP). The purpose of the OPES review was to evaluate the suitability of the EPPP (Part 1-Knowledge) for continued use in California licensure for psychologists and to evaluate the suitability of the EPPP (Part 2-Skills) for future use in California licensure for psychologists.

The EPPP consists of two parts, Part 1-Knowledge and Part 2-Skills. The Board requires that candidates pass the EPPP Part 1 for licensure in California. The EPPP Part 2 is a new component of the examination that is in the beta testing stage and is used only by states that have already adopted this component for licensure.

OPES, in collaboration with the Board, received and reviewed the ASPPB 2016 EPPP Job Task Analysis Report (2016 Job Task Analysis Report) and other documents provided by ASPPB. Follow-up emails (ASPPB, February–March 2021) were exchanged to clarify the procedures and practices used to validate and develop the EPPP Part 1 and Part 2. OPES performed a comprehensive evaluation of the documents to determine whether the following examination program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores and passing rates, (d) test administration, (e) examination scoring and performance, (f) information available to candidates, and (g) test security procedures.

OPES found that the procedures used to establish and support the validity and defensibility of the above examination program components of the EPPP Part 1 and Part 2 appear to meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014) (*Standards*) and in California Business and Professions (B&P) Code § 139.

In October 2020, OPES convened a panel of California psychologists to serve as subject matter experts (SMEs) to review the content of the EPPP Part 1 and Part 2. The SMEs were selected by the Board based on their geographic location, years of experience, and practice specialty. The purpose of the review was to compare the content of the EPPP Part 1 and Part 2 with the California psychologist description of practice resulting from the 2019 California *Occupational Analysis of the Psychologist Profession* (2019 California Psychologist OA) performed by OPES.

Specifically, the SMEs performed a comparison by linking the task and knowledge statements of the 2019 California psychologist description of practice to the examination blueprint of the EPPP Part 1 and the examination blueprint of the EPPP Part 2. The linkage studies were performed to identify whether there were areas of California psychology practice not measured by the EPPP examinations.

Overall, the SMEs concluded that the content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics. This general knowledge should continue to be tested on the California Psychology Law and Ethics Examination.

The SMEs were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items. Additionally, the SMEs favored the EPPP Part 2 over the EPPP Part 1 as a single-examination option. However, the SMEs concluded that while the EPPP Part 2 assesses a deeper measure of skills than those measured by the EPPP Part 1, that alone may not support adoption of the EPPP Part 2. The SMEs further concluded that the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure. OPES recommends that the Board continue to monitor the beta testing results of the EPPP Part 2 as part of their decision-making process for adopting the EPPP Part 2 as a requirement for licensure in California in the future.

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Lisa M. Fagan, MBA

October 28, 2022

Dear ASPPB Member Boards:

The ASPPB Board of Directors ("Board") would like to update member jurisdictions on the status of the EPPP. As you know, the EPPP was updated to include two parts (knowledge and skills) as a comprehensive examination that allows jurisdictions to more completely measure competency of candidates for licensure. In 2018, the Board made the decision to allow jurisdictions to use the EPPP (Part 2- Skills) optionally with the promise to membership to revisit the future of the EPPP in 2022.

Over the past several years the Board has spent considerable time gathering feedback from its jurisdictional members, liaisons to ASPPB, and various other stakeholders in the psychology community. Some of these activities have included discussions about the EPPP at ASPPB membership meetings, jurisdictional question and answer sessions, engagement with the training and education community, and the creation of the collaborative Examination Stakeholder Technical Advisory Group (ESTAG). Most recently, ASPPB conducted four Town Hall meetings during the summer of 2022. During the meetings, ASPPB provided those in attendance with a summary of the rationale for the development for the EPPP (Part 2- Skills), and questions surrounding the exam that have been raised by ASPPB membership and other stakeholders. Time was taken to share how those questions have been and continue to be addressed, and an overview was provided on the examination development process. Lastly, comment periods were made available for those who attended the Town Halls to share their thoughts and concerns regarding anything they heard in the presentation. In an effort to extend access to this important information, a recording of the presentation is available at <https://vimeo.com/743463541/0991a45ead>. Attached is a factual overview of the EPPP processes related to the main concerns that have been reported to ASPPB.

ASPPB is guided by its mission to assist its members with their primary responsibility of protecting the health, safety, and welfare of the public. In this effort, the Board remains committed to the ongoing development, refinement, and use of a valid, reliable, state-of-the-art competency assessment for those individuals that are seeking licensure to practice psychology. Consistent with the above, during its October 2022 meeting, the Board unanimously passed the following motion:

Effective no later than January 1, 2026, the EPPP is one examination with two parts, EPPP (Part 1 – Knowledge) and EPPP (Part 2 – Skills).

This means the EPPP will only be offered as a two-part examination effective January 1, 2026. We are aware that a number of jurisdictions are ready to move to the two-part model

immediately. Indeed, some already have. The transition in the registration portal can be accomplished fairly quickly. If your jurisdiction is ready to move forward, please notify Dr. Matt Turner at mturner@asppb.org.

Thank you for your continued efforts to ensure safe and competent practice in all of our jurisdictions.

The ASPPB Board of Directors

Alan B. Slusky, PhD, CPsych, President
Tomás R. Granados, PsyD, Past President
Herbert L. Stewart, PhD, President-Elect
Cindy Olvey, PsyD, Secretary-Treasurer
Michelle G. Paul, PhD, Member-at- Large
Hugh D. Moore, PhD, MBA, Member-at-Large
Jennifer C. Laforce, PhD, CPsych, Member- at-Large

From: Adina Goodman <adina.goodman@gmail.com>

Sent: Tuesday, October 25, 2022 12:39 PM

To: bopmail@DCA <bopmail@dca.ca.gov>; info@floridapsychology.gov; psychbd@nysed.gov; ST-PSYCHOLOGY@pa.gov; info@psy.ohio.gov; info@ncpsychologyboard.org; BPLHelp@michigan.gov

Subject: Stop the adoption of the EPPP2

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: adina.goodman@gmail.com

Dear Board of Psychology,

I am writing to ask you to vote against the implementation of the EPPP Part 2 in our state. Creating a new, expensive, time-consuming barrier to licensure is not what our state needs and will serve to harm rather than protect the public.

- EPPP-2 will create new barriers to practice amidst a national mental health crisis. Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages. Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.
- EPPP-2 will further restrict diversity in the field. Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates. Existing research on the EPPP Part 1 suggests that Black and Latinx psychology candidates fail the exam at two to four times the rate as white candidates, creating unnecessary constriction of the workforce pipeline for psychologists of color. Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.
- EPPP-2 will not contribute meaningfully to enhancing protection of the public. There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment. There is no evidence that a multiple-choice test would outperform those supervisory observations. In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery. Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.
- EPPP-2 creates new financial burdens for trainees. The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress, and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

- Prior attempts to address these concerns with ASPPB have not yielded substantive change. The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

ASPPB has not yet met the burden of proof that this proposed exam adds value to the licensure process. What is certain is that it will slow down the licensure process in the midst of existing provider shortages, and create unnecessary and disproportionate burdens on psychology candidates from underrepresented backgrounds. This is not the change our field needs. I urge you to vote no on the implementation of the EPPP2 in our state.

From: Boyd, Kenny (LLU) <kboyd@llu.edu>
Sent: Tuesday, October 25, 2022 11:02 AM
To: bopmail@DCA <bopmail@dca.ca.gov>
Subject: EPPP 2

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Dear CA Board of Psychology (this is not a form email):

In examining the studies of the EPPP, and what we know about the EPPP 2, it seems we should wait until the psychometric studies of the EPPP 2 are published before adopting it in California.

However, the predictive validity of the current EPPP (1) is not promising, as it seems to be related to SES and general intelligence most strongly, rather than professional skill or ability.

If the data on the EPPP2 is more predictive of professional skill or ability, you may want to substitute it for the EPPP 1!

This may not be possible, so at least I think it's reasonable to keep the status quo until actual data on the EPPP 2 comes in from states where it's been in use.

Thank you for your time and attention to these issues.

Kenny Boyd
PSY 20626

Kendal C. Boyd, Ph.D., M.A. (he/him)
Associate Chair
Program/Clinical Director, Psy.D.Degree
Loma Linda University Psychology Dept.
(909) 558-8574
PSY 20626

From: Heidi Zetzer <heidi.zetzer@ucsb.edu>

Sent: Wednesday, October 26, 2022 8:50 AM

To: bopmail@DCA <bopmail@dca.ca.gov>

Subject: Please please please vote against the adoption of the EPPP-2!

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: hzetzer@ucsb.edu

Dear BOP,

I am a licensed psychologist, university professor, former training clinic director, and former president of the Association of Psychology Training Clinics and the Santa Barbara County Psychological Association. I was president of APTC when we signed on with the Council of University Directors of Clinical Psychology (CUDCP), which submitted its first letter to ASPPB, opposing the adoption of the EPPP-2 (see attached letter dated October, 2018, signed by numerous training councils). Despite continued disagreement over the necessity, validity, and cost of the EPPP-2, ASPPB has continued to push it forward. ASPPB has failed to demonstrate the need for yet another barrier to licensure, which will be a greater impediment to potential licensees who cannot readily afford the cost of the exam or the test preparation that it requires. As a summary of the issues, I pasted in the letter that is currently being circulated among the training councils and across divisions of the American Psychological Association (see below). This is not the time to add yet another gate to the profession, especially one which has been examined carefully by experts in training and psychometrics, who have found no good reason to implement this additional exam and raised questions about its validity. I urge you to vote NO on its adoption.

**Sincerely,
Heidi A. Zetzer, Ph.D.**

We the undersigned, as stakeholders in the training of health service psychologists, take seriously the shared responsibility to engage in effective, fair, and unbiased processes of evaluation on the pathway to licensure as a psychologist. In light of those values and commitments, we are writing to express grave ongoing concerns about the proposed implementation of the EPPP-2. Many of these concerns have been expressed in prior publications and communications with the ASPPB, by multiple stakeholders across the profession and over several years. These concerns are amplified by ASPPB's current plans to pursue EPPP-2 implementation despite minimal progress and new barriers to mutually agreeable resolutions. As a result, we feel it is essential to highlight some of the most substantial ongoing concerns and to reiterate the critical importance of a truly collaborative approach to improving the licensure examination process if the profession wants to protect and serve a diverse public by ensuring a workforce that is both qualified and representative.

● **Prior attempts to address these concerns with ASPPB have not yielded substantive change.** The concerns detailed above have been raised in multiple forms, by various groups of stakeholders, over a period of several years. In response to these concerns, ASPPB invited a small group of stakeholders and ASPPB representatives to form an advisory group. After over a year of work, the Director of Examination Services released a presentation dismissing and mischaracterizing the group as supporting the validity of the current exam, severely rupturing trust in the advisory process. These events do not suggest that ASPPB is willing to address stakeholder concerns or make alterations to their planned exam rollout.

● **EPPP-2 will create new barriers to practice amidst a national mental health crisis.** Escalating rates of mental health concerns nationwide have intensified pre-existing provider shortages.^{1,2,3} Adding EPPP-2 is likely to slow down the progress of licensure for candidates when additional health service psychologists are urgently needed.

● **EPPP-2 will further restrict diversity in the field.** Several studies using data obtained by the Freedom of Information Act and surveys of early career psychologists show alarming racial disparities in EPPP-1 pass rates.^{4,5,6,7} Adding another standardized test likely to yield the same disparities is both antithetical to the principle of justice central to the ethical conduct of psychology and the immediate needs of the individuals and communities that psychologists serve. This restriction may also increase jurisdictions' risk of claims of violations of federal civil rights laws.

● **EPPP-2 will not contribute meaningfully to enhancing protection of the public.** There is no evidence that EPPP-2 is an improvement over, or even as good as, existing evaluation methods in protecting the public. Supervisor competency ratings of psychology trainees, based on repeated assessment over thousands of hours of clinical experience, have been shown to be associated with key client outcomes, including attrition and change in the severity of symptoms over the course of treatment.⁸ In contrast, evidence suggests that EPPP-2 scores will be more strongly related to other factors, such as test-taking ability and general cognitive factors, than to competence in service delivery.⁴ Furthermore, the predicted 95% pass rate for candidates who have passed EPPP-1 suggests that the exams are highly redundant and lack incremental validity.

● **EPPP-2 creates new financial burdens for trainees.** The EPPP-2 is expected to nearly double the cost for licensure testing to approximately \$1200 per candidate, plus additional costs of test preparation materials, study time, and lost productivity and income potential during the extended timeline to licensure. On top of substantial educational debt (\$120,000 median) and financial stress,^{9,10} and the likelihood of disproportionate impact on first-generation and low-income candidates who are already underrepresented in the psychology workforce, increasing the financial burden on psychology licensure

candidates for an exam without compelling data that it will improve the quality or safety of the psychology workforce is unacceptable.

In sum, as a group of nationwide training councils with member institutions that span all licensure jurisdictions, these co-signers remain deeply concerned about the negative impact of the proposed EPPP-2 on psychology candidates, the patients and communities we serve, and the field as a whole. We strongly advocate for a process that:

1. Implements specific action steps to address **each** of the concerns raised by the discipline's stakeholders. We recognize that ASPPB has taken some steps in this direction (e.g., altered fee structure), but the most critical and fundamental concerns remain.
2. Demonstrates readiness of ASPPB or whatever body ultimately oversees the discipline's licensure process to work with the communities of interest in a truly collaborative manner.

-
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 2. Leung, C.M.C., Ho, M.K., Bharwani, A.A., Cogo-Moreira, H., Wang, Y., Chow, M.S.C., Fan, X., Galea, S., Leung, G.M., & Ni, M.Y. (2022). Mental disorders following COVID-19 and other epidemics: a systematic review and meta-analysis. *Translational Psychiatry*, 12, 205. <https://doi.org/10.1038/s41398-022-01946-6>
 3. American Psychological Association. (2021). Worsening mental health crisis pressures psychologist workforce: 2021 COVID-19 practitioner survey. Retrieved from: <https://www.apa.org/pubs/reports/practitioner/covid-19-2021>
 4. Sharpless, B.A. & Barber, J.P. (2013). Predictors of program performance on the Examination for Professional Practice in Psychology (EPPP). *Professional Psychology: Research and Practice*, 44, 208-217. <https://doi.org/10.1037/a0031689>
 5. Sharpless, B.A. (2019). Are demographic variables associated with performance on the Examination for Professional Practice in Psychology (EPPP)?, *The Journal of Psychology*, 153:2, 161-172. <https://doi.org/10.1080/00223980.2018.1504739>
 6. Macura, Z., & Ameen, E. J. (2021). Factors associated with passing the EPPP on first attempt: Findings from a mixed methods survey of recent test takers. *Training and Education in Professional Psychology*, 15(1), 23-32. <https://doi.org/10.1037/tep0000316>
 7. Sharpless, B. A. (2021). Pass rates on the Examination for Professional Practice in Psychology (EPPP) according to demographic variables: A partial replication. *Training and Education in Professional Psychology*, 15(1), 18-22. <https://doi.org/10.1037/tep0000301>
 8. Dimmick, A. A., Callahan, J. L., & Cox, R. J. (2022). Further validation of competency assessment: The practicum evaluation form. *Training and Education in Professional Psychology*. Advance online publication. <https://doi.org/10.1037/tep0000416>

9. Doran, J. M., Kraha, A., Marks, L. R., Ameen, E. J., & El-Ghoroury, N. H. (2016). Graduate debt in psychology: A quantitative analysis. *Training and Education in Professional Psychology, 10*(1), 3. <https://doi.org/10.1037/tep0000112>
10. Szkody, E., Hobaica, S., Owens, S., Boland, J. K., Bell, D., & Washburn, J. J. (in press). Financial stress and debt in clinical psychology doctoral students. *Journal of Clinical Psychology*. <https://onlinelibrary.wiley.com/doi/abs/10.1002/jclp.23451>

Heidi A. Zetzer, Ph.D.

Pronouns: she/her/hers

Teaching Professor

Licensed Psychologist, PSY14216

Director, Carol Ackerman Positive Psychology Clinic

[ucsbpositivepsych](https://ucsbpositivepsych.org)

Fellow, American Psychological Association

Secretary, Society for Counseling Psychology (Div 17), APA

Co-Editor, *APTC Bulletin: Practicum Education & Training*

The land on which I live and work is the ancestral territory of the Chumash People. "The federal government took possession of the ceded lands in California without acknowledgement or consent from the Indian nations traditionally living on those lands" ([Indian Country Today, Digital Version, Sept 12, 2018](#)). See also [Land Acknowledgement and the WISHTOYO Chumash Foundation](#) and [Santa Ynez Band of Chumash](#).

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From: Jason L <jclevine23@gmail.com>
Sent: Tuesday, October 25, 2022 12:18 PM
To: bopmail@DCA <bopmail@dca.ca.gov>; info@floridapsychology.gov; psychbd@nysed.gov; ST-PSYCHOLOGY@pa.gov; info@psy.ohio.gov; info@ncpsychologyboard.org; BPLHelp@michigan.gov
Subject: ADOPT the EPPP2

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: jclevine23@gmail.com

Dear Board of Psychology,

I am writing to ask you to vote FOR the implementation of the EPPP Part 2 in our state. Critics are arguing that it will cause economic burden on graduates and "harm" to the public. This is hyperbole and simply unfounded conjecture.

Well conceived and justifiable barriers, such as standardized board licensing exams, are important to ensure competent training of professionals, and public and consumer safety. The current state of professional psychology is an embarrassing mess, with poorly operationalized standards and a lack of oversight from accrediting bodies. Expediting graduation and licensure is only exacerbating the problem and putting the public safety and trust at risk.

There is no evidence that the EPPP-2 is systemically discriminatory. Evidence of racial disparities in the field cannot be simply interpreted as "racist". This knee-jerk reaction turned criticism is intellectually dishonest and evidence of political creep in professional psychology.

The cost of EPPP-2 administration is an exaggeration and non-issue, especially in light of the cost of accredited for-profit professional schools.

Organizations such as APA and CUDCP have been unfortunately misguided in recent years. They have become intoxicated with political ideology and function as political activists, at the cost of slowing the advancement of graduate education in professional psychology and serving the public good.

MEMORANDUM

DATE	July 30, 2024
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	Agenda Item 17

Background:

At the 2023 May Board meeting, the Board voted to adopt the two-part Examination of Professional Practice of Psychology (EPPP). The Board also directed staff to conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting.

As a follow-up, Board staff reached out to the Office of Professional Examination Services (OPES) for information regarding the development of a California Practice Examination. The initial development would include two forms of the examination, and more forms could be developed in subsequent years.

Process:

OPES staff explains that exam development comprises of two steps beginning with an occupational analysis (OA) that is followed by the actual written examination development. The occupational analysis takes about a year to complete where a series of events is required, including three workshops and a total of 32-40 subject matter experts (SMEs) to staff these workshops. Please see the Occupational Analysis Project Plan - Draft in Attachment A for details.

The written examination development for two forms of a California Psychology Clinical Examination will take about 2 years to complete. This process includes 15 workshops and the participation of an approximate total of 200 SMEs for these workshops. Please see the Written Examination Development Project Plan - Draft in Attachment B for details.

Per OPES, one form of examination would potentially be published by the end of year one of this written examination development process, and the second form would be ready in the following year.

Workload:

In preparation for an OA, Board staff is responsible to recruit and screen for qualified exam SMEs. This process would need to take place about six months before the first workshop begins. As the written examination development follows immediately after the completion of an OA, Board staff would begin screening and recruiting for about 200 SMEs to meet the demand for the workshops to develop a written examination six months into the OA process.

Costs to develop an examination:

As shown in the cost breakdown provided by OPES in the attachments, the initial cost estimates to acquire OPES services to conduct an occupational analysis and written exam development is \$74,316 and \$101,024 respectively.

The costs to provide honorarium for 232 to 240 SMEs are estimated to be between \$69,600 to \$72,000. Based on FY23/24 data, a total of 38 SMEs participated in the workshops for California Law and Ethics Exam. Fifty five percent (55%) of SMEs required accommodation and travel that cost about \$580 per SME, 37% required to travel that cost about \$294 per SME, and 8% did not require accommodation or travel. The estimated travel costs for the number of SMEs required would be between \$99,544 and \$102,977. However, the cost may vary as the number of SMEs required is much larger.

The cost estimates for purchasing references are between \$3,000 to \$5,000.

Items	Cost Estimates
OPES Services – Occupational Analysis	\$ 74,316
OPES Services – Written Exam Development	\$101,024
SME honorarium (232-240 SMEs)	\$ 69,600 – \$ 72,000
SME travel and accommodation costs	\$ 99,544 – \$102,977
Purchasing references needed	\$ 3,000 – \$ 5,000
Total Cost Estimates	\$347,484 – \$355,317

Please note that the above costs are estimated for development only, which excludes the maintenance cost for the examination or any costs relating to administering the examination or examination accommodations. For reference, the exam administrative costs to administer the California Law and Ethics Exam (CPLEE) for is about \$40,000 for a total of 994 candidates in FY23/24. There was a total of 1,748 candidates who took the EPPP in FY 23/24.

Pros and Cons:Pros:

- The Board would have their own California Psychology Clinical Examination.

Cons:

- Eliminate portability for California applicants and licensees who wish to seek licensure in another states. Applicants and/or licensees might be required to take and pass the national exam to meet the other state's licensure requirement.
- Require the Board to seek statutory authority to administer a California practice examination and amend regulations prior to administering the examination.
- Potential necessity of additional fee increases to support the development of a new exam and ongoing maintenance.

- Cause potential delay in the licensure process as two forms of examination would be offered initially. Applicants who did not pass the exam would need to wait up to six months to retake the examination.
- Going against the recommendation by the EPPP Task Force by creating our own exam.
- A potential challenge to recruit sufficient SMEs to participate in the workshops that would result in lengthening the development process.

Attachments:

A: Occupational Analysis Project Plan - Draft

B: Written Examination Development Project Plan - Draft

Action Requested:

This item is for informational purpose only. No action is requested.

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

PROJECT PLAN

BOARD OF PSYCHOLOGY

PSYCHOLOGIST

OCCUPATIONAL ANALYSIS

FISCAL YEAR TBD

Project Objectives: *Identify critical competencies of psychologists, develop examination outline, produce validation report.*

Completion Date: June 30, 20XX

Board Contact: Name
(916) xxx-xxxx

OPES Contact: Name
(916) xxx-xxxx

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Review Background Information <ul style="list-style-type: none"> > Review past occupational analyses (OAs) > Review changes in law and practice > Identify emerging trends and considerations > Communicate upcoming OA to psychologists > Collect licensee contact information 	Q1(FY1) Q1(FY1) Q1(FY1) Q1(FY1) Q1(FY1)	OPES Board/OPES Board/OPES Board Board
2. Develop Job Content and Structure <ul style="list-style-type: none"> > Recruit SMEs for interviews > Provide list of SMEs to OPES > Schedule and conduct interviews > Transcribe interview information > Develop preliminary list of task and knowledge statements 	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES OPES OPES
3. Review Task and Knowledge Statements <ul style="list-style-type: none"> > Recruit SMEs for 2-day workshop > Provide list of SMEs to OPES > Conduct 2-day workshop with SMEs > Revise task and knowledge statements 	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES/SMEs OPES
4. Review Task and Knowledge Statements <ul style="list-style-type: none"> > Recruit SMEs for 2-day workshop > Provide list of SMEs to OPES > Conduct 2-day workshop with SMEs > Revise task and knowledge statements 	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES/SMEs Board
5. Construct and Distribute Pilot Study of Questionnaire <ul style="list-style-type: none"> > Develop demographic items and rating scales > Review of occupational analysis pilot study > Prepare survey for pilot study > Prepare text for invitation for pilot study and final distribution (presurvey, survey, follow-up) of questionnaire > Prepare announcement of occupational analysis in newsletter or other media > Distribute survey for pilot study to selected participants > Download pilot study data files for analysis 	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1) Q1(FY1) Q2(FY1) Q2(FY1)	Board/OPES Board/OPES OPES Board Board Board/OPES OPES

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

PROJECT PLAN

BOARD OF PSYCHOLOGY

PSYCHOLOGIST

OCCUPATIONAL ANALYSIS

FISCAL YEAR TBD

Project Objectives: *Identify critical competencies of psychologists, develop examination outline, produce validation report.*

Completion Date: June 30, 20XX

Board Contact: Name
(916) xxx-xxxx

OPES Contact: Name
(916) xxx-xxxx

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
6. Construct and Distribute Final Questionnaire <ul style="list-style-type: none">> Prepare draft of final questionnaire> Determine sampling plan> Provide master file of contact information> Prepare final questionnaire> Assemble and distribute questionnaire invitations to participants> Send follow-ups two weeks after distribution of questionnaire	Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1)	OPES OPES OPES OPES OPES Board/OPES
7. Analyze Data <ul style="list-style-type: none">> Download final questionnaire data files> Convert and merge data files for analysis> Analyze demographics and task and knowledge ratings> Develop preliminary description of practice	Q3(FY1) Q3(FY1) Q3(FY1) Q4(FY1)	OPES OPES OPES OPES
8. Review Results of Occupational Analysis <ul style="list-style-type: none">> Recruit SMEs for 2-day workshop> Provide list of SMEs to OPES> Conduct 2-day workshop with SMEs> Develop description of practice	Q4(FY1) Q4(FY1) Q4(FY1) Q4(FY1)	Board Board OPES/SMEs OPES
9. Prepare Validation Report <ul style="list-style-type: none">> Prepare draft of validation report> Prepare, print, and submit final validation report	Q4(FY1) Q4(FY1)	OPES OPES

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

**ROLES AND RESPONSIBILITIES
for
CALIFORNIA BOARD OF PSYCHOLOGY

PSYCHOLOGIST
OCCUPATIONAL ANALYSIS

FISCAL YEAR TBD**

INTRODUCTION

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

An occupational analysis (OA) of a profession is required to determine the most critical tasks and knowledge to be included on a licensure examination. The OA must be conducted before examination development and should be reviewed every 5 years. To ensure legal defensibility, the content of an examination must be based on the results of a current OA.

The OA requires a total of approximately 50 licensed psychologists to serve as expert consultants, also known as subject matter experts (SMEs).

During the information-gathering phase of the project, approximately 10 SMEs will participate in telephone interviews to identify tasks and essential knowledge. Interviews will be conducted as long as new information is being generated.

Workshops will be held to evaluate and refine the task and knowledge statements. Each workshop requires a minimum of 6 SMEs, with a goal of 8–10 SMEs. Some of the SMEs may participate in both interviews and workshops. If 6 SMEs are not available to participate, a workshop may need to be held with fewer SMEs.

A survey based on the interview information will be developed and sent to all or a proportionate sample of individuals licensed as psychologists throughout California.

The results of the survey and the workshops will be compiled into a description of practice and a validation report will be prepared.

ROLE OF THE BOARD OF PSYCHOLOGY

The primary role of the Board of Psychology (Board) is to recruit a representative sample of SMEs to participate in the OA interviews and workshops. It is essential that a Board representative consult with OPES before beginning SME recruitment. When recruiting, the Board should inform SMEs about the nature of their participation and about OPES security and conflict of interest requirements.

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

- Reflect the psychologists in terms of geographic location, practice specialty area, ethnicity, and gender.
- Be currently working in the field and have up-to-date skills.
- Maintain a license in good standing that is neither retired nor inactive.

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

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

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

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

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

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

ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

The primary role of OPES is to conduct the OA and to provide to the Board a validation report. OPES will use a content validation strategy to link the job task and knowledge statements directly to critical content areas of practice.

The OA begins with telephone interviews of SMEs who represent different aspects of the profession. During the interviews, SMEs identify categories of work and the tasks performed in each category. SMEs also identify the knowledge necessary to perform each task. OPES transcribes the information from the interviews and develops a preliminary list of task and knowledge statements.

Two panels of SMEs evaluate the task and knowledge statements. OPES then develops a questionnaire based on the task and knowledge statements. The questionnaire asks psychologists to provide demographic information and to rate each task and knowledge statement against job-related criteria.

OPES analyzes the demographic characteristics and questionnaire ratings of all respondents. Two panels of SMEs evaluate the results of the analysis and develop a description of practice.

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

SECURITY

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

SMEs are required to:

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

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

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

SUMMARY OF EVENTS

- The Board recruits a representative group of SMEs for interviews. The Board initiates the process by informing the SMEs that staff from OPES will call them to schedule interviews.
- OPES schedules and interviews SMEs and transcribes the information into a preliminary list of task and knowledge statements.
- The Board recruits two panels of SMEs to evaluate the list of task and knowledge statements. During the workshops, the SMEs work with OPES staff to evaluate the list for technical accuracy, clarity, and consistency. New task and knowledge statements are developed as needed.
- OPES develops an online questionnaire to obtain demographic data and ratings of the task and knowledge statements. The demographic data, such as years of experience and number of hours worked per week, assist in the interpretation of the ratings.
- OPES assists the Board with distributing invitations to complete the online questionnaire to a set of psychologists determined by the Board.
- OPES analyzes the data from the questionnaire.
- The Board recruits one panel of SMEs to review the results of the questionnaire and to develop a description of practice.
- OPES prepares a validation report and submits it to the Board.

INTRA-AGENCY CONTRACT (IAC) *DRAFT*
BOARD OF PSYCHOLOGY
PSYCHOLOGIST
OCCUPATIONAL ANALYSIS COSTS
FISCAL YEAR TBD

	Test Validation Staff				Editor		Support Staff		Totals	GRAND TOTAL
	\$86		OT @ \$122		\$80		\$62			
	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost		
1. Review Background Information										\$ 4,128
Review past occupational analysis	8	\$ 688							\$ 688	
Review changes in law and practice	24	\$ 2,064							\$ 2,064	
Identify emerging trends and considerations	16	\$ 1,376							\$ 1,376	
2. Develop Job Content and Structure										\$12,240
Schedule and conduct 10 interviews	48	\$ 4,128							\$ 4,128	
Transcribe interview information	32	\$ 2,752							\$ 2,752	
Develop preliminary list of task and knowledge statements	40	\$ 3,440			24	\$ 1,920			\$ 5,360	
3. Review Task and Knowledge Statements										\$ 6,708
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Revise task and knowledge statements	24	\$ 2,064			16	\$ 1,280			\$ 3,344	
4. Review Task and Knowledge Statements										\$ 6,708
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Revise task and knowledge statements	24	\$ 2,064			16	\$ 1,280			\$ 3,344	
5. Construct and Distribute Pilot Study of Questionnaire										\$10,128
Develop demographic items and rating scales	12	\$ 1,032							\$ 1,032	
Prepare draft of pilot study	24	\$ 2,064			24	\$ 1,920			\$ 3,984	
Prepare final pilot study	12	\$ 1,032			8	\$ 640			\$ 1,672	
Configure survey instrument	24	\$ 2,064							\$ 2,064	
Conduct pilot study	16	\$ 1,376							\$ 1,376	
6. Construct and Distribute Final Questionnaire										\$ 5,504
Determine notification/sampling plan	24	\$ 2,064							\$ 2,064	
Review pilot study results	16	\$ 1,376							\$ 1,376	
Construct questionnaire for final launch	8	\$ 688							\$ 688	
Conduct final questionnaire	16	\$ 1,376							\$ 1,376	
7. Analyze Data										\$ 6,880
Download data files	8	\$ 688							\$ 688	
Convert and merge data files for final analysis	32	\$ 2,752							\$ 2,752	
Analyze demographics, task and knowledge statements	24	\$ 2,064							\$ 2,064	
Develop description of practice	16	\$ 1,376							\$ 1,376	
8. Review Results of Occupational Analysis										\$ 7,396
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Develop description of practice/examination outline	32	\$ 2,752			16	\$ 1,280			\$ 4,032	
9. Prepare Validation Report										\$ 8,064
Prepare draft of report	40	\$ 3,440			24	\$ 1,920			\$ 5,360	
Prepare, print, and submit final validation report	24	\$ 2,064			8	\$ 640			\$ 2,704	
Administrative Support										\$ 6,560
Technical oversight (40 hours @ \$91/hour)									\$ 3,640	
Cost oversight (40 hours @ \$73/hour)									\$ 2,920	
TOTAL	640	\$55,040	12	\$1,464	136	\$10,880	6	\$372		\$74,316

NOTE:

Cost estimates for project do not include SME costs (honorarium)

Board should add SME costs for 32-40 participants (4 workshops x 8-10 participants)

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

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

Proposed Completion Date: June 30, 20XX

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

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

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Reference Library Development Recruit SMEs for 1/2-day workshop Work with SMEs to select references Conduct one 1/2-day workshop Purchase selected books	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board OPES/SMEs Board Board
2. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board Board OPES/SMEs OPES
3. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board Board OPES/SMEs OPES
4. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
5. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
6. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES

7. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
8. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
9. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
10. Examination Construction Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
11. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q4(FY2) Q4(FY2) Q4(FY2) Q4(FY2)	Board Board OPES/SMEs OPES
12. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q4(FY2) Q4(FY2) Q4(FY2) Q4(FY2)	Board Board OPES/SMEs OPES
13. Beta Testing Recruit SMEs for beta testing Provide list of SMEs to OPES Conduct beta testing with SMEs Analyze beta testing results	Q1(FY3) Q1(FY3) Q1(FY3) Q1FY3	Board Board OPES/SMEs OPES
14. Publish Examination Prepare final copy for one form of examination Prepare examination for CBT Hold candidate results and analyze examination data of first 100 candidates Release candidate scores	Q1(FY3) Q1(FY3) Q1(FY3) Q1(FY3)	OPES OPES OPES Board
15. Examination Construction Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY3) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
16. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q2(FY2) Q2(FY2) Q2(FY2) Q3(FY2)	Board Board OPES/SMEs OPES

17. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
14. Publish Examination Prepare final copy for one form of examination Prepare examination for CBT Hold candidate results and analyze examination data of first 100 candidates Release candidate scores	Q3(FY2) Q3(FY2) Q3(FY2) Q1(FY3)	OPES OPES OPES Board

DRAFT

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

ROLES AND RESPONSIBILITIES for

BOARD OF PSYCHOLOGY

PYSCHOLOGIST WRITTEN EXAMINATION DEVELOPMENT

FISCAL YEARS TBD AFTER OA

INTRODUCTION

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

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

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

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

ROLE OF THE BOARD OF PSYCHOLOGY

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

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

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

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

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

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

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

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

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

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

ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

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

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

SECURITY

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

SMEs are required to:

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

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

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

SUMMARY OF EVENTS

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

FISCAL YEARS TBD

[illegible]

10. Exam Construction Workshop										
Prepare for one 2-day workshop	16	\$ 1,376					4	\$ 248	\$ 1,624	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Perform post workshop activities	8	\$ 688							\$ 688	
Develop examination	24	\$ 2,064			8	\$ 640			\$ 2,704	
										\$ 6,880
11. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
12. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
13. Beta Testing										
Prepare for beta testing	40	\$ 3,440							\$ 3,440	
Conduct beta testing	80	\$ 6,880							\$ 6,880	
Analyze beta testing results	40	\$ 3,440							\$ 3,440	
										\$ 13,760
14. Publish Examination										
Prepare final copy of examination	16	\$ 1,376			8	\$ 640			\$ 2,016	
Prepare examination for CBT	12	\$ 1,032							\$ 1,032	
										\$ 3,048
15. Exam Construction Workshop										
Prepare for one 2-day workshop	16	\$ 1,376					4	\$ 248	\$ 1,624	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Perform post workshop activities	8	\$ 688							\$ 688	
Develop examination	24	\$ 2,064			8	\$ 640			\$ 2,704	
										\$ 6,880
16. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
17. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
18. Publish Examination										
Prepare final copy of exam	16	\$ 1,376			8	\$ 640			\$ 2,016	
Prepare examination for CBT	12	\$ 1,032							\$ 1,032	
										\$ 3,048
Administrative Support										
Technical oversight (80 hours @ \$91/hour)									\$ 5,480	
Cost oversight (40 hours @ \$73/hour)									\$ 2,920	
										\$ 8,380
TOTAL	884	\$ 76,024	56	\$ 6,832	96	\$ 7,680	34	\$ 2,108	\$ 101,024	\$ 101,024

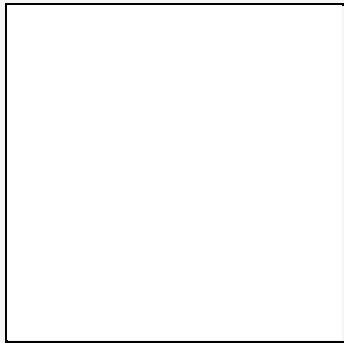
NOTE:

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

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

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

From: Texas Behavioral Health Executive Council <do.not.reply@bhec.texas.gov>
Date: April 16, 2024 at 2:39:25 PMCDT
To:
Subject: Ongoing developments with the EPPP



Texas Behavioral Health Executive Council

1801 Congress Ave., Ste. 7.300

Austin, Texas 78701

www.bhec.texas.gov

To the Licensees and Stakeholders of TSBEP and BHEC,

Thank you for your involvement and valuable contributions during the recent town hall and board meeting focused on the developments of the EPPP2. Your insights are essential to our ongoing response to these changes.

Our last board meeting, lasting over four hours, included a presentation from the Association of State and Provincial Psychology Boards (ASPPB). Although the discussions remained civil, the current impasse between the Texas State Board of Examiners of Psychologists (TSBEP) and ASPPB created palpable tension and frustration. To fully grasp the concerns raised, I recommend reviewing the recording of these exchanges. However, due to the lengthy nature of the meeting, I am also providing this summary to capture the essence of the discussions as fairly as I'm able. The meeting was attended as well by Chair of BHEC, Ms. Gloria Canseco who also spoke in clear opposition to ASPPB's deadline and mandate of EPPP2 adoption. I've kept an open mind through this process, but at this juncture, I absolutely share Chair Canseco's opposition to this forced adoption of EPPP2. It marks a fundamental shift in the nature of our relationship with ASPPB. I'm opposed to it, and I will continue to diligently work for ASPPB to relent, or for us to pursue other solutions.

To recap how we got here, ASPPB has decided unilaterally to require the new EPPP2 test, priced at \$450 plus additional fees. This decision also conditions our continued access to the original EPPP test on adopting the EPPP2. Scheduled to take effect on January 1, 2026, this ultimatum could complicate the licensure process and impose significant financial burdens on prospective psychologists. This is particularly concerning for Texas, where there is an acute shortage of mental health providers. This one-size-fits-all approach was neither requested by us nor seems necessary at this time, according to the broad consensus among stakeholders in Texas. ASPPB's stance not only threatens our ability to license new psychologists effectively but raises significant antitrust concerns regarding

restraint of trade and anti-competitive practices on the part of ASPPB. Especially given the anti-competitive legal risks we see with their tactics, TSBEP has grave concerns about going along with adoption without clear necessity.

In response, TSBEP debated and voted unanimously in each case to take the following actions:

1. We are initiating preliminary discussions and actions by staff and requesting the Behavioral Health Executive Council take initial steps to develop a Texas-specific entrance test. This endeavor, while challenging, is necessary to ensure that Texas has a test should ASPPB hold firm, and if Texas is unable or unwilling to accept EPPP2.
2. Dr. Mark Cartwright, Deputy Executive Director Robert Romig, and I, will address ASPPB in their mid-year meeting April 25-28 to advocate for a more open discussion about the adoption of EPPP2 and to request a reconsideration of their decision-making process by allowing a vote of the membership.
3. We are formally requesting ASPPB to extend the deadline for EPPP2 adoption to January 2028, providing us with a more realistic timeframe to adjust and comply without jeopardizing our licensing processes.

Too much is at stake for us to get this wrong. To each and every one of our Psychologists, School Psychologists, and Psychological Associates, I know you understand this; lives are at stake. While I don't deal with it every day as you do, I've dealt with enough of the discipline panels and seen the horror stories. I've visited the Child Advocacy Centers and heard their stories. When we get it wrong, the consequences are not just for today; they're generational reverberations that wound and last for years.

This Board, or any state agency isn't going to be the one to solve this problem ourselves, but it's certainly possible for us to mess it up. It is ultimately up to you; to those who wake up every day dedicated to changing your community for the better in your calling to serve the mental health needs of Texas. For what we're able to do, we're going to support you, and those with the courage and drive to enter this noble profession.

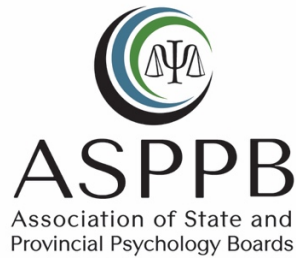
Thank you for your ongoing support and dedication to the mental health of all Texans.

Warm regards,

John K. Bielamowicz

Chair, Texas State Board of Examiners of Psychologists and

Member, Texas Behavioral Health Executive Council



IMPORTANT ANNOUNCEMENT FROM ASPPB

July 3, 2024

By now, you may have seen the June 25, 2024 letter sent to the Federal Trade Commission (FTC) by the Texas Behavioral Health Executive Council (TBHEC), a Texas regulatory body whose membership includes the Texas State Board of Examiners of Psychologists (Texas Board). In its letter, TBHEC makes the claim that ASPPB has violated federal antitrust laws by updating the Examination for Professional Practice in Psychology (EPPP) to include the Part 2-Skills component, effective January 1, 2026. TBHEC's letter asks the FTC to investigate.

TBHEC's allegations not only disregard the long development history and justifications behind the updates to the EPPP but also reflect a fundamental misunderstanding and misapplication of antitrust law principles. Contrary to TBHEC's claims, this most recent evolution of the EPPP is not a pretextual effort to drive revenue. The development of the Part 2-Skills component of the EPPP is the result of a nearly 15-year, member-driven effort to ensure that the EPPP continues to effectively measure entry-level competence through the inclusion of a skills-based assessment—consistent with every other doctoral-level health-service licensure examination offered in the United States. The updated EPPP is consistent with modern assessment standards and the longstanding recognition by ASPPB's member jurisdictions that the measurement of theoretical knowledge alone is not sufficient to evaluate competency. Indeed, the study, development and planned implementation of the updated EPPP began at the request of ASPPB's member jurisdictions in 2009 and has continued over the ensuing years with involvement and participation by those members (including Texas) throughout the process. Moreover, contrary to TBHEC's claims, the EPPP—including this most recent update—is not intended to serve as a “barrier” to those seeking entry into the profession of psychology but, instead, is an important measure to ensure the safe and competent practice of psychology.

As for TBHEC's assertion that the updated EPPP somehow violates federal antitrust laws, that is simply not the case. When TBHEC's argument first surfaced a few months ago, ASPPB engaged the assistance of experienced antitrust attorneys from the international law firm Baker McKenzie. After studying the matter closely, our counsel have advised that TBHEC's antitrust allegations are misguided and without merit. ASPPB is fully prepared to respond to any inquiries from the FTC regarding this matter. We remain focused on our important mission to support our member jurisdictions in fulfilling their duty of public protection.

For more information regarding the long history of the development of the updated EPPP, please see the [ASPPB Board of Directors' letter](#) to our members dated July 1, 2024.



ASPPB

Association of State and
Provincial Psychology Boards

Supporting member jurisdictions in fulfilling their responsibility of public protection

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Michelle G. Paul, PhD

Chief Executive Officer

Mariann Burnetti-Atwell, PsyD

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Jennifer C. Laforce, PhD, CPsych

Ramona N. Mellott, PhD

Stacy Waldron, PhD

September 23, 2024

Dear ASPPB Members,

As we prepare for the upcoming Annual Meeting in Dallas, Texas, on October 30 – November 3, 2024, the ASPPB Board of Directors (Board) wanted to share with you some important information about the proposed amendment to the ASPPB bylaws that will come up for vote during the meeting. By now, you have probably heard about the amendment, which has been proposed by one jurisdiction as a direct reaction to ASPPB's implementation of a skills-based section of the Examination for Professional Practice in Psychology (EPPP). The Board's goal is to ensure that, prior to this important and unprecedented vote, all voting delegates have the benefit of complete and accurate information about the development and purpose of the skills component of the EPPP, as well as the potential detrimental effects and

unintended consequences of the proposed amendment. ([attached here for your convenience](#)).

In addition to the information provided below, the Board will be hosting an **information and discussion session for ASPPB jurisdictional and individual members on October 30 from 3:00 - 5:00 pm** at the site of the Annual Meeting, during which the Board will provide additional information about the EPPP (Part 2-Skills) and the implications of the proposed amendment, as well as field questions from ASPPB members about these issues. You are strongly encouraged to attend.

To the Board's knowledge, this is the first and only time a member jurisdiction has proposed a bylaws amendment for delegate vote. Given the importance and unprecedented nature of this vote, ASPPB has engaged an independent, professional parliamentarian to guide ASPPB and its membership during the Annual Meeting and to ensure a fair and transparent process. ASPPB's outside counsel from the law firm Baker McKenzie will also attend.

In the meantime, the Board thought it important to share the below information to address some of the questions that have been raised by member jurisdictions and to correct some of the significant misinformation that appears to be circulating.

1. What is the purpose of the proposed bylaws amendment?

The bylaws amendment was proposed by the Texas Behavioral Health Executive Council (BHEC), which oversees the Texas State Board of Examiners of Psychologists (an ASPPB member). Although the wording of the proposed amendment is somewhat unclear and imprecise, and although the Board cannot speak for the BHEC, it appears from the BHEC's public statements that its primary goal in proposing the amendment is to avoid having to use in the State of Texas the updated version of the EPPP that includes a skills-based component. The proposed amendment goes far beyond that singular goal, however, and seeks to remove ASPPB's fundamental authority over the development and administration of the EPPP and other test-related operational decisions.

2. What is the ASPPB Board's view of the proposed bylaws amendment?

The Board strongly opposes the proposed amendment. In the Board's view, the proposed amendment is highly unusual, unnecessary, and detrimental to the continued development and administration of the licensure exam. The proposed amendment also has unintended consequences, including potentially impeding ASPPB's ability to ensure that the EPPP remains a valid and fair exam, as well as its ability to defend the psychometric validity of the exam against future challenges. Additionally, the proposed amendment is entirely inconsistent with the very role of ASPPB and existing bylaws language, which charges ASPPB with the responsibility to "[d]evelop, maintain and offer examination programs for psychologists . . ." ([See Bylaws Article III\(E\)](#)).

In its public communications about the proposed amendment, the BHEC concedes that ASPPB's members "supported ASPPB's efforts to develop a skills exam." ([See BHEC "Explanation of Texas-proposed ASPPB Bylaw Amendment"](#)). But the BHEC contends that the member jurisdictions never requested that ASPPB actually require the jurisdictions to use that exam. This point of view is misguided and mischaracterizes the history of the development of the skills-based component of the exam. It also **disregards** ASPPB's mission of public protection—including its obligation to continuously improve the EPPP so as to ensure the exam provides the most up-to-date measure of minimum entry-level competence, in keeping with well-established educational and assessment standards. This viewpoint also ignores the long-recognized benefits of a uniform national licensure exam that promotes license portability and ensures a consistent measure of entry-level competence across jurisdictions.

Perhaps most importantly, the BHEC proposal incorrectly argues that the addition of a skills-based component to the EPPP somehow deprives member jurisdictions of their decision-making power and sovereignty. That is

simply not the case. No jurisdiction is required to use the EPPP or to be a member of ASPPB. But if a jurisdiction does choose to use the EPPP as one of its licensure requirements, it should rely upon the assessment and exam-development expertise of ASPPB and its psychometric staff, who are charged with studying and implementing well-established educational and assessment standards in the development of the EPPP. As has been the case for decades, ASPPB and its staff can be trusted to provide a valid and reliable licensure examination—even when that exam must evolve over time, in keeping with up-to-date assessment industry standards.

3. The Board may be opposed to the bylaws amendment, but isn't it harmless?

Unfortunately, the passage of the proposed amendment would have detrimental effects on the EPPP and broader, unintended consequences for ASPPB, its membership, and the global profession of organized psychology. Additionally, much of the language in the proposed amendment delves into operational and administrative details and decision making, which is highly unusual content not ordinarily found in an organization's bylaws and governing documents.

Please see the following comments on the specific proposed language of the amendment:

- **Proposed Bylaws Language:** *"No member jurisdiction shall be required, whether as a condition of membership or otherwise, to participate (sic) or utilize any services or programs offered by the Association."*
- This language is unnecessary because, currently, no member jurisdiction is required to participate in any ASPPB offerings or to use any ASPPB services. ASPPB has never required any jurisdiction to use the skills- or knowledge-based components of the EPPP in order to maintain its membership. Of course, if a member jurisdiction chooses to use the EPPP as its licensure examination, it does so in reliance on the exam-development expertise of ASPPB and subject to ASPPB's exam-related policies, procedures and decisions.
- **Proposed Bylaws Language:** *"The Association shall not make access or availability of a service or program contingent on a member jurisdiction participating (sic) or utilizing another service or program."*

This language is confusingly worded but appears to be directed at the upcoming 2026 transition to an EPPP that includes the Part 2 Skills-based component. This proposed language wrongly treats that skills-based component of the exam as an entirely different "service or program." As ASPPB's psychometric staff can attest, the skills-based portion of the exam is intended to be an additional component of a comprehensive assessment of the test-taker's ability to satisfy minimum standards of competency. The member jurisdictions

nearly 15 years ago requested that ASPPB begin studying and developing a skills-based component, in recognition that the assessment of theoretical knowledge alone is not sufficient to assess competency. The EPPP (Part 2-Skills) was born from consensus among ASPPB's member jurisdictions and the professional education and training communities on the need to evolve the existing knowledge-based exam to a reliable, valid, legally defensible, and comprehensive competency-based licensing exam. You can find more details about the history of the development of the EPPP in our prior letter dated [July 1, 2024](#).

- **Proposed Bylaws Language:** *"The Association may offer multiple exams as part of its examination program. At a minimum, the Association shall offer a knowledge-based exam separate from any skill-based exam."*

This language again misconstrues the EPPP as a series of exams, as opposed to a single, comprehensive assessment of competence. It also undermines the very purpose for which the member jurisdictions requested the development of a skills-based component so many years ago. If adopted, this language would also strip ASPPB and its expert psychometric staff of its decision-making ability regarding the development and administration of the EPPP, potentially undermining the very validity of the exam. As a practical matter, the language would also restrict ASPPB's future decisions regarding how and when to administer the exam—for example, ASPPB would be prohibited from administering the entire EPPP on a single occasion, even if this were the most cost-effective, fair and secure method of administering the exam.

- **Proposed Bylaws Language:** *"Each exam offered by the Association must be administered on a single occasion. For purpose of this subsection, multiple consecutive days of exam administration may constitute a single occasion."*

This language is vague and unclear but appears to mandate and restrict how and under what circumstances the EPPP may be administered. Undoubtedly, such a restriction could have unintended consequences in the future, as the EPPP, technology, and assessment standards continue to evolve. Once incorporated into the bylaws, this mandate becomes part of ASPPB's governing documents, with limited opportunities for revision or rescission. It is highly unusual to impose such operational mandates in an organization's governing documents.

- **Proposed Bylaws Language:** *"For each exam, the Association may recommend, but shall not require, qualifications to sit for an exam, timing for administration of an exam, and passing scores."*

Once again, the proposed bylaws language attempts to restrict ASPPB's ability to make key decisions regarding the exam it develops and administers and improperly attempts to address operational decision making in ASPPB's governing documents. In addition to being highly unusual content for an organization's bylaws, the

proposed language undermines ASPPB's ability to ensure that the exam is psychometrically valid, secure and reliable.

For example, currently, both the member jurisdictions and ASPPB have a role in determining who can access the EPPP and under what circumstances. By giving member jurisdictions the sole authority to make those decisions, the amendment would prohibit ASPPB from applying some of its important existing exam security protocols, such as the limits on the number of times an individual can sit for the exam within a 12-month period and the ability to suspend a test taker's access to the exam when exam security violations occur. Additionally, the proposed amendment broadly removes ASPPB's ability to dictate the timing of exam administrations in all circumstances, which is also problematic. That's because the timing of a candidate's exam administration must be determined by taking into account the purpose and design of the exam and security protocols and directly relates to the proper use of an exam and interpretation of exam results. Thus, prohibiting ASPPB from making certain decisions about exam administration timing potentially threatens the integrity, equity and fairness of the exam and may also compromise exam security—for example, if one jurisdiction's timing for exam administrations is materially after another jurisdiction's administrations, risking the exposure of exam forms to later test takers.

Additionally, ASPPB's recommended passing standards are established through lengthy and rigorous standard-setting procedures designed to identify the criterion-referenced standards representing the minimum level of knowledge and skills required for psychologists. And using a well-recognized process called "equating," ASPPB's recommended cut scores are applied to multiple forms of the exam across multiple years to ensure that test takers encounter exams of equivalent difficulty and fairness. The proposed amendment would replace this well-established and well-recognized assessment approach with the potentially arbitrary decision making by each jurisdiction regarding passing scores. This would result in cut scores that are sample-dependent, are not established through rigorous standard-setting processes, and do not take into account the purpose and design of the exam or how it relates to job requirements, the format of the exam, item difficulty and other important factors. This undercuts the validity of the exam and destroys any notion that the exam is of equivalent difficulty across jurisdictions. As a result, the member jurisdictions become even more vulnerable to arguments that the regulation of psychologists in their jurisdiction is unreliable and unnecessary.

4. What's wrong with letting each member decide what is best for its own jurisdiction?

Each jurisdictional licensing board or college (and its government) remains the sole authority with respect to what is required to obtain and maintain a license in that jurisdiction. No jurisdiction is required to use the EPPP as a prerequisite to licensure, nor is use of the EPPP required in order to be a member of ASPPB (although ASPPB recognizes that some jurisdictions may have to undergo legislative or regulatory changes if a decision is made to stop using the EPPP). But those jurisdictions that do choose to use the EPPP do so in

reliance on the psychometric and assessment expertise of ASPPB and agree to abide by ASPPB's policies and procedures governing the administration of the exam. In turn, the member jurisdictions get all of the benefits of a uniform standard for measuring minimum competence.

5. What about those who say that the EPPP is racially biased, is too costly and contributes to the shortage of mental health service providers—and that the addition of a skills-based component will only exacerbate these problems?

It is true that some individuals have made these kinds of unfounded accusations about the EPPP, based on incorrect and incomplete information. To the extent these individuals are affiliated with professional associations or academia, they tend to disregard that ASPPB, and its member jurisdictions serve a mission of public protection, as opposed to being advocates for the profession. Indeed, it is because of this mission of public protection that licensure examinations are nearly always developed and maintained by associations of jurisdictional licensing boards, rather than professional associations. ASPPB has taken extensive measures to ensure that the EPPP is fair and unbiased, consistent with well-established educational and assessment standards. Additionally, ASPPB has always strived to strike a balance between covering the costs of developing and delivering the EPPP and ensuring that the exam is financially accessible. For more on the Board's perspective on these unfounded criticisms of the EPPP and historic backdrop of the EPPP's skills component, please reference our July 1, 2024 letter to ASPPB members ([reattached here for your convenience](#)).

6. Will the ASPPB delegates have the opportunity to discuss the proposed amendment? How will voting on the amendment take place?

Voting on the proposed amendment will take place during the business portion of the Annual Meeting on October 31, 2024. Like any other motion, the proposed amendment will be presented and voted upon in accordance with the ASPPB bylaws, governing parliamentary procedure and applicable law. Among other things, this means the delegates will have the opportunity for a period of discussion prior to voting on the amendment. Voting will be by secret ballot, consistent with ASPPB's historical practice. As noted above, an independent, professional parliamentarian will guide ASPPB and its membership during the meeting and will help to ensure a fair and transparent process.

7. The Texas Behavioral Health Executive Council has publicly circulated a complaint letter it sent to the Federal Trade Commission (FTC) about ASPPB and the EPPP, accusing ASPPB of violating federal antitrust law. Has ASPPB been sued? Is ASPPB under investigation by the FTC?

Like you, the Board has seen a copy of the complaint letter that the Texas BHEC says it has delivered to the FTC. This represents the first time in ASPPB's history that a member jurisdiction has accused ASPPB of

unlawful conduct and has urged a federal regulator to take action against the organization. To date, however, the FTC has not contacted ASPPB about the BHEC's complaints, nor is the Board aware of any lawsuit that has been filed against ASPPB. When and if the FTC contacts ASPPB about the EPPP, ASPPB will be happy to answer the FTC's questions.

In the meantime, not only are BHEC's unfounded allegations very disruptive to ASPPB and its membership, but they disregard the long development history and justifications behind the evolution of the EPPP. Perhaps most importantly, as ASPPB has been advised by its outside antitrust counsel, BHEC's arguments also reflect a fundamental misunderstanding and misapplication of antitrust law principles. For more on the Board's response to this accusation, please see our Announcement dated July 3, 2024 ([attached here for your convenience](#)).

8. How can I learn more about the potential consequences of the proposed bylaws amendment?

As mentioned above, ASPPB members should attend the in-person discussion session hosted by the Board at the Annual Meeting on October 30, 2024 from 3:00 - 5:00 pm. During that session, the Board will elaborate upon the points made in this letter and will respond to member questions.

Sincerely,

The ASPPB Board of Directors



California Psychological Association Opposes Mandating EPPP-Part 2

October 2024

Background

The Examination for Professional Practice in Psychology (EPPP-1) is currently required in all US states for licensure as a psychologist. The [EPPP-1 \(knowledge\)](#) “provides licensure boards with information on...general knowledge of psychology.” The [EPPP-2 \(skills\)](#) “includes questions about applied, real-world situations that psychologists face in practice.” EPPP-2 is currently optional; adopted by two states (Nevada and Georgia) and Washington, DC. EPPP-2 is expected to become mandatory starting January 1, 2026. The Association of State and Provincial Psychology Boards (ASPPB), which develops and administers the EPPP, has redefined the EPPP as consisting of two parts starting in 2026. However, many individuals and organizations in the psychology community have serious concerns about the mandatory implementation of EPPP-2.

California Psychological Association Position

The California Psychological Association (CPA) opposes the mandatory adoption of EPPP-2 starting January 1, 2026. We support the continuation of EPPP-1 as a standalone test and EPPP-2 remaining optional. Mandating the EPPP-2 is an unnecessary barrier to licensure, the costs and burdens of the additional exam are significant, and there are unresolved concerns on test validity and disproportionate impacts on underrepresented communities in psychology.

Rationale

The EPPP-2 is designed to measure skills-based competency in a more objective way than oral exams or the completion of supervised hours of training. However, the potential advantages of mandating the EPPP-2 are outweighed by the many significant concerns that have been raised by stakeholders including state boards of psychology, state psychological associations, academic researchers, and psychologists in the training community. For an overview of many of the concerns about the EPPP-2, please see the 2023 APA *Monitor* article [New Psychology Licensing Exam Expands](#).

Concerns about of EPPP-2

The EPPP is an unnecessary barrier to licensure. There is no demonstrated need for the EPPP-2 nor any evidence that it will actually increase consumer safety. The EPPP-2 has been available as an optional test since 2018, but we have not seen any evidence that consumers in jurisdictions that have adopted the test are any safer than consumers in other jurisdictions. In California, a very small percentage of licensees are currently subject to disciplinary action (see Item 9, Board of Psychology

August 2024 [meeting materials](#)) and there is no evidence that increased “gatekeeping” to our profession is needed.

The costs and burdens of the EPPP-2 exam are significant, especially considering the high level of debt most applicants already incur to complete the extensive education and training required to become a psychologist. The exam is expected to initially cost \$450. In addition to the cost of the exam itself, applicants must spend time preparing for the exam, may need to purchase study courses/materials, and will experience delays in pursuing employment opportunities as psychologists. These delays are a significant financial hardship, especially for applicants who do not pass the first time. The additional hurdle posed by the EPPP-2 slows workforce development at a time when there is a mental health crisis and workforce shortage.

Questions remain about validity and disproportionate impact of implementing the EPPP-2.

Serious questions about the validity of the EPPP-2 have been raised, including in academic publications ([Callahan et al. \(2020\). The enhanced examination for professional practice in psychology: A viable approach?](#); [Saldana et al. \(2023\), The Examination for the Professional Practice of Psychology: An examination of construct validity](#)). Concerns about disproportionate impact on underrepresented communities have also emerged ([Sharpless \(2018\). Are demographic Variables Associated with Performance on the EPPP?](#); [Saldana et al. \(2023\), The Examination for the Professional Practice of Psychology: An examination of construct validity](#)).

As summarized in the Tennessee Psychological Association’s position statement on the EPPP Part 2: “[T]here are a number of issues concerning the validity of the EPPP exam in addition to the construct and content validity addressed by ASPPB. These include predictive validity, incremental validity retrospective/postdictive validity, concurrent validity, discriminant validity, and incremental validity.... EPPP scores of graduate students in the same program differed with ethnicity...but did not correlate with evaluations of practicum or internship competency by supervisors.”

The California Board of Psychology (BOP) has raised similar concerns. For a detailed history of the BOP’s consideration of the EPPP-2, please see the item 21(a) in its February 29 - March 1, 2024 [meeting materials](#). As summarized in those materials, the BOP Ad Hoc EPPP-2 Task Force “did not believe the EPPP Part 2 was in the best interests of California consumers for the following reasons:

- Lack of a proven necessity for the examination;
- Concerns related to the exam’s ability to assess skills resulting in negligible consumer protections;
- Costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students;
- New barriers to licensure and potentially detrimental impact on access to psychological services to California consumers...”

Also noted in the February 29 - March 1, 2024 BOP meeting materials, the CA Department of Consumer Affairs Office for Professional Examination Services audit of the EPPP concluded that “the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure.”

There has been insufficient dialogue with stakeholders. There is an apparent lack of consensus among member jurisdictions regarding the need for the EPPP-2. According to ASPPB's July 1, 2024 letter to its members, the EPPP-2 has been available since 2018. Within the US, only two states (Nevada and Georgia) and Washington, DC have adopted the EPPP-2. One state (Arizona) adopted it and then later reversed its decision. Furthermore, several state psychological associations and state boards of psychology have expressed concerns and/or officially opposed the mandatory implementation of EPPP-2.

If there were a true consensus about the need for the EPPP-2, why have so few jurisdictions adopted it? Why has there not been a recent, thorough discussion and vote by the member jurisdictions regarding the mandatory implementation of EPPP-2? The 15-year-long history of the development of a skills exam does not in and of itself justify its mandatory adoption. In fact, times have changed and there is a greater need than ever for psychological services and for developing a more diverse workforce.

ASPPB has not offered a real opportunity for dialogue with affected stakeholders, including boards of psychology, state psychological associations, and psychologists in the academic and training communities. State boards of psychology constitute the ASPPB membership but the CA BOP, and many others, do not attend ASPPB meetings due to financial constraints. ASPPB meeting agendas are not published, and its meetings are closed. We believe that an organization that has such great influence on our profession should proceed with greater transparency and stakeholder engagement.

Conclusion:

In summary, CPA opposes the mandatory adoption of EPPP-2 starting January 1, 2026. We support the continuation of EPPP-1 as a standalone test with the EPPP-2 remaining as an optional second test. In addition, we request that ASPPB adopt a more open and transparent decision-making process, particularly regarding major issues impacting the regulation of our profession.



ASPPB

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Ramona N. Mellott, PhD

Stacy Waldron, PhD

October 22, 2024

A New Path Forward: Prioritizing Resolution Over Conflict

ASPPB is united by its mission: supporting our members in fulfilling their responsibility to protect the public. Additionally, ASPPB is guided by its bylaws, which direct the organization to promote cohesion within the regulatory framework of organized psychology, ensuring we build a strong foundation for the long-term success of our shared objectives.

Although the Board of Directors' position remains steadfast—public protection is best achieved by evolving our licensure examination to be comprehensive and competency-based, evaluating not only foundational knowledge but also practical skills—we find ourselves at a pivotal moment. Our collective goals are at risk of being overshadowed by a tug of war, where no clear winners emerge.

A Shift in Approach

In response to ongoing feedback from our membership and the broader professional, educational, and training communities, the Board has decided it is time to shift from conflict to resolution. As such, the Board has passed a motion to pause the October 2022 decision, which outlined that by January 1, 2026, the EPPP would consist of two parts: EPPP (Part 1 – Knowledge) and EPPP (Part 2 – Skills). The current EPPP (Part 2 – Skills) will continue to be available to all jurisdictions as an additional means of assessing applicant competence.

Instead, we will immediately undertake exploring the feasibility of creating a single-session exam that integrates both knowledge and skills assessment—a reimagined EPPP. We plan to begin this process by engaging with our membership at the upcoming meeting in Dallas, where we will actively seek feedback on the operational and regulatory impacts of this potential change. In addition to the Dallas meeting, ASPPB will offer a variety of opportunities (e.g., townhall meetings) for our members and liaisons to provide feedback on this approach.

As we move forward, we continue to be committed to transparency, collaboration, and ensuring that our decisions reflect the collective wisdom of the psychology regulatory community. By embracing a collaborative approach and listening to the voices of our members, we aim to build a stronger, more unified licensure process and uphold our core mission of public protection. Together, we can navigate this important moment in time and shape a future that supports both the growth of our profession and the protection of those we serve.

Respectfully,

The ASPPB Board of Directors

MEMORANDUM

DATE	November 7, 2024
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 27(a)(1) - SB 1526 – Consumer Affairs - Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260

Background

Board Staff submitted a proposal to the Senate Committee on Business, Professions and Economic Development (BP&ED) for technical, non-substantive changes to be included in the Committee's omnibus bill. The proposal included amendments to Business and Professions Codes (BPC) 2913, 2987, and Health and Safety Code (HSC) 124260.

On March 1, 2024, the proposed language for BPC 2913 was amended, and the proposal was approved by the Board. The amended language was submitted to the Senate BP&ED consultants to be included in the proposal.

On March 18, 2024, Senate Bill (SB) 1526 was introduced by the Senate BP&ED Committee. The bill language includes the Board's proposed amendments to HSC 124260.

On April 12, 2024, a Support Position Letter was submitted to the Senate BP&ED Committee.

On April 17, 2024, SB 1526 was amended to include HSC's 1374.72 and 128454, which updated the registration categories.

On April 22, 2024, SB 1526 passed the Senate Committee on BP&ED and was referred to the Appropriations Committee.

On April 30, 2024, a Support Position Letter was submitted to the Appropriations Committee.

On May 7, 2024, the Appropriations Committee ordered SB 1526 to the consent calendar.

On May 9, 2024, SB 1526 passed the Appropriations Committee and was ordered to the Assembly.

On June 25, 2024, SB 1526 passed the Assembly Business and Professions Committee and was referred to the Committee on Appropriations.

On July 2, 2024, SB 1526 passed the Appropriations Committee and was ordered to the consent calendar.

On August 19, 2024, SB 1526 was amended and order to a third reading, and on August 27, 2024, SB 1526 was amended again and ordered to another reading.

On September 13, 2024, SB 1526 passed the Senate and was moved to Engrossing and Enrolling.

On September 22, 2024, SB 1526 was signed and approved by the Governor.

Action Requested

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

Attachment #1: Amended SB 1526 Bill Text

Attachment #2: Senate BP&ED Committee proposal

Attachment #3: SB 1526 Request Signature Letter

Senate Business, Professions and Economic Development Committee

COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

Antonette Sorrick

Antonette.Sorrick@dca.ca.gov

(916) 574-8938

DATE SUBMITTED:

January 2, 2024

SUMMARY:

In the passing of Senate Bill 816, which increased the Board of Psychology (Board) fees related to licensure, registration, and renewals; the \$25 fee associated with a request to change supervisors for psychological testing technicians was inadvertently removed from the amendments of Business and Professions Code (BPC) 2987. The fee was included in the passing of Senate Bill 1428 which established the registration category. By amending BPC 2987, all fees associated will be applied as established in the prior year approval of SB 1428 (Archuleta, Chapter 622, Statutes of 2022).

The current language in BPC 2913 related to the requirements of a foreign master's degree, and the advancement to candidacy has created confusion to not only applicants seeking registration as a psychological associate but, to also Licensing Staff when processing applications and answering inquiries from applicants. In amending BPC 2913 the Board believes it will alleviate any further confusion for both staff and applicants.

The current language in Health and Safety Code (HSC) 124260 references the registration categories for "registered psychologist" and "psychological assistant." The registration category for "registered psychologist" was eliminated, and the title of "registered psychological assistant" was amended to "registered psychological associate". These changes were effective January 1, 2022, with the passing of Senate Bill 801 (Archuleta, Chaptered 647, Statutes of 2021). By amending HSC 124260 to reflect current registration categories, the Board believes any confusion or errors on what qualifies as a "professional person" can be avoided.

IDENTIFICATION OF PROBLEM:

In reviewing the anticipated workload related to the new registration category of psychological testing technicians and the workload associated with registrants changing their supervisors, the Board discovered that the language in SB 816 related the change of supervisor fee was deleted, as previously approved in SB 1428.

The Board has received inquiries from applicants that the language and placement as currently provided in BPC 2913, as related to the advancement to candidacy and the acceptance of a foreign master's degree is confusing. Licensing Staff has also expressed their concerns with the current language and placement currently provided in BPC 2913.

In reviewing the language in HSC 124260, Board staff discovered that the language had outdated registration categories when referencing BCP 2902.

PROPOSED SOLUTION:

Amend sections of BPCs 2987, 2913 and HCS 124260 as described and provided below.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The Board regulates psychologists, registered psychological associates, and psychological testing technicians. The Board protects consumers of psychological and associated services, regulates the practice of psychology, and supports the evolution of the profession.

SB 801 (Archuleta, Chapter 647, Statutes of 2021) repealed BCP 2909.5 by eliminating the registration category for Registered Psychologist, and amended BCP 2913 to amend the title of "registered psychological assistant" to "registered psychological associate"

SB 1428 (Archuleta, Chapter 622, Statutes of 2022) added Article 10 to the Psychology Licensing Law, commencing with BPC Section 2999.100 to create a new registration within the Board for psychological testing technicians.

SB 816 (Roth, Chapter 723, Statutes of 2023) amended BPC 2987 to increase the fees related to licensure, registration, and renewals.

JUSTIFICATION:

This technical non-substantive proposal will allow the Board to continue the processing of psychological testing technician applications, change of supervisor forms, and registered psychological associate applications, and removes outdated terms in HSC 124260.

ARGUMENTS PRO & CON:

Amending BPC 2987:

Pro:

- Allow the Board to charge the fee that is necessary to process the change supervisor form that was approved in SB 1428.

Con:

- The Board will not be able to charge the fee associated with the change of supervisor and in turn, there is no funding for the process.

Amending BPC 2913:

Pro:

- Will provide clarification for applicants seeking registration, and to Licensing Staff who are processing applications and responding to applicants.

Con:

- Applicants and Licensing Staff will continue to be unclear on the requirements, which will continue to cause unnecessary delays in the application process.

Amending HSC 124260:

Pro:

- Reflects current registration categories and registration title.

Con:

- Continues to reference an eliminated registration category and an incorrect registration title.

PROBABLE SUPPORT & OPPOSITION:

The Board believes there will be support from the California Psychological Association (CPA) for amendments to BPC 2987 and 2913. CPA sponsored SB 1428 which established the psychological testing technician registration and related fees associated with the registration. CPA generally supports amendments that will decrease applicant confusion and delays in the application process. CPA also supported AB 665 (Carrillo, chapter 338, Statutes of 2023) which amended the current law to authorize minors to consent to mental health treatment or counseling services, which also referenced HSC 124260.

FISCAL IMPACT:

The Board currently has processes and procedures in place to review and process the change of supervisor forms for psychological testing technicians. Amending BPC 2987 will fund the specific process to change a registrant's supervisor.

The Board currently has processes and procedures in place to review and process the applications for registered psychological associates. Amending BPC 2913 will provide clarification to applicants and licensing staff. In doing so, will make the application process more efficient.

All changes required in SB 801 have been implemented by the Board, and all required application and procedures changes have been made. Amending HSC 124260 will make the language consistent with current registration categories.

ECONOMIC IMPACT:

This proposal does not impact new or existing businesses within the State of California. The proposal would only impact psychological testing technicians who are requesting to change their current supervisor, provide clarification regarding degree requirements to individuals who are applying to become registered psychological associates, and updates language in HSC 124260.

FINDINGS FROM OTHER STATES:

Not Applicable.

PROPOSED TEXT (use underline & strikeout):

Section 2913 of the Business and Professions Code is amended to read:

2913.

A person other than a licensed psychologist may perform psychological functions in preparation for licensure as a psychologist only if all of the following conditions are met:

(a) The person is registered with the board as a “registered psychological associate.” This registration shall be renewed annually in accordance with regulations adopted by the board.

(b)(1) The person has completed or is any of the following:

(A) Completed a master’s degree in psychology. This degree shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(B) Completed a master’s degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology. This degree shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(C) Is an admitted candidate for a doctoral degree and after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, and that doctoral degree having been completed in any of the following:

(i) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(ii) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(iii) A field of specialization designed to prepare graduates for the professional practice of psychology ~~after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations.~~

(D) Completed a doctoral degree that qualifies for licensure under Section 2914.

(2) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(c)(1) The registered psychological associate is supervised by a licensed psychologist. Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. The registered psychological associate’s primary supervisor shall be responsible for ensuring that the extent, kind, and quality of the psychological services performed are consistent with the registered psychological associate’s and the primary supervisor’s training and experience. The primary supervisor shall be responsible for the registered psychological associate’s compliance

with this chapter and regulations. A primary supervisor may delegate supervision as prescribed by the board's regulations.

- (2) A licensed psychologist shall not supervise more than three registered psychological associates at any given time.
- (d) A registered psychological associate shall not do either of the following:
 - (1) Provide psychological services to the public except as a trainee pursuant to this section.
 - (2) Receive payments, monetary or otherwise, directly from clients.

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 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).
- (e) The biennial renewal fee for a psychologist shall be 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).
- (f) The application fee for registration as a registered psychological associate under Section 2913 shall be four hundred twenty-four dollars (\$424).
- (g) The annual renewal fee for registration of a psychological associate shall 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).
- (h) The duplicate license or registration fee is five dollars (\$5).
- (i) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed three hundred ninety-seven dollars and fifty cents (\$397.50).
- (j) The endorsement fee is five dollars (\$5).
- (k) The file transfer fee is ten dollars (\$10).
- (l) The registration fee for a psychological testing technician shall be seventy-five dollars (\$75).

(m) The annual renewal fee for a psychological testing technician is seventy-five dollars (\$75).

~~(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. The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars (\$25).~~

~~(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. 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.~~

~~(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. 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.~~

~~(q) 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.~~

Section 124260 of the Health and Safety Code is amended to read:

124260.

(a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of outpatient mental health treatment or counseling by 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 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 Chapter 13.5 (commencing with Section 4989.10) 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 licensed under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(F) Any of the following persons, while working under the supervision of a licensed professional specified in Section 2902 of the Business and Professions Code:

~~(i) A registered psychologist, as defined in Section 2909.5 of the Business and Professions Code.~~

~~(ii)~~ (i) A registered psychological ~~assistant~~ associate, as defined in Section 2913 of the Business and Professions Code.

~~(iii)~~ (ii) A psychology trainee, as defined in Section 1387 of Title 16 of the California Code of Regulations.

(G) A licensed clinical social worker, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code.

(H) An associate clinical social worker, or a social work intern, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in Section 4996.20 of the Business and Professions Code.

(I) A person registered as an associate marriage and family therapist or a marriage and family therapist trainee, 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.

(J) A board certified, or board eligible, psychiatrist.

(K) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(L) A person registered as an associate professional clinical counselor or a clinical counselor trainee, 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.

(b) (1) Notwithstanding any provision of law to the contrary, a minor who is 12 years of age or older may 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.

(2) A marriage and family therapist trainee, a clinical counselor trainee, a psychology trainee, or a social work intern, as specified in paragraph (2) of subdivision (a), shall notify his or her supervisor or, if the supervisor is unavailable, an on-call supervisor at the site where the trainee or intern volunteers or is employed within 24 hours of treating or counseling a minor pursuant to paragraph (1). If upon the initial assessment of the minor the trainee or intern believes that the minor is a danger to self or to others, the trainee or intern shall notify the supervisor or, if the supervisor is unavailable, the on-call supervisor immediately after the treatment or counseling session.

(3) Nothing in paragraph (2) is intended to supplant, alter, expand, or remove any other reporting responsibilities required of trainees or interns under law.

(c) Notwithstanding any provision of law to the contrary, the mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's 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. 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.

(d) The minor's parent or guardian is 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.

(e) This section does not authorize a minor to receive convulsive treatment 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.

September 12, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: SB 1526 - Senate Committee on Business, Professions and Economic Development – Consumer Affairs – Support

Dear Governor Newsom:

The Board of Psychology (Board) respectfully requests your signature on SB 1526. This bill would amend Health and Safety Codes (HSC) 1374.72, 124260, and 128454 by removing the outdated registration category for “registered psychologist” and amend the registration title “psychological assistant” by replacing the category with the current title of “psychological associate.”

By amending these HSC’s, the Board believes any confusion or errors on what qualifies as a “professional person” will be avoided under the specific code.

The Board respectfully asks for your signature on SB 1526 when it crosses your desk. If you have any questions or concerns, please feel free to contact the Board’s Acting Executive Officer, Jonathan Burke, at (916) 574-8072 or Jonathan.Burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

CC: Senator Angelique Ashby (Chair, Committee on Business, Professions and Economic Development)

Senator Janet Nguyen (Vice Chair, Committee on Business, Professions and Economic Development)

MEMORANDUM

DATE	November 7, 2024
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 27(b)(1-4) – Bills with Active Positions Taken by the Board

The following is a list of the bills the Board took active positions on and their status:

1) AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental and physical health

Board Position: Support

The bill was introduced on February 8, 2024, by Assemblymember Brian Maienschein.

This bill allows medical providers including psychologists to have the option to take a course in menopausal mental and physical health as part of the continuing education or professional development requirements.

AB 2270 was discussed at the May 10th Board Meeting with a position recommendation, with the Board adopting a Support position on AB 2270.

Board staff submitted Support Position Letters to the Senate Committees on Rules, Appropriations and to all Senate Members.

June 17, 2024, AB 2270 was ordered to a second reading under Senate Rule 28.8.

On August 21, 2024, AB 2270 passed the Committee on Appropriations.

On August 26, 2024, AB 2270 passed the Senate and was then moved to Engrossing and Enrolling.

On September 27, 2024, AB 2270 was signed and approved by the Governor.

2) AB 2581 (Maienschein) Healing arts: continuing education: maternal mental and physical health

Board Position: Support

The bill was introduced on February 14, 2024, by Assemblymember Brian Maienschein.

This bill allows medical providers including psychologists to have the option to take a course in maternal mental and physical health as part of the continuing education or professional development requirements.

AB 2581 was discussed at the May 10th Board Meeting with a position recommendation, with the Board adopting a Support position on AB 2581.

Board staff submitted Support Position Letters to the Senate Committees on Rules, Appropriations and to all Senate Members.

June 17, 2024, AB 2581 was ordered to a second reading under Senate Rule 28.8.

On August 21, 2024, AB 2581 passed the Committee on Appropriations.

On August 26, 2024, AB 2581 passed the Senate and was then moved to Engrossing and Enrolling.

On September 28, 2024, AB 2581 was signed and approved by the Governor.

3) AB 2703 (Aguiar-Curry) Federally qualifies health centers and rural health clinics: psychological associates

Board Position: Support

The bill was introduced on February 14, 2024, by Assemblymember Cecilia M. Aguiar-Curry.

This bill amends Section 14132.100 of the Welfare and Institution Code. The amendment would allow psychological associates to perform services in Federally Qualifies Health Centers (FQHCs) and Rural Health Centers (RHCs) and allow FQHCs and RHCs to be reimbursed for services provided by psychological associates.

The Board adopted a Support position on AB 2703 at the Board Meeting held on May 10, 2024.

Board staff submitted Support Position Letters to the Assembly and Senate Committees and Members.

On August 15, 2024, AB 2703 was amended and passed the Senate Committee on Appropriations.

On August 26, 2024, AB 2703 was ordered to the special consent calendar.

On August 31, 2024, AB 2703 passed the Assembly and was moved to Engrossing and Enrolling.

On September 27, 2024, AB 2703 was signed and approved by the Governor.

4) SB 1451 (Ashby) Professions and vocations

Board Position: Support

The bill was introduced on February 16, 2024, by Senator Angelique V. Ashby.

This bill makes various changes to the operations of programs governed by practice acts in the Business and Professions Code and various professions regulated by these programs, stemming from prior sunset review oversight efforts. This bill would also clarify that no person shall use the words “doctor” or “physician,” the letters or prefix Dr., the initials M.D. or D.O., or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed M.D. or D.O. The bill would allow a person holding a current and active license under another chapter, or any initiative act referred to the use of the title is consistent with the act governing the practice of that license, and a person who uses the word “doctor” or the prefix “Dr.” is not associated with any claim of entitlement to practice medicine or any other professional service for which the title would be untrue or misleading.

On June 14, 2024, SB 1451 was presented to the Legislative and Regulatory Affairs Committee. The Committee determined to recommend a Oppose-if-Amended to the full Board.

On June 19, 2024, SB 1451 was amended allow licensee to continue to use the title of “Doctor” or “Dr” as long as the licensee was not being misleading.

On August 16, 2024, the Board adopted a Support Position on SB 1451.

Staff submitted a floor alert in Support of SB 1451 to all Assembly Members.

On August 22, 2024, SB 1451 was amended and re-referred to the Committee on Business and Professions.

On August 27, 2024, SB 1451 passed the Committee on Business and Professions

On August 31, 2024, SB 1451 passed the Senate and was moved to Engrossing and Enrolling.

On September 22, 2024, SB 1451 was signed and approved by the Governor.

Action Requested

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

Attachment #1: AB 2270 – Bill Text

Attachment #2: AB 2270 - Request for Signature Letter

Attachment #3: AB 2581 – Bill Text

Attachment #4: AB 2581 – Request for Signature Letter

Attachment #5: AB 2703 – Bill Text

Attachment #6: AB 2703 – Request for Signature Letter

Attachment #7: SB 1451 – Bill Text

Attachment #8: SB 1451 - Request for Signature Letter

September 12, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: AB 2270 (Maienschein) – Healing arts: continuing educations: menopausal mental or physical health – Support

Dear Governor Newsom:

The Board of Psychology (Board) respectfully requests your signature on AB 2270 (Maienschein). This bill would add Business and Professions Code 2914.4 to allow the Board to consider including a course in menopausal mental or physical health when determining the continuing professional development, which is required for licensure renewal.

The Board believes by considering a course in the topic of menopausal mental or physical health will grant licensees the option to gain further education, training, and experience in treating clients and improve client care.

For these reasons, the Board respectfully asks for your signature on AB 2270 when it crosses your desk. If you have any questions or concerns, please feel free to contact the Board's Acting Executive Officer, Jonathan Burke, at (916) 574-8072 or Jonathan.Burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Assemblymember Brian Maienschein

September 12, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: AB 2581 (Maienschein) – Healing arts: continuing education: maternal mentalhealth – Support

Dear Governor Newsom:

The Board of Psychology (Board) respectfully requests your signature on AB 2581 (Maienschein). This bill would add Business and Professions Code 2914.4 to allow the Board to consider including a course in maternal mental health when determining the continuing professional development, which is required for licensure renewal.

The Board believes by considering a course in the topic of maternal mental health will grant licensees the option to be further experienced in treating clients during pregnancy and postpartum and improve client care.

For these reasons, the Board respectfully asks for your signature on AB 2581 when it crosses your desk. If you have any questions or concerns, please feel free to contact the Board's Acting Executive Officer, Jonathan Burke, at (916) 574-8072 or Jonathan.Burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Assemblymember Brian Maienschein

September 12, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: AB 2703 (Aguiar-Curry) – Federally qualified health centers and rural health clinics: psychological associates – Support

Dear Governor Newsom:

The Board of Psychology (Board) respectfully requests your signature on AB 2703 (Aguiar-Curry). This bill would allow registered psychological associates to provide services in federally qualified health centers (FQHCs) and rural health clinics (RHCs) and allow the centers to bill Medi-Cal for a visit provided by a psychological associate.

The Board believes by allowing registered psychological associates to perform services under direct supervision of a licensed psychologist in these centers will increase access to client care, and will increase training opportunities for registered psychological associates.

For these reasons, the Board respectfully asks for your signature on AB 2703 when it crosses your desk. If you have any questions or concerns, please feel free to contact the Board's Acting Executive Officer, Jonathan Burke, at (916) 574-8072 or Jonathan.Burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Assemblymember Cecilia M. Aguiar-Curry

September 12, 2024

The Honorable Gavin Newsom
Governor, State of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: SB 1451 (Ashby) – Professions and vocations – Support

Dear Governor Newsom:

The Board of Psychology (Board) respectfully requests your signature on SB 1451 (Ashby). This bill would prohibit any person from using the terms "doctor," "physician," "Dr.," and "M.D.," or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed M.D. or D.O. This bill will also allow a person holding a current and active license under another healing arts board to use the appropriate title as long as the title is consistent with the act governing the practice of that license, or when the use is not associated with any claim of entitlement to practice medicine or any other professional service for which the use of the title would be untrue or misleading.

The Board believes SB 1451 will clarify which practitioners may use the titles as stated above and will protect the public from practitioners who may be misleading in their professional title, while continuing to allow licensees under the psychological profession to use the term "doctor" or initial "Dr." if the licensee is not being misleading.

For these reasons, the Board respectfully asks for your signature on SB 1451 when it crosses your desk. If you have any questions or concerns, please feel free to contact the Board's Acting Executive Officer, Jonathan Burke, at (916) 574-8072 or Jonathan.Burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Senator Angelique V. Ashby

MEMORANDUM

DATE	November 7, 2024
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 27(c)(1-2) – Watch Bills

The following is a list of the bills the Board is watching and their status:

1) AB 1991 (Bonta) Licensee and Registrants Records

The bill was introduced on January 30, 2024, by Assemblymember Mia Bonta.

The bill requires healing arts under the Department of Consumer Affairs to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier if they have one. The bill also provides that a violation of the bill's requirements is not a crime.

The Board adopted an Oppose position on AB 1991 on May 10, 2024. The position was based on the language that included that the licensees and registrants would be required to complete the workforce data and demographic surveys to renew, and failing to complete the surveys would require an enforcement action.

On June 24, 2024, AB 1991 was amended and passed the Committee on Business, Professions and Economic Development and referred to the Committee on Appropriations. The Board's oppose position was updated to a Watch position.,

On August 19, 2024, AB 1991 pass the Appropriations Committee and was ordered to the Assembly.

On August 20, 2024, AB 1991 was under review for Senate amendments.

On August 26, 2024, AB 1991 was amendment and passed the Senate.

AB 1991 was then moved to Engrossing and Enrolling.

On September 22, 2024, AB 1991 was signed and approved by the Governor.

2) SB 1120 (Becker) Health care coverage: utilization review

The bill was introduced on February 13, 2024, by Assemblymember Josh Becker

The bill requires algorithms, artificial intelligence (AI), and other software tools used by or on behalf of a health care service plan or health insurer for the purpose of utilization review or utilization management functions for health care services to comply with specified requirements, including that they be fairly and equitably applied.

On May 10, 2024, members of the California Psychological Association requested the Board to review and consider SB 1120 for a possible position.

On June 14, 2024, SB 1120 was presented to the Legislative and Regulatory Affairs Committee. The Committee determined to watch SB 1120 as the bill continued in the legislative process.

On June 20, 2024, SB 1120 was referred to the Committee on Public and Consumer Protection.

On July 8, 2024, SB 1120 passed the Committee and referred to the Appropriations Committee.

On August 7, 2024, SB 1120 was set for a hearing and was then placed on the suspense file.

On August 15, 2024, SB 1120 passed the Committee.

On August 22, 2024, SB 1120 was amended and ordered to a third reading.

On August 23, 2024, SB 1120 was amended again and ordered to another reading.

On August 31, 2024, SB 1120 passed the Senate and was moved to Engrossing and Enrolling.

On September 28, 2024, SB 1120 was signed and approved by the Governor.

Action Requested

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

Attachment #1: AB 1991 Bill Text

Attachment #2: SB 1120 Bill Text

MEMORANDUM

DATE	November 7, 2024
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 28 – 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
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This package is in the Production Stage. Revised proposed regulatory language was adopted at the May 19, 2023, Board Meeting. At the August 18, 2023, Board Meeting the Board resolved additional issues regarding the inactive timeframe, and voted to adopt the proposed regulatory language as amended. On December 15, 2023, the DCA Budget Office completed the fiscal impact of this rulemaking.

On January 18, 2024, Board Staff submitted the regulation package to the Regulations Coordinator to be submitted for review by the DCA Director and the Business Consumer Services and Housing Agency (Agency).

On January 28, 2024, the regulation package was approved by the DCA Director, and on January 30, 2024, the regulations package was submitted to Agency.

On March 21, 2024, the regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL. The 45-day public comment period started on April 5th and was completed on May 21, 2024. Board Staff, in working with Regulatory Counsel, submitted the final documents to the Regulations Coordinator. The Package was submitted to OAL for final review and approval on June 27, 2024. On August 8, 2024, Board Staff withdrew the package to revise the language based on feedback received by OAL. On August 16, 2024, the Board approved the revised language, and on August 27, 2024, the modified text documents were posted for the 15-day

public comment period. On September 11, 2024, the 15-day public comment period ended. The Board did not receive any comments. On October 2, 2024, the package was resubmitted to OAL. On October 21, 2024, OAL approved the regulatory package with an effective date of January 1, 2025. Board Staff is working on implementation and advisories.

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
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This package is in the Production Stage. This phase includes Board-approved Text, and collaborative reviews by Board staff, legal counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

At the August 18, 2023, Board Meeting the Board voted to adopt the proposed regulatory language and staff is preparing the initial submission documents for DCA and Agency review before filing with OAL for notice publication.

c) Title 16 CCR sections 1380.3, 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, 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
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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
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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
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

f) Title 16 CCR sections 1381, 1387, 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
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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 that would implement the EPPP part 2 Skills Exam, effective January 1, 2026, along with the AB 282 (Aguiar-Curry, Ch. 45, Stat. of 2023) mandates that allow applicants as specified to take any and all examinations required for licensure. On May 10, 2024, Board approved amended regulatory language.

On October 22, 2024, the Association of State and Provincial Psychology Boards (ASPPB) paused the decision to make EPPP a two-part exam effective on January 1, 2026. Board staff will pause the regulatory work related to implementing EPPP Part 2 based on this new development.

As this regulatory package originally serves a dual purpose, Board staff plans to begin work on a separate regulatory package to implement the mandates of AB 282 and bring it to the Board for review and discussion in future meetings. With this change, the anticipated implementation date would be tentatively postponed to 2027.

g) Title 16 CCR 1390 – 1390.14 – Research Psychoanalyst

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation
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Status: Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. On May 10, 2024, the Board approved adoption of regulations for Research Psychoanalyst. On August 16, 2024, the Board approved the revised language, and Board Staff is currently finalizing the package for the initial submission.

Action Requested:

No action required at this time. This is for informational purposes only.

Senate Bill No. 1526

CHAPTER 497

An act to amend Sections 144, 205, 208, 1903, 1910.5, 1944, 2538.3, 2538.10, 2538.25, 2538.27, 2539.1, 2736, 2761, 2816, 3503, 3526, 3531, 3534.4, 3534.5, 3545, 3620, 3620.1, 3621.5, 3622, 3623, 3624, 3627, 3630, 3633, 3633.1, 3634, 3636, 3640, 3640.2, 3640.3, 3640.5, 3640.8, 3641, 3644, 3650, 3651.5, 3652, 3660, 3661, 3663, 3663.5, 3670, 3672, 3675, 3681, 3685, 4175, 4800, 4800.1, 4809.6, 4810, 4826.7, 4836.1, 4842.2, 4846, 4848.1, 4857, 4860, 4875, 4886, 4903, 4904, 4905, 4910, 4920.2, 4920.4, 4920.8, 4980.54, 9884, and 17913 of the Business and Professions Code, to amend Sections 94816, 94850, 94856, 94876, 94883, 94897, 94899.5, 94901, 94906, 94907, 94913, and 94949.71 of, and to repeal Section 94947 of, the Education Code, and to amend Sections 1374.72, 124260, and 128454 of the Health and Safety Code, relating to consumer affairs.

[Approved by Governor September 22, 2024. Filed with
Secretary of State September 22, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1526, Committee on Business, Professions and Economic Development. Consumer affairs.

(1) Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency. Existing law establishes various entities within the department for the licensure, regulation, and discipline of various professions and vocations.

Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts. Other existing law, the Naturopathic Doctors Act, establishes the Naturopathic Doctor's Fund in the State Treasury.

This bill would include the Naturopathic Doctor's Fund in those special funds and accounts in the Professions and Vocations Fund.

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of dental hygienists by the Dental Hygiene Board of California. Existing law defines "dental hygiene board" to mean the Dental Hygiene Board of California and "dental board" to mean the Dental Board of California.

This bill would correct references to these boards.

(3) Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of, among others, speech-language pathology assistants, hearing aid dispensers, and dispensing audiologists.

Existing law requires a person applying for approval as a speech-language pathology assistant to have graduated from a speech-language pathology assistant associate of arts degree program, or equivalent course of study, approved by the board.

This bill would require graduation from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board.

Existing law, as it relates to hearing aid dispensers and dispensing audiologists, refers to a “hearing aid dispenser’s license.”

This bill would instead refer to a “hearing aid dispenser license.”

(4) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing.

Existing law requires an applicant for licensure as a registered nurse to comply with prescribed requirements, including a requirement to 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 to have successfully completed courses of instruction in a school of nursing outside of this state that, in the opinion of the board at the time the application is filed, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.

This bill would replace references to an “accredited program” with “approved program.”

Existing law prohibits an individual from holding themselves out as a public health nurse or using a title that includes the term “public health nurse” unless that individual is in possession of a valid California public health nurse certificate. Existing law establishes minimum and maximum amounts for a fee for an evaluation of qualifications to use the title “public health nurse,” a fee for an application for renewal of the certificate to practice as a public health nurse, and a penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time.

This bill would delete the minimum amounts for those public health nurse fees.

(5) Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board.

This bill would make nonsubstantive changes in that act.

(6) Existing law, the Naturopathic Doctors Act, establishes the California Board of Naturopathic Medicine. Existing law changed the name of the former Naturopathic Medicine Committee to the board and former law changed the name of the Bureau of Naturopathic Medicine to the committee. Existing law specifies that any reference in any law or regulation to the bureau or the committee refers to the board.

This bill would update numerous outdated references to the bureau or the committee to instead refer to the board.

Existing law requires the board to adopt regulations in order to carry out the purposes of the Naturopathic Doctors Act and, unless contrary to the

Naturopathic Doctors Act, applies regulations adopted by the bureau to the board and its licensees.

This bill, unless contrary to the Naturopathic Doctors Act, would also apply regulations adopted by the committee to the board and its licensees.

(7) Existing law, the Veterinary Medicine Practice Act, establishes the Veterinary Medical Board for the licensure and regulation of veterinarians and the practice of veterinary medicine. Under existing law, revenues of specified fees and fines are deposited in the Veterinary Medical Board Contingent Fund (veterinary fund), an account in the Professions and Vocations Fund subject to appropriation by the Legislature.

This bill would rename the board and the veterinary fund, respectively, the “California Veterinary Medical Board” and the “California Veterinary Medical Board Contingent Fund.”

(8) Existing law establishes the Board of Behavioral Sciences and requires the board to license and regulate various registrants and licensees under existing law, including licensees and registrants under the Licensed Marriage and Family Therapist Act. A violation of the act is a crime. Existing law prohibits the board from renewing any registration as an associate marriage and family therapist unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than 3 hours of continuing education on the subject of California law and ethics during the preceding year. Existing law requires the continuing education to be obtained from one of prescribed sources, including an accredited school or state-approved school that meets specified requirements.

This bill would instead authorize a school, college, or university that is accredited or approved, as defined, to be a continuing education source.

(9) Existing law, the Automotive Repair Act, provides for the registration and regulation of automotive repair dealers by the Bureau of Automotive Repair. Existing law requires an automotive repair dealer to pay a required fee for each place of business operated by the dealer in this state and to register with the director upon forms prescribed by the director, as prescribed. Existing law requires the forms to include any applicable nationally recognized and industry-accepted educational certifications and any bureau-approved educational certifications.

This bill would revise “bureau-approved educational certifications” to “bureau-accepted educational certifications.”

(10) Existing law requires every person who regularly transacts business in this state for profit under a fictitious business name to file a fictitious business name statement, as prescribed, not later than 40 days from the time the registrant commences to transact business, to file a new statement after any change in the facts, and to file a new statement when refiling a fictitious business name statement. Existing law requires the fictitious business name statement to contain specified information and to be substantially in a specified form, including prescribed notice of existing law governing the expiration of a statement.

This bill would conform the notice language to existing law governing the expiration of a statement.

(11) Existing law, the California Private Postsecondary Education Act of 2009 (the act), until January 1, 2027, 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. The act imposes various requirements and creates certain exemptions that are based, in part, on the total charges, which the act defines as the sum of institutional and noninstitutional charges. The act further defines “noninstitutional charges” to mean charges for an educational program paid to an entity other than an institution that are specifically required for participation in an educational program.

This bill would narrow the definition of “noninstitutional charges” to include only those specified charges that are paid to such an entity directly.

Existing law prohibits an enrollment agreement from containing a provision that requires a student to invoke an internal institutional dispute procedure before enforcing any contractual or other legal rights or remedies.

This bill would instead prohibit an institution from imposing such a requirement.

Existing law requires a private postsecondary educational institution that maintains an internet website to provide on that website specific documents relating to the institution and a link to the bureau’s internet website.

This bill would require that those documents and that link be the current version.

Existing law generally prohibits certain institutions approved to participate in veterans’ financial aid programs pursuant to specified federal law from being exempt from the act. Existing law, as an exception to that prohibition, authorizes an institution that satisfies certain requirements to claim an exemption from the act.

This bill would delete that exception.

(12) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists and registered psychological associates.

This bill would correct various references in other laws to a “psychological assistant” to instead refer to a “registered psychological associate,” and would delete an outdated reference to the category of “registered psychologist.”

(13) The bill would make technical and other nonsubstantive changes, including changes relating to obsolete provisions and references and the elimination of gendered pronouns.

(14) This bill would incorporate additional changes to Section 4980.54 of the Business and Professions Code proposed by AB 2270 and AB 2581 to be operative only if this bill and either or both AB 2270 and AB 2581 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 2816 of the Business and Professions Code proposed by AB 2471 to be operative only if this bill and AB 2471 are enacted and this bill is enacted last.

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

SECTION 1. Section 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.
- (5) Dental Board of California.
- (6) California State Board of Pharmacy.
- (7) Board of Registered Nursing.
- (8) California Veterinary Medical Board.
- (9) Board of Vocational Nursing and Psychiatric Technicians of the State of California.
- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Board.
- (13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (14) Medical Board of California.
- (15) California State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors State License Board.
- (24) California Board of Naturopathic Medicine.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.
- (27) Podiatric Medical Board of California.
- (28) Osteopathic Medical Board of California.
- (29) California Architects Board, beginning January 1, 2021.
- (30) Landscape Architects Technical Committee, beginning January 1, 2022.
- (31) Bureau of Household Goods and Services with respect to household movers as described in Chapter 3.1 (commencing with Section 19225) of Division 8.

(c) For purposes of paragraph (26) of subdivision (b), the term “applicant” shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 2. Section 205 of the Business and Professions Code, as amended by Section 1 of Chapter 508 of the Statutes of 2023, is amended to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

- (1) Accountancy Fund.
- (2) California Architects Board Fund.
- (3) Athletic Commission Fund.
- (4) Barbering and Cosmetology Contingent Fund.
- (5) Cemetery and Funeral Fund.
- (6) Contractors License Fund.
- (7) State Dentistry Fund.
- (8) Home Furnishings and Thermal Insulation Fund.
- (9) California Architects Board-Landscape Architects Fund.
- (10) Contingent Fund of the Medical Board of California.
- (11) Optometry Fund.
- (12) Pharmacy Board Contingent Fund.
- (13) Physical Therapy Fund.
- (14) Private Security Services Fund.
- (15) Professional Engineer’s, Land Surveyor’s, and Geologist’s Fund.
- (16) Consumer Affairs Fund.
- (17) Behavioral Sciences Fund.
- (18) Licensed Midwifery Fund.
- (19) Court Reporters’ Fund.
- (20) California Veterinary Medical Board Contingent Fund.
- (21) Vocational Nursing and Psychiatric Technicians Fund.
- (22) Electronic and Appliance Repair Fund.
- (23) Acupuncture Fund.
- (24) Physician Assistant Fund.
- (25) Board of Podiatric Medicine Fund.
- (26) Psychology Fund.
- (27) Respiratory Care Fund.
- (28) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
- (29) Board of Registered Nursing Fund.
- (30) Animal Health Technician Examining Committee Fund.
- (31) State Dental Hygiene Fund.
- (32) Structural Pest Control Fund.
- (33) Structural Pest Control Education and Enforcement Fund.
- (34) Structural Pest Control Research Fund.
- (35) Household Movers Fund.
- (36) Household Goods and Services Fund.
- (37) Naturopathic Doctor’s Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall remain in effect only until July 1, 2026, and as of that date is repealed.

SEC. 3. Section 205 of the Business and Professions Code, as added by Section 2 of Chapter 508 of the Statutes of 2023, is amended to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

- (1) Accountancy Fund.
- (2) California Architects Board Fund.
- (3) Athletic Commission Fund.
- (4) Barbering and Cosmetology Contingent Fund.
- (5) Cemetery and Funeral Fund.
- (6) Contractors License Fund.
- (7) State Dentistry Fund.
- (8) California Architects Board-Landscape Architects Fund.
- (9) Contingent Fund of the Medical Board of California.
- (10) Optometry Fund.
- (11) Pharmacy Board Contingent Fund.
- (12) Physical Therapy Fund.
- (13) Private Security Services Fund.
- (14) Professional Engineer's, Land Surveyor's, and Geologist's Fund.
- (15) Consumer Affairs Fund.
- (16) Behavioral Sciences Fund.
- (17) Licensed Midwifery Fund.
- (18) Court Reporters' Fund.
- (19) California Veterinary Medical Board Contingent Fund.
- (20) Vocational Nursing and Psychiatric Technicians Fund.
- (21) Acupuncture Fund.
- (22) Physician Assistant Fund.
- (23) Board of Podiatric Medicine Fund.
- (24) Psychology Fund.
- (25) Respiratory Care Fund.
- (26) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
- (27) Board of Registered Nursing Fund.
- (28) Animal Health Technician Examining Committee Fund.
- (29) State Dental Hygiene Fund.
- (30) Structural Pest Control Fund.
- (31) Structural Pest Control Education and Enforcement Fund.
- (32) Structural Pest Control Research Fund.
- (33) Household Goods and Services Fund.
- (34) Naturopathic Doctor's Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall become operative on July 1, 2026.

SEC. 4. Section 208 of the Business and Professions Code, as amended by Section 2 of Chapter 41 of the Statutes of 2024, is amended to read:

208. (a) Beginning April 1, 2023, a Controlled Substance Utilization Review and Evaluation System (CURES) fee of nine dollars (\$9) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee's license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than nine dollars (\$9) per licensee, the Department of Consumer Affairs, by regulation, may reduce the fee established by this section to the reasonable regulatory cost.

(b) (1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Licensees issued a license that has been placed in a retired or inactive status pursuant to a statute or regulation are exempt from the CURES fee requirement in subdivision (a). This exemption shall not apply to licensees whose license has been placed in a retired or inactive status if the licensee is at any time authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

(3) Wholesalers, third-party logistics providers, nonresident wholesalers, and nonresident third-party logistics providers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(4) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.

(5) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund, upon appropriation by the Legislature, shall be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the

Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board, the Osteopathic Medical Board of California, the California Board of Naturopathic Medicine, the State Board of Optometry, and the Podiatric Medical Board of California to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(e) This section shall become operative on April 1, 2023.

(f) This section shall become inoperative on April 1, 2025, and, as of January 1, 2026, is repealed.

SEC. 5. Section 208 of the Business and Professions Code, as added by Section 3 of Chapter 41 of the Statutes of 2024, is amended to read:

208. (a) Beginning April 1, 2025, a Controlled Substance Utilization Review and Evaluation System (CURES) fee of fifteen dollars (\$15) shall be assessed annually on each of the licensees specified in subdivision (b) to pay the reasonable costs associated with operating and maintaining CURES for the purpose of regulating those licensees. The fee assessed pursuant to this subdivision shall be billed and collected by the regulating agency of each licensee at the time of the licensee's license renewal. If the reasonable regulatory cost of operating and maintaining CURES is less than fifteen dollars (\$15) per licensee, the Department of Consumer Affairs, by regulation, may reduce the fee established by this section to the reasonable regulatory cost.

(b) (1) Licensees authorized pursuant to Section 11150 of the Health and Safety Code to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances or pharmacists licensed pursuant to Chapter 9 (commencing with Section 4000) of Division 2.

(2) Licensees issued a license that has been placed in a retired or inactive status pursuant to a statute or regulation are exempt from the CURES fee requirement in subdivision (a). This exemption shall not apply to licensees whose license has been placed in a retired or inactive status if the licensee is at any time authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

(3) Wholesalers, third-party logistics providers, nonresident wholesalers, and nonresident third-party logistics providers of dangerous drugs licensed pursuant to Article 11 (commencing with Section 4160) of Chapter 9 of Division 2.

(4) Nongovernmental clinics licensed pursuant to Article 13 (commencing with Section 4180) and Article 14 (commencing with Section 4190) of Chapter 9 of Division 2.

(5) Nongovernmental pharmacies licensed pursuant to Article 7 (commencing with Section 4110) of Chapter 9 of Division 2.

(c) The funds collected pursuant to subdivision (a) shall be deposited in the CURES Fund, which is hereby created within the State Treasury. Moneys in the CURES Fund, upon appropriation by the Legislature, shall be available to the Department of Consumer Affairs to reimburse the Department of Justice for costs to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(d) The Department of Consumer Affairs shall contract with the Department of Justice on behalf of the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Board, the Osteopathic Medical Board of California, the California Board of Naturopathic Medicine, the State Board of Optometry, and the Podiatric Medical Board of California to operate and maintain CURES for the purposes of regulating the licensees specified in subdivision (b).

(e) This section shall become operative on April 1, 2025.

SEC. 6. Section 1903 of the Business and Professions Code is amended to read:

1903. (a) (1) The dental hygiene board shall consist of nine members as follows:

(A) Seven members appointed by the Governor as follows:

(i) Two members shall be public members.

(ii) One member shall be a practicing general or public health dentist who holds a current license in California.

(iii) Four members shall be registered dental hygienists who hold current licenses in California. Of the registered dental hygienist members, one shall be licensed either in alternative practice or in extended functions, one shall be a dental hygiene educator, and two shall be registered dental hygienists. No public member shall have been licensed under this chapter within five years of the date of their appointment or have any current financial interest in a dental-related business.

(B) One public member appointed by the Senate Committee on Rules.

(C) One public member appointed by the Speaker of the Assembly.

(2) (A) The first appointment by the Senate Committee on Rules or the Speaker of the Assembly pursuant to this subdivision shall be made upon the expiration of the term of a public member that is scheduled to occur, or otherwise occurs, on or after January 1, 2019.

(B) It is the intent of the Legislature that committee members appointed prior to January 1, 2019, remain as dental hygiene board members until their term expires or except as otherwise provided in law, whichever occurs first.

(3) For purposes of this subdivision, a public health dentist is a dentist whose primary employer or place of employment is in any of the following:

(A) A primary care clinic licensed under subdivision (a) of Section 1204 of the Health and Safety Code.

(B) A primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code.

(C) A clinic owned or operated by a public hospital or health system.

(D) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) (1) Except as specified in paragraph (2), members of the dental hygiene board shall be appointed for a term of four years. Each member shall hold office until the appointment and qualification of the member's

successor or until one year shall have lapsed since the expiration of the term for which the member was appointed, whichever comes first.

(2) For the term commencing on January 1, 2012, two of the public members, the general or public health dentist member, and two of the registered dental hygienist members, other than the dental hygiene educator member or the registered dental hygienist member licensed in alternative practice or in extended functions, shall each serve a term of two years, expiring January 1, 2014.

(c) Notwithstanding any other provision of law and subject to subdivision (e), the Governor may appoint to the dental hygiene board a person who previously served as a member of the former committee or dental hygiene board even if the person's previous term expired.

(d) The dental hygiene board shall elect a president, a vice president, and a secretary from its membership.

(e) No person shall serve as a member of the dental hygiene board for more than two consecutive terms.

(f) A vacancy in the dental hygiene board shall be filled by appointment to the unexpired term.

(g) Each member of the dental hygiene board shall receive a per diem and expenses as provided in Section 103.

(h) Each appointing authority shall have the power to remove from office at any time any member of the board appointed by that authority pursuant to Section 106.

(i) The dental hygiene board, with the approval of the director, may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the dental hygiene board and vested in the executive officer by this article.

(j) This section shall remain in effect only until January 1, 2028, and as of that date is repealed.

SEC. 7. Section 1910.5 of the Business and Professions Code is amended to read:

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the dental hygiene board, of having completed a dental hygiene board-approved course in those functions.

(c) No later than January 1, 2018, the dental hygiene board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Department of Health Care Access and Information. The dental hygiene board shall use the curriculum submitted by the dental board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the interim therapeutic restoration. Any subsequent amendments to the regulations for the interim therapeutic restoration curriculum that are promulgated by the dental hygiene board shall be agreed upon by the dental board and the dental hygiene board.

(d) This section shall become operative on January 1, 2018.

SEC. 8. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The dental hygiene board shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by dental hygiene board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the dental hygiene board. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars (\$250).

(2) The fee for examination for licensure as a registered dental hygienist shall not exceed the actual cost of the examination.

(3) The fee for examination for licensure as a registered dental hygienist in extended functions shall not exceed the actual cost of the examination.

(4) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(5) The biennial renewal fee shall not exceed five hundred dollars (\$500).

(6) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(7) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars (\$25) or one-half of the renewal fee, whichever is greater.

(8) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(9) The fee for each curriculum review and feasibility study review for educational programs for dental hygienists who are not accredited by a dental hygiene board-approved agency shall not exceed two thousand one hundred dollars (\$2,100).

(10) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars (\$750).

(11) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars (\$500).

(12) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, 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.

(13) The fee for the dental hygiene board to conduct a site visit to educational programs for a registered dental hygienist, a registered dental hygienist in alternative practice, or a registered dental hygienist in extended functions to ensure compliance of educational program requirements shall not exceed the actual cost incurred by the dental hygiene board for cost recovery of site visit expenditures.

(14) The fee for a retired license shall not exceed one-half of the current license renewal fee.

(b) The renewal and delinquency fees shall be fixed by the dental hygiene board by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars (\$5).

(c) Fees fixed by the dental hygiene board by resolution pursuant to this section shall not be subject to the approval of the Office of Administrative Law.

(d) Fees collected pursuant to this section shall be collected by the dental hygiene board and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund, upon appropriation by the Legislature in the annual Budget Act, shall be used to implement this article.

(e) No fees or charges other than those listed in this section shall be levied by the dental hygiene board in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars (\$250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars (\$150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars (\$250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars (\$250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(l) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

SEC. 9. Section 2538.3 of the Business and Professions Code is amended to read:

2538.3. A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study.

SEC. 10. Section 2538.10 of the Business and Professions Code is amended to read:

2538.10. For the purposes of this article, the following definitions shall apply:

(a) "Advertise" and its variants include the use of a newspaper, magazine, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) “License” means a hearing aid dispenser license issued pursuant to this article and includes a temporary or trainee license.

(c) “Licensee” means a person holding a license.

(d) “Hearing aid” means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) “Fund” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.

SEC. 11. Section 2538.25 of the Business and Professions Code is amended to read:

2538.25. (a) The board shall prepare, approve, grade, and conduct examinations of applicants for a hearing aid dispenser license. The board may provide that the preparation and grading of the examination be conducted by a competent person or organization other than the board, provided, however, that the board shall establish the guidelines for the examination and shall approve the actual examination.

(b) Each applicant shall take and pass a written examination and a practical examination compiled at the direction of the board covering the critical tasks involved in the practice of fitting and selling hearing aids and the knowledge, skills, and abilities needed to perform those tasks safely and competently.

SEC. 12. 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 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. 13. 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 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 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) and 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 examination provided by the former Hearing Aid Dispensers Bureau until 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. 14. 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 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 approved by the board for training registered nurses, or have successfully completed courses of instruction in a school of nursing outside of this state that, in the opinion of the board at the time the application is filed with the board, are equivalent to the minimum requirements of the board for licensure established for an approved 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 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. 15. Section 2761 of the Business and Professions Code is amended to read:

2761. 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:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence or gross negligence in carrying out usual certified or licensed nursing functions.

(2) 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.

(3) The use of advertising relating to nursing that violates Section 17500.

(4) 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.

(b) Procuring their certificate or license by fraud, misrepresentation, or mistake.

(c) Procuring, or aiding, or abetting, or attempting, or agreeing, or offering to procure or assist at a criminal abortion.

(d) 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.

(e) Making or giving any false statement or information in connection with the application for issuance of a certificate or license.

(f) 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.

(g) 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.

(h) 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.

(i) 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.

(j) 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.

(k) (1) 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 Public Health 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) of Division 5 of the 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 Podiatric Medical Board of California, the Dental Board of California, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

(2) 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. 16. 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 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 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 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. 16.5. Section 2816 of the Business and Professions Code is amended to read:

2816. (a) 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 more than one thousand dollars (\$1,000). 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.

(b) A public health nurse certificate is not subject to renewal.

SEC. 17. Section 3503 of the Business and Professions Code is amended to read:

3503. No person other than one who has been licensed to practice as a physician assistant shall practice as a physician assistant or in a similar capacity to a physician and surgeon or podiatrist or hold themselves out as a “physician assistant,” or shall use any other term indicating or implying that they are a physician assistant.

SEC. 18. Section 3526 of the Business and Professions Code is amended to read:

3526. A person who fails to renew their license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored after that time has elapsed, but that person may apply for and obtain a new license or approval if they:

(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, if any, that would be required of them if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a physician assistant.

(c) Pay all of the fees that would be required as if application for licensure was being made for the first time.

SEC. 19. Section 3531 of the Business and Professions Code is amended to read:

3531. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or of any offense that is substantially related to the qualifications, functions, or duties of the business or profession to which the license was issued is deemed to be a conviction within the meaning of this chapter. The board may order the license suspended or revoked, or shall decline to issue a license 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 Section 1203.4 of the Penal Code allowing that 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, information, or indictment.

SEC. 20. Section 3534.4 of the Business and Professions Code is amended to read:

3534.4. (a) Criteria for acceptance into the diversion program shall include all of the following:

(1) The applicant shall be licensed as a physician assistant by the board and shall be a resident of California.

(2) The applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner that may affect their ability to practice medicine safely or competently.

(3) The applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action.

(4) The applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program.

(5) The applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program.

(6) The applicant shall agree in writing to cooperate with all elements of the treatment program designed for them.

(b) An applicant may be denied participation in the program if the board, the program manager, or a committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

SEC. 21. Section 3534.5 of the Business and Professions Code is amended to read:

3534.5. (a) A participant may be terminated from the program for any of the following reasons:

(1) The participant has successfully completed the treatment program.

(2) The participant has failed to comply with the treatment program designated for them.

(3) The participant fails to meet any of the criteria set forth in paragraph (4).

(4) It is determined that the participant has not substantially benefited from participation in the program or that their continued participation in the program creates too great a risk to the public health, safety, or welfare.

(b) Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of medicine by that individual creates too great a risk to the public health and safety, that fact shall be reported to the executive officer of the board and all documents and information pertaining to and supporting that conclusion shall be provided to the executive officer. The matter may be referred for investigation and disciplinary action by the board.

(c) Each physician assistant who requests participation in a diversion program shall agree to cooperate with the recovery program designed for them. Any failure to comply with that program may result in termination of participation in the program.

(d) The board shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a

physician assistant in the program, and the possible results of noncompliance with the program.

SEC. 22. Section 3545 of the Business and Professions Code is amended to read:

3545. The income of a physician assistant 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 physician assistant corporation.

SEC. 23. Section 3620 of the Business and Professions Code is amended to read:

3620. The board shall enforce and administer this chapter and shall be solely responsible for the implementation of this chapter.

SEC. 24. Section 3620.1 of the Business and Professions Code is amended to read:

3620.1. Protection of the public shall be the highest priority for the board in exercising its licensing, 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.

SEC. 25. Section 3621.5 of the Business and Professions Code is amended to read:

3621.5. The board shall meet at least two times each calendar year and shall conduct additional meetings in appropriate locations that are necessary to transact its business.

SEC. 26. Section 3622 of the Business and Professions Code is amended to read:

3622. (a) The board shall adopt regulations in order to carry out the purposes of this chapter.

(b) Unless contrary to this chapter, regulations adopted by the Bureau of Naturopathic Medicine and the Naturopathic Medicine Committee shall continue to apply to the board and its licensees.

SEC. 27. Section 3623 of the Business and Professions Code is amended to read:

3623. (a) The board shall approve a naturopathic medical education program accredited by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for the naturopathic medical profession that has the following minimum requirements:

(1) Admission requirements that include a minimum of three-quarters of the credits required for a bachelor's degree from a regionally accredited or preaccredited college or university or the equivalency, as determined by the council.

(2) Program requirements for its degree or diploma of a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of the total requisite hours, not less than 2,500 hours shall consist of academic instruction, and not less than 1,200 hours shall consist of supervised clinical training approved by the naturopathic medical school.

(b) A naturopathic medical education program in the United States shall offer graduate-level full-time studies and training leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. The program shall be an institution, or part of an institution of, higher education that is either accredited or is a candidate for accreditation by a regional institutional accrediting agency recognized by the United States Secretary of Education and the Council on Naturopathic Medical Education, or an equivalent federally recognized accrediting body for naturopathic doctor education.

(c) To qualify as an approved naturopathic medical school, a naturopathic medical program located in Canada or the United States shall offer a full-time, doctoral-level, naturopathic medical education program with its graduates being eligible to apply to the board for licensure and to the North American Board of Naturopathic Examiners that administers the naturopathic licensing examination.

(d) The naturopathic medical program shall evaluate an applicant's education, training, and experience obtained in the armed services, pursuant to Section 35, and provide course credit where applicable.

SEC. 28. Section 3624 of the Business and Professions Code is amended to read:

3624. (a) The board may grant a certificate of registration to practice naturopathic medicine to a person who does not hold a naturopathic doctor's license under this chapter and is offered a faculty position by the dean of a naturopathic medical education program approved by the board, if all of the following requirements are met to the satisfaction of the board:

(1) The applicant submits an application on a form prescribed by the board.

(2) The dean of the naturopathic medical education program demonstrates that the applicant has the requisite qualifications to assume the position to which they are to be appointed.

(3) The dean of the naturopathic medical education program certifies in writing to the board that the applicant will be under their direction and will not be permitted to practice naturopathic medicine unless incident to and a necessary part of the applicant's duties as approved by the board.

(b) The holder of a certificate of registration issued under this section shall not receive compensation for, or practice, naturopathic medicine unless it is incidental to and a necessary part of the applicant's duties in connection with the holder's faculty position.

(c) A certificate of registration issued under this section is valid for two years.

SEC. 29. Section 3627 of the Business and Professions Code is amended to read:

3627. (a) The board shall establish a naturopathic formulary advisory subcommittee to determine a naturopathic formulary based upon a review of naturopathic medical education and training.

(b) The naturopathic formulary advisory subcommittee shall be composed of an equal number of representatives from the clinical and academic settings of physicians and surgeons, pharmacists, and naturopathic doctors.

(c) The naturopathic formulary advisory subcommittee shall review naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of a naturopathic doctor and the required supervision and protocols for those functions.

SEC. 30. Section 3630 of the Business and Professions Code is amended to read:

3630. An applicant for a license as a naturopathic doctor shall file an application with the board on a form provided by the board that shows, to the board's satisfaction, compliance with all of the following requirements:

(a) The applicant has not committed an act or crime that constitutes grounds for denial of a license under Section 480 and has complied with the requirements of Section 144.

(b) The applicant has received a degree in naturopathic medicine from an approved naturopathic medical school where the degree substantially meets the educational requirements in paragraph (2) of subdivision (a) of Section 3623.

SEC. 31. Section 3633 of the Business and Professions Code is amended to read:

3633. The board may grant a license to an applicant who is licensed and in good standing as a naturopathic doctor in another state, jurisdiction, or territory in the United States, if the applicant has met the requirements of Sections 3630 and 3631.

SEC. 32. Section 3633.1 of the Business and Professions Code is amended to read:

3633.1. The board may grant a license to an applicant who meets the requirements of Section 3630, but who graduated before 1986, before the Naturopathic Physicians Licensing Examinations, or NPLEX, and passed a state or Canadian Province naturopathic licensing examination. Applications under this section shall be received no later than December 31, 2007.

SEC. 33. Section 3634 of the Business and Professions Code is amended to read:

3634. A license issued under this chapter shall be subject to renewal biennially, as prescribed by the board, and shall expire unless renewed in that manner. The board may provide by regulation for the late renewal of a license.

SEC. 34. Section 3636 of the Business and Professions Code is amended to read:

3636. (a) Upon a written request, the board may grant inactive status to a naturopathic doctor who is in good standing and who meets the requirements of Section 462.

(b) A person whose license is in inactive status may not engage in any activity for which a license is required under this chapter.

(c) A person whose license is in inactive status shall be exempt from continuing education requirements while their license is in that status.

(d) To restore a license to active status, a person whose license is in inactive status shall fulfill continuing education requirements for the two-year period before reactivation and be current with all licensing fees as determined by the board.

SEC. 35. Section 3640 of the Business and Professions Code is amended to read:

3640. (a) A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests.

(b) A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the board, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results.

(c) A naturopathic doctor may dispense, administer, order, prescribe, and furnish or perform the following:

(1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements, and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec. 301 et seq.) consistent with the routes of administration identified in subdivision (d).

(2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.

(3) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.

(4) Health education and health counseling.

(5) Repair and care incidental to superficial lacerations and abrasions, except suturing.

(6) Removal of foreign bodies located in the superficial tissues.

(d) A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular.

(e) The board may establish regulations regarding ocular or intravenous routes of administration that are consistent with the education and training of a naturopathic doctor.

(f) Nothing in this section shall exempt a naturopathic doctor from meeting applicable licensure requirements for the performance of clinical laboratory tests, including the requirements imposed under Chapter 3 (commencing with Section 1200).

SEC. 36. Section 3640.2 of the Business and Professions Code is amended to read:

3640.2. Notwithstanding any other provision of law, a naturopathic assistant may do all of the following:

(a) Administer medication only by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional technical support services upon the specific authorization and supervision of a licensed naturopathic doctor. A naturopathic assistant may also perform all these tasks and services in a clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code upon the specific authorization of a naturopathic doctor.

(b) Perform venipuncture or skin puncture for the purposes of withdrawing blood upon specific authorization and under the supervision of a licensed naturopathic doctor if prior thereto the naturopathic assistant has met the educational and training requirements for medical assistants as established in Section 2070. A copy of any related certificates shall be retained as a record by each employer of the assistant.

(c) Perform the following naturopathic technical support services:

(1) Administer medications orally, sublingually, topically, vaginally, or rectally, or by providing a single dose to a patient for immediate self-administration. Administer medication by inhalation if the medications are patient-specific and have been or will be repetitively administered to the patient. In every instance, prior to administration of medication by the naturopathic assistant, the naturopathic doctor shall verify the correct medication and dosage.

(2) Apply and remove bandages.

(3) Collect by noninvasive techniques and preserve specimens for testing, including urine, sputum, semen, and stool.

(4) Assist patients to and from a patient examination room or examination table.

(5) As authorized by the naturopathic doctor, provide patient information and instructions.

(6) Collect and record patient data, including height, weight, temperature, pulse, respiration rate, and blood pressure, and basic information about the presenting and previous conditions.

(7) Perform simple laboratory and screening tests customarily performed in a medical office.

(d) Perform additional naturopathic technical support services under the regulations and standards established by the board. The board, before the adoption of any regulations, shall request recommendations regarding these standards from appropriate public agencies, including, but not limited to, the Osteopathic Medical Board of California, the Medical Board of California, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Laboratory Field Services division of the State Department of Public Health, and the Physical Therapy Board of California. The California Board of Naturopathic Medicine shall also request recommendations regarding these standards from associations of medical assistants, physicians, and others, as appropriate, including, but not limited to, the Osteopathic Physicians and Surgeons of California, the California Medical Association, the California Society of Medical Assistants, and the California Medical Assistants' Association.

Nothing in this subdivision shall be construed to supersede or modify that portion of the Administrative Procedure Act that relates to the procedure for the adoption of regulations set forth in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 37. Section 3640.3 of the Business and Professions Code is amended to read:

3640.3. (a) Nothing in this chapter shall be construed as authorizing the licensure of naturopathic assistants. Nothing in this chapter shall be construed as authorizing the administration of local anesthetic agents by a naturopathic assistant. Nothing in this chapter shall be construed as authorizing the California Board of Naturopathic Medicine to adopt any regulations that violate the prohibitions on diagnosis or treatment in Section 2052.

(b) Nothing in this chapter shall be construed as authorizing a naturopathic assistant to perform any clinical laboratory test or examination for which they are not authorized under Chapter 3 (commencing with Section 1200).

(c) Notwithstanding any other law, a naturopathic assistant may not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

SEC. 38. Section 3640.5 of the Business and Professions Code is amended to read:

3640.5. Nothing in this chapter or any other law shall be construed to prohibit a naturopathic doctor from furnishing or ordering drugs when all of the following apply:

(a) The drugs are furnished or ordered by a naturopathic doctor in accordance with standardized procedures or protocols developed by the naturopathic doctor and their supervising physician and surgeon.

(b) The naturopathic doctor is functioning pursuant to standardized procedure, as defined by subdivisions (a), (b), (d), (e), (h), and (i) of Section 2836.1 and paragraph (1) of subdivision (c) of Section 2836.1, or protocol. The standardized procedure or protocol shall be developed and approved by the supervising physician and surgeon, the naturopathic doctor, and, where applicable, the facility administrator or their designee.

(c) The standardized procedure or protocol covering the furnishing of drugs shall specify which naturopathic doctors may furnish or order drugs, which drugs may be furnished or ordered under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the naturopathic doctor's competence, including peer review, and review of the standardized procedure.

(d) The furnishing or ordering of drugs by a naturopathic doctor occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include all of the following:

- (1) Collaboration on the development of the standardized procedure.
- (2) Approval of the standardized procedure.

(3) Availability by telephonic contact at the time of patient examination by the naturopathic doctor.

(e) For purposes of this section, a physician and surgeon shall not supervise more than four naturopathic doctors at one time.

(f) Drugs furnished or ordered by a naturopathic doctor may include Schedule III through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the naturopathic doctor and physician and surgeon as specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished or ordered by a naturopathic doctor, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the naturopathic doctor's standardized procedure relating to controlled substances shall be provided upon request, to a licensed pharmacist who dispenses drugs, when there is uncertainty about the naturopathic doctor furnishing the order.

(g) The board has certified that the naturopathic doctor has satisfactorily completed adequate coursework in pharmacology covering the drugs to be furnished or ordered under this section. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section 1250 of the Health and Safety Code, shall include both of the following:

(1) Ordering a drug in accordance with the standardized procedure.

(2) Transmitting an order of a supervising physician and surgeon.

(i) For purposes of this section, "drug order" or "order" means an order for medication which is dispensed to or for an ultimate user, issued by a naturopathic doctor as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.

(j) Notwithstanding any other law, the following apply:

(1) A drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician.

(2) All references to prescription in this code and the Health and Safety Code shall include drug orders issued by naturopathic doctors.

(3) The signature of a naturopathic doctor on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 39. Section 3640.8 of the Business and Professions Code is amended to read:

3640.8. (a) To qualify to administer intravenous (IV) therapy in their practice pursuant to Section 3640.7, a naturopathic doctor shall demonstrate that they have complied with both of the following requirements:

(1) Have a current naturopathic doctor's license in this state.

(2) Have completed a qualifying course on IV therapy from a course provider approved by the board.

(b) The qualifying course shall consist of a minimum of 25 classroom hours on IV administration through injection of applicable naturopathic formulary substances, of which at least 14 classroom hours shall be identified as practicum. At a minimum, the qualifying course shall have covered all of the following topics:

- (1) Evaluation of laboratory results, including, but not limited to, the fluid status, cardiovascular status, and kidney function of the patient.
- (2) The use of IV fluids, including, but not limited to, osmolarity calculations, diluents, and admixtures pertinent to IV therapeutics.
- (3) Sterile techniques and admixing.
- (4) Vein and site selection, site preparation, and insertion techniques.
- (5) Complications with therapies, nutrient and drug interactions, errors and adverse reactions, reporting errors to appropriate agencies, error prevention, and followup with patient complications.
- (6) Emergency protocols, management, and referral.
- (7) Pharmacology, indications, preparation, and IV administration of vitamins, minerals, amino acids, glutathione, botanicals and their extracts, homeopathic medicines, electrolytes, sugars, and diluents.
- (8) Practicum, including, but not limited to, the following:
 - (A) Observation of at least 10 IV setups, including administration and management.

(B) Successful completion of at least 10 IV setups, including administration and management.

(9) Successful completion of an examination with 70 percent or greater correct answers to a minimum of 50 questions, where 10 percent or more of the questions have direct content to the California formulary.

(c) For the purposes of the qualifying course required by this section, one classroom hour is defined as 50 minutes out of each 60-minute segment and may include time devoted to examinations. No credit shall be granted for distance education, including, but not limited to, correspondence courses, internet courses, or video or remote television offerings.

(d) Pursuant to subdivision (e) of Section 3640, the board may establish regulations regarding IV administration that are consistent with the education and training of a naturopathic doctor.

SEC. 40. Section 3641 of the Business and Professions Code is amended to read:

3641. (a) A naturopathic doctor shall document their observations, diagnosis, and summary of treatment in the patient record. Patient records shall be maintained for a period of not less than seven years following the discharge of the patient. The records of an unemancipated minor shall be maintained until at least one year after the minor has reached 18 years of age or seven years following the discharge of the minor, whichever is longer.

(b) A naturopathic doctor shall have the same authority and responsibility as a licensed physician and surgeon with regard to public health laws, including laws governing reportable diseases and conditions, communicable disease control and prevention, recording vital statistics, and performing health and physical examinations consistent with their education and training.

SEC. 41. Section 3644 of the Business and Professions Code is amended to read:

3644. This chapter does not prevent or restrict the practice, services, or activities of any of the following:

(a) A person licensed, certified, or otherwise recognized in this state by any other law or regulation if that person is engaged in the profession or occupation for which they are licensed, certified, or otherwise recognized.

(b) A person employed by the federal government in the practice of naturopathic medicine while the person is engaged in the performance of duties prescribed by laws and regulations of the United States.

(c) A person rendering aid to a family member or in an emergency, if no fee or other consideration for the service is charged, received, expected, or contemplated.

(d) (1) A person who makes recommendations regarding or is engaged in the sale of food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, dietary supplements, and nonprescription drugs or other products of nature, the sale of which is not otherwise prohibited under state or federal law.

(2) An unlicensed person described in this subdivision may represent that they “practice naturopathy” if they comply with Section 2053.6. However, an unlicensed person may not use the title “naturopathic doctor” unless they have been issued a license by the board.

(e) A person engaged in good faith in the practice of the religious tenets of any church or religious belief without using prescription drugs.

(f) A person acting in good faith for religious reasons as a matter of conscience or based on a personal belief, while obtaining or providing information regarding health care and the use of any product described in subdivision (d).

(g) A person who provides the following recommendations regarding the human body and its function:

(1) Nonprescription products.

(2) Natural elements such as air, heat, water, and light.

(3) Class I or class II nonprescription, approved medical devices, as defined in Section 360c of Title 21 of the United States Code.

(4) Vitamins, minerals, herbs, homeopathics, natural food products and their extracts, and nutritional supplements.

(h) A person who is licensed in another state, territory, or the District of Columbia to practice naturopathic medicine if the person is incidentally called into this state for consultation with a naturopathic doctor.

(i) A student enrolled in an approved naturopathic medical program whose services are performed pursuant to a course of instruction under the supervision of a naturopathic doctor.

SEC. 42. Section 3650 of the Business and Professions Code is amended to read:

3650. A naturopathic doctor may perform naturopathic childbirth attendance if they have completed additional training and have been granted a certificate of specialty practice by the board.

SEC. 43. Section 3651.5 of the Business and Professions Code is amended to read:

3651.5. A naturopathic doctor certified for the specialty practice of naturopathic childbirth attendance shall do both of the following:

(a) Maintain current certification in neonatal resuscitation and cardiopulmonary resuscitation.

(b) File with the board a written plan for the following:

(1) Consultation with other health care providers.

(2) Supervision by a licensed physician and surgeon who has current practice or training in obstetrics to assist a woman in childbirth so long as progress meets criteria accepted as normal. The plan shall provide that all complications shall be referred to a physician and surgeon immediately.

(3) Emergency transfer and transport of an infant or a maternity patient, or both, to an appropriate health care facility, and access to neonatal intensive care units and obstetrical units or other patient care areas.

SEC. 44. Section 3652 of the Business and Professions Code is amended to read:

3652. (a) A certificate of specialty practice in naturopathic childbirth attendance shall expire concurrently with the licensee's naturopathic doctor's license.

(b) The certificate may be renewed upon submission of the renewal fee set by the board and evidence, to the board's satisfaction, of the completion of 30 hours of continuing education credits in naturopathic childbirth, midwifery, or obstetrics. Fifteen hours may be applied to the 60 hours of continuing education required for naturopathic doctors.

(c) Licensing or disciplinary action by the board or a judicial authority shall be deemed to have an equal effect upon the specialty certificate to practice naturopathic childbirth issued to a licensee, unless otherwise specified in the licensing or disciplinary action. When the subject of a licensing or disciplinary action relates specifically to the practice of naturopathic childbirth by a licensee holding a specialty certificate, the action may, instead of affecting the entire scope of the licensee's practice, suspend, revoke, condition, or restrict only the licensee's authority under the specialty certificate.

SEC. 45. Section 3660 of the Business and Professions Code is amended to read:

3660. Except as provided in subdivision (h) of Section 3644, a person shall have a valid, unrevoked, or unsuspended license issued under this chapter to do any of the following:

(a) To claim to be a naturopathic doctor, licensed naturopathic doctor, doctor of naturopathic medicine, doctor of naturopathy, or naturopathic medical doctor.

(b) To use the professional designation "N.D." or other titles, words, letters, or symbols with the intent to represent that they practice, are

authorized to practice, or are able to practice naturopathic medicine as a naturopathic doctor.

SEC. 46. Section 3661 of the Business and Professions Code is amended to read:

3661. A naturopathic doctor who uses the term or designation “Dr.” shall further identify themselves as “Naturopathic Doctor,” “Licensed Naturopathic Doctor,” “Doctor of Naturopathic Medicine,” or “Doctor of Naturopathy” and shall not use any term or designation that would tend to indicate the practice of medicine, other than naturopathic medicine, unless otherwise licensed as a physician and surgeon, osteopathic doctor, or doctor of chiropractic.

SEC. 47. Section 3663 of the Business and Professions Code is amended to read:

3663. (a) The board shall have the responsibility for reviewing the quality of the practice of naturopathic medicine carried out by persons licensed as naturopathic doctors pursuant to this chapter.

(b) The board may discipline a naturopathic doctor for unprofessional conduct. After a hearing 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), the board may deny, suspend, revoke, or place on probation the license of, or reprimand, censure, or otherwise discipline a naturopathic doctor in accordance with Division 1.5 (commencing with Section 475).

SEC. 48. Section 3663.5 of the Business and Professions Code is amended to read:

3663.5. (a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee’s probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board’s telephone number, and an explanation of how the patient can find further information on the licensee’s probation on the licensee’s profile page on the board’s online license information internet website, to a patient or the patient’s guardian or health care surrogate before the patient’s first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient’s guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet website.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) A violation of this section shall not be punishable as a crime.

SEC. 49. Section 3670 of the Business and Professions Code is amended to read:

3670. A naturopathic corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, if the corporation and its shareholders, officers, directors, and employees rendering professional services who are naturopathic doctors are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this chapter, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs. With respect to a naturopathic corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the board.

SEC. 50. Section 3672 of the Business and Professions Code is amended to read:

3672. The income of a naturopathic 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 naturopathic corporation.

SEC. 51. Section 3675 of the Business and Professions Code is amended to read:

3675. The board may adopt and enforce regulations to carry out the purposes and objectives of this article, including, but not limited to, regulations requiring the following:

(a) That the bylaws of a naturopathic corporation include a provision whereby the capital stock of the corporation owned by a disqualified person, as defined in Section 13401 of the Corporations Code, or a deceased person,

shall be sold to the corporation or to the remaining shareholders of the corporation within any time as the regulations may provide.

(b) That a naturopathic corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

SEC. 52. Section 3681 of the Business and Professions Code is amended to read:

3681. All fees collected by the board shall be paid into the State Treasury and shall be credited to the Naturopathic Doctor's Fund which is hereby created in the State Treasury. The money in the fund shall be available to the board for expenditure for the purposes of this chapter only upon appropriation by the Legislature.

SEC. 53. Section 3685 of the Business and Professions Code is amended to read:

3685. Notwithstanding any other law, the repeal of this chapter renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 54. Section 4175 of the Business and Professions Code is amended to read:

4175. (a) The California State Board of Pharmacy shall promptly forward to the appropriate licensing entity, including the Medical Board of California, the California Veterinary Medical Board, the Dental Board of California, the California State Board of Optometry, the Podiatric Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, the California Board of Naturopathic Medicine, or the Physician Assistant Board, all complaints received related to dangerous drugs or dangerous devices dispensed by a prescriber, certified nurse-midwife, nurse practitioner, naturopathic doctor, or physician assistant pursuant to Section 4170.

(b) All complaints involving serious bodily injury due to dangerous drugs or dangerous devices dispensed by prescribers, certified nurse-midwives, nurse practitioners, naturopathic doctors, or physician assistants pursuant to Section 4170 shall be handled by the Medical Board of California, the Dental Board of California, the California State Board of Optometry, the Podiatric Medical Board of California, the Osteopathic Medical Board of California, the California Board of Naturopathic Medicine, the Board of Registered Nursing, the California Veterinary Medical Board, or the Physician Assistant Board as a case of greatest potential harm to a patient.

SEC. 55. Section 4800 of the Business and Professions Code is amended to read:

4800. (a) There is in the Department of Consumer Affairs a California Veterinary Medical Board in which the administration of this chapter is vested. The board shall consist of the following eight members:

- (1) Four licensed veterinarians.
- (2) One registered veterinary technician.
- (3) Three public members.

(b) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature. However, the review of the board shall be limited to those issues identified by the appropriate policy committees of the Legislature and shall involve the preparation or submission of a sunset review document or evaluative questionnaire.

SEC. 56. Section 4800.1 of the Business and Professions Code is amended to read:

4800.1. Protection of the public shall be the highest priority for the California Veterinary Medical Board in exercising its licensing, 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.

SEC. 57. Section 4809.6 of the Business and Professions Code is amended to read:

4809.6. The enforcement of Sections 4809.5 and 4854 of this chapter is a function exclusively reserved to the California Veterinary Medical Board and the state has preempted and occupied this field of enforcing the cleanliness and sanitary requirements of this chapter.

SEC. 58. Section 4810 of the Business and Professions Code is amended to read:

4810. As used in this chapter:

(a) “Board” means the California Veterinary Medical Board.

(b) “Multidisciplinary committee” means the Veterinary Medicine Multidisciplinary Advisory Committee established pursuant to Section 4809.8.

(c) “Regulations” means the rules and regulations set forth in Division 20 (commencing with Section 2000) of Title 16 of the California Code of Regulations.

SEC. 59. Section 4826.7 of the Business and Professions Code is amended to read:

4826.7. (a) For purposes of this section, “veterinarian” means a California licensed veterinarian.

(b) A veterinarian may authorize a registered veterinary technician to act as an agent of the veterinarian for the purpose of establishing the veterinarian-client-patient relationship to administer preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites if all of the following conditions are met:

(1) The registered veterinary technician administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites in a registered veterinary premises when the veterinarian is physically present at the registered veterinary premises.

(2) If working at a location other than a registered veterinary premises, the registered veterinary technician administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites when the veterinarian is in the general vicinity or available by telephone and is quickly and easily available. At this location, the registered veterinary technician shall have equipment and drugs necessary to provide immediate emergency care at a level commensurate with the provision of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(3) The registered veterinary technician examines the animal patient and administers preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites in accordance with written protocols and procedures established by the veterinarian, which shall include, at a minimum, all of the following:

(A) Obtaining the animal patient's history from the client in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.

(B) Data that must be collected by physical examination of the animal patient in order to reasonably ensure that the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites is appropriate.

(C) Information in the patient history or physical examination results that would preclude the administration of preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(D) Criteria that would disqualify the animal patient from receiving the preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites.

(E) Vaccination protocols for each animal species for which preventive or prophylactic vaccines are administered, that include, at a minimum, handling and administration of vaccines in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.

(F) Preventative procedures for parasite control for each animal species for which medications for the control or eradication of apparent or anticipated internal or external parasites are being administered, which shall include, at a minimum, handling and administration of medications in accordance with manufacturer label recommendations and what to do in the event of an adverse reaction or other emergency.

(G) Documentation of all of the following animal patient information:

- (i) Name or initials of the person responsible for entries.
- (ii) Name, address, and phone number of the client.
- (iii) Name or identity of the animal, herd, or flock.
- (iv) Except for herds or flocks, age, sex, breed, species, and color of the animal.

- (v) Beginning and ending dates of custody of the animal, if applicable.
 - (vi) A history or pertinent information as it pertains to each animal, herd, or flock's medical status.
 - (vii) Data, including that obtained by instrumentation, from the physical examination.
 - (viii) Treatment and intended treatment plan, including medications, dosages, route of administration, and frequency of use.
 - (ix) Diagnosis or assessment before performing a treatment or procedure.
 - (x) If relevant, a prognosis of the animal's condition.
 - (xi) All medications and treatments prescribed and dispensed, including strength, dosage, route of administration, quantity, and frequency of use.
- (4) The veterinarian and the registered veterinary technician sign and date a statement containing an assumption of risk by the veterinarian for all acts of the registered veterinary technician related to examining the animal patient and administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasite, short of willful acts of animal cruelty, gross negligence, or gross unprofessional conduct on behalf of the registered veterinary technician.
- (5) The veterinarian and the registered veterinary technician sign and date a statement containing authorization for the registered veterinary technician to act as the agent of the veterinarian only to establish the veterinarian-client-patient relationship for purposes of administering preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites when acting in compliance with the protocols and procedures specified in paragraph (3), and only until the date the veterinarian terminates authorization for the registered veterinary technician to act as the agent of the veterinarian.
- (6) (A) Before the registered veterinary technician examines or administers any preventive or prophylactic vaccines or medications for the control or eradication of apparent or anticipated internal or external parasites to the animal patient, the registered veterinary technician informs the client verbally or in writing that the registered veterinary technician is acting as an agent of the veterinarian for purposes of administering to the animal patient preventive or prophylactic vaccines or medications, as applicable, and provides the veterinarian's name and license number to the client.
- (B) After providing the disclosure specified in subparagraph (A), the registered veterinary technician records in the animal patient's medical record the verbal or written authorization of the client to proceed with the registered veterinary technician's examination of the animal patient and administration of the specified vaccine or medication.
- (c) (1) Documentation relating to satisfaction of the requirements of paragraphs (4) and (5) of subdivision (b) shall be retained by the veterinarian for the duration of the registered veterinary technician's work as an agent of that veterinarian and until three years from the date of the termination of the veterinarian's relationship with the registered veterinary technician.

(2) Documentation relating to satisfaction of subparagraph (G) of paragraph (3) of subdivision (b) shall be retained by the veterinarian for a minimum of three years after the animal patient's last visit.

SEC. 60. Section 4836.1 of the Business and Professions Code is amended to read:

4836.1. (a) Notwithstanding any other law, a registered veterinary technician or a veterinary assistant may administer a drug, including, but not limited to, a drug that is a controlled substance, under the direct or indirect supervision of a licensed veterinarian when done pursuant to the order, control, and full professional responsibility of a licensed veterinarian. However, no person, other than a licensed veterinarian, may induce anesthesia unless authorized by regulation of the California Veterinary Medical Board.

(b) A veterinary assistant may obtain or administer a controlled substance pursuant to the order, control, and full professional responsibility of a licensed veterinarian, only if they meet both of the following conditions:

(1) Is designated by a licensed veterinarian to obtain or administer controlled substances.

(2) Holds a valid veterinary assistant controlled substance permit issued pursuant to Section 4836.2.

(c) Notwithstanding subdivision (b), if the California Veterinary Medical Board, in consultation with the California State Board of Pharmacy, identifies a dangerous drug, as defined in Section 4022, as a drug that has an established pattern of being diverted, the California Veterinary Medical Board may restrict access to that drug by veterinary assistants.

(d) For purposes of this section, the following definitions apply:

(1) "Controlled substance" has the same meaning as that term is defined in Section 11007 of the Health and Safety Code.

(2) "Direct supervision" has the same meaning as that term is defined in subdivision (e) of Section 2034 of Title 16 of the California Code of Regulations.

(3) "Drug" has the same meaning as that term is defined in Section 11014 of the Health and Safety Code.

(4) "Indirect supervision" has the same meaning as that term is defined in subdivision (f) of Section 2034 of Title 16 of the California Code of Regulations.

(e) This section shall become operative on the date Section 4836.2 becomes operative.

SEC. 61. Section 4842.2 of the Business and Professions Code is amended to read:

4842.2. All funds collected by the board under this article shall be deposited in the California Veterinary Medical Board Contingent Fund.

SEC. 62. 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 shall be directly submitted to the board by the veterinary college or from the American Association of Veterinary State Boards (AAVSB). Proof of certificate shall 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 statutes and regulations of this chapter. 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 percent 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 this chapter 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. 63. Section 4848.1 of the Business and Professions Code is amended to read:

4848.1. (a) A veterinarian engaged in the practice of veterinary medicine, as defined in Section 4826, employed by the University of California and engaged in the performance of duties in connection with the School of Veterinary Medicine or employed by the Western University of Health Sciences and engaged in the performance of duties in connection with the College of Veterinary Medicine shall be issued a university license pursuant to this section or hold a license to practice veterinary medicine in this state.

(b) An individual may apply for and be issued a university license if all of the following are satisfied:

(1) The applicant is currently employed by the University of California or Western University of Health Sciences, as defined in subdivision (a).

(2) The applicant passes an examination concerning the statutes and regulations of this chapter, administered by the board, pursuant to subparagraph (C) of paragraph (2) of subdivision (a) of Section 4848.

(3) The applicant completes and submits the application specified by the board and pays the application and the initial license fee, pursuant to Section 4905.

(c) A university license:

(1) Shall automatically cease to be valid upon termination or cessation of employment by the University of California or by the Western University of Health Sciences.

(2) Shall be subject to the license renewal provisions in Section 4900 and the payment of the renewal fee pursuant to subdivision (g) of Section 4905.

(3) Shall be subject to denial, revocation, or suspension pursuant to Sections 480, 4875, and 4883.

(4) Authorizes the holder to practice veterinary medicine only at an educational institution described in subdivision (a) and any locations formally affiliated with those institutions.

(d) An individual who holds a university license is exempt from satisfying the license renewal requirements of Section 4846.5.

SEC. 64. Section 4857 of the Business and Professions Code is amended to read:

4857. (a) A veterinarian licensed under this chapter shall not disclose any information concerning an animal patient receiving veterinary services, the client responsible for the animal patient receiving veterinary services, or the veterinary care provided to an animal patient, except under any one of the following circumstances:

(1) Upon written or witnessed verbal authorization by knowing and informed consent of the client.

(2) Upon authorization received by electronic transmission when originated by the client.

(3) In response to a valid court order or subpoena.

(4) As may be required to ensure compliance with any federal, state, county, or city law or regulation, including, but not limited to, the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code).

(5) If the care or service was for a horse that has participated in the previous year, or is intended to participate, in a licensed horse race. In these situations, the entire medical record for the horse shall be made available upon request to anyone responsible for the direct medical care of the horse, including the owner, trainer, or veterinarian, the California Horse Racing Board or any other state or local governmental entity, and the racing association or fair conducting the licensed horse race.

(6) As otherwise provided in this section.

(b) This section shall not apply to the extent that the client responsible for an animal patient or an authorized agent of the client responsible for the animal patient has filed or caused to be filed a civil or criminal complaint that places the veterinarian's care and treatment of the animal patient or the nature and extent of the injuries to the animal patient at issue, or when the veterinarian is acting to comply with federal, state, county, or city laws or regulations.

(c) A veterinarian shall be subject to the criminal penalties set forth in Section 4831 or any other provision of this code for a violation of this section. In addition, any veterinarian who negligently releases confidential information shall be liable in a civil action for any damages caused by the release of that information.

(d) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians and peace officers, humane society officers, or animal control officers who are acting to protect the welfare of animals.

(e) Nothing in this section is intended to prevent the sharing of veterinary medical information between veterinarians and facilities for the purpose of diagnosis or treatment of the animal patient that is the subject of the medical records.

SEC. 65. Section 4860 of the Business and Professions Code is amended to read:

4860. It is the intent of the Legislature that the board seek ways and means to identify and rehabilitate veterinarians and registered veterinary technicians with impairment due to abuse of dangerous drugs or alcohol, affecting competency so that veterinarians and registered veterinary technicians so afflicted may be treated and returned to the practice of veterinary medicine in a manner that will not endanger the public health and safety.

SEC. 66. Section 4875 of the Business and Professions Code is amended to read:

4875. The board may revoke or suspend for a certain time the license or registration of any person to practice veterinary medicine or any branch of veterinary medicine in this state after notice and hearing for any of the causes provided in this article. In addition to its authority to suspend or

revoke a license or registration, the board shall have the authority to assess a fine not in excess of five thousand dollars (\$5,000) against a licensee or registrant for any of the causes specified in Section 4883. A fine may be assessed in lieu of or in addition to a suspension or revocation. The proceedings under this article 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, and the board shall have all the powers granted in that chapter. Notwithstanding Section 4903, all fines collected pursuant to this section shall be deposited to the credit of the California Veterinary Medical Board Contingent Fund.

SEC. 67. Section 4886 of the Business and Professions Code is amended to read:

4886. In reinstating a license or registration that has been revoked or suspended under Section 4883, the board may impose terms and conditions to be followed by the licensee or registrant after the license or registration has been reinstated. The authority of the board to impose terms and conditions includes, but is not limited to, the following:

(a) Requiring the licensee or registrant to obtain additional professional training and to pass an examination upon completion of the training.

(b) Requiring the licensee or registrant to pass a verbal, written, practical, or clinical examination, or any combination of those examinations, to determine their present fitness to engage in the practice of veterinary medicine or to practice as a veterinary technician.

(c) Requiring the licensee or registrant to submit to a complete diagnostic examination by one or more physicians appointed by the board. If the board requires the licensee or registrant to submit to that examination, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians of the licensee's or registrant's choice.

(d) Restricting or limiting the extent, scope, or type of practice of the licensee or registrant.

SEC. 68. Section 4903 of the Business and Professions Code is amended to read:

4903. Of all fines or forfeitures of bail in any case where a person is charged with a violation of this chapter, 50 percent shall be paid upon collection by the proper officer of the court to the State Treasurer, to be deposited to the credit of the California Veterinary Medical Board Contingent Fund. The other 50 percent shall be paid as provided by law, for the payment of fines or forfeitures of bail in misdemeanor cases.

SEC. 69. Section 4904 of the Business and Professions Code is amended to read:

4904. All fees collected on behalf of the board and all receipts of every kind and nature shall be reported each month for the month preceding to the Controller and at the same time the entire amount shall be paid into the State Treasury and shall be credited to the California Veterinary Medical Board Contingent Fund. The California Veterinary Medical Board

Contingent Fund shall be available, upon appropriation by the Legislature, for the use of the board.

SEC. 70. Section 4905 of the Business and Professions Code is amended to read:

4905. The following fees shall be collected by the board and shall be credited to the California Veterinary Medical Board Contingent Fund:

(a) The veterinarian license application fee shall be three hundred fifty dollars (\$350).

(b) The California Veterinary Medicine Practice Act course fee shall be set by the board in an amount it determines reasonably necessary to provide sufficient funds to carry out the purpose of this chapter, not to exceed one hundred dollars (\$100).

(c) The initial veterinarian license fee shall be set by the board not to exceed five hundred dollars (\$500).

(d) The biennial veterinarian license renewal fee shall be five hundred dollars (\$500).

(e) The university licensee application fee shall be three hundred fifty dollars (\$350).

(f) The initial university license fee shall be five hundred dollars (\$500).

(g) The biennial university licensee renewal fee shall be five hundred dollars (\$500).

(h) The delinquency fee shall be fifty dollars (\$50).

(i) The fee for issuance of a duplicate license, registration, or permit shall be twenty-five dollars (\$25).

(j) Any charge made for duplication or other services shall be set at the cost of rendering the service, except as specified in subdivision (i).

(k) The fee for failure to report a change in the mailing address shall be twenty-five dollars (\$25).

(l) The initial veterinary premises registration fee shall be five hundred dollars (\$500) annually.

(m) The annual veterinary premises registration renewal fee shall be five hundred twenty-five dollars (\$525).

(n) The registered veterinary technician application fee shall be two hundred twenty-five dollars (\$225).

(o) The initial registered veterinary technician registration fee shall be two hundred twenty-five dollars (\$225).

(p) The biennial registered veterinary technician renewal fee shall be two hundred twenty-five dollars (\$225).

(q) The veterinary assistant controlled substance permit application fee shall be one hundred dollars (\$100).

(r) The veterinary assistant controlled substance permit fee shall be one hundred dollars (\$100).

(s) The biennial veterinary assistant controlled substance permit renewal fee shall be one hundred dollars (\$100).

(t) The veterinary assistant controlled substance permit delinquency fee shall be 50 percent of the renewal fee for such permit in effect on the date

of the renewal of the permit, but shall not be less than twenty-five dollars (\$25) nor more than one hundred fifty dollars (\$150).

(u) The fee for filing an application for approval of a school or institution offering a curriculum for training registered veterinary technicians pursuant to Section 4843 shall be set by the board at an amount not to exceed three hundred dollars (\$300). The school or institution shall also pay for the reasonable regulatory costs incident to an onsite inspection conducted by the board pursuant to Section 2065.6 of Title 16 of the California Code of Regulations.

(v) If the money transferred from the California Veterinary Medical Board Contingent Fund to the General Fund pursuant to the Budget Act of 1991 is redeposited into the California Veterinary Medical Board Contingent Fund, the fees assessed by the board shall be reduced correspondingly. However, the reduction shall not be so great as to cause the California Veterinary Medical Board Contingent Fund to have a reserve of less than three months of annual authorized board expenditures. The fees set by the board shall not result in a California Veterinary Medical Board Contingent Fund reserve of more than 10 months of annual authorized board expenditures.

SEC. 71. Section 4910 of the Business and Professions Code is amended to read:

4910. A veterinary corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed veterinarians are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and all other statutes and regulations pertaining to the corporation and the conduct of its affairs. With respect to a veterinary corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the board.

SEC. 72. Section 4920.2 of the Business and Professions Code is amended to read:

4920.2. Each veterinarian who is licensed in California and engages in the production of animal blood and blood component products solely for use in their own practice or for a community blood bank operating under this article shall meet all of the following conditions:

(a) Follow current and best practices on community animal blood banking, which may include those developed pursuant to Section 9255 of the Food and Agricultural Code.

(b) Operate under conditions, and use methods of production, that are consistent with current standards of care and practice for the field of veterinary transfusion medicine to ensure that the animal blood and blood component products will not be contaminated, dangerous, or harmful.

(c) Ensure that the production of blood and blood component products is safe and not injurious to the donor animal's health.

(d) Follow, to the extent possible, the latest blood banking standards, which may include the latest published edition of the American Association of Blood Banks' standards, and maintain responsibility over all veterinary and technical policies and procedures that relate to the safety of staff members and donor animals.

(e) Utilize bloodborne pathogen testing for all canine and feline blood donors in accordance with the best clinical practices in the veterinary field, which may include the most recent Consensus Statement on blood donor infectious disease screening by the American College of Veterinary Internal Medicine.

(f) Ensure that the production of animal blood and blood component products complies with all applicable federal laws and regulations, including, but not limited to, Chapter 5 (commencing with Section 151) of Title 21 of the United States Code.

(g) Maintain onsite records available for inspection by the board, including information documenting any history of blood draws or use of anesthesia on the animal, the number and date of donations collected, the estimated milliliters of blood collected per donation based on weight in grams, any adverse events, and any complaints from owners regarding animals who donate blood or blood component products.

(h) Obtain the informed written consent of the owner of the animal blood donor and keep a record of that consent.

SEC. 73. Section 4920.4 of the Business and Professions Code is amended to read:

4920.4. The board may establish a community blood bank registration fee and annual renewal fee to be paid by community blood banks to cover costs associated with oversight and inspection of the premises. The fee shall not exceed the reasonable regulatory costs of administering, implementing, and enforcing this article.

SEC. 74. Section 4920.8 of the Business and Professions Code is amended to read:

4920.8. A violation of this article by a community blood bank shall constitute a cause for corrective action, suspension, restriction, or the nonrenewal or revocation of a license or registration by the board pursuant to Article 4 (commencing with Section 4875).

SEC. 75. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (e), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(f) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(g) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (f), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(h) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(i) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(j) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 75.1. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g) shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 75.2. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g) shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 75.3. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g) shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 76. Section 9884 of the Business and Professions Code is amended to read:

9884. (a) An automotive repair dealer shall pay the fee required by this chapter for each place of business operated by the dealer in this state and shall register with the director upon forms prescribed by the director.

(b) (1) The forms shall contain sufficient information to identify the automotive repair dealer, including all of the following:

(A) Name.

(B) Telephone number.

(C) Email address.

(D) Address of each location.

(E) A statement by the dealer that each location is in an area that, pursuant to local zoning ordinances, permits the operation of a facility for the repair of motor vehicles.

(F) The dealer's retail seller's permit number, if a permit is required under the Sales and Use Tax Law (Part 1 (commencing with Section 6001) of Division 2 of the Revenue and Taxation Code).

(G) Motor vehicle license plate number, if engaged in mobile automotive repairs.

(H) Other identifying data that are prescribed by the director.

(2) If the business is to be carried on under a fictitious name, the fictitious name shall be stated.

(3) To the extent prescribed by the director, an automotive repair dealer shall identify the owners, directors, officers, partners, members, trustees, managers, and any other persons who directly or indirectly control or conduct the business.

(4) The forms shall include any applicable nationally recognized and industry-accepted educational certifications and any bureau-accepted educational certifications.

(5) The forms shall include a statement signed by the dealer under penalty of perjury that the information provided is true.

(c) A state agency is not authorized or required by this section to enforce a city, county, regional, air pollution control district, or air quality management district rule or regulation regarding the site or operation of a facility that repairs motor vehicles.

SEC. 77. Section 17913 of the Business and Professions Code is amended to read:

17913. (a) The fictitious business name statement shall contain all of the information required by this subdivision and shall be substantially in the following form:

FICTITIOUS BUSINESS NAME STATEMENT

The following person (persons) is (are) doing business as

*

at ** _____ :

This business is conducted by ****

The registrant commenced to transact business under the fictitious business name or names listed above on

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

Registrant signature

Statement filed with the County Clerk of _____ County on _____

NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

(b) The fictitious business name statement shall contain the following information set forth in the manner indicated in the form provided by subdivision (a):

(1) Where the asterisk (*) appears in the form, insert the fictitious business name or names. Only those businesses operated at the same address and under the same ownership may be listed on one fictitious business name statement.

(2) Where the two asterisks (**) appear in the form: If the registrant has a place of business in this state, insert the street address, and county, of the registrant's principal place of business in this state. If the registrant has no place of business in this state, insert the street address, and county, of the registrant's principal place of business outside this state.

(3) Where the three asterisks (***) appear in the form: If the registrant is an individual, insert the registrant's full name and business mailing address if it differs from the business address. If the registrants are a married couple, insert the full name and business mailing address of both parties to the marriage if it differs from the business address. If the registrant is a general partnership, copartnership, joint venture, or limited liability partnership, insert the full name and business mailing address of each general partner if it differs from the business address. If the registrant is a limited partnership,

insert the full name and business mailing address of each general partner. If the registrant is a limited liability company, insert the name and business mailing address of the limited liability company, as set out in its articles of organization on file with the California Secretary of State, and the state of organization. If the registrant is a trust, insert the full name and business mailing address of each trustee. If the registrant is a corporation, insert the name and address of the corporation, as set out in its articles of incorporation on file with the California Secretary of State, and the state of incorporation. If the registrants are state or local registered domestic partners, insert the full name and business mailing address of each domestic partner if it differs from the business address. If the registrant is an unincorporated association other than a partnership, insert the name of each person who is interested in the business of the association and whose liability with respect to the association is substantially the same as that of a general partner.

(4) Where the four asterisks (****) appear in the form, insert whichever of the following best describes the nature of the business: (i) “an individual,” (ii) “a general partnership,” (iii) “a limited partnership,” (iv) “a limited liability company,” (v) “an unincorporated association other than a partnership,” (vi) “a corporation,” (vii) “a trust,” (viii) “copartners,” (ix) “a married couple,” (x) “joint venture,” (xi) “state or local registered domestic partners,” or (xii) “a limited liability partnership.”

(5) Where the five asterisks (*****) appear in the form, insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names. If the registrant has not yet commenced to transact business under the fictitious business name or names listed, insert the statement, “Not applicable.”

(c) The registrant shall declare that all of the information in the fictitious business name statement is true and correct. A registrant who declares as true any material matter pursuant to this section that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).

(d) (1) At the time of filing of the fictitious business name statement, the registrant filing on behalf of the registrant shall present personal identification in the form of a California driver’s license or other government identification acceptable to the county clerk to adequately determine the identity of the registrant filing on behalf of the registrant as provided in subdivision (e) and the county clerk may require the registrant to complete and sign an affidavit of identity.

(2) In the case of a registrant utilizing an agent for submission of the registrant’s fictitious business name statement for filing, at the time of filing of the fictitious business name statement, the agent filing on behalf of the registrant shall present personal identification in the form of a California driver’s license or other government identification acceptable to the county clerk to adequately determine the identity of the agent filing on behalf of the registrant as provided in subdivision (e). The county clerk may also require the agent to submit a notarized statement signed by the registrant

declaring the registrant has authorized the agent to submit the filing on behalf of the registrant.

(e) If the registrant is a corporation, a limited liability company, a limited partnership, or a limited liability partnership, the county clerk may require documentary evidence issued by the California Secretary of State and deemed acceptable by the county clerk, indicating the current existence and good standing of that business entity to be attached to a completed and notarized affidavit of identity, for purposes of subdivision (d).

(f) (1) The county clerk may require a registrant that mails a fictitious business name statement to a county clerk's office for filing to submit a completed and notarized affidavit of identity. A registrant that is a corporation, limited liability company, limited partnership, or limited liability partnership, if required by the county clerk to submit an affidavit of identity, shall also submit documentary evidence issued by the California Secretary of State indicating the current existence and good standing of that business entity.

(2) The county clerk may accept an electronic acknowledgment verifying the identity of the registrant using a remote identity proofing process ensuring the registrant's identification. The identity proofing process shall follow, to the extent reasonable, the federal guidelines for security and privacy and shall include dynamic knowledge-based authentication or an identity proofing method consistent with, at least, level 3 identity assurance, as described in the electronic authentication guidelines of the National Institute of Standards and Technology.

(g) A county clerk that chooses to establish procedures pursuant to this section shall prescribe the form of affidavit of identity for filing by a registrant in that county.

SEC. 78. Section 94816 of the Education Code is amended to read:

94816. "Applicant" means a person, as defined in Section 94855, who has submitted an application to the bureau for an approval to operate or for a renewal of an approval to operate. An approval to operate shall be issued only to an applicant.

SEC. 79. Section 94850 of the Education Code is amended to read:

94850. "Noninstitutional charges" means charges for an educational program paid directly to an entity other than an institution that are specifically required for participation in an educational program.

SEC. 80. Section 94856 of the Education Code is amended to read:

94856. "Person in control" means a person who, by the authority or conduct of their position, directs the management of an institution.

SEC. 81. Section 94876 of the Education Code is amended to read:

94876. (a) The powers and duties set forth in this chapter are vested in the Director of Consumer Affairs, who may delegate them to a bureau chief, subject to this section. The bureau chief shall work in collaboration with the director. The director is responsible for the implementation of this chapter and they shall ensure that the protection of the public is the bureau's highest priority.

(b) The bureau chief shall be appointed by the Governor, subject to confirmation by the Senate, and is exempt from the State Civil Service Act pursuant to Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code.

(c) Each power granted to, or duty imposed upon, the bureau under this chapter shall be exercised and performed in the name of the bureau, subject to any conditions and limitations the director may prescribe. The bureau chief may delegate any powers or duties to a designee.

(d) As may be necessary to carry out this chapter, the director, in accordance with the State Civil Service Act, may appoint and fix the compensation of personnel.

SEC. 82. Section 94883 of the Education Code is amended to read:

94883. (a) Any individual serving on a visiting committee who provides information to the bureau, or its staff, in the course of evaluating any institution, or who testifies in any administrative hearing arising under this chapter, is entitled to a defense and indemnification in any action arising out of the information or testimony provided as if they were a public employee.

(b) Any defense and indemnification shall be solely with respect to the action pursuant to Article 4 (commencing with Section 825) of Chapter 1 of Part 2 of, and Part 7 (commencing with Section 995) of, Division 3.6 of Title 1 of the Government Code.

SEC. 83. 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; a financial report filed with the bureau; information or records relating to the student's eligibility for student financial aid at the institution; or 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. 84. Section 94899.5 of the Education Code is amended to read:

94899.5. (a) Institutions that offer short-term programs designed to be completed in one term or four months, whichever is less, may require payment of all tuition and fees on the first day of instruction.

(b) For those programs designed to be greater than four months, an institution shall not require more than one term or four months of advance payment of tuition at a time. When 50 percent of the program has been offered, the institution may require full payment.

(c) The limitations in this section shall not apply to any funds received by an institution through federal and state student financial aid grant and loan programs, or through any other federal or state programs.

(d) An institution that provides private institutional loan funding to a student shall ensure that the student is not obligated for indebtedness that exceeds the total charges for the current period of attendance.

(e) At the student's option, an institution may accept payment in full for tuition and fees, including any funds received through institutional loans, after the student has been accepted and enrolled and the date of the first class session is disclosed on the enrollment agreement.

SEC. 85. Section 94901 of the Education Code is amended to read:

94901. (a) An institution's recruiters shall be employees.

(b) (1) An institution shall issue identification to each recruiter identifying the recruiter and the institution.

(2) The recruiter shall have the issued identification with them while recruiting.

SEC. 86. Section 94906 of the Education Code is amended to read:

94906. (a) An enrollment agreement shall be written in language that is easily understood. If English is not the student's primary language, and the student is unable to understand the terms and conditions of the enrollment agreement, the student shall have the right to obtain a clear explanation of the terms and conditions and all cancellation and refund policies in their primary language.

(b) If the recruitment leading to enrollment was conducted in a language other than English, the enrollment agreement, disclosures, and statements shall be in that language.

SEC. 87. Section 94907 of the Education Code is amended to read:

94907. An institution shall not require a student to invoke an internal institutional dispute procedure before enforcing any contractual or other legal rights or remedies.

SEC. 88. 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 the current version of 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. 89. Section 94947 of the Education Code is repealed.

SEC. 90. Section 94949.71 of the Education Code is amended to read:

94949.71. (a) The duties of the office shall be vested in a chief, who shall be appointed by the director. The chief, and each staff employee of the office, shall have experience and expertise, commensurate with their position, advocating on behalf of students and consumers and shall have knowledge in the state and federal laws governing student protection, student financial aid and loan programs, and the policies and practices of private postsecondary educational institutions.

(b) For purposes of this article, "office" means the Office of Student Assistance and Relief.

SEC. 91. Section 1374.72 of the Health and Safety Code is amended to read:

1374.72. (a) (1) Every health care service plan contract issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or

surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions as specified in subdivision (c).

(2) For purposes of this section, “mental health and substance use disorders” means a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. Changes in terminology, organization, or classification of mental health and substance use disorders in future versions of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems shall not affect the conditions covered by this section as long as a condition is commonly understood to be a mental health or substance use disorder by health care providers practicing in relevant clinical specialties.

(3) (A) For purposes of this section, “medically necessary treatment of a mental health or substance use disorder” means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing, or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:

(i) In accordance with the generally accepted standards of mental health and substance use disorder care.

(ii) Clinically appropriate in terms of type, frequency, extent, site, and duration.

(iii) Not primarily for the economic benefit of the health care service plan and subscribers or for the convenience of the patient, treating physician, or other health care provider.

(B) This paragraph does not limit in any way the independent medical review rights of an enrollee or subscriber under this chapter.

(4) For purposes of this section, “health care provider” means any of the following:

(A) A person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3 of the Business and Professions Code.

(C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 10144.51 of the Insurance Code and Section 1374.73.

(D) An associate clinical social worker functioning pursuant to Section 4996.23.2 of the Business and Professions Code.

(E) An associate professional clinical counselor or professional clinical counselor trainee functioning pursuant to Section 4999.46.3 of the Business and Professions Code.

(F) A registered psychologist, as described in Section 2909.5 of the Business and Professions Code.

(G) A registered psychological associate, as described in Section 2913 of the Business and Professions Code.

(H) A psychology trainee or person supervised as set forth in Section 2910 or 2911 of, or subdivision (d) of Section 2914 of, the Business and Professions Code.

(5) For purposes of this section, “generally accepted standards of mental health and substance use disorder care” has the same meaning as defined in paragraph (1) of subdivision (f) of Section 1374.721.

(6) A health care service plan shall not limit benefits or coverage for mental health and substance use disorders to short-term or acute treatment.

(7) All medical necessity determinations by the health care service plan concerning service intensity, level of care placement, continued stay, and transfer or discharge of enrollees diagnosed with mental health and substance use disorders shall be conducted in accordance with the requirements of Section 1374.721. This paragraph does not deprive an enrollee of the other protections of this chapter, including, but not limited to, grievances, appeals, independent medical review, discharge, transfer, and continuity of care.

(8) A health care service plan that authorizes a specific type of treatment by a provider pursuant to this section shall not rescind or modify the authorization after the provider renders the health care service in good faith and pursuant to this authorization for any reason, including, but not limited to, the plan’s subsequent rescission, cancellation, or modification of the enrollee’s or subscriber’s contract, or the plan’s subsequent determination that it did not make an accurate determination of the enrollee’s or subscriber’s eligibility. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan.

(b) The benefits that shall be covered pursuant to this section shall include, but not be limited to, the following:

(1) Basic health care services, as defined in subdivision (b) of Section 1345.

(2) Intermediate services, including the full range of levels of care, including, but not limited to, residential treatment, partial hospitalization, and intensive outpatient treatment.

(3) Prescription drugs, if the plan contract includes coverage for prescription drugs.

(c) The terms and conditions applied to the benefits required by this section, that shall be applied equally to all benefits under the plan contract, shall include, but not be limited to, all of the following patient financial responsibilities:

(1) Maximum annual and lifetime benefits, if not prohibited by applicable law.

(2) Copayments and coinsurance.

- (3) Individual and family deductibles.
- (4) Out-of-pocket maximums.

(d) If services for the medically necessary treatment of a mental health or substance use disorder are not available in network within the geographic and timely access standards set by law or regulation, the health care service plan shall arrange coverage to ensure the delivery of medically necessary out-of-network services and any medically necessary followup services that, to the maximum extent possible, meet those geographic and timely access standards. As used in this subdivision, to “arrange coverage to ensure the delivery of medically necessary out-of-network services” includes, but is not limited to, providing services to secure medically necessary out-of-network options that are available to the enrollee within geographic and timely access standards. The enrollee shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider.

(e) This section shall not apply to contracts entered into pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, between the State Department of Health Care Services and a health care service plan for enrolled Medi-Cal beneficiaries.

(f) (1) For the purpose of compliance with this section, a health care service plan may provide coverage for all or part of the mental health and substance use disorder services required by this section through a separate specialized health care service plan or mental health plan, and shall not be required to obtain an additional or specialized license for this purpose.

(2) A health care service plan shall provide the mental health and substance use disorder coverage required by this section in its entire service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, health care service plan contracts that provide benefits to enrollees through preferred provider contracting arrangements are not precluded from requiring enrollees who reside or work in geographic areas served by specialized health care service plans or mental health plans to secure all or part of their mental health services within those geographic areas served by specialized health care service plans or mental health plans, provided that all appropriate mental health or substance use disorder services are actually available within those geographic service areas within timeliness standards.

(3) Notwithstanding any other law, 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, provided that these practices are consistent with Section 1374.76 of this code, and Section 2052 of the Business and Professions Code.

(g) This section shall not be construed to deny or restrict in any way the department’s authority to ensure plan compliance with this chapter.

(h) A health care service plan shall not limit benefits or coverage for medically necessary services on the basis that those services should be or

could be covered by a public entitlement program, including, but not limited to, special education or an individualized education program, Medicaid, Medicare, Supplemental Security Income, or Social Security Disability Insurance, and shall not include or enforce a contract term that excludes otherwise covered benefits on the basis that those services should be or could be covered by a public entitlement program.

(i) A health care service plan shall not adopt, impose, or enforce terms in its plan contracts or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this section.

SEC. 92. Section 124260 of the Health and Safety Code is amended to read:

124260. (a) As used in this section:

(1) “Mental health treatment or counseling services” means the provision of outpatient mental health treatment or counseling by 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 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 Chapter 13.5 (commencing with Section 4989.10) 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 licensed under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(F) Either of the following persons, while working under the supervision of a licensed professional specified in Section 2902 of the Business and Professions Code:

(i) A registered psychological associate, as defined in Section 2913 of the Business and Professions Code.

(ii) A psychology trainee, as defined in Section 1387 of Title 16 of the California Code of Regulations.

(G) A licensed clinical social worker, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code.

(H) An associate clinical social worker, or a social work intern, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in Section 4996.20 of the Business and Professions Code.

(I) A person registered as an associate marriage and family therapist or a marriage and family therapist trainee, 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.

(J) A board certified, or board eligible, psychiatrist.

(K) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(L) A person registered as an associate professional clinical counselor or a clinical counselor trainee, 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.

(b) (1) Notwithstanding any law to the contrary, a minor who is 12 years of age or older may 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.

(2) A marriage and family therapist trainee, a clinical counselor trainee, a psychology trainee, or a social work intern, as specified in paragraph (2) of subdivision (a), shall notify their supervisor or, if the supervisor is unavailable, an on-call supervisor at the site where the trainee or intern volunteers or is employed within 24 hours of treating or counseling a minor pursuant to paragraph (1). If, upon the initial assessment of the minor, the trainee or intern believes that the minor is a danger to self or to others, the trainee or intern shall notify the supervisor or, if the supervisor is unavailable, the on-call supervisor immediately after the treatment or counseling session.

(3) Nothing in paragraph (2) is intended to supplant, alter, expand, or remove any other reporting responsibilities required of trainees or interns under law.

(c) Notwithstanding any law to the contrary, the mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's 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. 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.

(d) The minor's parent or guardian is 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.

(e) This section does not authorize a minor to receive convulsive treatment 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.

SEC. 93. Section 128454 of the Health and Safety Code is amended to read:

128454. (a) There is hereby created the Licensed Mental Health Service Provider Education Program within the Department of Health Care Access and Information.

(b) For purposes of this article, the following definitions shall apply:

(1) “Licensed mental health service provider” means a psychologist licensed by the Board of Psychology, registered psychologist, registered psychological associate, postdoctoral psychology trainee employed in an exempt setting pursuant to Section 2910 of the Business and Professions Code or employed pursuant to a State Department of Health Care Services waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, associate clinical social worker, licensed professional clinical counselor, and associate professional clinical counselor.

(2) “Mental health professional shortage area” means an area designated as such by the Health Resources and Services Administration (HRSA) of the United States Department of Health and Human Services.

(c) Commencing January 1, 2005, any licensed mental health service provider, including a mental health service provider who is employed at a publicly funded mental health facility or a public or nonprofit private mental health facility that contracts with a county mental health entity or facility to provide mental health services, who provides direct patient care in a publicly funded facility or a mental health professional shortage area may apply for grants under the program to reimburse their educational loans related to a career as a licensed mental health service provider.

(d) The department shall adopt all of the following:

(1) A standard contractual agreement to be signed by the director and any licensed mental health service provider who is serving in a publicly funded facility or a mental health professional shortage area that would require the licensed mental health service provider who receives a grant under the program to work in the publicly funded facility or a mental health professional shortage area for at least one year.

(2) The maximum allowable total grant amount per individual licensed mental health service provider.

(3) The maximum allowable annual grant amount per individual licensed mental health service provider.

(e) The department shall develop the program, which shall comply with all of the following requirements:

(1) The total amount of grants under the program per individual licensed mental health service provider shall not exceed the amount of educational loans related to a career as a licensed mental health service provider incurred by that provider.

(2) The program shall keep the fees from the different licensed providers separate to ensure that all grants are funded by those fees collected from the corresponding licensed provider groups.

(3) A loan forgiveness grant may be provided in installments proportionate to the amount of the service obligation that has been completed.

(4) The number of persons who may be considered for the program shall be limited by the funds made available pursuant to Section 128458.

(f) This section shall become operative on July 1, 2018.

SEC. 94. (a) Section 75.1 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Assembly Bill 2581 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2270, in which case Sections 75, 75.2, and 75.3 of this bill shall not become operative.

(b) Section 75.2 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Assembly Bill 2270 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2581 in which case Sections 75, 75.1, and 75.3 of this bill shall not become operative.

(c) Section 75.3 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by this bill, Assembly Bill 2270, and Assembly Bill 2581. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2025, (2) all three bills amend Section 4980.54 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2270 and Assembly Bill 2581, in which case Sections 75, 75.1, and 75.2 of this bill shall not become operative.

SEC. 95. Section 16.5 of this bill incorporates amendments to Section 2816 of the Business and Professions Code proposed by both this bill and Assembly Bill 2471. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 2816 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2471, in which case Section 16 of this bill shall not become operative.

Assembly Bill No. 2270

CHAPTER 636

An act to amend Sections 2191, 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and to add Section 2914.4 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 27, 2024. Filed with
Secretary of State September 27, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2270, Maienschein. Healing arts: continuing education: menopausal mental or physical health.

Existing law, the Medical Practice Act, establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons, including osteopathic physicians and surgeons. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. Existing law, the Psychology Licensing Law, establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants.

Existing law, the Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences.

Existing law establishes continuing education requirements for all of these various healing arts practitioners.

This bill would require the above-specified boards, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

This bill would incorporate additional changes to Section 2811.5 of the Business and Professions Code proposed by SB 639 and AB 2581 to be operative only if this bill and either or both of those bills are enacted and this bill is enacted last.

This bill would incorporate additional changes to Sections 3524.5, 4989.34, 4996.22, and 4999.76 of the Business and Professions Code proposed by AB 2581 to be operative only if this bill and AB 2581 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4980.54 of the Business and Professions Code proposed by SB 1526 and AB 2581 to be operative only if this bill and either or both of those bills are enacted and this bill is enacted last.

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

SECTION 1. Section 2191 of the Business and Professions Code is amended to read:

2191. (a) In determining its continuing education requirements, the board shall consider including a course in human sexuality, defined as the study of a human being as a sexual being and how they function with respect thereto, and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

(b) The board shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.

(c) The board shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.

(d) The board shall encourage every physician and surgeon to take nutrition as part of their continuing education, particularly a physician and surgeon involved in primary care.

(e) The board shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.

(f) In determining its continuing education requirements, the board shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.

(g) In determining its continuing education requirements, the board shall consider including a course in the special care needs of drug-addicted infants to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.

(h) In determining its continuing education requirements, the board shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. 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.

(i) In determining its continuing education requirements, the board shall consider including a course in the special care needs of individuals and their

families facing end-of-life issues, including, but not limited to, all of the following:

- (1) Pain and symptom management.
- (2) The psychosocial dynamics of death.
- (3) Dying and bereavement.
- (4) Hospice care.

(j) In determining its continuing education requirements, the board shall give its highest priority to considering a course on pain management and the risks of addiction associated with the use of Schedule II drugs.

(k) In determining its continuing education requirements, the board shall consider including a course in geriatric care for emergency room physicians and surgeons.

(l) In determining its continuing education requirements, the board shall consider including a course in menopausal mental or physical health.

SEC. 2. 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) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(h) 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 (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.

(i) 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. 2.1. 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) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(h) 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 (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.

(i) 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.

(j) For the purpose of fulfilling the requirements of subdivision (a), a nurse practitioner who provides primary care to a patient population of which over 25 percent are 65 years of age or older shall certify that they have completed at least 20 percent of all existing mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients at the time of renewal.

SEC. 2.2. 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) (1) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(2) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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. 2.3. 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) (1) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(2) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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.

(j) For the purpose of fulfilling the requirements of subdivision (a), a nurse practitioner who provides primary care to a patient population of which over 25 percent are 65 years of age or older shall certify that they have completed at least 20 percent of all existing mandatory continuing

education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients at the time of renewal.

SEC. 3. Section 2914.4 is added to the Business and Professions Code, to read:

2914.4. In determining its continuing professional development, the board shall consider including a course in menopausal mental health.

SEC. 4. Section 3524.5 of the Business and Professions Code is amended to read:

3524.5. (a) The board may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524. The board shall not require more than 50 hours of continuing education every two years. The board shall, as it deems appropriate, accept certification by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the board, as evidence of compliance with continuing education requirements.

(b) (1) The board shall adopt regulations to require that, on and after January 1, 2022, all continuing education courses for licensees under this chapter contain curriculum that includes the understanding of implicit bias.

(2) Beginning January 1, 2023, continuing education providers shall ensure compliance with paragraph (1).

(3) Beginning January 1, 2023, 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.

(c) Notwithstanding the provisions of subdivision (b), a continuing education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes implicit bias in the practice of physician assistants.

(d) In order to satisfy the requirements of subdivision (a), continuing education courses shall address at least one or a combination of the following:

(1) Examples of how implicit bias affects perceptions and treatment decisions of physician assistants, leading to disparities in health outcomes.

(2) Strategies to address how unintended biases in decisionmaking may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

(e) In determining its continuing education requirements, the board shall consider including a course in menopausal mental or physical health.

SEC. 4.5. Section 3524.5 of the Business and Professions Code is amended to read:

3524.5. (a) The board may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524. The board shall not require more than 50 hours of continuing education every two years. The board shall, as it deems appropriate, accept certification

by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the board, as evidence of compliance with continuing education requirements.

(b) (1) The board shall adopt regulations to require that, on and after January 1, 2022, all continuing education courses for licensees under this chapter contain curriculum that includes the understanding of implicit bias.

(2) Beginning January 1, 2023, continuing education providers shall ensure compliance with paragraph (1).

(3) Beginning January 1, 2023, 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.

(c) Notwithstanding the provisions of subdivision (b), a continuing education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes implicit bias in the practice of physician assistants.

(d) In order to satisfy the requirements of subdivision (a), continuing education courses shall address at least one or a combination of the following:

(1) Examples of how implicit bias affects perceptions and treatment decisions of physician assistants, leading to disparities in health outcomes.

(2) Strategies to address how unintended biases in decisionmaking may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental or physical health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

SEC. 5. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field

of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 5.1. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 5.2. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 5.3. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 6. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew a license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(d) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(e) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 6.5. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew a license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing

education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(d) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(e) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 7. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study before January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, the applicant completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken before the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(3) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) A school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or a school, college, or university that is approved by the Bureau for Private Postsecondary Education.

(3) Another continuing education provider, as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(h) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(j) The board may adopt regulations as necessary to implement this section.

SEC. 7.5. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study before January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, the applicant completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken before the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(3) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation

by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) A school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or a school, college, or university that is approved by the Bureau for Private Postsecondary Education.

(3) Another continuing education provider, as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(h) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(j) The board may adopt regulations as necessary to implement this section.

SEC. 8. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(h) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 8.5. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three

hours of continuing education in the subject of California law and ethics during the preceding year.

(b) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(h) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 9. (a) Section 2.1 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by both this bill and SB 639. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 2811.5 of the Business and Professions Code, (3) AB 2581 is not enacted or as enacted does not amend that section, and (4) this

bill is enacted after SB 639, in which case Sections 2, 2.2, and 2.3 of this bill shall not become operative.

(b) Section 2.2 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by both this bill and AB 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 2811.5 of the Business and Professions Code, (3) SB 639 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after AB 2581, in which case Sections 2, 2.1, and 2.3 of this bill shall not become operative.

(c) Section 2.3 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by this bill, SB 639, and AB 2581. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2025, (2) all three bills amend Section 2811.5 of the Business and Professions Code, and (3) this bill is enacted after SB 639 and AB 2581, in which case Sections 2, 2.1, and 2.2 of this bill shall not become operative.

SEC. 10. Section 4.5 of this bill incorporates amendments to Section 3524.5 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 3524.5 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2581, in which case Section 4 of this bill shall not become operative.

SEC. 11. (a) Section 5.1 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Senate Bill 1526. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Assembly Bill 2581 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Senate Bill 1526, in which case Sections 5, 5.2, and 5.3 of this bill shall not become operative.

(b) Section 5.2 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Senate Bill 1526 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2581, in which case Sections 5, 5.1, and 5.3 of this bill shall not become operative.

(c) Section 5.3 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by this bill, Senate Bill 1526, and Assembly Bill 2581. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2025, (2) all three bills amend Section 4980.54 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1526 and

Assembly Bill 2581, in which case Sections 5, 5.1, and 5.2 of this bill shall not become operative.

SEC. 12. Section 6.5 of this bill incorporates amendments to Section 4989.34 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4989.34 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2581, in which case Section 6 of this bill shall not become operative.

SEC. 13. Section 7.5 of this bill incorporates amendments to Section 4996.22 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4996.22 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2581, in which case Section 7 of this bill shall not become operative.

SEC. 14. Section 8.5 of this bill incorporates amendments to Section 4999.76 of the Business and Professions Code proposed by both this bill and Assembly Bill 2581. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4999.76 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2581, in which case Section 8 of this bill shall not become operative.

Assembly Bill No. 2581

CHAPTER 836

An act to amend Sections 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and to add Section 2914.5 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 28, 2024. Filed with
Secretary of State September 28, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2581, Maienschein. Healing arts: continuing education: maternal mental health.

Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. Existing law, the Psychology Licensing Law, establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants.

Existing law, the Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences.

Existing law establishes continuing education requirements for all of these various healing arts practitioners.

This bill would require the above-specified boards, in determining their continuing education requirements, to consider including a course in maternal mental health.

This bill would incorporate additional changes to Section 2811.5 of the Business and Professions Code proposed by AB 2270 and SB 639 to be operative only if this bill and either or both of those bills are enacted and this bill is enacted last.

This bill would incorporate additional changes to Sections 3524.5, 4989.34, 4996.22, and 4999.76 of the Business and Professions Code proposed by AB 2270 to be operative only if this bill and AB 2270 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 4980.54 of the Business and Professions Code proposed by AB 2270 and Senate Bill 1526 to be operative only if this bill and either or both of those bills are enacted and this bill is enacted last.

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

SECTION 1. 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) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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. 1.1. 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) (1) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(2) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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. 1.2. 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) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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.

(j) For the purpose of fulfilling the requirements of subdivision (a), a nurse practitioner who provides primary care to a patient population of which over 25 percent are 65 years of age or older shall certify that they have completed at least 20 percent of all existing mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients at the time of renewal.

SEC. 1.3. 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) (1) In establishing standards for continuing education, the board shall consider including a course in menopausal mental or physical health.

(2) In establishing standards for continuing education, the board shall consider including a course in maternal mental health.

(h) 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 (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.

(i) 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.

(j) For the purpose of fulfilling the requirements of subdivision (a), a nurse practitioner who provides primary care to a patient population of which over 25 percent are 65 years of age or older shall certify that they have completed at least 20 percent of all existing mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients at the time of renewal.

SEC. 2. Section 2914.5 is added to the Business and Professions Code, to read:

2914.5. In determining its continuing professional development, the board shall consider including a course in maternal mental health.

SEC. 3. Section 3524.5 of the Business and Professions Code is amended to read:

3524.5. (a) The board may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524.

The board shall not require more than 50 hours of continuing education every two years. The board shall, as it deems appropriate, accept certification by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the board, as evidence of compliance with continuing education requirements.

(b) (1) The board shall adopt regulations to require that, on and after January 1, 2022, all continuing education courses for licensees under this chapter contain curriculum that includes the understanding of implicit bias.

(2) Beginning January 1, 2023, continuing education providers shall ensure compliance with paragraph (1).

(3) Beginning January 1, 2023, 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.

(c) Notwithstanding the provisions of subdivision (b), a continuing education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes implicit bias in the practice of physician assistants.

(d) In order to satisfy the requirements of subdivision (a), continuing education courses shall address at least one or a combination of the following:

(1) Examples of how implicit bias affects perceptions and treatment decisions of physician assistants, leading to disparities in health outcomes.

(2) Strategies to address how unintended biases in decisionmaking may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

(e) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

SEC. 3.5. Section 3524.5 of the Business and Professions Code is amended to read:

3524.5. (a) The board may require a licensee to complete continuing education as a condition of license renewal under Section 3523 or 3524. The board shall not require more than 50 hours of continuing education every two years. The board shall, as it deems appropriate, accept certification by the National Commission on Certification of Physician Assistants (NCCPA), or another qualified certifying body, as determined by the board, as evidence of compliance with continuing education requirements.

(b) (1) The board shall adopt regulations to require that, on and after January 1, 2022, all continuing education courses for licensees under this chapter contain curriculum that includes the understanding of implicit bias.

(2) Beginning January 1, 2023, continuing education providers shall ensure compliance with paragraph (1).

(3) Beginning January 1, 2023, 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.

(c) Notwithstanding the provisions of subdivision (b), a continuing education course dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes implicit bias in the practice of physician assistants.

(d) In order to satisfy the requirements of subdivision (a), continuing education courses shall address at least one or a combination of the following:

(1) Examples of how implicit bias affects perceptions and treatment decisions of physician assistants, leading to disparities in health outcomes.

(2) Strategies to address how unintended biases in decisionmaking may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental or physical health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

SEC. 4. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education

coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 4.1. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 4.2. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of

continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 4.3. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if an applicant passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed and registered marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees and registrants to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) (1) Except as provided in subdivision (f), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education on the subject of California law and ethics during the preceding year.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(h) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (g), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(i) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(j) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 5. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew a license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing

education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(d) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(e) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 5.5. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew a license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(d) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(e) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(f) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 6. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study before January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, the applicant completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken before the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(3) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) A school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or a school, college, or university that is approved by the Bureau for Private Postsecondary Education.

(3) Another continuing education provider, as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(h) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(j) The board may adopt regulations as necessary to implement this section.

SEC. 6.5. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study before January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, the applicant completed a continuing education course in spousal or partner abuse assessment, detection, and intervention strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken before the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(3) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) A school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education or a school, college, or university that is approved by the Bureau for Private Postsecondary Education.

(3) Another continuing education provider, as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to the procedures established by the board. The board may

revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(h) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(j) The board may adopt regulations as necessary to implement this section.

SEC. 7. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(h) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 7.5. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) (1) Except as provided in subdivision (d), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that the applicant has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(2) The board shall not renew any registration pursuant to this chapter unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than three hours of continuing education in the subject of California law and ethics during the preceding year.

(b) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

(c) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(e) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(f) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (e), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(g) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(h) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

SEC. 8. (a) Section 1.1 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by both this bill and AB 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 2811.5 of the Business and Professions Code, (3) SB 639 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after AB 2270, in which case Sections 1, 1.2, and 1.3 of this bill shall not become operative.

(b) Section 1.2 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by both this bill and SB 639. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 2811.5 of the Business and Professions Code, (3) AB 2270 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after SB 639, in which case Sections 1, 1.1, and 1.3 of this bill shall not become operative.

(c) Section 1.3 of this bill incorporates amendments to Section 2811.5 of the Business and Professions Code proposed by this bill, AB 2270, and SB 639. That section of this bill shall only become operative if (1) all three

bills are enacted and become effective on or before January 1, 2025, (2) all three bills amend Section 2811.5 of the Business and Professions Code, and (3) this bill is enacted after AB 2270 and SB 639, in which case Sections 1, 1.1, and 1.2 of this bill shall not become operative.

SEC. 9. Section 3.5 of this bill incorporates amendments to Section 3524.5 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 3524.5 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2270, in which case Section 3 of this bill shall not become operative.

SEC. 10. (a) Section 4.1 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Senate Bill 1526 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 2270, in which case Sections 4, 4.2, and 4.3 of this bill shall not become operative.

(b) Section 4.2 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by both this bill and Senate Bill 1526. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4980.54 of the Business and Professions Code, (3) Assembly Bill 2270 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Senate Bill 1526 in which case Sections 4, 4.1, and 4.3 of this bill shall not become operative.

(c) Section 4.3 of this bill incorporates amendments to Section 4980.54 of the Business and Professions Code proposed by this bill, Assembly Bill 2270, and Senate Bill 1526. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2025, (2) all three bills amend Section 4980.54 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2270 and Senate Bill 1526, in which case Sections 4, 4.1, and 4.2 of this bill shall not become operative.

SEC. 11. Section 5.5 of this bill incorporates amendments to Section 4989.34 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4989.34 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2270, in which case Section 5 of this bill shall not become operative.

SEC. 12. Section 6.5 of this bill incorporates amendments to Section 4996.22 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4996.22 of the Business and Professions

Code, and (3) this bill is enacted after Assembly Bill 2270, in which case Section 6 of this bill shall not become operative.

SEC. 13. Section 7.5 of this bill incorporates amendments to Section 4999.76 of the Business and Professions Code proposed by both this bill and Assembly Bill 2270. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2025, (2) each bill amends Section 4999.76 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 2270, in which case Section 7 of this bill shall not become operative.

Assembly Bill No. 2703

CHAPTER 638

An act to amend Section 14132.100 of the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor September 27, 2024. Filed with
Secretary of State September 27, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 2703, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law requires that FQHC services and RHC services be reimbursed on a per-visit basis and defines a visit as a face-to-face encounter, or other modality of interaction, as specified, between a patient and specified practitioners.

This bill would add to that list of practitioners a licensed professional clinical counselor.

Existing law authorizes an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC and includes in the definition of a change in the scope of services any changes in any of the federally defined FQHC services or RHC services, among other things. Existing law requires an FQHC or RHC that does not provide certain services, including marriage and family therapist services, and later elects to add those services and bill them as a separate visit to process the addition of the services as a change in scope of service, as specified.

This bill would remove the requirement for an FQHC or RHC that does not provide marriage and family therapist services, but later elects to add those services and bill them as a separate visit, to file for a change in scope of service.

Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.

This bill would add a psychological associate or associate professional clinical counselor to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate or associate professional clinical counselor under those conditions. The bill would make conforming changes with regard to supervision by a licensed behavioral health practitioner, as required by the associate's applicable clinical licensing board.

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

SECTION 1. Section 14132.100 of the Welfare and Institutions Code is amended to read:

14132.100. (a) The federally qualified health center services described in Section 1396d(a)(2)(C) of Title 42 of the United States Code are covered benefits.

(b) The rural health clinic services described in Section 1396d(a)(2)(B) of Title 42 of the United States Code are covered benefits.

(c) Federally qualified health center services and rural health clinic services shall be reimbursed on a per-visit basis in accordance with the definition of "visit" set forth in subdivision (g).

(d) Effective October 1, 2004, and on each October 1 thereafter, until no longer required by federal law, federally qualified health center (FQHC) and rural health clinic (RHC) per-visit rates shall be increased by the Medicare Economic Index applicable to primary care services in the manner provided for in Section 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to January 1, 2004, FQHC and RHC per-visit rates shall be adjusted by the Medicare Economic Index in accordance with the methodology set forth in the state plan in effect on October 1, 2001.

(e) (1) An FQHC or RHC may apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC. Rate changes based on a change in the scope of services provided by an FQHC or RHC shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(2) Subject to the conditions set forth in subparagraphs (A) to (D), inclusive, of paragraph (3), a change in scope of service means any of the following:

(A) The addition of a new FQHC or RHC service that is not incorporated in the baseline prospective payment system (PPS) rate, or a deletion of an FQHC or RHC service that is incorporated in the baseline PPS rate.

(B) A change in service due to amended regulatory requirements or rules.

(C) A change in service resulting from relocating or remodeling an FQHC or RHC.

(D) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic.

(E) An increase in service intensity attributable to changes in the types of patients served, including, but not limited to, populations with HIV or AIDS, or other chronic diseases, or homeless, elderly, migrant, or other special populations.

(F) Any changes in any of the services described in subdivision (a) or (b), or in the provider mix of an FQHC or RHC or one of its sites.

(G) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the services described in subdivision (a) or (b), including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.

(H) Indirect medical education adjustments and a direct graduate medical education payment that reflects the costs of providing teaching services to interns and residents.

(I) Any changes in the scope of a project approved by the federal Health Resources and Services Administration (HRSA).

(3) A change in costs is not, in and of itself, a scope-of-service change, unless all of the following apply:

(A) The increase or decrease in cost is attributable to an increase or decrease in the scope of services defined in subdivisions (a) and (b), as applicable.

(B) The cost is allowable under Medicare reasonable cost principles set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(C) The change in the scope of services is a change in the type, intensity, duration, or amount of services, or any combination thereof.

(D) The net change in the FQHC's or RHC's rate equals or exceeds 1.75 percent for the affected FQHC or RHC site. For FQHCs and RHCs that filed consolidated cost reports for multiple sites to establish the initial prospective payment reimbursement rate, the 1.75-percent threshold shall be applied to the average per-visit rate of all sites for the purposes of calculating the cost associated with a scope-of-service change. "Net change" means the per-visit rate change attributable to the cumulative effect of all increases and decreases for a particular fiscal year.

(4) An FQHC or RHC may submit requests for scope-of-service changes once per fiscal year, only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any approved increase or decrease in the provider's rate shall be retroactive to the beginning of the FQHC's or RHC's fiscal year in which the request is submitted.

(5) An FQHC or RHC shall submit a scope-of-service rate change request within 90 days of the beginning of any FQHC or RHC fiscal year occurring after the effective date of this section, if, during the FQHC's or RHC's prior fiscal year, the FQHC or RHC experienced a decrease in the scope of services provided that the FQHC or RHC either knew or should have known would have resulted in a significantly lower per-visit rate. If an FQHC or RHC discontinues providing onsite pharmacy or dental services, it shall submit a scope-of-service rate change request within 90 days of the beginning

of the following fiscal year. The rate change shall be effective as provided for in paragraph (4). As used in this paragraph, “significantly lower” means an average per-visit rate decrease in excess of 2.5 percent.

(6) Notwithstanding paragraph (4), if the approved scope-of-service change or changes were initially implemented on or after the first day of an FQHC’s or RHC’s fiscal year ending in calendar year 2001, but before the adoption and issuance of written instructions for applying for a scope-of-service change, the adjusted reimbursement rate for that scope-of-service change shall be made retroactive to the date the scope-of-service change was initially implemented. Scope-of-service changes under this paragraph shall be required to be submitted within the later of 150 days after the adoption and issuance of the written instructions by the department, or 150 days after the end of the FQHC’s or RHC’s fiscal year ending in 2003.

(7) All references in this subdivision to “fiscal year” shall be construed to be references to the fiscal year of the individual FQHC or RHC, as the case may be.

(f) (1) An FQHC or RHC may request a supplemental payment if extraordinary circumstances beyond the control of the FQHC or RHC occur after December 31, 2001, and PPS payments are insufficient due to these extraordinary circumstances. Supplemental payments arising from extraordinary circumstances under this subdivision shall be solely and exclusively within the discretion of the department and shall not be subject to subdivision (l). These supplemental payments shall be determined separately from the scope-of-service adjustments described in subdivision (e). Extraordinary circumstances include, but are not limited to, acts of nature, changes in applicable requirements in the Health and Safety Code, changes in applicable licensure requirements, and changes in applicable rules or regulations. Mere inflation of costs alone, absent extraordinary circumstances, shall not be grounds for supplemental payment. If an FQHC’s or RHC’s PPS rate is sufficient to cover its overall costs, including those associated with the extraordinary circumstances, then a supplemental payment is not warranted.

(2) The department shall accept requests for supplemental payment at any time throughout the prospective payment rate year.

(3) Requests for supplemental payments shall be submitted in writing to the department and shall set forth the reasons for the request. Each request shall be accompanied by sufficient documentation to enable the department to act upon the request. Documentation shall include the data necessary to demonstrate that the circumstances for which supplemental payment is requested meet the requirements set forth in this section. Documentation shall include both of the following:

(A) A presentation of data to demonstrate reasons for the FQHC’s or RHC’s request for a supplemental payment.

(B) Documentation showing the cost implications. The cost impact shall be material and significant, two hundred thousand dollars (\$200,000) or 1 percent of a facility’s total costs, whichever is less.

(4) A request shall be submitted for each affected year.

(5) Amounts granted for supplemental payment requests shall be paid as lump-sum amounts for those years and not as revised PPS rates, and shall be repaid by the FQHC or RHC to the extent that it is not expended for the specified purposes.

(6) The department shall notify the provider of the department's discretionary decision in writing.

(g) (1) An FQHC or RHC "visit" means a face-to-face encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, licensed professional clinical counselor, or a visiting nurse. A visit shall also include a face-to-face encounter between an FQHC or RHC patient and a comprehensive perinatal practitioner, as defined in Section 51179.7 of Title 22 of the California Code of Regulations, providing comprehensive perinatal services, a four-hour day of attendance at an adult day health care center, and any other provider identified in the state plan's definition of an FQHC or RHC visit.

(2) (A) A visit shall also include a face-to-face encounter between an FQHC or RHC patient and a dental hygienist, a dental hygienist in alternative practice, or a marriage and family therapist.

(B) Notwithstanding subdivision (e), if an FQHC or RHC that currently includes the cost of the services of a dental hygienist in alternative practice, or a marriage and family therapist for the purposes of establishing its FQHC or RHC rate chooses to bill these services as a separate visit, the FQHC or RHC shall apply for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, shall bill these services as a separate visit. However, multiple encounters with dental professionals or marriage and family therapists that take place on the same day shall constitute a single visit. The department shall develop the appropriate forms to determine which FQHC's or RHC's rates shall be adjusted and to facilitate the calculation of the adjusted rates. An FQHC's or RHC's application for, or the department's approval of, a rate adjustment pursuant to this subparagraph shall not constitute a change in scope of service within the meaning of subdivision (e). An FQHC or RHC that applies for an adjustment to its rate pursuant to this subparagraph may continue to bill for all other FQHC or RHC visits at its existing per-visit rate, subject to reconciliation, until the rate adjustment for visits between an FQHC or RHC patient and a dental hygienist, a dental hygienist in alternative practice, or a marriage and family therapist has been approved. Any approved increase or decrease in the provider's rate shall be made within six months after the date of receipt of the department's rate adjustment forms pursuant to this subparagraph and shall be retroactive to the beginning of the fiscal year in which the FQHC or RHC submits the request, but in no case shall the effective date be earlier than January 1, 2008.

(C) An FQHC or RHC that does not provide dental hygienist or dental hygienist in alternative practice services, and later elects to add these services

and bill these services as a separate visit, shall process the addition of these services as a change in scope of service pursuant to subdivision (e).

(3) Notwithstanding any other provision of this section, no later than July 1, 2018, a visit shall include a marriage and family therapist.

(4) (A) (i) Subject to subparagraphs (C) and (D), a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, licensed professional clinical counselor, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using video synchronous interaction, when services delivered through that interaction meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter. An FQHC or RHC is not precluded from establishing a new patient relationship through video synchronous interaction. An FQHC patient who receives telehealth services shall otherwise be eligible to receive in-person services from that FQHC pursuant to HRSA requirements.

(ii) Subject to subparagraphs (C) and (D), a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, licensed professional clinical counselor, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using audio-only synchronous interaction, when services delivered through that modality meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter.

(iii) Subject to subparagraphs (C) and (D), a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, licensed professional clinical counselor, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using an asynchronous store and forward modality, when services delivered through that modality meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter.

(iv) (I) An FQHC or RHC may not establish a new patient relationship using an audio-only synchronous interaction.

(II) Notwithstanding subclause (I), the department may provide for exceptions to the prohibition established by subclause (I), including, but not limited to, the exceptions described in sub-subclauses (ia) and (ib), which shall be developed in consultation with affected stakeholders and published in departmental guidance.

(ia) Notwithstanding the prohibition in subclause (I) and subject to subparagraphs (C) and (D), an FQHC or RHC may establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined in subdivision (n) of Section 56.05 of the Civil Code, and when established in accordance with department-specific requirements and consistent with federal and state laws, regulations, and guidance.

(ib) Notwithstanding the prohibition in subclause (I) and subject to subparagraphs (C) and (D), an FQHC or RHC may establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video, and when established in accordance with department-specific requirements and consistent with federal and state laws, regulations, and guidance.

(v) An FQHC or RHC is not precluded from establishing a new patient relationship through an asynchronous store and forward modality, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, if the visit meets all of the following conditions:

(I) The patient is physically present at the FQHC or RHC, or at an intermittent site of the FQHC or RHC, at the time the service is performed.

(II) The individual who creates the patient records at the originating site is an employee or contractor of the FQHC or RHC, or other person lawfully authorized by the FQHC or RHC to create a patient record.

(III) The FQHC or RHC determines that the billing provider is able to meet the applicable standard of care.

(IV) An FQHC patient who receives telehealth services shall otherwise be eligible to receive in-person services from that FQHC pursuant to HRSA requirements.

(B) (i) Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, an FQHC or RHC furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve beneficiary choice.

(ii) The department may provide specific exceptions to the requirement specified in clause (i), based on an FQHC's or RHC's access to requisite technologies, which shall be developed in consultation with affected stakeholders and published in departmental guidance.

(iii) Effective on the date designated by the department pursuant to clause (i), an FQHC or RHC furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:

(I) Offer those services via in-person, face-to-face contact.

(II) Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

(iv) In addition to any existing law requiring beneficiary consent to telehealth, including, but not limited to, subdivision (b) of Section 2290.5 of the Business and Professions Code, all of the following shall be communicated by an FQHC or RHC to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior to, or concurrent with, initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit; an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for nonmedical transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the FQHC or RHC.

(I) The FQHC or RHC shall document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.

(II) The department shall develop, in consultation with affected stakeholders, model language for purposes of the communication described in this subparagraph.

(C) The department shall seek any federal approvals it deems necessary to implement this paragraph. This paragraph shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized.

(D) This paragraph shall be operative on January 1, 2023, or on the operative date or dates reflected in the applicable federal approvals obtained by the department pursuant to subparagraph (C), whichever is later. This paragraph shall not be construed to limit coverage of, and reimbursement for, covered telehealth services provided before the operative date of this paragraph.

(E) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this paragraph by means of all-county letters, plan letters, provider manuals, information notices, provider bulletins, and similar instructions, without taking any further regulatory action.

(F) Telehealth modalities authorized pursuant to this paragraph shall be subject to the billing, reimbursement, and utilization management policies imposed by the department.

(G) Services delivered via telehealth modalities described in this paragraph shall comply with the privacy and security requirements contained

in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, the Medicaid state plan, and any other applicable state and federal statutes and regulations.

(5) For purposes of this section, “physician” shall be interpreted in a manner consistent with the federal Centers for Medicare and Medicaid Services’ Medicare Rural Health Clinic and Federally Qualified Health Center Manual (Publication 27), or its successor, only to the extent that it defines the professionals whose services are reimbursable on a per-visit basis and not as to the types of services that these professionals may render during these visits and shall include a physician and surgeon, osteopath, podiatrist, dentist, optometrist, and chiropractor.

(h) If FQHC or RHC services are partially reimbursed by a third-party payer, such as a managed care entity, as defined in Section 1396u-2(a)(1)(B) of Title 42 of the United States Code, the Medicare Program, or the Child Health and Disability Prevention (CHDP) Program, the department shall reimburse an FQHC or RHC for the difference between its per-visit PPS rate and receipts from other plans or programs on a contract-by-contract basis and not in the aggregate, and may not include managed care financial incentive payments that are required by federal law to be excluded from the calculation.

(i) (1) Provided that the following entities are not operating as intermittent clinics, as defined in subdivision (h) of Section 1206 of the Health and Safety Code, each entity shall have its reimbursement rate established in accordance with one of the methods outlined in paragraph (2) or (3), as selected by the FQHC or RHC:

(A) An entity that first qualifies as an FQHC or RHC in 2001 or later.

(B) A newly licensed facility at a new location added to an existing FQHC or RHC.

(C) An entity that is an existing FQHC or RHC that is relocated to a new site.

(2) (A) An FQHC or RHC that adds a new licensed location to its existing primary care license under paragraph (1) of subdivision (b) of Section 1212 of the Health and Safety Code may elect to have the reimbursement rate for the new location established in accordance with paragraph (3), or notwithstanding subdivision (e), an FQHC or RHC may choose to have one PPS rate for all locations that appear on its primary care license determined by submitting a change in scope of service request if both of the following requirements are met:

(i) The change in scope of service request includes the costs and visits for those locations for the first full fiscal year immediately following the date the new location is added to the FQHC’s or RHC’s existing licensee.

(ii) The FQHC or RHC submits the change in scope of service request within 90 days after the FQHC’s or RHC’s first full fiscal year.

(B) The FQHC’s or RHC’s single PPS rate for those locations shall be calculated based on the total costs and total visits of those locations and shall be determined based on the following:

(i) An audit in accordance with Section 14170.

(ii) Rate changes based on a change in scope of service request shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successors.

(iii) Any approved increase or decrease in the provider's rate shall be retroactive to the beginning of the FQHC's or RHC's fiscal year in which the request is submitted.

(C) Except as specified in subdivision (j), this paragraph does not apply to a location that was added to an existing primary care clinic license by the State Department of Public Health, whether by a regional district office or the centralized application unit, prior to January 1, 2017.

(3) If an FQHC or RHC does not elect to have the PPS rate determined by a change in scope of service request, the FQHC or RHC shall have the reimbursement rate established for any of the entities identified in paragraph (1) or (2) in accordance with one of the following methods at the election of the FQHC or RHC:

(A) The rate may be calculated on a per-visit basis in an amount that is equal to the average of the per-visit rates of three comparable FQHCs or RHCs located in the same or adjacent area with a similar caseload.

(B) In the absence of three comparable FQHCs or RHCs with a similar caseload, the rate may be calculated on a per-visit basis in an amount that is equal to the average of the per-visit rates of three comparable FQHCs or RHCs located in the same or an adjacent service area, or in a reasonably similar geographic area with respect to relevant social, health care, and economic characteristics.

(C) At a new entity's one-time election, the department shall establish a reimbursement rate, calculated on a per-visit basis, that is equal to 100 percent of the projected allowable costs to the FQHC or RHC of furnishing FQHC or RHC services during the first 12 months of operation as an FQHC or RHC. After the first 12-month period, the projected per-visit rate shall be increased by the Medicare Economic Index then in effect. The projected allowable costs for the first 12 months shall be cost settled and the prospective payment reimbursement rate shall be adjusted based on actual and allowable cost per visit.

(D) The department may adopt any further and additional methods of setting reimbursement rates for newly qualified FQHCs or RHCs as are consistent with Section 1396a(bb)(4) of Title 42 of the United States Code.

(4) In order for an FQHC or RHC to establish the comparability of its caseload for purposes of subparagraph (A) or (B) of paragraph (1), the department shall require that the FQHC or RHC submit its most recent annual utilization report as submitted to the Office of Statewide Health Planning and Development, unless the FQHC or RHC was not required to file an annual utilization report. FQHCs or RHCs that have experienced changes in their services or caseload subsequent to the filing of the annual utilization report may submit to the department a completed report in the format applicable to the prior calendar year. FQHCs or RHCs that have not

previously submitted an annual utilization report shall submit to the department a completed report in the format applicable to the prior calendar year. The FQHC or RHC shall not be required to submit the annual utilization report for the comparable FQHCs or RHCs to the department, but shall be required to identify the comparable FQHCs or RHCs.

(5) The rate for any newly qualified entity set forth under this subdivision shall be effective retroactively to the later of the date that the entity was first qualified by the applicable federal agency as an FQHC or RHC, the date a new facility at a new location was added to an existing FQHC or RHC, or the date on which an existing FQHC or RHC was relocated to a new site. The FQHC or RHC shall be permitted to continue billing for Medi-Cal covered benefits on a fee-for-service basis under its existing provider number until it is informed of its FQHC or RHC enrollment approval, and the department shall reconcile the difference between the fee-for-service payments and the FQHC's or RHC's prospective payment rate at that time.

(j) (1) Visits occurring at an intermittent clinic site, as defined in subdivision (h) of Section 1206 of the Health and Safety Code, of an existing FQHC or RHC, in a mobile unit as defined in subdivision (b) of Section 1765.105 of the Health and Safety Code, or at the election of the FQHC or RHC and subject to paragraph (2), a location added to an existing primary care clinic license by the State Department of Public Health prior to January 1, 2017, shall be billed by and reimbursed at the same rate as the FQHC or RHC that either established the intermittent clinic site or mobile unit, or that held the clinic license to which the location was added prior to January 1, 2017.

(2) If an FQHC or RHC with at least one additional location on its primary care clinic license that was added by the State Department of Public Health prior to January 1, 2017, applies for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC as described in subdivision (e), all locations on the FQHC's or RHC's primary care clinic license shall be subject to a scope-of-service adjustment in accordance with either paragraph (2) or (3) of subdivision (i), as selected by the FQHC or RHC.

(3) This subdivision does not preclude or otherwise limit the right of the FQHC or RHC to request a scope-of-service adjustment to the rate.

(k) An FQHC or RHC may elect to have pharmacy or dental services reimbursed on a fee-for-service basis, utilizing the current fee schedules established for those services. These costs shall be adjusted out of the FQHC's or RHC's clinic base rate as scope-of-service changes. An FQHC or RHC that reverses its election under this subdivision shall revert to its prior rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with applicable scope-of-service adjustments as provided in subdivision (e).

(l) Reimbursement for Drug Medi-Cal services shall be provided pursuant to this subdivision.

(1) An FQHC or RHC may elect to have Drug Medi-Cal services reimbursed directly from a county or the department under contract with the FQHC or RHC pursuant to paragraph (4).

(2) (A) For an FQHC or RHC to receive reimbursement for Drug Medi-Cal services directly from the county or the department under contract with the FQHC or RHC pursuant to paragraph (4), costs associated with providing Drug Medi-Cal services shall not be included in the FQHC's or RHC's per-visit PPS rate. For purposes of this subdivision, the costs associated with providing Drug Medi-Cal services shall not be considered to be within the FQHC's or RHC's clinic base PPS rate if in delivering Drug Medi-Cal services the clinic uses different clinical staff at a different location.

(B) If the FQHC or RHC does not use different clinical staff at a different location to deliver Drug Medi-Cal services, the FQHC or RHC shall submit documentation, in a manner determined by the department, that the current per-visit PPS rate does not include any costs related to rendering Drug Medi-Cal services, including costs related to utilizing space in part of the FQHC's or RHC's building, that are or were previously calculated as part of the clinic's base PPS rate.

(3) If the costs associated with providing Drug Medi-Cal services are within the FQHC's or RHC's clinic base PPS rate, as determined by the department, the Drug Medi-Cal services costs shall be adjusted out of the FQHC's or RHC's per-visit PPS rate as a change in scope of service.

(A) An FQHC or RHC shall submit to the department a scope-of-service change request to adjust the FQHC's or RHC's clinic base PPS rate after the first full fiscal year of rendering Drug Medi-Cal services outside of the PPS rate. Notwithstanding subdivision (e), the scope-of-service change request shall include a full fiscal year of activity that does not include Drug Medi-Cal services costs.

(B) An FQHC or RHC may submit requests for scope-of-service change under this subdivision only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any scope-of-service change request under this subdivision approved by the department shall be retroactive to the first day that Drug Medi-Cal services were rendered and reimbursement for Drug Medi-Cal services was received outside of the PPS rate, but in no case shall the effective date be earlier than January 1, 2018.

(C) The FQHC or RHC may bill for Drug Medi-Cal services outside of the PPS rate when the FQHC or RHC obtains approval as a Drug Medi-Cal provider and enters into a contract with a county or the department to provide these services pursuant to paragraph (4).

(D) Within 90 days of receipt of the request for a scope-of-service change under this subdivision, the department shall issue the FQHC or RHC an interim rate equal to 90 percent of the FQHC's or RHC's projected allowable cost, as determined by the department. An audit to determine the final rate shall be performed in accordance with Section 14170.

(E) Rate changes based on a request for scope-of-service change under this subdivision shall be evaluated in accordance with Medicare reasonable

cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(F) For purposes of recalculating the PPS rate, the FQHC or RHC shall provide upon request to the department verifiable documentation as to which employees spent time, and the actual time spent, providing federally qualified health center services or rural health center services and Drug Medi-Cal services.

(G) After the department approves the adjustment to the FQHC's or RHC's clinic base PPS rate and the FQHC or RHC is approved as a Drug Medi-Cal provider, an FQHC or RHC shall not bill the PPS rate for any Drug Medi-Cal services provided pursuant to a contract entered into with a county or the department pursuant to paragraph (4).

(H) An FQHC or RHC that reverses its election under this subdivision shall revert to its prior PPS rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with the applicable scope-of-service adjustments as provided for in subdivision (e).

(4) Reimbursement for Drug Medi-Cal services shall be determined according to subparagraph (A) or (B), depending on whether the services are provided in a county that participates in the Drug Medi-Cal organized delivery system (DMC-ODS).

(A) In a county that participates in the DMC-ODS, the FQHC or RHC shall receive reimbursement pursuant to a mutually agreed upon contract entered into between the county or county designee and the FQHC or RHC. If the county or county designee refuses to contract with the FQHC or RHC, the FQHC or RHC may follow the contract denial process set forth in the Special Terms and Conditions.

(B) In a county that does not participate in the DMC-ODS, the FQHC or RHC shall receive reimbursement pursuant to a mutually agreed upon contract entered into between the county and the FQHC or RHC. If the county refuses to contract with the FQHC or RHC, the FQHC or RHC may request to contract directly with the department and shall be reimbursed for those services at the Drug Medi-Cal fee-for-service rate.

(5) The department shall not reimburse an FQHC or RHC pursuant to subdivision (h) for the difference between its per-visit PPS rate and any payments for Drug Medi-Cal services made pursuant to this subdivision.

(6) For purposes of this subdivision, the following definitions apply:

(A) "Drug Medi-Cal organized delivery system" or "DMC-ODS" means the Drug Medi-Cal organized delivery system authorized under the California Medi-Cal 2020 Demonstration, Number 11-W-00193/9, as approved by the federal Centers for Medicare and Medicaid Services and described in the Special Terms and Conditions.

(B) "Special Terms and Conditions" has the same meaning as set forth in subdivision (o) of Section 14184.10.

(m) Reimbursement for specialty mental health services shall be provided pursuant to this subdivision.

(1) An FQHC or RHC and one or more mental health plans that contract with the department pursuant to Section 14712 may mutually elect to enter into a contract to have the FQHC or RHC provide specialty mental health services to Medi-Cal beneficiaries as part of the mental health plan's network.

(2) (A) For an FQHC or RHC to receive reimbursement for specialty mental health services pursuant to a contract entered into with the mental health plan under paragraph (1), the costs associated with providing specialty mental health services shall not be included in the FQHC's or RHC's per-visit PPS rate. For purposes of this subdivision, the costs associated with providing specialty mental health services shall not be considered to be within the FQHC's or RHC's clinic base PPS rate if in delivering specialty mental health services the clinic uses different clinical staff at a different location.

(B) If the FQHC or RHC does not use different clinical staff at a different location to deliver specialty mental health services, the FQHC or RHC shall submit documentation, in a manner determined by the department, that the current per-visit PPS rate does not include any costs related to rendering specialty mental health services, including costs related to utilizing space in part of the FQHC's or RHC's building, that are or were previously calculated as part of the clinic's base PPS rate.

(3) If the costs associated with providing specialty mental health services are within the FQHC's or RHC's clinic base PPS rate, as determined by the department, the specialty mental health services costs shall be adjusted out of the FQHC's or RHC's per-visit PPS rate as a change in scope of service.

(A) An FQHC or RHC shall submit to the department a scope-of-service change request to adjust the FQHC's or RHC's clinic base PPS rate after the first full fiscal year of rendering specialty mental health services outside of the PPS rate. Notwithstanding subdivision (e), the scope-of-service change request shall include a full fiscal year of activity that does not include specialty mental health costs.

(B) An FQHC or RHC may submit requests for a scope-of-service change under this subdivision only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any scope-of-service change request under this subdivision approved by the department is retroactive to the first day that specialty mental health services were rendered and reimbursement for specialty mental health services was received outside of the PPS rate, but the effective date shall not be earlier than January 1, 2018.

(C) The FQHC or RHC may bill for specialty mental health services outside of the PPS rate when the FQHC or RHC contracts with a mental health plan to provide these services pursuant to paragraph (1).

(D) Within 90 days of receipt of the request for a scope-of-service change under this subdivision, the department shall issue the FQHC or RHC an interim rate equal to 90 percent of the FQHC's or RHC's projected allowable cost, as determined by the department. An audit to determine the final rate shall be performed in accordance with Section 14170.

(E) Rate changes based on a request for scope-of-service change under this subdivision shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(F) For the purpose of recalculating the PPS rate, the FQHC or RHC shall provide upon request to the department verifiable documentation as to which employees spent time, and the actual time spent, providing federally qualified health center services or rural health center services and specialty mental health services.

(G) After the department approves the adjustment to the FQHC's or RHC's clinic base PPS rate, an FQHC or RHC shall not bill the PPS rate for any specialty mental health services that are provided pursuant to a contract entered into with a mental health plan pursuant to paragraph (1).

(H) An FQHC or RHC that reverses its election under this subdivision shall revert to its prior PPS rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with the applicable scope-of-service adjustments as provided for in subdivision (e).

(4) The department shall not reimburse an FQHC or RHC pursuant to subdivision (h) for the difference between its per-visit PPS rate and any payments made for specialty mental health services under this subdivision.

(n) The department shall seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and a psychological associate, associate professional clinical counselor, associate clinical social worker, or associate marriage and family therapist when all of the following conditions are met:

(1) The psychological associate, associate professional clinical counselor, associate clinical social worker, or associate marriage and family therapist is supervised by the designated licensed behavioral health practitioner, as required by their applicable clinical licensing board.

(2) The behavioral health visit is billed under the supervising licensed practitioner of the FQHC or RHC, pursuant to paragraph (1).

(3) The FQHC or RHC is otherwise authorized to bill for services provided by the supervising licensed behavioral health practitioner as a separate visit.

(o) FQHCs and RHCs may appeal a grievance or complaint concerning ratesetting, scope-of-service changes, and settlement of cost report audits, in the manner prescribed by Section 14171. The rights and remedies provided under this subdivision are cumulative to the rights and remedies available under all other provisions of law of this state.

(p) The department shall promptly seek all necessary federal approvals in order to implement this section, including any amendments to the state plan. To the extent that any element or requirement of this section is not approved, the department shall submit a request to the federal Centers for Medicare and Medicaid Services for any waivers that would be necessary to implement this section.

(q) The department shall implement this section only to the extent that federal financial participation is available.

(r) Notwithstanding any other law, the director may, without taking regulatory action pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, implement, interpret, or make specific this section by means of a provider bulletin or similar instruction. The department shall notify and consult with interested parties and appropriate stakeholders in implementing, interpreting, or making specific the provisions of this section, including all of the following:

(1) Notifying provider representatives in writing of the proposed action or change. The notice shall occur, and the applicable draft provider bulletin or similar instruction, shall be made available at least 10 business days prior to the meeting described in paragraph (2).

(2) Scheduling at least one meeting with interested parties and appropriate stakeholders to discuss the proposed action or change.

(3) Allowing for written input regarding the proposed action or change, to which the department shall provide summary written responses in conjunction with the issuance of the applicable final written provider bulletin or similar instruction.

(4) Providing at least 60 days advance notice of the effective date of the proposed action or change.

Senate Bill No. 1451

CHAPTER 481

An act to amend Sections 115.4, 115.5, 115.6, 135.4, 1926, 2054, 2837.101, 2837.103, 2837.104, 2837.105, 3765, 4052.04, 4602, 4621, 7423, 8593, 8593.1, 9880.1, and 19237 of, to add Sections 2097.5, 4069, and 9880.5 to, and to repeal Section 1905.2 of, the Business and Professions Code, relating to professions and vocations.

[Approved by Governor September 22, 2024. Filed with
Secretary of State September 22, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1451, Ashby. Professions and vocations.

(1) Existing law establishes the Department of Consumer Affairs, which is composed of boards that license and regulate various professions. Existing law imposes certain requirements on those boards to expedite licensure processes, waive specified licensing fees, or issue temporary licenses, depending on the criteria that the applicant satisfies. One of those provisions requires, among other things, the applicant to be, or to have been, an active duty member of the Armed Forces of the United States, as specified. Another provision requires that the applicant hold an out-of-state license in that profession or vocation and be married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces, as specified. Under a third provision's criteria, the applicant must have been admitted to the United States as a refugee, have been granted asylum, or have a special immigrant visa, as specified.

This bill would specify that the term "applicant," for purposes of the above-described provisions, refers to an applicant for an individual license and does not refer to applicants for business or entity licenses. The bill would prohibit a board from charging a fee for the issuance of a temporary license for an applicant who holds an out-of-state license in that profession or vocation and who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces, as specified. The bill would make conforming changes.

(2) Existing law, the Dental Practice Act, establishes the Dental Hygiene Board of California to license and regulate dental hygienists. Existing law requires the dental hygiene board to submit recommendations regarding dental hygiene scope of practice issues to the Dental Board of California for approval, modification, or rejection, and authorizes the dental hygiene board to request the dental board to provide its reasons in writing for rejecting or significantly modifying the recommendation. Existing law authorizes a registered dental hygienist in alternative practice to perform specified duties in dental health professional shortage areas, as certified by

the Department of Health Care Access and Information, in accordance with specified guidelines.

This bill would delete the provision requiring the Dental Board of California to approve, modify, or reject, and, if requested by the dental hygiene board, to provide reasons for rejecting or significantly modifying, the above-described recommendations submitted by the dental hygiene board. The bill would authorize a registered dental hygienist in alternative practice with an existing practice in a dental health professional shortage area to continue to provide dental hygiene services if certification by the department is removed and the registered dental hygienist in alternative practice annually provides specified information to certain patients.

(3) Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensure and regulation of physicians and surgeons. Existing law sets the expiration for a physician's and surgeon's license at 12 midnight on the last day of the month in which the license was issued during the second year of a two-year term commencing from the date of issuance. Existing law requires a physician and surgeon issued a license on or after January 1, 2022, at the time of initial license renewal, to show evidence that the licensee has received at least 36 months of board-approved postgraduate training. Existing law authorizes the board to grant an additional 60 days to the expiration date of that initial license.

This bill would instead require an initial physician's and surgeon's license issued on or after January 1, 2025, to be for a period of 26 months. The bill would also authorize a physician's and surgeon's certificate issued on or after January 1, 2022, to be renewed for the first time if the board receives evidence that the licensee is enrolled in a California board-approved postgraduate training program at the time the license expires, and would require evidence at the time of their second renewal that the licensee has received credit for at least 36 months of board-approved postgraduate training. The bill would require the relevant postgraduate training program director to report to the board within 30 days if a licensee who renews their license for the first time pursuant to these provisions is disenrolled from their training program, as specified.

Existing law makes it a misdemeanor for a person who is not licensed as a physician and surgeon under the act, except as specified, to use certain words, letters, and phrases or any other terms that imply that the person is authorized to practice medicine as a physician and surgeon.

This bill would add the initials "D.O." to the list of prohibited terms under that provision. The bill would also prohibit a person from using the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D." or "D.O.," or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that the person is a licensed "M.D." or "D.O." By expanding the scope of a crime, this bill would impose a state-mandated local program. The bill would also authorize certain persons to use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D." or "D.O."

(4) Existing law, the Nursing Practice Act, provides for the licensure and certification of nurse practitioners by the Board of Registered Nursing. Existing law requires the Office of Professional Examination Services in the Department of Consumer Affairs, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing specified functions, and requires the board and the office to assess the alignment of competencies tested in the national nurse practitioner certification examination with the occupational analysis.

This bill would make the provision requiring the assessment of the alignment of competencies inapplicable to a national nurse practitioner certification examination discontinued before January 1, 2017.

(5) Existing law establishes the Nurse Practitioner Advisory Committee to advise and give recommendations to the board on matters relating to nurse practitioners. Existing law requires the board, by regulation, to define minimum standards for transition to practice, as defined, and provides that clinical experience may include experience obtained before January 1, 2021, if the experience meets requirements established by the board.

This bill would specify that, for purposes of transition to practice, clinical experience shall not be limited to experience in a single category in which a nurse practitioner may practice, as specified, and would prohibit experience obtained before a person is certified as a nurse practitioner from being considered clinical experience for purposes of transition to practice requirements.

Existing law authorizes a nurse practitioner to perform specified functions without standardized procedures if the nurse practitioner satisfies certain requirements, including having completed a transition to practice in California of 3 full-time equivalent years of practice, or 4,600 hours.

This bill would deem a nurse practitioner who has been practicing as a nurse practitioner in direct patient care for 3 full-time equivalent years or 4,600 hours within the last 5 years, as indicated on the application, to have satisfied this requirement. The bill would require proof of completion of one transition to practice to be provided to the board as an attestation from either a licensed physician and surgeon or a nurse practitioner. The bill would prohibit the board from requiring a nurse practitioner practicing under those provisions to tell a patient that the patient has a right to see a physician and surgeon, and would delete a provision requiring the nurse practitioner to use a certain phrase to inform Spanish language speakers that the nurse practitioner is not a physician and surgeon.

(6) Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy to license and regulate the practice of pharmacy. Existing law authorizes a pharmacist to provide consultation to a patient about, among other things, drug therapy, disease management, and disease prevention. Existing law, until January 1, 2025, authorizes a pharmacist to furnish COVID-19 oral therapeutics, as defined, following a positive test for SARS-CoV-2, the virus that causes COVID-19, in accordance with specified requirements.

This bill would require a pharmacist who dispenses or furnishes a dangerous drug pursuant to a veterinary prescription to include, as part of the consultation, the option for a representative of an animal patient to also receive drug documentation specifically designed for veterinary drugs. The bill would extend the operation of the provisions authorizing a pharmacist to furnish COVID-19 oral therapeutics until January 1, 2026.

(7) Existing law, the Respiratory Care Practice Act, establishes the Respiratory Care Board of California to license and regulate the practice of respiratory care. Existing law authorizes a licensed vocational nurse who is employed by a home health agency to perform respiratory tasks and services identified by the board if, on or before January 1, 2025, the licensed vocational nurse has completed patient-specific training satisfactory to their employer, and, on and after January 1, 2025, the licensed vocational nurse has completed that training in accordance with guidelines promulgated by the Respiratory Care Board of California, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

This bill would extend those dates to January 1, 2028. The bill, on and after January 1, 2028, would also authorize a licensed vocational nurse to perform respiratory care services identified by the board while practicing in certain settings identified in the bill if the licensed vocational nurse has completed patient-specific training satisfactory to their employer and holds a current and valid certification of competency for each respiratory task to be performed, as specified.

(8) Existing law, the Massage Therapy Act, until January 1, 2027, provides for the voluntary certification of massage therapists by the California Massage Therapy Council, a private nonprofit entity. The council is governed by a board of directors composed of 13 members, of which 10 members are appointed by various organizations and associations, as specified. The appointing entities are not required to exercise the right to appoint. The 10 appointed members, at a duly held board meeting in accordance with the board's bylaws, are required to appoint 3 additional members with specified qualifications. Board member terms are 4 years.

This bill would modify those terms to be for 4 years and until the appointment and qualification of a board member's successor or until one year from the expiration of the term for which the member was appointed, whichever occurs first. A board member who has served 2 terms would not be eligible for reappointment to the board regardless of the appointing authority. The bill would require a board member who, as of January 1, 2025, has served on the board for 8 out of the preceding 10 years, regardless of the appointing authority, to vacate their appointment no later than July 1, 2025. Under the bill, a decision to change the appointing authority of any member appointed to the board would not be effective unless the current member has completed their term under these provisions or the appointment is vacant. The bill would provide that a board member may be removed only by their appointing authority under prescribed conditions.

This bill would move the repeal date of the act to January 1, 2026.

(9) Existing law, the Barbering and Cosmetology Act, establishes the State Board of Barbering and Cosmetology to license and regulate barbering and cosmetology, and establishes a hairstylist application and examination fee of \$50 or a fee determined by the board, not to exceed the reasonable cost of developing, purchasing, grading, and administering the examination.

This bill would instead require the hairstylist application and examination fee to be the actual cost to the board for developing, purchasing, grading, and administering the examination, and would establish that an initial licensee fee for a hairstylist shall be not more than \$50.

(10) Existing law establishes the Structural Pest Control Board in the Department of Consumer Affairs to license and regulate structural pest control operators, structural pest control field representatives, and structural pest control applicators. Existing law requires those licensees, as a condition of license renewal, to submit proof to the board that they have informed themselves of the developments in the field of pest control by completing continuing education courses or equivalent activity approved by the board, or taking and completing an examination given by the board, as specified.

This bill would delete the authorization for a licenseholder to take and complete an examination given by the board to satisfy that requirement.

(11) Existing law, the Automotive Repair Act, establishes the Bureau of Automotive Repair under the supervision and control of the Director of Consumer Affairs for the registration and regulation of automotive repair dealers. Existing law defines terms for purposes of the act, including defining “automotive repair dealer” to mean a person who, for compensation, engages in the business of repairing or diagnosing malfunctions of motor vehicles, or engages in the business of collecting compensation for automotive repair services that are referred or sublet to someone other than the dealer or their employees. The act further defines “person” to include a firm, partnership, association, limited liability company, or corporation. A violation of the act is a crime.

This bill would require the bureau to license a federally recognized tribe, as defined, that applies for licensure and is otherwise compliant with the act for the purpose of engaging in a business regulated by the act. The bill would expand the term “person” to include a participating tribe and would further define “participating tribe” to mean a federally recognized tribe that formally applies for licensure from the bureau pursuant to the bill. The bill would exempt a participating tribe from any requirement to register with the Secretary of State, maintain good standing with the Secretary of State, provide a corporate number issued by the Secretary of State, or any other associated requirement.

(12) Existing law, the Household Movers Act, provides for the licensure and regulation of household movers by the Division of Household Movers within the Bureau of Household Goods and Services. The act prohibits a household mover from engaging in the business of specified transportation of used household goods and personal effects by motor vehicle in the state without a permit issued by the bureau. The act also prohibits a household mover from engaging in the business of the interstate transportation of those

items into or out of this state without a valid operating authority issued by the Federal Motor Carrier Safety Administration. The act prohibits the issuance of a permit unless the applicant establishes their knowledge and ability to engage in business as a household mover by examination. The act requires a permit applicant to meet certain residence requirements, as specified.

This bill would exempt an applicant whose principal place of business is not in this state from the residency requirements but would require that the applicant file with the bureau a designation of persons upon whom court or agency process may be served in this state made pursuant to specified federal regulations. The bill would exempt an applicant from examination if they only conduct interstate household moves, but would require the applicant to file an affidavit with the bureau stating it shall not conduct any intrastate household moves in this state. The bill would require the bureau to identify household movers that are authorized to conduct intrastate and interstate moves in the state on its internet website.

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

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

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

SECTION 1. Section 115.4 of the Business and Professions Code is amended to read:

115.4. (a) Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 2. Section 115.5 of the Business and Professions Code is amended to read:

115.5. (a) A board within the department shall expedite the licensure process and waive the licensure application fee and the initial or original license fee charged by the board for an applicant who meets both of the following requirements:

(1) Supplies evidence satisfactory to the board that the applicant 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.

(2) Holds a current license in another state, district, or territory of the United States in the profession or vocation for which the applicant seeks a license from the board.

(b) A board may adopt regulations necessary to administer this section.

(c) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 3. Section 115.6 of the Business and Professions Code is amended to read:

115.6. (a) (1) Except as provided in subdivision (j), a board within the department shall, after appropriate investigation, issue a temporary license to practice a profession or vocation to an applicant who meets the requirements set forth in subdivisions (c) and (d).

(2) Revenues from fees for temporary licenses issued by the California Board of Accountancy shall be credited to the Accountancy Fund in accordance with Section 5132.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant 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.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation within the same scope for which the applicant seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant’s knowledge. The application shall also include written verification from the applicant’s original licensing jurisdiction stating that the applicant’s license is in good standing in that jurisdiction.

(4) The applicant shall not have 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. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) (A) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(B) The board shall request a fingerprint-based criminal history information check from the Department of Justice in accordance with subdivision (u) of Section 11105 of the Penal Code and the Department of Justice shall furnish state or federal criminal history information in accordance with subdivision (p) of Section 11105 of the Penal Code.

(d) The applicant shall pass a California law and ethics examination if otherwise required by the board for the profession or vocation for which the applicant seeks licensure.

(e) Except as specified in subdivision (g), a board shall issue a temporary license pursuant to this section within 30 days of receiving documentation that the applicant has met the requirements specified in subdivisions (c) and (d) if the results of the criminal background check do not show grounds for denial.

(f) (1) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or (d) or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(2) Notwithstanding any other law, if, after notice and an opportunity to be heard, a board finds that a temporary licenseholder engaged in unprofessional conduct or any other act that is a cause for discipline by the board, the board shall revoke the temporary license.

(g) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist, certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists. The board shall issue a temporary license pursuant to this subdivision within 30 days of receiving documentation that the applicant has met the requirements specified in this subdivision and subdivisions (c) and (d) if the results of the criminal background check do not show grounds for denial.

(h) A temporary license issued pursuant to this section is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to Section 115.5, whichever occurs first.

(i) A board shall submit to the department for approval, if necessary to implement this section, draft regulations necessary to administer this section. These regulations shall be adopted 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).

(j) (1) This section shall not apply to a board that has a process in place 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 superseding those described in subdivisions (c) and (d).

(2) This section shall apply only to the extent that it does not amend an initiative or violate constitutional requirements.

(k) An applicant for a temporary license pursuant to this section shall not be required to provide, and no board shall collect, a fee for the application or issuance of a temporary license.

(l) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 4. Section 135.4 of the Business and Professions Code is amended to read:

135.4. (a) Notwithstanding any other law, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that 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.

(b) Nothing in this section shall be construed as changing existing licensure requirements. A person applying for expedited licensure under subdivision (a) shall meet all applicable statutory and regulatory licensure requirements.

(c) A board may adopt regulations necessary to administer this section.

(d) For purposes of this section, “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 5. Section 1905.2 of the Business and Professions Code is repealed.

SEC. 6. Section 1926 of the Business and Professions Code is amended to read:

1926. In addition to practices authorized in Section 1925, a registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

(a) Residences of the homebound.

(b) Schools.

(c) Residential facilities and other institutions and medical settings that a residential facility patient has been transferred to for outpatient services.

(d) Dental health professional shortage areas, as certified by the Department of Health Care Access and Information in accordance with existing office guidelines. If the dental health professional shortage area certification is removed, a registered dental hygienist in alternative practice with an existing practice in the area may continue to provide dental hygiene services, and shall annually provide patients treated at an existing practice with a list of dentists in the previous dental health professional shortage area who may be able to see the patient for comprehensive services.

(e) Dental offices.

SEC. 7. Section 2054 of the Business and Professions Code is amended to read:

2054. (a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.” or “D.O.,” or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that the person is entitled to practice hereunder, or who represents or holds themselves out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor. No person shall use the words “doctor” or “physician,” the letters or prefix “Dr.,” the initials “M.D.” or “D.O.,” or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner in a health care setting that would lead a reasonable patient to determine that person is a licensed “M.D.” or “D.O.”

(b) Notwithstanding subdivision (a), any of the following persons may use the words “doctor” or “physician,” the letters or prefix “Dr.,” or the initials “M.D.” or “D.O.”:

(1) A graduate of a medical or an osteopathic medical school approved or recognized by the medical or osteopathic medical board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical or an osteopathic medical school who does not have a certificate as a physician and surgeon under this chapter if the individual meets all of the following requirements:

(A) If issued a license to practice medicine in any jurisdiction, has not had that license revoked or suspended by that jurisdiction.

(B) Does not otherwise hold themselves out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

(4) A person holding a current and active license under this division or any initiative act referred to in this division, to the extent the use of the title is consistent with the act governing the practice of that license.

(5) A person whose use of the word “doctor” or the prefix “Dr.” is not associated with any claim of entitlement to practice medicine or any other professional service for which the use of the title would be untrue or misleading pursuant to Section 17500.

SEC. 8. Section 2097.5 is added to the Business and Professions Code, to read:

2097.5. (a) (1) Notwithstanding Section 2097, a physician’s and surgeon’s license may be renewed for the first time if the board receives evidence satisfactory to the board that the licensee is enrolled in a California board-approved postgraduate training program at the time the license expires.

(2) The relevant postgraduate training program director shall report to the board within 30 days, on a form approved by the board, if a licensee who renews their license pursuant to this subdivision is disenrolled from their training program for any reason, including, but not limited to, resignation, termination, or graduation.

(b) If a physician’s and surgeon’s license is initially renewed pursuant to subdivision (a), then, at the time of their second renewal, in addition to any other requirements, the board shall require evidence satisfactory to the board that the licensee has received credit for at least 36 months of board-approved postgraduate 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. A licensee who fails to meet the requirements of this subdivision shall be automatically placed in delinquent status by the board.

(c) If a physician’s and surgeon’s license is initially renewed pursuant to subdivision (a) and the licensee is disenrolled from the relevant California board-approved postgraduate training program, the board may place the relevant license in delinquent status if the board does not receive evidence satisfactory to the board that the licensee has received credit for at least 36 months of board-approved postgraduate training. If placed on delinquent status, that license shall be returned to current status upon the board receiving evidence satisfactory to the board that the licensee is enrolled in a California board-approved postgraduate training program or has received credit for at least 36 months of board-approved postgraduate training before their license changes to canceled status, pursuant to Section 2428. Any license status change made pursuant to this subdivision shall not relieve the licensee of the license renewal requirements of subdivision (b).

(d) (1) Notwithstanding any other law, the board shall issue an initial physician's and surgeon's license for a period of 26 months.

(2) A renewed physician's and surgeon's license shall be subject to the requirements of Section 2423.

(e) Upon review of supporting documentation, the board, in its discretion, may renew a physician's and surgeon's license for an applicant who has demonstrated substantial compliance with this section.

(f) A physician whose license is canceled or who surrenders their license prior to meeting the renewal requirements of either subdivision (b) or (c) is subject to the reinstatement requirements of subdivision (e) of Section 2097.

(g) (1) Except as provided in paragraph (2), this section only applies to individuals who are issued an initial physician's and surgeon's license by the board on or after January 1, 2022.

(2) Paragraph (1) of subdivision (d) only applies to individuals who are issued an initial license on or after January 1, 2025.

(h) This section shall not apply to the Osteopathic Medical Board of California.

SEC. 9. Section 2837.101 of the Business and Professions Code is amended to read:

2837.101. For purposes of this article, the following terms have the following meanings:

(a) "Committee" means the Nurse Practitioner Advisory Committee.

(b) "Standardized procedures" has the same meaning as that term is defined in Section 2725.

(c) "Transition to practice" means additional clinical experience and mentorship provided to prepare a nurse practitioner to practice independently. "Transition to practice" includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. The board shall, by regulation, define minimum standards for transition to practice. For purposes of the transition to practice:

(1) Clinical experience shall not be limited to experience in a single category that a nurse practitioner may practice in pursuant to Section 2836.

(2) Clinical experience may include experience obtained before January 1, 2021, but clinical experience obtained before a person is certified by the board as a nurse practitioner shall not be included.

SEC. 10. Section 2837.103 of the Business and Professions Code is amended to read:

2837.103. (a) (1) Notwithstanding any other law, a nurse practitioner may perform the functions specified in subdivision (c) pursuant to that subdivision, in a setting or organization specified in paragraph (2) pursuant to that paragraph, if the nurse practitioner has successfully satisfied the following requirements:

(A) Passed a national nurse practitioner board certification examination and, if applicable, any supplemental examination developed pursuant to paragraph (4) of subdivision (a) of Section 2837.105.

(B) Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the board.

(C) Provides documentation that educational training was consistent with standards established by the board pursuant to Section 2836 and any applicable regulations as they specifically relate to requirements for clinical practice hours. Online educational programs that do not include mandatory clinical hours shall not meet this requirement.

(D) Has completed a transition to practice in California of a minimum of three full-time equivalent years of practice or 4600 hours. A nurse practitioner who has been practicing as a nurse practitioner in direct patient care for a minimum of three full-time equivalent years or 4,600 hours within the last five years, as indicated on the application, may be deemed to have satisfied this requirement. For purposes of this subparagraph:

(i) Proof of completion of one transition to practice shall be provided to the board, on a form prescribed by the board, as an attestation from either a licensed physician and surgeon, a certified nurse practitioner practicing pursuant to this section, or a certified nurse practitioner practicing pursuant to Section 2837.104.

(ii) A licensed physician and surgeon or a certified nurse practitioner who attests to the completion of a transition to practice is not required to specialize in the same category as the applicant pursuant to Section 2836.

(iii) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice is not required to verify competence, clinical expertise, or any other standards related to the practice of the applicant and shall only attest to the completion of the transition to practice, as defined in Section 2837.101.

(iv) A licensed physician and surgeon or a certified nurse practitioner practicing pursuant to this section or Section 2837.104 who attests to the completion of a transition to practice shall not be subject to civil, criminal, administrative, disciplinary, employment, credentialing, professional discipline, contractual liability, or medical staff action, sanction, or penalty or other liability for providing an attestation or refusing to provide an attestation pursuant to this section unless the attestation was produced fraudulently.

(2) A nurse practitioner who meets all of the requirements of paragraph (1) may practice, including, but not limited to, performing the functions authorized pursuant to subdivision (c), in one of the following settings or organizations in which one or more physicians and surgeons practice with the nurse practitioner without standardized procedures:

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A health facility, as defined in Section 1250 of the Health and Safety Code, except for the following:

(i) A correctional treatment center, as defined in paragraph (1) of subdivision (j) of Section 1250 of the Health and Safety Code.

(ii) A state hospital, as defined in Section 4100 of the Welfare and Institutions Code.

(C) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(D) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(E) A home health agency, as defined in Section 1727 of the Health and Safety Code.

(F) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(3) In health care agencies that have governing bodies, as defined in Division 5 of Title 22 of the California Code of Regulations, including, but not limited to, Sections 70701 and 70703 of Title 22 of the California Code of Regulations, the following apply:

(A) A nurse practitioner shall adhere to all applicable bylaws.

(B) A nurse practitioner shall be eligible to serve on medical staff and hospital committees.

(C) A nurse practitioner shall be eligible to attend meetings of the department to which the nurse practitioner is assigned. A nurse practitioner shall not vote at department, division, or other meetings unless the vote is regarding the determination of nurse practitioner privileges with the organization, peer review of nurse practitioner clinical practice, whether a licensee's employment is in the best interest of the communities served by a hospital pursuant to Section 2401, or the vote is otherwise allowed by the applicable bylaws.

(b) An entity described in subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a nurse practitioner functioning pursuant to this section in a manner prohibited by Section 2400 or any other law.

(c) In addition to any other practices authorized by law, a nurse practitioner who meets the requirements of paragraph (1) of subdivision (a) may perform the following functions without standardized procedures in accordance with their education and training:

(1) Conduct an advanced assessment.

(2) (A) Order, perform, and interpret diagnostic procedures.

(B) For radiologic procedures, a nurse practitioner can order diagnostic procedures and utilize the findings or results in treating the patient. A nurse practitioner may perform or interpret clinical laboratory procedures that they are permitted to perform under Section 1206 and under the federal Clinical Laboratory Improvement Act (CLIA).

(3) Establish primary and differential diagnoses.

(4) Prescribe, order, administer, dispense, procure, and furnish therapeutic measures, including, but not limited to, the following:

(A) Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources.

(B) Prescribe, administer, dispense, and furnish pharmacological agents, including over-the-counter, legend, and controlled substances.

(C) Plan and initiate a therapeutic regimen that includes ordering and prescribing nonpharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.

(5) After performing a physical examination, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(6) Delegate tasks to a medical assistant pursuant to Sections 1206.5, 2069, 2070, and 2071, and Article 2 (commencing with Section 1366) of Chapter 3 of Division 13 of Title 16 of the California Code of Regulations.

(d) A nurse practitioner practicing under this section and not working under standardized procedures shall inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.

(e) A nurse practitioner shall not be required to tell a patient the patient has a right to see a physician and surgeon.

(f) A nurse practitioner practicing under this section and not working under standardized procedures shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and the internet website where the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made.

(g) A nurse practitioner shall refer a patient to a physician and surgeon or other licensed health care provider if a situation or condition of a patient is beyond the scope of the education and training of the nurse practitioner.

(h) A nurse practitioner practicing under this section shall have professional liability insurance appropriate for the practice setting.

(i) Any health care setting operated by the Department of Corrections and Rehabilitation is exempt from this section.

SEC. 11. Section 2837.104 of the Business and Professions Code is amended to read:

2837.104. (a) Beginning January 1, 2023, notwithstanding any other law, the following apply to a nurse practitioner who holds an active certification issued by the board pursuant to subdivision (b):

(1) The nurse practitioner may perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings or organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103.

(2) Subject to subdivision (g) and any applicable conflict of interest policies of the bylaws, the nurse practitioner shall be eligible for membership of an organized medical staff.

(3) Subject to subdivision (g) and any applicable conflict of interest policies of the bylaws, a nurse practitioner member may vote at meetings of the department to which nurse practitioners are assigned.

(b) The board shall issue a certificate to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision outside of the settings and organizations specified under subparagraphs (A) to (F), inclusive, of paragraph (2) of subdivision (a) of Section 2837.103, if the nurse practitioner satisfies all of the following requirements:

(1) Meets all of the requirements specified in paragraph (1) of subdivision (a) of Section 2837.103.

(2) Holds a valid and active license as a registered nurse in California and a master's degree in nursing or in a clinical field related to nursing or a doctoral degree in nursing.

(3) Has practiced as a nurse practitioner in good standing for at least three years, not inclusive of the transition to practice required pursuant to subparagraph (D) of paragraph (1) of subdivision (a) of Section 2837.103. The board may, at its discretion, lower this requirement for a nurse practitioner holding a Doctorate of Nursing Practice degree (DNP) based on practice experience gained in the course of doctoral education experience.

(c) A nurse practitioner authorized to practice pursuant to this section shall comply with all of the following:

(1) The nurse practitioner, consistent with applicable standards of care, shall not practice beyond the scope of their clinical and professional education and training, including specific areas of concentration and shall only practice within the limits of their knowledge and experience and national certification.

(2) The nurse practitioner shall consult and collaborate with other healing arts providers based on the clinical condition of the patient to whom health care is provided. Physician consultation shall be obtained as specified in the individual protocols and under the following circumstances:

(A) Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.

(B) Problem which is not resolving as anticipated after an ongoing evaluation and management of the situation.

(C) History, physical, or lab findings inconsistent with the clinical perspective.

(D) Upon request of patient.

(3) Nurse practitioner consultation with a physician and surgeon alone shall not create a physician-patient relationship. The nurse practitioner shall be solely responsible for the services they provide.

(4) The nurse practitioner shall establish a plan for referral of complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts providers. The nurse practitioner shall have an identified referral plan specific to the practice area, that includes specific referral criteria. The referral plan shall address the following:

(A) Whenever situations arise which go beyond the competence, scope of practice, or experience of the nurse practitioner.

(B) Whenever patient conditions fail to respond or the patient is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan.

(C) Any patient with a rare condition.

(D) Any patient conditions that do not fit the commonly accepted diagnostic pattern for a disease or disorder.

(E) All emergency situations after initial stabilizing care has been started.

(d) A nurse practitioner practicing under this section and not working under standardized procedures shall inform all new patients in a language understandable to the patient that a nurse practitioner is not a physician and surgeon.

(e) A nurse practitioner practicing under this section and not working under standardized procedures shall not be required by the board to tell a patient that the patient has a right to see a physician and surgeon.

(f) A nurse practitioner practicing under this section and not working under standardized procedures shall post a notice in a conspicuous location accessible to public view that the nurse practitioner is regulated by the Board of Registered Nursing. The notice shall include the board's telephone number and internet website where the nurse practitioner's license may be checked and complaints against the nurse practitioner may be made.

(g) A nurse practitioner practicing pursuant to this section shall maintain professional liability insurance appropriate for the practice setting.

(h) For purposes of this section, corporations and other artificial legal entities shall have no professional rights, privileges, or powers.

(i) Subdivision (h) shall not apply to a nurse practitioner if either of the following applies:

(1) The certificate issued pursuant to this section is inactive, surrendered, revoked, or otherwise restricted by the board.

(2) The nurse practitioner is employed pursuant to the exemptions under Section 2401.

SEC. 12. Section 2837.105 of the Business and Professions Code is amended to read:

2837.105. (a) (1) The board shall request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision.

(2) The board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies tested in the national nurse practitioner certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103 with the occupational analysis performed according to paragraph (1). This paragraph shall not apply to a national nurse practitioner certification examination discontinued before January 1, 2017.

(3) The occupational analysis shall be completed by January 1, 2023.

(4) If the assessment performed according to paragraph (2) identifies additional competencies necessary to perform the functions specified in subdivision (c) of Section 2837.103 pursuant to that subdivision that are

not sufficiently validated by the national nurse practitioner board certification examination required by subparagraph (A) of paragraph (1) of subdivision (a) of Section 2837.103, the board shall identify and develop a supplemental exam that properly validates identified competencies.

(b) The examination process shall be regularly reviewed pursuant to Section 139.

SEC. 13. Section 3765 of the Business and Professions Code is amended to read:

3765. This act does not prohibit any of the following activities:

(a) The performance of respiratory care that is an integral part of the program of study by students enrolled in approved respiratory therapy training programs.

(b) Self-care by the patient or the gratuitous care by a friend or member of the family who does not represent or hold themselves out to be a respiratory care practitioner licensed under the provisions of this chapter.

(c) The respiratory care practitioner from performing advances in the art and techniques of respiratory care learned through formal or specialized training.

(d) The performance of respiratory care in an emergency situation by paramedical personnel who have been formally trained in these modalities and are duly licensed under the provisions of an act pertaining to their specialty.

(e) Temporary performance, by other health care personnel, students, or groups, of respiratory care services, as identified and authorized by the board, in the event of an epidemic, pandemic, public disaster, or emergency.

(f) Persons from engaging in cardiopulmonary research.

(g) Formally trained licensees and staff of child day care facilities from administering to a child inhaled medication as defined in Section 1596.798 of the Health and Safety Code.

(h) The performance by a person employed by a home medical device retail facility or by a home health agency licensed by the State Department of Public Health of specific, limited, and basic respiratory care or respiratory care-related services that have been authorized by the board.

(i) The performance, by a vocational nurse licensed by the Board of Vocational Nursing and Psychiatric Technicians of the State of California who is employed by a home health agency licensed by the State Department of Public Health, of respiratory tasks and services identified by the board, if the licensed vocational nurse complies with the following:

(1) Before January 1, 2028, the licensed vocational nurse has completed patient-specific training satisfactory to their employer.

(2) On or after January 1, 2028, the licensed vocational nurse has completed patient-specific training by the employer in accordance with guidelines that shall be promulgated by the board no later than January 1, 2028, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(j) The performance of respiratory care services identified by the board by a licensed vocational nurse who satisfies the requirements in paragraph (1) in the settings listed in paragraph (2).

(1) (A) The licensed vocational nurse is licensed pursuant to Chapter 6.5 (commencing with Section 2840).

(B) The licensed vocational nurse has completed patient-specific training satisfactory to their employer.

(C) The licensed vocational nurse holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the board.

(2) A licensed vocational nurse may perform the respiratory care services identified by the board pursuant to this subdivision in the following settings:

(A) At a congregate living health facility licensed by the State Department of Public Health that is designated as six beds or fewer.

(B) At an intermediate care facility licensed by the State Department of Public Health that is designated as six beds or fewer.

(C) At an adult day health care center licensed by the State Department of Public Health.

(D) As an employee of a home health agency licensed by the State Department of Public Health or an individual nurse provider working in a residential home.

(E) At a pediatric day health and respite care facility licensed by the State Department of Public Health.

(F) At a small family home licensed by the State Department of Social Services that is designated as six beds or fewer.

(G) As a private duty nurse as part of daily transportation and activities outside a patient's residence or family respite for home- and community-based patients.

(3) This subdivision is operative on January 1, 2028.

(k) The performance of pulmonary function testing by persons who are currently employed by Los Angeles County hospitals and have performed pulmonary function testing for at least 15 years.

SEC. 14. Section 4052.04 of the Business and Professions Code is amended to read:

4052.04. (a) In addition to the authority provided in Section 4052, a pharmacist may furnish COVID-19 oral therapeutics following a positive test for SARS-CoV-2, the virus that causes COVID-19.

(b) Prior to furnishing COVID-19 oral therapeutics pursuant to subdivision (a), a pharmacist shall utilize relevant and appropriate evidence-based clinical guidelines published by the federal Food and Drug Administration in providing these patient care services.

(c) A pharmacist who furnishes COVID-19 oral therapeutics shall notify the patient's primary care provider, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of

the drugs furnished and advise the patient to consult a physician of the patient's choice.

(d) A pharmacist shall document, to the extent possible, the kind and amounts of COVID-19 oral therapeutics furnished pursuant to subdivision (a), as well as information regarding any testing services provided, in the patient's record in the record system maintained by the pharmacy. The records shall be maintained for three years and shall be available for inspection by all properly authorized personnel of the board.

(e) For purposes of this section, "COVID-19 oral therapeutics" means drugs that are approved or authorized by the United States Food and Drug Administration for the treatment of COVID-19 and administered orally.

(f) This section shall remain in effect only until January 1, 2026, and as of that date is repealed.

SEC. 15. Section 4069 is added to the Business and Professions Code, to read:

4069. A pharmacist who dispenses or furnishes a dangerous drug, as defined in Section 4022, pursuant to a veterinary prescription shall include, as part of the consultation, the option for a representative of an animal patient to also receive drug documentation specifically designed for veterinary drugs.

SEC. 16. Section 4602 of the Business and Professions Code is amended to read:

4602. (a) The California Massage Therapy Council, as defined in subdivision (d) of Section 4601, is hereby established and shall carry out the responsibilities and duties set forth in this chapter.

(b) The council may take any reasonable actions necessary to carry out the responsibilities and duties set forth in this chapter, including, but not limited to, hiring staff, entering into contracts, and developing policies, procedures, rules, and bylaws to implement this chapter.

(c) The council may require background checks for all employees, contractors, volunteers, and board members as a condition of their employment, formation of a contractual relationship, or participation in council activities.

(d) The council shall issue a certificate to an individual applicant who satisfies the requirements of this chapter for that certificate.

(e) The council is authorized to determine whether the information provided to the council in relation to the certification of an applicant is true and correct and meets the requirements of this chapter. If the council has any reason to question whether the information provided is true or correct, or meets the requirements of this chapter, the council is authorized to make any investigation it deems necessary to establish that the information received is accurate and satisfies any criteria established by this chapter. The applicant has the burden to prove that they are entitled to certification.

(f) The council shall be governed by a board of directors composed of 13 members who shall be chosen in the following manner:

(1) One member shall be a representative of the League of California Cities, unless that entity chooses not to exercise this right to appoint.

(2) One member shall be a representative of the California Police Chiefs Association, unless that entity chooses not to exercise this right to appoint.

(3) One member shall be a representative of the California State Association of Counties, unless that entity chooses not to exercise this right to appoint.

(4) One member shall be a representative of an “anti-human trafficking” organization to be determined by the council. This organization shall appoint one member, unless the organization chooses not to exercise this right to appoint.

(5) One member shall be appointed by the Office of the Chancellor of the California Community Colleges, unless that office chooses not to exercise this right to appoint.

(6) One member shall be a member of the public appointed by the Director of the Department of Consumer Affairs, unless the director chooses not to exercise this right to appoint.

(7) One member shall be appointed by the California Association of Private Postsecondary Schools, unless that entity chooses not to exercise this right to appoint.

(8) One member shall be appointed by the American Massage Therapy Association, California Chapter, who shall be a California-certified massage therapist or massage practitioner who is a California resident and who has been practicing massage for at least three years, unless that entity chooses not to exercise this right to appoint.

(9) One member shall be a public health official representing a city, county, city and county, or state health department, to be determined by the council. The city, county, city and county, or state health department chosen, shall appoint one member unless that entity chooses not to exercise this right to appoint.

(10) (A) One member shall be a certified massage therapist or a certified massage practitioner who is a California resident who has practiced massage for at least three years prior to the appointment, selected by a professional society, association, or other entity which membership is composed of massage therapist professionals, and that chooses to participate in the council. To qualify, a professional society, association, or other entity shall have a dues-paying membership in California of at least 1,000 individuals, have been established since 2000, and shall have bylaws that require its members to comply with a code of ethics.

(B) If there is more than one professional society, association, or other entity that meets the requirements of subparagraph (A), the appointment shall rotate based on a four-year term between each of the qualifying entities. The qualifying entity shall maintain its appointment authority during the entirety of the four-year term during which it holds the appointment authority. The order in which a qualifying professional society, association, or other entity has the authority to appoint shall be determined by alphabetical order based on the full legal name of the entity as of January 1, 2014.

(11) The members appointed to the board in accordance with paragraphs (1) to (10), inclusive, shall appoint three additional members, at a duly held board meeting in accordance with the board's bylaws. One of those appointees shall be an attorney licensed by the State Bar of California who has been practicing law for at least three years and who at the time of appointment represents a city, county, or a city and county in the state. One of those appointees shall represent a massage business entity that has been operating in the state for at least three years. The council shall establish in its bylaws a process for appointing an additional member, provided that the member has knowledge of the massage industry or can bring needed expertise to the operation of the council for purposes of complying with Section 4603.

(g) Any decision to change the appointing authority of any member appointed to the board pursuant to paragraphs (1) to (10), inclusive, of subdivision (f) shall not be effective unless the current member has completed their term under subdivision (h) or the appointment is vacant.

(h) (1) Board member terms shall be for four years and until the appointment and qualification of their successor or until one year from the expiration of the term for which the member was appointed, whichever occurs first. A board member who has served two terms shall not be eligible for reappointment to the board regardless of the appointing authority. Any board member who, as of January 1, 2025, has served on the board for 8 out of the preceding 10 years, regardless of the appointing authority, shall vacate their appointment no later than July 1, 2025.

(2) A board member may be removed only by their appointing authority under the conditions provided in Section 106.

(i) The board of directors shall establish fees reasonably related to the cost of providing services and carrying out its ongoing responsibilities and duties. Initial and renewal fees for certificates shall be in an amount sufficient to support the functions of the council in the administration of this chapter, but in no event shall exceed three hundred dollars (\$300). The renewal fee shall be reassessed biennially by the board.

(j) The meetings of the council 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). The board may adopt additional policies and procedures that provide greater transparency to certificate holders and the public than required by the Bagley-Keene Open Meeting Act.

(k) Prior to holding a meeting to vote upon a proposal to increase the certification fees, the board shall provide at least 90 days' notice of the meeting, including posting a notice on the council's internet website unless at least two-thirds of the board members concur that there is an active threat to public safety and that voting at a meeting without prior notice is necessary. However, the board shall not waive the requirements of subdivision (i).

(l) If the board approves an increase in the certification fees, the council shall update all relevant areas of its internet website and notify all certificate holders and affected applicants by email within 14 days of the board's action.

(m) The council shall assess its contact with non-English speakers. Based on this assessment, the council shall offer and make available all publicly available written and electronic materials provided to certificate holders and applicants in languages other than English that the council determines will be used by a substantial number of non-English speakers who are in contact with the council. This subdivision shall not apply to examinations, denial and disciplinary legal documents, and email communications. The council shall provide a report to the Legislature on the findings of its assessment of contact with non-English speakers on or before January 1, 2019.

SEC. 17. Section 4621 of the Business and Professions Code is amended to read:

4621. (a) This chapter shall remain in effect only until January 1, 2026, and as of that date is repealed.

(b) Notwithstanding any other law, the powers and duties of the council shall be subject to review by the appropriate policy committees of the Legislature.

SEC. 18. Section 7423 of the Business and Professions Code is amended to read:

7423. The amounts of the fees required by this chapter relating to licenses for individual practitioners are as follows:

(a) (1) Cosmetologist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) A cosmetologist initial license fee shall not be more than fifty dollars (\$50).

(b) (1) An esthetician application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) An esthetician initial license fee shall not be more than forty dollars (\$40).

(c) (1) A manicurist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) A manicurist initial license fee shall not be more than thirty-five dollars (\$35).

(d) (1) A barber application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) A barber initial license fee shall be not more than fifty dollars (\$50).

(e) (1) An electrologist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(2) An electrologist initial license fee shall be not more than fifty dollars (\$50).

(f) An apprentice application and license fee shall be not more than twenty-five dollars (\$25).

(g) The license renewal fee for individual practitioner licenses that are subject to renewal shall be not more than fifty dollars (\$50).

(h) A hairstylist application and examination fee shall be the actual cost to the board for developing, purchasing, grading, and administering the examination.

(i) A hairstylist's initial license fee shall be no more than fifty dollars (\$50).

(j) Notwithstanding Section 163.5 the license renewal delinquency fee shall be 50 percent of the renewal fee in effect on the date of renewal.

SEC. 19. Section 8593 of the Business and Professions Code is amended to read:

8593. (a) The board shall require as a condition to the renewal of each operator's and field representative's license that the holder submit proof satisfactory to the board that they have informed themselves of developments in the field of pest control either by completion of courses of continuing education in pest control approved by the board or equivalent activity approved by the board.

(b) The board shall develop a correspondence course or courses with any educational institution or institutions as it deems appropriate. This course may be used to fulfill the requirements of this section. The institution may charge a reasonable fee for each course.

SEC. 20. Section 8593.1 of the Business and Professions Code is amended to read:

8593.1. The board shall require as a condition to the renewal of each applicator's license that the holder thereof submit proof satisfactory to the board that they have completed courses of continuing education in pesticide application and use approved by the board or equivalent activity approved by the board.

SEC. 21. Section 9880.1 of the Business and Professions Code is amended to read:

9880.1. The following definitions apply for the purposes of this chapter:

(a) "Automotive repair dealer" means a person who, for compensation, engages in the business of repairing or diagnosing malfunctions of motor vehicles, or engages in the business of collecting compensation for automotive repair services that are referred or sublet to someone other than the dealer or their employees.

(b) "Automotive technician" means an employee of an automotive repair dealer or that dealer, if the employer or dealer repairs motor vehicles and who, for salary or wage, performs repairs of motor vehicles as set forth in subdivision (k).

(c) "Bureau" means the Bureau of Automotive Repair.

(d) "Chief" means the Chief of the Bureau of Automotive Repair.

(e) "Commercial business agreement" means an agreement, whether in writing or oral, entered into between a business or commercial enterprise and an automotive repair dealer, prior to the repair that is requested to be made, that contemplates a continuing business arrangement under which the automotive repair dealer is to repair any motor vehicle covered by the

agreement, but does not mean any warranty or extended service agreement normally given by an automotive repair facility to its customers.

(f) “Customer” means the person presenting a motor vehicle for repair and authorizing the repairs to that motor vehicle. “Customer” shall not mean the automotive repair dealer providing the repair services or an insurer involved in a claim that includes the motor vehicle being repaired or an employee or agent or a person acting on behalf of the dealer or insurer.

(g) “Director” means the Director of Consumer Affairs.

(h) “Motor vehicle” means a passenger vehicle required to be registered with the Department of Motor Vehicles and all motorcycles whether or not required to be registered by the Department of Motor Vehicles.

(i) “Person” includes a firm, partnership, association, limited liability company, participating tribe, or corporation.

(j) “Preventative maintenance services” means the following maintenance services: checking tire pressure and adding or relieving pressure, as necessary; rotating tires; changing transmission fluid, transmission filter, engine oil and filter, differential fluid, power steering fluid, and transfer case fluid; changing engine or cabin air filters, and external fuel filters; changing engine coolant; performing a fuel system induction service; replacing belts and windshield wiper blades; replacing light bulbs and restoring headlamps; adding oil or fuel treatments through the designated fill points; and topping off fluids; and all of the listed services include the removal, reinstallation, and replacement of any components necessary to perform each service, and the tapping of damaged threads without removal of any fluid pan.

(k) “Repair of motor vehicles” means all maintenance of and repairs to motor vehicles performed by an automotive repair dealer, including automotive body repair work, but excluding those repairs made pursuant to a commercial business agreement and roadside services.

(l) “Roadside services” means the services performed upon a motor vehicle for the purpose of transporting the vehicle or to permit it to be operated under its own power, by, or on behalf of, a motor club holding a certificate of authority pursuant to Chapter 2 (commencing with Section 12160) of Part 5 of Division 2 of the Insurance Code, or by an operator of a tow truck, as defined in Section 615 of the Vehicle Code, that is owned or operated by a person or entity who possesses a valid motor carrier permit, as described in Section 34620 of the Vehicle Code, and is enrolled in the Basic Inspection of Terminals program, as described in Section 34501.12 of the Vehicle Code.

SEC. 22. Section 9880.5 is added to the Business and Professions Code, to read:

9880.5. (a) As used in this chapter, the following definitions apply:

(1) “Federally recognized tribe” means a tribe located in this state and included on the list published in the Federal Register pursuant to the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. Sec. 5131) and includes an entity controlled by and established for the benefit of one or more tribes.

(2) “Participating tribe” means a federally recognized tribe that formally applies for licensure from the bureau pursuant to subdivision (b).

(b) The bureau shall license a federally recognized tribe that applies for licensure and is otherwise compliant with this chapter for the purpose of engaging in a business regulated by this chapter.

(c) Nothing in this chapter is intended to infringe upon or diminish the existing rights, privileges, and immunities of federally recognized tribes as set forth in federal, state, or tribal law, or the jurisdiction of those participating tribes.

(d) Nothing in this chapter, whether express or implied, shall confer upon the bureau or director any rights or authority to regulate any activity within the jurisdiction of a participating tribe.

(e) Any requirement to register with the Secretary of State, maintain good standing with the Secretary of State, provide a corporate number issued by the Secretary of State, or any other associated requirement shall not apply to a participating tribe.

SEC. 23. Section 19237 of the Business and Professions Code is amended to read:

19237. (a) A household mover shall not engage, or attempt to engage, in the business of the transportation of used household goods and personal effects by motor vehicle over any public highway in this state, including by any means or media, advertising, soliciting, offering, arranging as a broker, or entering into an agreement regarding the transportation of used household goods and personal effects, unless both of the following are satisfied:

(1) For transportation of household goods and personal effects within this state, there is in force a permit issued by the bureau authorizing those operations. Permits issued by the Public Utilities Commission pursuant to the former Chapter 7 (commencing with Section 5101) of Division 2 of the Public Utilities Code, that are valid and effective on the operative date of this chapter, shall remain in effect, subject to this chapter, for a period of not more than two years after the operative date of this chapter, or until the time the bureau issues, reissues, renews, suspends, revokes, or otherwise alters or amends the permit, whichever occurs earlier.

(2) (A) For transportation of household goods and personal effects from this state to another state or from another state to this state, there is in force a valid operating authority issued by the Federal Motor Carrier Safety Administration.

(B) An applicant whose principal place of business is not in this state shall not be required to meet the residency requirements pursuant to Section 19239 and shall file with the bureau its designation of persons upon whom court or agency process may be served in this state that the household mover made pursuant to Part 366 of Title 49 of the Code of Federal Regulations.

(C) If the applicant only conducts interstate household moves, the applicant shall not be required to take the examination pursuant to Section 19239 and shall file an affidavit with the bureau stating it shall not conduct any intrastate household moves in this state.

(b) A household mover that engages, or attempts to engage, in the business of the transportation of used household goods and personal effects in violation of subdivision (a) shall not enforce any security interest or bring or maintain any action in law or equity to recover any money or property or obtain any other relief from any consignor, consignee, or owner of household goods or personal effects in connection with an agreement to transport, or the transportation of, household goods and personal effects or any related services. A person who utilizes the services of a household mover operating in violation of subdivision (a) may bring an action in any court of competent jurisdiction in this state to recover all compensation paid to that household mover.

(c) The operation of a motor vehicle used in the business of transporting household goods and personal effects by a household mover that does not possess a valid permit or operating authority, as required by subdivision (a), constitutes a public nuisance. Any peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, may remove any motor vehicle located within the territorial limits in which the officer may act, when the vehicle is found upon a highway and is being used in a manner constituting a public nuisance. At the request of the bureau, the Attorney General, or a district attorney, city attorney, or county counsel, the law enforcement agency may impound the vehicle for a period not to exceed 72 hours to enable the requesting agency to abate the public nuisance, to obtain an order from the superior court of the county in which the vehicle has been impounded to prevent the use of the motor vehicle in violation of law, and to obtain any other remedy available under law as permitted by Section 19282.

(d) Any person having possession or control of used household goods or personal effects, who knows, or through the exercise of reasonable care should know, that a household mover transported those household goods or personal effects in violation of subdivision (a), shall release the household goods and personal effects to the consignor or consignee, as defined in Section 19245, upon the request of the consignor or consignee. If that person fails to release the household goods and personal effects, any peace officer, as defined in subdivision (c), may take custody of the household goods and personal effects and release them to the consignor or consignee.

(e) The bureau shall identify household movers that are authorized to conduct intrastate and interstate moves in the state on its internet website.

SEC. 24. 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.

Assembly Bill No. 1991

CHAPTER 369

An act to add Section 850.2 to the Business and Professions Code, relating to healing arts.

[Approved by Governor September 22, 2024. Filed with
Secretary of State September 22, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1991, Bonta. Licensee and registrant renewal: National Provider Identifier.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards established within the Department of Consumer Affairs, and establishes the standards for licensure or certification of health professionals. Existing law makes certain violations of specified provisions relating to healing arts by a licensee or registrant a crime.

This bill would require a healing arts board, as defined, to require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one. The bill would provide that a violation of the bill's requirements is not a crime.

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

SECTION 1. Section 850.2 is added to the Business and Professions Code, immediately following Section 850.1, to read:

850.2. (a) For purposes of this section, "healing arts board" means any board, division, or examining committee in the Department of Consumer Affairs that licenses or certifies health professionals.

(b) A healing arts board shall require a licensee or registrant who electronically renews their license or registration to provide to that board the licensee's or registrant's individual National Provider Identifier, if they have one.

(c) A violation of this section shall not constitute a crime.

Senate Bill No. 1120

CHAPTER 879

An act to amend Section 1367.01 of the Health and Safety Code, and to amend Section 10123.135 of the Insurance Code, relating to health care coverage.

[Approved by Governor September 28, 2024. Filed with
Secretary of State September 28, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1120, Becker. Health care coverage: utilization review.

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 provides for the regulation of disability insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or disability insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or disability insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or disability insurer, as applicable, for failure to comply with those requirements.

This bill would require a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, or that contracts with or otherwise works through an entity that uses that type of tool, to ensure compliance with specified requirements, including that the artificial intelligence, algorithm, or other software tool bases its determination on specified information and is fairly and equitably applied, as specified. Because a willful violation of these provisions by a health care service plan would be 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.

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

SECTION 1. Section 1367.01 of the Health and Safety Code is amended to read:

1367.01. (a) A health care service plan and any entity with which it contracts for services that include utilization review or utilization management functions, that prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, or that delegates these functions to medical groups or independent practice associations or to other contracting providers, shall comply with this section.

(b) A health care service plan that is subject to this section shall have written policies and procedures establishing the process by which the plan prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers of health care services for plan enrollees. These policies and procedures shall ensure that decisions based on the medical necessity of proposed health care services are consistent with criteria or guidelines that are supported by clinical principles and processes. These criteria and guidelines shall be developed pursuant to Section 1363.5. These policies and procedures, and a description of the process by which the plan reviews and approves, modifies, delays, or denies requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, shall be filed with the director for review and approval, and shall be disclosed by the plan to providers and enrollees upon request, and by the plan to the public upon request.

(c) A health care service plan subject to this section, except a plan that meets the requirements of Section 1351.2, shall employ or designate a medical director who holds an unrestricted license to practice medicine in this state issued pursuant to Section 2050 of the Business and Professions Code or pursuant to the Osteopathic Act, or, if the plan is a specialized health care service plan, a clinical director with California licensure in a clinical area appropriate to the type of care provided by the specialized health care service plan. The medical director or clinical director shall ensure that the process by which the plan reviews and approves, modifies, or denies, based in whole or in part on medical necessity, requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, complies with the requirements of this section.

(d) If health plan personnel, or individuals under contract to the plan to review requests by providers, approve the provider's request, pursuant to subdivision (b), the decision shall be communicated to the provider pursuant to subdivision (h).

(e) No individual, other than a licensed physician or a licensed health care professional who is competent to evaluate the specific clinical issues involved in the health care services requested by the provider, may deny or modify requests for authorization of health care services for an enrollee for reasons of medical necessity. The decision of the physician or other health care professional shall be communicated to the provider and the enrollee pursuant to subdivision (h).

(f) The criteria or guidelines used by the health care service plan to determine whether to approve, modify, or deny requests by providers prior to, retrospectively, or concurrent with, the provision of health care services to enrollees shall be consistent with clinical principles and processes. These criteria and guidelines shall be developed pursuant to the requirements of Section 1363.5.

(g) If the health care service plan requests medical information from providers in order to determine whether to approve, modify, or deny requests for authorization, the plan shall request only the information reasonably necessary to make the determination.

(h) In determining whether to approve, modify, or deny requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees, based in whole or in part on medical necessity, a health care service plan subject to this section shall meet the following requirements:

(1) Decisions to approve, modify, or deny, based on medical necessity, requests by providers prior to, or concurrent with the provision of health care services to enrollees that do not meet the requirements for the time period for review required by paragraph (2), shall be made in a timely fashion appropriate for the nature of the enrollee's condition, not to exceed five business days from the plan's receipt of the information reasonably necessary and requested by the plan to make the determination. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination, and shall be communicated to the provider in a manner that is consistent with current law. For purposes of this section, retrospective reviews shall be for care rendered on or after January 1, 2000.

(2) When the enrollee's condition is such that the enrollee faces an imminent and serious threat to the enrollee's health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decisionmaking process, as described in paragraph (1), would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function, decisions to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of health care services to enrollees, shall be made in a timely

fashion appropriate for the nature of the enrollee's condition, not to exceed 72 hours or, if shorter, the period of time required under Section 2719 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-19) and any subsequent rules or regulations issued thereunder, after the plan's receipt of the information reasonably necessary and requested by the plan to make the determination. Nothing in this section shall be construed to alter the requirements of subdivision (b) of Section 1371.4. Notwithstanding Section 1371.4, the requirements of this division shall be applicable to all health plans and other entities conducting utilization review or utilization management.

(3) Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to enrollees shall be communicated to the requesting provider within 24 hours of the decision. Except for concurrent review decisions pertaining to care that is underway, which shall be communicated to the enrollee's treating provider within 24 hours, decisions resulting in denial, delay, or modification of all or part of the requested health care service shall be communicated to the enrollee in writing within two business days of the decision. In the case of concurrent review, care shall not be discontinued until the enrollee's treating provider has been notified of the plan's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of that patient.

(4) Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall specify the specific health care service approved. Responses regarding decisions to deny, delay, or modify health care services requested by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall be communicated to the enrollee in writing, and to providers initially by telephone or facsimile, except with regard to decisions rendered retrospectively, and then in writing, and shall include a clear and concise explanation of the reasons for the plan's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. Any written communication to a physician or other health care provider of a denial, delay, or modification of a request shall include the name and telephone number of the health care professional responsible for the denial, delay, or modification. The telephone number provided shall be a direct number or an extension, to allow the physician or health care provider easily to contact the professional responsible for the denial, delay, or modification. Responses shall also include information as to how the enrollee may file a grievance with the plan pursuant to Section 1368, and in the case of Medi-Cal enrollees, shall explain how to request an administrative hearing and aid paid pending under Sections 51014.1 and 51014.2 of Title 22 of the California Code of Regulations.

(5) If the health care service plan cannot make a decision to approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2) because the plan is not in receipt of all of the

information reasonably necessary and requested, or because the plan requires consultation by an expert reviewer, or because the plan has asked that an additional examination or test be performed upon the enrollee, provided the examination or test is reasonable and consistent with good medical practice, the plan shall, immediately upon the expiration of the timeframe specified in paragraph (1) or (2) or as soon as the plan becomes aware that it will not meet the timeframe, whichever occurs first, notify the provider and the enrollee, in writing, that the plan cannot make a decision to approve, modify, or deny the request for authorization within the required timeframe, and specify the information requested but not received, or the expert reviewer to be consulted, or the additional examinations or tests required. The plan shall also notify the provider and enrollee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the plan, the plan shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2), whichever applies.

(6) If the director determines that a health care service plan has failed to meet any of the timeframes in this section, or has failed to meet any other requirement of this section, the director may assess, by order, administrative penalties for each failure. A proceeding for the issuance of an order assessing administrative penalties shall be subject to appropriate notice to, and an opportunity for a hearing with regard to, the person affected, in accordance with subdivision (a) of Section 1397. The administrative penalties shall not be deemed an exclusive remedy for the director. These penalties shall be paid to the Managed Care Administrative Fines and Penalties Fund and shall be used for the purposes specified in Section 1341.45.

(i) A health care service plan subject to this section shall maintain telephone access for providers to request authorization for health care services.

(j) A health care service plan subject to this section that reviews requests by providers prior to, retrospectively, or concurrent with, the provision of health care services to enrollees shall establish, as part of the quality assurance program required by Section 1370, a process by which the plan's compliance with this section is assessed and evaluated. The process shall include provisions for evaluation of complaints, assessment of trends, implementation of actions to correct identified problems, mechanisms to communicate actions and results to the appropriate health plan employees and contracting providers, and provisions for evaluation of any corrective action plan and measurements of performance.

(k) (1) A health care service plan, including a specialized health care service plan that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or that contracts with or otherwise works through an entity that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, shall comply with this section and shall ensure all of the following:

(A) The artificial intelligence, algorithm, or other software tool bases its determination on the following information, as applicable:

- (i) An enrollee's medical or other clinical history.
- (ii) Individual clinical circumstances as presented by the requesting provider.
- (iii) Other relevant clinical information contained in the enrollee's medical or other clinical record.

(B) The artificial intelligence, algorithm, or other software tool does not base its determination solely on a group dataset.

(C) The artificial intelligence, algorithm, or other software tool's criteria and guidelines complies with this chapter, including, but not limited to, Section 1363.5 and applicable state and federal law.

(D) The artificial intelligence, algorithm, or other software tool does not supplant health care provider decisionmaking.

(E) The use of the artificial intelligence, algorithm, or other software tool does not discriminate, directly or indirectly, against enrollees in violation of state or federal law.

(F) The artificial intelligence, algorithm, or other software tool is fairly and equitably applied, including in accordance with any applicable regulations and guidance issued by the federal Department of Health and Human Services.

(G) The artificial intelligence, algorithm, or other software tool is open to inspection for audit or compliance reviews by the department pursuant to Section 1381 and by the State Department of Health Care Services pursuant to applicable state and federal law.

(H) Disclosures pertaining to the use and oversight of the artificial intelligence, algorithm, or other software tool are contained in the written policies and procedures, as required by subdivision (b).

(I) The artificial intelligence, algorithm, or other software tool's performance, use, and outcomes are periodically reviewed and revised to maximize accuracy and reliability.

(J) Patient data is not used beyond its intended and stated purpose, consistent with the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) and the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), as applicable.

(K) The artificial intelligence, algorithm, or other software tool does not directly or indirectly cause harm to the enrollee.

(2) Notwithstanding paragraph (1), the artificial intelligence, algorithm, or other software tool shall not deny, delay, or modify health care services based, in whole or in part, on medical necessity. A determination of medical necessity shall be made only by a licensed physician or a licensed health care professional competent to evaluate the specific clinical issues involved in the health care services requested by the provider, as provided in subdivision (e), by reviewing and considering the requesting provider's recommendation, the enrollee's medical or other clinical history, as applicable, and individual clinical circumstances.

(3) For purposes of this subdivision, “artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(4) This subdivision shall apply to utilization review or utilization management functions that prospectively, retrospectively, or concurrently review requests for covered health care services.

(5) A health care service plan subject to this subdivision shall comply with applicable federal rules and guidance issued by the federal Department of Health and Human Services regarding the use of artificial intelligence, algorithm, or other software tools. The department and the State Department of Health Care Services may issue guidance to implement this paragraph within one year of the adoption of federal rules or the issuance of guidance by the federal Department of Health and Human Services regarding the use of artificial intelligence, algorithm, or other software tools. Such guidance shall not be subject 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).

(6) For purposes of implementing this subdivision, the department and the State Department of Health Care Services may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this subdivision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(7) This subdivision applies to a Medi-Cal managed care plan only to the extent that the State Department of Health Care Services obtains any necessary federal approvals, and federal financial participation is not otherwise jeopardized.

(l) The director shall review a health care service plan’s compliance with this section as part of its periodic onsite medical survey of each plan undertaken pursuant to Section 1380, and shall include a discussion of compliance with this section as part of its report issued pursuant to that section.

(m) This section shall not apply to decisions made for the care or treatment of the sick who depend upon prayer or spiritual means for healing in the practice of religion as set forth in subdivision (a) of Section 1270.

(n) Nothing in this section shall cause a health care service plan to be defined as a health care provider for purposes of any provision of law, including, but not limited to, Section 6146 of the Business and Professions Code, Sections 3333.1 and 3333.2 of the Civil Code, and Sections 340.5, 364, 425.13, 667.7, and 1295 of the Code of Civil Procedure.

SEC. 2. Section 10123.135 of the Insurance Code is amended to read:

10123.135. (a) Every disability insurer, or an entity with which it contracts for services that include utilization review or utilization

management functions, that covers hospital, medical, or surgical expenses and that prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds, or that delegates these functions to medical groups or independent practice associations or to other contracting providers, shall comply with this section.

(b) A disability insurer that is subject to this section, or any entity with which an insurer contracts for services that include utilization review or utilization management functions, shall have written policies and procedures establishing the process by which the insurer prospectively, retrospectively, or concurrently reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers of health care services for insureds. These policies and procedures shall ensure that decisions based on the medical necessity of proposed health care services are consistent with criteria or guidelines that are supported by clinical principles and processes. These criteria and guidelines shall be developed pursuant to subdivision (f). These policies and procedures, and a description of the process by which an insurer, or an entity with which an insurer contracts for services that include utilization review or utilization management functions, reviews and approves, modifies, delays, or denies requests by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds, shall be filed with the commissioner, and shall be disclosed by the insurer to insureds and providers upon request, and by the insurer to the public upon request.

(c) If the number of insureds covered under health benefit plans in this state that are issued by an insurer subject to this section constitute at least 50 percent of the number of insureds covered under health benefit plans issued nationwide by that insurer, the insurer shall employ or designate a medical director who holds an unrestricted license to practice medicine in this state issued pursuant to Section 2050 of the Business and Professions Code or the Osteopathic Initiative Act, or the insurer may employ a clinical director licensed in California whose scope of practice under California law includes the right to independently perform all those services covered by the insurer. The medical director or clinical director shall ensure that the process by which the insurer reviews and approves, modifies, delays, or denies, based in whole or in part on medical necessity, requests by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds, complies with the requirements of this section. Nothing in this subdivision shall be construed as restricting the existing authority of the Medical Board of California.

(d) If an insurer subject to this section, or individuals under contract to the insurer to review requests by providers, approve the provider's request pursuant to subdivision (b), the decision shall be communicated to the provider pursuant to subdivision (h).

(e) An individual, other than a licensed physician or a licensed health care professional who is competent to evaluate the specific clinical issues

involved in the health care services requested by the provider, may not deny or modify requests for authorization of health care services for an insured for reasons of medical necessity. The decision of the physician or other health care provider shall be communicated to the provider and the insured pursuant to subdivision (h).

(f) (1) An insurer shall disclose, or provide for the disclosure, to the commissioner and to network providers, the process the insurer, its contracting provider groups, or any entity with which it contracts for services that include utilization review or utilization management functions, uses to authorize, delay, modify, or deny health care services under the benefits provided by the insurance contract, including coverage for subacute care, transitional inpatient care, or care provided in skilled nursing facilities. An insurer shall also disclose those processes to policyholders or persons designated by a policyholder, or to any other person or organization, upon request.

(2) The criteria or guidelines used by an insurer, or an entity with which an insurer contracts for utilization review or utilization management functions, to determine whether to authorize, modify, delay, or deny health care services, shall comply with all of the following:

(A) Be developed with involvement from actively practicing health care providers.

(B) Be consistent with sound clinical principles and processes.

(C) Be evaluated, and updated if necessary, at least annually.

(D) If used as the basis of a decision to modify, delay, or deny services in a specified case under review, be disclosed to the provider and the policyholder in that specified case.

(E) Be available to the public upon request. An insurer shall only be required to disclose the criteria or guidelines for the specific procedures or conditions requested. An insurer may charge reasonable fees to cover administrative expenses related to disclosing criteria or guidelines pursuant to this paragraph that are limited to copying and postage costs. The insurer may also make the criteria or guidelines available through electronic communication means.

(3) The disclosure required by subparagraph (E) of paragraph (2) shall be accompanied by the following notice: “The materials provided to you are guidelines used by this insurer to authorize, modify, or deny health care benefits for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your insurance contract.”

(g) If an insurer subject to this section requests medical information from providers in order to determine whether to approve, modify, or deny requests for authorization, the insurer shall request only the information reasonably necessary to make the determination.

(h) In determining whether to approve, modify, or deny requests by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds, based in whole or in part on medical necessity, every insurer subject to this section shall meet the following requirements:

(1) Decisions to approve, modify, or deny, based on medical necessity, requests by providers prior to, or concurrent with, the provision of health care services to insureds that do not meet the requirements for the time period for review required by paragraph (2), shall be made in a timely fashion appropriate for the nature of the insured's condition, not to exceed five business days from the insurer's receipt of the information reasonably necessary and requested by the insurer to make the determination. In cases where the review is retrospective, the decision shall be communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination, and shall be communicated to the provider in a manner that is consistent with current law. For purposes of this section, retrospective reviews shall be for care rendered on or after January 1, 2000.

(2) When the insured's condition is such that the insured faces an imminent and serious threat to the insured's health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decisionmaking process, as described in paragraph (1), would be detrimental to the insured's life or health or could jeopardize the insured's ability to regain maximum function, decisions to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of health care services to insureds shall be made in a timely fashion, appropriate for the nature of the insured's condition, but not to exceed 72 hours or, if shorter, the period of time required under Section 2719 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-19) and any subsequent rules or regulations issued thereunder, after the insurer's receipt of the information reasonably necessary and requested by the insurer to make the determination.

(3) Decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to insureds shall be communicated to the requesting provider within 24 hours of the decision. Except for concurrent review decisions pertaining to care that is underway, which shall be communicated to the insured's treating provider within 24 hours, decisions resulting in denial, delay, or modification of all or part of the requested health care service shall be communicated to the insured in writing within two business days of the decision. In the case of concurrent review, care shall not be discontinued until the insured's treating provider has been notified of the insurer's decision and a care plan has been agreed upon by the treating provider that is appropriate for the medical needs of that patient.

(4) Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds shall specify the specific health care service approved. Responses regarding decisions to deny, delay, or modify health care services requested by providers prior to, retrospectively, or concurrent with the provision of health care services to insureds shall be communicated to insureds in writing, and to providers initially by telephone or facsimile, except with regard to decisions rendered retrospectively, and then in writing,

and shall include a clear and concise explanation of the reasons for the insurer's decision, a description of the criteria or guidelines used, and the clinical reasons for the decisions regarding medical necessity. Any written communication to a physician or other health care provider of a denial, delay, or modification or a request shall include the name and telephone number of the health care professional responsible for the denial, delay, or modification. The telephone number provided shall be a direct number or an extension, to allow the physician or health care provider easily to contact the professional responsible for the denial, delay, or modification. Responses shall also include information as to how the provider or the insured may file an appeal with the insurer or seek department review under the unfair practices provisions of Article 6.5 (commencing with Section 790) of Chapter 1 of Part 2 of Division 1 and the regulations adopted thereunder.

(5) If the insurer cannot make a decision to approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2) because the insurer is not in receipt of all of the information reasonably necessary and requested, or because the insurer requires consultation by an expert reviewer, or because the insurer has asked that an additional examination or test be performed upon the insured, provided that the examination or test is reasonable and consistent with good medical practice, the insurer shall, immediately upon the expiration of the timeframe specified in paragraph (1) or (2), or as soon as the insurer becomes aware that it will not meet the timeframe, whichever occurs first, notify the provider and the insured, in writing, that the insurer cannot make a decision to approve, modify, or deny the request for authorization within the required timeframe, and specify the information requested but not received, or the expert reviewer to be consulted, or the additional examinations or tests required. The insurer shall also notify the provider and enrollee of the anticipated date on which a decision may be rendered. Upon receipt of all information reasonably necessary and requested by the insurer, the insurer shall approve, modify, or deny the request for authorization within the timeframes specified in paragraph (1) or (2), whichever applies.

(6) If the commissioner determines that an insurer has failed to meet any of the timeframes in this section, or has failed to meet any other requirement of this section, the commissioner may assess, by order, administrative penalties for each failure. A proceeding for the issuance of an order assessing administrative penalties shall be subject to appropriate notice to, and an opportunity for a hearing with regard to, the person affected. The administrative penalties shall not be deemed an exclusive remedy for the commissioner. These penalties shall be paid to the Insurance Fund.

(i) Every insurer subject to this section shall maintain telephone access for providers to request authorization for health care services.

(j) (1) A disability insurer, including a specialized health insurer that uses an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or that contracts with or otherwise works through an entity that uses an artificial intelligence, algorithm, or

other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, shall comply with this section and shall ensure all of the following:

(A) The artificial intelligence, algorithm, or other software tool bases its determination on the following information, as applicable:

- (i) An insured's medical or other clinical history.
- (ii) Individual clinical circumstances as presented by the requesting provider.
- (iii) Other relevant clinical information contained in the insured's medical or other clinical record.

(B) The artificial intelligence, algorithm, or other software tool does not base its determination solely on a group dataset.

(C) The artificial intelligence, algorithm, or other software tool's criteria and guidelines complies with this chapter and applicable state and federal law.

(D) The artificial intelligence, algorithm, or other software tool does not supplant health care provider decisionmaking.

(E) The use of the artificial intelligence, algorithm, or other software tool does not discriminate, directly or indirectly, against insureds in violation of state or federal law.

(F) The artificial intelligence, algorithm, or other software tool is fairly and equitably applied, including in accordance with any applicable regulations and guidance issued by the federal Department of Health and Human Services.

(G) The artificial intelligence, algorithm, or other software tool is open to inspection for audit or compliance reviews by the department pursuant to applicable state and federal law.

(H) Disclosures pertaining to the use and oversight of the artificial intelligence, algorithm, or other software tool are contained in the written policies and procedures, as required by subdivision (b).

(I) The artificial intelligence, algorithm, or other software tool's performance, use, and outcomes are periodically reviewed and revised to maximize accuracy and reliability.

(J) Patient data is not used beyond its intended and stated purpose, consistent with the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code) and the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), as applicable.

(K) The artificial intelligence, algorithm, or other software tool does not directly or indirectly cause harm to the insured.

(2) Notwithstanding paragraph (1), the artificial intelligence, algorithm, or other software tool shall not deny, delay, or modify health care services based, in whole or in part, on medical necessity. A determination of medical necessity shall be made only by a licensed physician or licensed health care professional competent to evaluate the specific clinical issues involved in the health care services requested by the provider, as provided in subdivision (e), by reviewing and considering the requesting provider's recommendation,

the insured’s medical or other clinical history, as applicable, and individual clinical circumstances.

(3) For purposes of this subdivision, “artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(4) This subdivision shall apply to utilization review or utilization management functions that prospectively, retrospectively, or concurrently review requests for covered health care services.

(5) A disability insurer subject to this subdivision shall comply with applicable federal rules and guidance issued by the federal Department of Health and Human Services regarding the use of artificial intelligence, algorithm, or other software tools. The department may issue guidance to implement this paragraph within one year of the adoption of federal rules or the issuance of guidance by the federal Department of Health and Human Services regarding the use of artificial intelligence, algorithm, or other software tools. Such guidance shall not be subject 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).

(6) For purposes of implementing this subdivision, the department may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis. Contracts entered into or amended pursuant to this subdivision shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.

(k) Nothing in this section shall cause a disability insurer to be defined as a health care provider for purposes of any provision of law, including, but not limited to, Section 6146 of the Business and Professions Code, Sections 3333.1 and 3333.2 of the Civil Code, and Sections 340.5, 364, 425.13, 667.7, and 1295 of the Code of Civil Procedure.

SEC. 3. 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.