

## NOTICE OF LEGISLATIVE AND REGULATORY AFFAIRS COMMITTEE MEETING

**Friday, April 11, 2025**  
**10:00 a.m. – 3:00 p.m. or until completion of business**

To access the Webex event, attendees will need to click the following link and enter their first name, last name, email, and the event password listed below:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mbc0108e74bb0c10e0213073f637874ee>

*If joining using the link above*

Webinar number: 2497 584 7231

Webinar password: BOP411

*If joining by phone*

+1-415-655-0001 US Toll

Access code: 2497 584 7231

Passcode: 267411

The Legislative and Regulatory Affairs Committee will hold the Committee Meeting via WebEx, as noted above, and in-person at:

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

**Licensees attending the meeting either in-person or through Webex will receive Continuing Professional Development (CPD) credit. For meetings lasting a full day, six (6) hours will be credited to the individuals who attend the full duration of the meeting. In cases of 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. Meeting hours and order of agenda items may differ as items may be addressed out of order as deemed necessary, and there is no specific timeframe designated to each agenda item. The total of CPD hours credited for attending the full duration of the meeting will be provided prior to the end of open session or adjournment.**

To avoid potential technical difficulties, please consider submitting written comments by April 4, 2025, to [bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov) for consideration.

**Committee Members**

Sheryll Casuga, PsyD, CMPC, Chair  
(remote)  
Marisela Cervantes, EdD, MPA,  
(remote)  
Shacunda Rodgers, PhD (remote)

**Board Staff**

Jonathan Burke, Executive Officer  
Cynthia Whitney, Central Services  
Manager  
Sandra Monterrubio, Enforcement  
Program Manager  
Stephanie Cheung, Licensing Manager  
Jacklyn Mancilla, Legislative and  
Regulatory Affairs Analyst  
Troy Polk, Continuing Professional  
Development Coordinator  
Anthony Pane, Board Counsel  
Sam Singh, Regulatory Counsel

Friday, April 11, 2025

**AGENDA**

**10:00 a.m. – 3:00 p.m. or Until Completion of Business**

1. Call to Order/Roll Call/Establishment of a Quorum
2. Chairperson’s Welcome and Opening Remarks
3. Public Comment for Items Not on the Agenda. 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)].
4. Discussion and Possible Approval of the Committee Meeting Minutes: June 14, 2024 (C. Whitney)
5. Legislation from the 2025 Legislative Session: Review and Possible Action (S. Casuga)
  - a) Legislative Proposals
    1. 2025 Sunset Review Report
  - b) Review of Bills for Review and Consideration for Action Position Recommendation to the Board
    1. SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing
    2. AB 677 (Solache) Professions and vocations: license examinations: interpreters

3. SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions
- c) Bills with Active Positions Taken by the Board
  1. AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence
- d) Watch Bills
  1. AB 81 (Ta) Veterans: mental health
  2. AB 257 (Flora) Specialty care network: telehealth and other virtual services
  3. AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks
  4. AB 346 (Nguyen) In home support services: licensed healthcare professionals' certification
  5. AB 742 (Elhawary) Licensing: applicants who are descendants of slaves
  6. SB 518 (Weber Pierson) Descendants of enslaved persons: reparations
  7. SB 579 (Padilla) Mental health and artificial intelligence working group
  8. AB 479 (Tangia) Criminal procedure: vacatur relief.
  9. AB 985 (Ahrens) Health care practitioners: titles: name tags.
6. 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
7. Regulatory Update, Review, and Consideration of Additional Changes (S. Casuga)
  - a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
  - b) 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
  - c) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, and 1397.55 - Enforcement Provisions
  - d) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations
  - e) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282
  - f) 16 CCR sections 1390 – 1390.14 – Research Psychoanalyst Regulation
  - g) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

8. 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)].

## **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 Committee is unavailable, the chair may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full Committee 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.

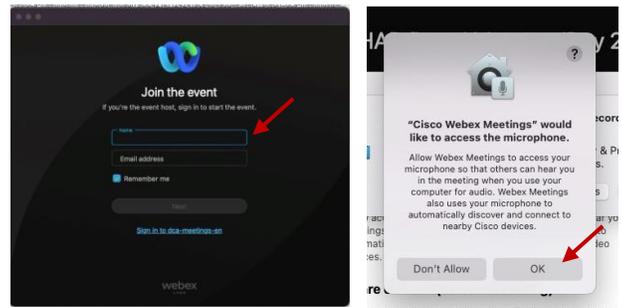
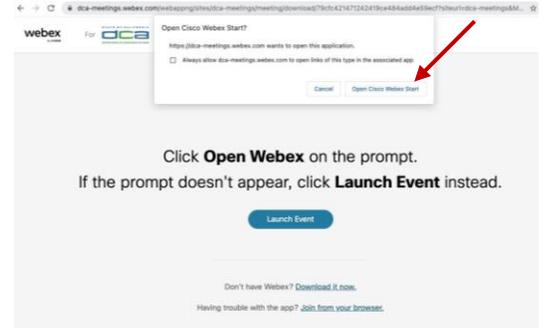
You may access this agenda and the meeting materials at [www.psychology.ca.gov](http://www.psychology.ca.gov). The meeting may be canceled without notice. To confirm a specific meeting, please contact the Board.

Contact Person: Jonathan Burke  
1625 N. Market Boulevard, Suite N-215  
Sacramento, CA 95834  
(916) 574-7720  
[bopmail@dca.ca.gov](mailto:bopmail@dca.ca.gov)

*The goal of this committee is to advocate and promote legislation that advances the ethical and competent practice of psychology to protect consumers of psychological services. The committee reviews and tracks legislation that affects the Board, consumers, and the profession of psychology, and recommends positions on legislation for consideration by the Board.*

## 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.

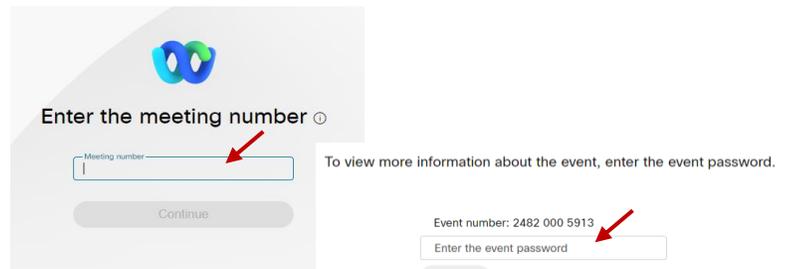
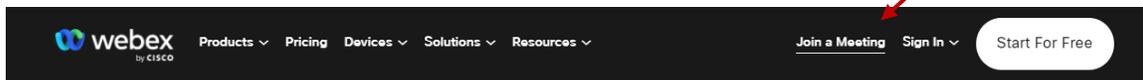


\* Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative, and a fictitious email address like in the following sample format: XXXXX@mailinator.com.

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".



Join information

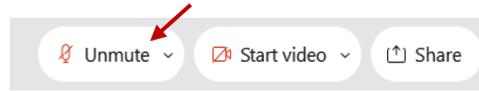
OR

## 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.



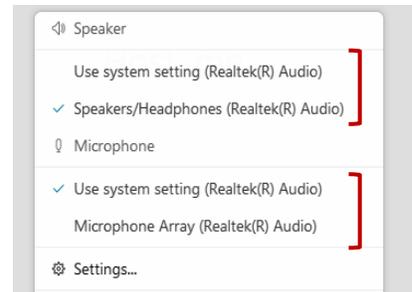
Red microphone = Muted: No one in the meeting can hear you.

*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".*



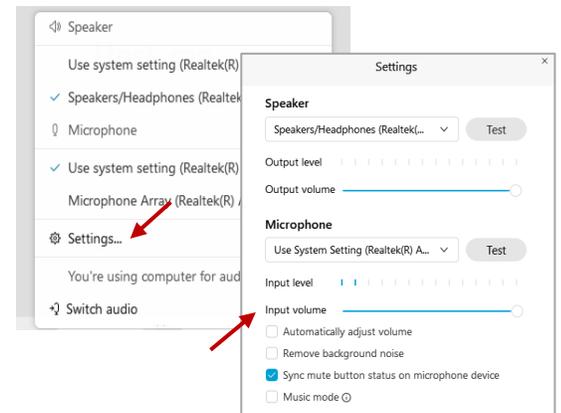
### If you cannot hear or be heard

- 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

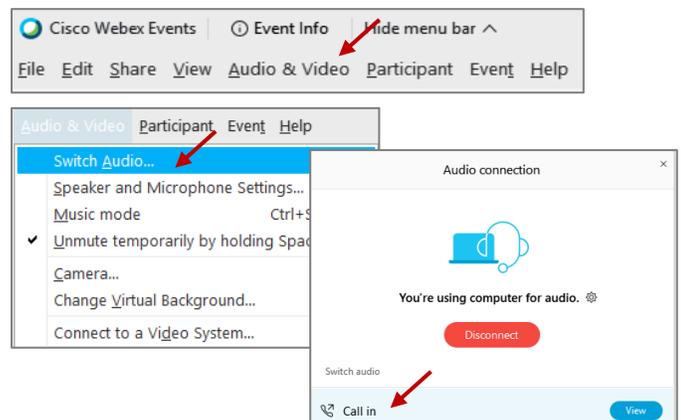
- 1 Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
- 2 From the pop-up window:
  - Click on "Settings...":
  - Drag the "Input Volume" located under microphone settings to adjust your volume.



### 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.



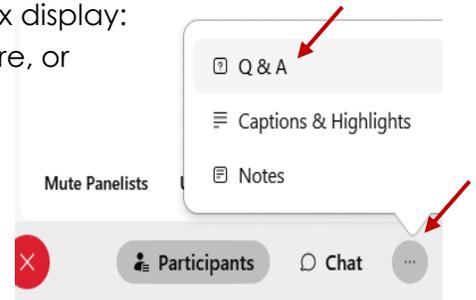
The question-and-answer (Q&A) and hand raise features are utilized for public comments.

*NOTE: This feature is not accessible to those joining the meeting via telephone.*

### Q&A Feature

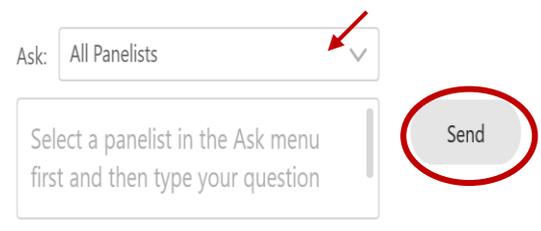
1 Access the Q&A panel at the bottom right of the Webex display:

- 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

### Hand Raise Feature

- 1
- Hovering over your own name.
  - Clicking the hand icon that appears next to your name.
  - Repeat this process to lower your hand.

If connected via telephone:

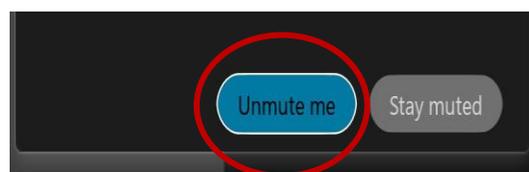
- Utilize the raise hand feature by pressing \*3 to raise your hand.
- Repeat this process to lower your hand.

### Unmuting Your Microphone



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.

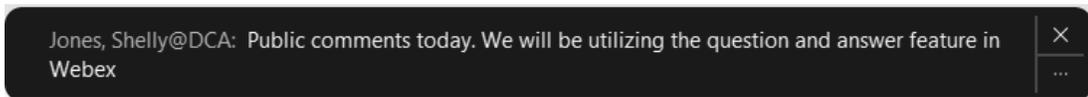


OR

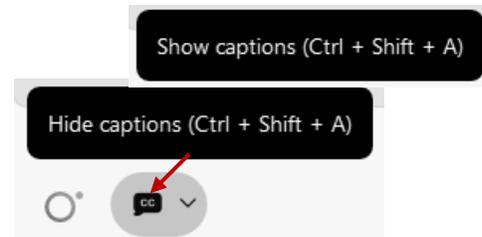
If connected via telephone:

- Press \*3 to unmute your microphone.

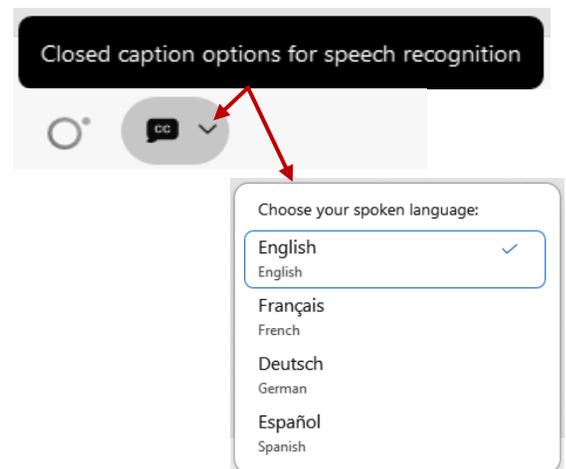
Webex provides real-time closed captioning displayed in a dialog box on your screen. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



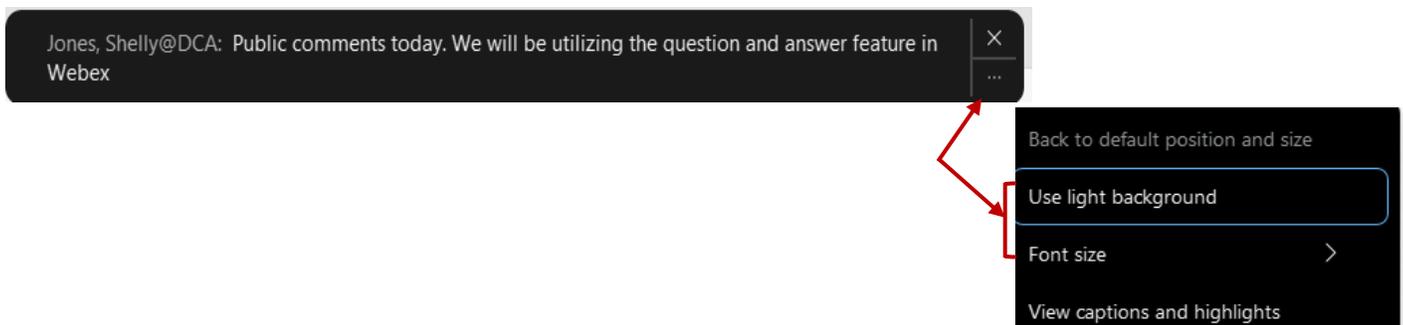
The closed captioning can be hidden from view by clicking on the closed captioning icon. You can repeat this action to unhide the dialog box.



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

<b>DATE</b>	March 21, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee Members
<b>FROM</b>	Cynthia Whitney Central Services Manager
<b>SUBJECT</b>	Agenda Item # 4 – Discussion and Possible Approval of the Committee Meeting Minutes: June 14, 2024

**Background:**

Attached are the draft minutes of the June 14, 2024, Committee Meeting.

**Action Requested:**

Review and approve the minutes of the June 14, 2024, Committee Meeting.

1 **Legislative And Regulatory Affairs Committee Meeting**

2

3 **Committee Members**

4 Marisela Cervantes, EdD, MPA, Chairperson

5 Sheryll Casuga, PsyD

6 Stephen Phillips, JD, PsyD

7

8 **Committee Members Absent**

9 None

10

11 **Board Staff**

12 Antonette Sorrick, Executive Officer

13 Jonathan Burke, Assistant Executive Officer

14 Cynthia Whitney, Central Services Manager

15 Stephanie Cheung, Licensing Manager

16 Evan Gage, Special Projects Analyst

17 Anthony Pane, Board Counsel

18 Sam Singh, Regulatory Counsel

19

Friday, June 14, 2024

20

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

22

23 Dr. Cervantes called the meeting to order at 10:07 a.m. A quorum was present and due  
24 notice had been sent to all interested parties.

25

26 **Agenda Item #2: Chairperson's Welcome and Opening Remarks**

27

28 Dr. Cervantes offered opening remarks.

29

30 Ms. Whitney made a statement regarding CPD credit for meeting attendees.

31

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

36

37 Dr. Cervantes called for public comment.

38

39 Public comment addressed concerns over meetings not being held live to allow in-  
40 person attendance.

41

42 Dr. Phillips joined the meeting at 10:25 am.

43

44 **Agenda Item #4: Discussion and Possible Approval of Legislative and Regulatory**  
45 **Affairs Committee Meeting Minutes: April 12, 2024**

46  
47 Dr. Cervantes called for Committee comments.

48  
49 No Committee comment was offered.

50  
51 It was (M)Casuga(S)Phillips(C) to adopt the April 12, 2024, Legislative and Regulatory  
52 Affairs Committee meeting minutes.

53  
54 Dr. Cervantes called for public comment.

55  
56 No public comment was offered.

57  
58 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes

59  
60 **Agenda Item #5: Legislation from the 2024 Legislative Session: Review and**  
61 **Possible Action**

62  
63 Mr. Polk provided the update on this item.

64  
65 a) Legislative Proposals SB 1526 – Consumer Affairs - Psychological Associates:  
66 Business and Professions Code (BPC) Section 2913: Change of Supervisor Fee:  
67 Business and Professions Code Section 2987: Health and Safety Code (HSC) 124260

68  
69 On April 17<sup>th</sup>, SB 1526 was amended to include HSC's 1374.72 and 128454 to update  
70 registration categories.

71  
72 Staff will continue to monitor this bill.

73  
74 This item was informational only and no Committee action was taken.

75  
76 **b) Review of Bills with Active Positions Recommendations to the Board**

77  
78 Mr. Polk provided the update on this item.

79  
80 1. AB 236 (Holden) Health care coverage: provider directories

81  
82 Update begins on page 108 of the materials packet.

83  
84 Staff recommended maintaining a watch on this bill.

85  
86 Dr. Cervantes called for Committee comment.

87  
88 Dr. Phillips commented that there is concern among licensees who continue to be  
89 reflected on outdated listings, but that this issue falls outside of the Board's purview. He  
90 agreed with the watch recommendation.

91

92 Dr. Casuga agreed with Dr. Phillips and with the staff recommendation to maintain a  
93 watch on this bill.  
94  
95 This item was informational only, and no Committee action was taken.  
96  
97 2. SB 294 (Wiener) Health care coverage: independent medical review  
98  
99 Update begins on page 152 of the materials packet.  
100  
101 Staff recommended maintaining a watch on this bill.  
102  
103 Dr. Cervantes called for Committee comments.  
104  
105 Dr. Phillips commented that since this bill deals with insurance, it is again somewhat  
106 outside of the Board's purview, though he appreciates the reasons for it. He agreed with  
107 the staff recommendation to watch this bill.  
108  
109 Dr. Casuga commented that she was always mindful that mental health services should  
110 be available equitably, while acknowledging that this bill falls outside the Board's  
111 purview. She agreed with the staff recommendation to maintain a watch on this bill.  
112  
113 Dr. Cervantes agreed that this bill falls outside of the Board's purview, and supported  
114 maintaining a watch position on this bill.  
115  
116 3. SB 999 (Wiener) Health coverage: mental health and substance use disorders  
117  
118 Update begins on page 171 of the materials packet.  
119  
120 Staff recommended maintaining a watch on this bill.  
121  
122 Dr. Cervantes called for Committee comment.  
123  
124 Based on Mr. Polk's assertion that much of this bill pertains to Health Code, Dr. Phillips  
125 commented in support of a watch position.  
126  
127 Dr. Casuga expressed support of a watch position while echoing her earlier comments  
128 about supporting access to mental health services.  
129  
130 4. SB 1120 (Becker) Health care coverage: utilization review  
131  
132 Update begins on page 192 of the materials packet.  
133  
134 Staff recommended maintaining a watch on this bill.  
135  
136 Dr. Cervantes called for Committee comment.  
137

138 Dr. Phillips echoed his sentiments regarding the earlier bills in this item and supported a  
139 watch position.

140

141 Dr. Casuga commented that it was good to review bills such as the foregoing, even  
142 thought they may not directly impact the provision of mental health services per se. She  
143 supported a watch position.

144

145 Dr. Cervantes concurred on supporting a watch position on this bill.

146

#### 147 5. SB 1451 (Ashby) Professions and vocations

148

149 Update begins on page 215 of the materials packet.

150

151 Staff recommended a position of Support if Amended, with the intent that with the  
152 addition of clarifying language, licensees would still be able to identify themselves by  
153 the term “doctor”, as long as the use was not misleading or easily misconstrued.

154

155 Mr. Pane commented that enforcement of the term “doctor” is under the control of the  
156 Medical Board of California (MBC), and that this bill seeks to provide more context for  
157 how that term might be used.

158

159 Dr. Cervantes called for Committee comment.

160

161 Dr. Phillips commented on the importance of bringing clarification to the bill, especially  
162 to recognize that licensees of the Board are not likely to impersonate licensees of MBC  
163 and should have the right to assert the achieving a doctorate degree. He supports the  
164 staff recommendation to take a Support If Amended position, or possibly to take an  
165 Oppose Unless Amended, whichever was most appropriate.

166

167 Dr. Cervantes commented in favor of taking an Oppose Unless Amended position.

168

169 It was (M)Phillips(S)Casuga(C) to recommend to the Board taking an Oppose Unless  
170 Amended position on SB 1451 to further contextualize the use of the word ‘doctor’, or  
171 the prefix ‘Dr.’.

172

173 Dr. Casuga asked staff to comment on what impacts there might be to board operations  
174 if SB 1451 passed in its current form, without the desired amendments.

175

176 Mr. Polk commented that it would be possible that more complaints would be filed with  
177 the board, without the clarification sought by the Board as to the use of the terms  
178 ‘doctor’ and ‘Dr.’.

179

180 Ms. Sorrick commented that licensees have expressed not wanting to run afoul of the  
181 Medical Practice Act, so further context and clarification is desirable to avoid this.

182

183 Dr. Cervantes called for public comment.

184

185 Dr. Andrea Davis of CPA Local Advocacy Networking Committee recommended an  
186 Oppose Unless Amended position on SB 1451, commenting that the bill as written  
187 might cause California to be the only jurisdiction in the world where Psychologists' use  
188 of these terms would be questioned.

189

190 Dr. Elizabeth Winkelman of CPA commented that there already are restrictions on how  
191 Psychologists use these terms, so it is important to fix the existing language so that  
192 prohibitions do not needlessly expand and put Psychologists on difficult legal standing.

193

194 June Hayes, PhD commented in support of taking an Opposed Unless Amended  
195 position, given the excessive scope of this bill's language, which would implicate many  
196 professionals across many fields for their use of these terms.

197

198 Further comment spoke to the discredit done to licensees by being prohibited from  
199 using these terms after having worked many years to obtain a doctorate, and that there  
200 would be confusion as to whether use of these terms was prohibited across the board,  
201 or only in medical settings.

202

203 Tyler Rinde, Director of Government Affairs at CPA, commented that the language in  
204 question was added a few days before the Senate B&P Committee hearing, and  
205 stakeholders were not notified about the addition; however, clarifying language  
206 exempting psychologists and other professionals possessing a doctorate degree has  
207 not been put forth, and Mr. Rinde appreciates the Committee's position to oppose the  
208 bill unless amended.

209

210 Additional comment was offered in support of the Committee's position to oppose this  
211 bill unless amended.

212

213 Mr. Pane commented that under current statute, the Medical Board prohibits the holder  
214 of a doctorate degree from identifying themselves as a medical surgeon, and this is how  
215 the statute has been applied up until the present. This bill intends to provide additional  
216 clarification about how the existing prohibition is to be applied.

217

218 Dr. Phillips commented that while the proposed language is overbroad and could sweep  
219 up psychologists or others who rightly use the term 'doctor', the intent of the bill would  
220 seem to have more to do with the use of titles like 'naturopathic doctor' or 'functional  
221 medical doctor', which could cause confusion as to that individual's qualifications.

222

223 Dr. Casuga commented that for the field of psychology, it is important to maintain that  
224 psychologists have parity with medical doctors in terms of providing critical services to  
225 consumers which are distinct from what other practitioners holding a doctorate might

226 provide. She added that psychologists should continue to be recognized for their  
227 educational attainment without being concerned about violating Medical Board statute.  
228

229 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes  
230

### 231 c) Bills with Active Positions Taken by the Board 232

- 233 1. AB 1991 (Bonta) Licensee and Registrant Records
- 234 2. AB 2051 (Bonta) Psychology interjurisdictional compact
- 235 3. AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental and  
236 physical health
- 237 4. AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health 2
- 238 5. AB 2703 (Aguiar-Curry) Federally qualified health centers and rural health clinics:  
239 psychological associates
- 240 6. SB 1012 (Wiener) The Regulated Psychedelic-assisted Therapy Act and the  
241 Regulated Psychedelic Substances Control Act
- 242 7. SB 1067 (Smallwood-Cuevas) Healing Arts: expedited licensure process: medically  
243 underserved area or population  
244

245 Mr. Polk provided an update on AB 1991, starting on page 245 of the meeting materials.  
246

247 Mr. Polk then provided an update on SB 1012, commenting that it failed to move out of  
248 the Appropriations Committee and was no longer moving through the legislative  
249 process.  
250

251 Mr. Polk provided an update on SB 1067, starting on page 451 of the meeting materials.  
252

253 Dr. Cervantes called for Committee comment.  
254

255 No Committee comment was offered.  
256

### 257 d) Watch Bills 258

- 259 1. AB 2282 (McKinnor) Family reunification services
- 260 2. AB 2862 (Gipson) Licenses: African American applicants  
261

262 Dr. Cervantes called for Committee comment.  
263

264 No Committee comment was offered.  
265

266 Dr. Cervantes called for public comment.  
267

268 Stephanie Chen of the California Institute of Integral Studies shared the Committee's  
269 concerns about AB 2051 and also opposes this bill.  
270

271 Dr. Andrea Davis of Greenhouse Therapy Center commented that she hoped the Board  
272 might reconsider future bills that pertain to insurance in terms of the effect they have on  
273 the practice of psychology.

274

275 Dr. Casuga asked Mr. Polk to share any updates on AB 2051 since there had just been  
276 public comment on it.

277

278 Mr. Polk provided an update on AB 2051, starting on page 256 of the meeting materials.

279

280 **Agenda Item #6: Legislative Items for Future Meeting. The Committee May**  
281 **Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such**  
282 **Items Should be on a Future Committee or Board Meeting Agenda and/or Whether**  
283 **to Hold a Special Meeting of the Committee or Board to Discuss Such Items**  
284 **Pursuant to Government Code Section 11125.4**

285

286 Dr. Cervantes called for Committee and staff comments.

287

288 Dr. Cervantes called for public comment.

289

290 No public comment offered.

291

292 **Agenda Item #7: Regulatory Update, Review, and Consideration of Additional**  
293 **Changes**

294

295 **a) 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates**  
296 **Registration and Reactivating a Psychological Associate Registration**

297

298 Mr. Polk provided the update on this item, starting on page 496 of the meeting  
299 materials.

300

301 Dr. Cervantes called for Committee comment.

302

303 No comment offered.

304

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

307

308 No discussion on item 7b.

309

310 **c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3,**  
311 **1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10,**  
312 **1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8,**  
313 **1391.11, and 1391.12 – Pathways to Licensure**

314

315 No discussion on item 7c.

316

317 d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397,  
318 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53,  
319 1397.54, and 1397.55 - Enforcement Provisions

320  
321 No discussion on item 7d.

322  
323 e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations

324  
325 No discussion on item 7e.

326  
327 f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 EPPP-2

328  
329 Mr. Polk provided the update on this item, starting on page 497 of the meeting  
330 materials.

331  
332 g) 16 CCR sections 1367-1378.5 – Research Psychoanalyst Registration

333  
334 Mr. Polk provided the update on this item, on page 488 of the meeting materials.

335  
336 **Agenda Item #8: Recommendations for Agenda Items for Future Board Meetings.**  
337 **Note: The Committee May Not Discuss or Take Action on Any Matter Raised**  
338 **During This Public Comment Section, Except to Decide Whether to Place the**  
339 **Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and**  
340 **11125.7(a)].**

341  
342 Dr. Cervantes called for Committee and staff comment.

343  
344 No Committee or staff comment offered.

345  
346 Dr. Cervantes called for public comment.

347  
348 No public comment offered.

349  
350 **ADJOURNMENT**

351  
352 The meeting adjourned at 12:15 p.m.

353  
354  
355  
356  
357

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 5(b)(1) Review of Bills for Review and Consideration for Action Position Recommendation to the Board – SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

### **Background**

On February 19, 2025, SB 470 was introduced by Senator Laird.

This bill permanently extends the Bagley-Keene Open Meeting Act provisions established by SB 544, for state body teleconferencing that was originally set to expire on January 1, 2026. The bill maintains the rules that allow state bodies and advisory boards to conduct meetings via teleconference with several key requirements: that meetings are visible and audible to the public, provide remote access, allow for public comments, post agendas online, and require at least one member to be physically present at a teleconference location. The legislation permits member's remote participation under certain conditions, such as accommodating physical or mental disabilities, and mandates roll-call votes with public reporting of actions. Members are required to appear on camera during open meetings. By removing the expiration date, the bill solidifies these teleconferencing provisions as a permanent aspect of California's open meeting laws, reflecting changes made during the COVID-19 pandemic that improved government transparency and accessibility.

On February 26, 2025, SB 470 was referred to the Senate Committee on Governmental Organizations and the Senate Committee on Judiciary.

### **Action Requested**

Board staff recommends the Board take a **Support** position on SB 470.

Attachment #1: SB 470 Bill Analysis

Attachment #2: [Bill Text](#)

Attachment #3: Fact Sheet

## 2025 Bill Analysis

<b>Author:</b> Senator John Laird	<b>Bill Number:</b> SB 470	<b>Related Bills:</b>
<b>Sponsor:</b>	<b>Version:</b> Introduced	
<b>Subject:</b> Bagley-Keene Open Meeting Act: teleconferencing		

### SUMMARY

This bill permanently extends the Bagley-Keene Open Meeting Act provisions established by SB 544, for state body teleconferencing that was originally set to expire on January 1, 2026. The bill maintains the rules that allow state bodies and advisory boards to conduct meetings via teleconference with several key requirements: that meetings are visible and audible to the public, provide remote access, allow for public comments, post agendas online, and require at least one member to be physically present at a teleconference location. The legislation permits member’s remote participation under certain conditions, such as accommodating physical or mental disabilities, and mandates roll-call votes with public reporting of actions. Members are required to appear on camera during open meetings. By removing the expiration date, the bill solidifies these teleconferencing provisions as a permanent aspect of California's open meeting laws, reflecting changes made during the COVID-19 pandemic that improved government transparency and accessibility.

### RECOMMENDATION

Staff Recommendation: Board staff recommends the Board take a **Support** position on SB 470.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s) <input type="checkbox"/> Affects Licensing Processes <input type="checkbox"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause <input type="checkbox"/> Regulations Required <input type="checkbox"/> Legislative Reporting <input type="checkbox"/> New Appointment Required	
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch	<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

## **REASON FOR THE BILL**

Senator Laird states, “SB 470 builds on the success of SB 544, leveraging technology to improve equity, public engagement, and access, all while maintaining transparency in decision-making.” Teleconferencing provisions, initially introduced during the pandemic, broadened access for people with disabilities, seniors, and those who could not travel. Senator Laird further highlights that teleconferencing options reduce meeting costs by 90%. By adopting technology and eliminating barriers, this legislation ensures that all Californians, regardless of their circumstances, can participate in state government decision-making.

## **ANALYSIS**

This bill amends the Bagley-Keene Open Meeting Act’s teleconferencing provisions established by SB 544, by repealing the January 1, 2026, sunset date. This ensures more accessible and transparent teleconferencing practices will continue indefinitely. For the purposes of this bill, “teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video.

The Bagley-Keene Open Meeting Act, with specified exceptions, requires that all meetings of a state body be open and public, and all persons be permitted to attend any meeting of a state body. The act authorizes state bodies to hold meetings via teleconference, provided the agenda lists all teleconference locations, each location is open to the public, and at least one member is physically present at the designated location. For the purposes of this bill, a “teleconference location” means a physical location that is accessible to the public and from which members of the public may participate in the meeting.

Under current law, these alternative teleconferencing provisions are scheduled to be repealed on January 1, 2026. The bill removes the January 1, 2026, repeal date, authorizing these alternative teleconferencing provisions indefinitely. This means that state bodies can continue using these more flexible meeting arrangements without a future statutory expiration.

There is a similar set of alternative teleconferencing provisions for multi member state advisory bodies, which include designating a primary physical meeting location (where the public can attend) and requiring visible on-camera appearances by state body members. These provisions also have a repeal date of January 1, 2026. The bill similarly removes the sunset clause for these provisions, making them permanent. This ensures that the alternative, more flexible format remains in place.

Existing constitutional provisions mandate that any statute limiting public access to meetings or writings must include findings that justify the limitation—demonstrating both

the interest protected and the necessity for the limitation. The bill incorporates legislative findings to satisfy this constitutional requirement, thereby providing the legal rationale for maintaining the flexible teleconferencing options despite their potential impact on traditional public access norms.

## **LEGISLATIVE HISTORY**

The Brown Act of 1953, “public access law,” ensures the public’s right to attend the meetings of public agencies, facilitates public participation, and protects the democratic process. Modeled after the Brown Act, the Bagley-Keene Open Meeting Act of 1967 declared that all meetings of public bodies and the writings of public officials and agencies shall be open to the public, explicitly mandating open meetings for California State agencies, boards, and commissions. The Bagley-Keene Act facilitates accountability and transparency of California government activities and protects the rights of citizens to participate in state government deliberations.

SB 544 (Laird), passed and enacted in September 2023, set forth provisions for holding all state body meetings via teleconference. This legislation requires that teleconference meeting agendas be posted at all locations, with a designated physical location arranged for public attendance and at least one member of the state body present in person. The teleconference locations must be listed in the agenda, and all locations must be accessible to the public. Additionally, the agenda must provide the public with an opportunity to address the state body directly. The bill also mandates that all votes during teleconference meetings be conducted by roll call, and that the state body publicly report any actions taken, including the votes and abstentions of each member present. Furthermore, any closed portions of the teleconference meeting may not include the consideration of agenda items. This bill is set to expire on January 1, 2026.

## **OTHER STATES' INFORMATION**

Not applicable at this time.

If a federal/national program is impacted, it should be noted here.

## **PROGRAM BACKGROUND**

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

## **FISCAL IMPACT**

Existing law ensures public access to meetings of public agencies and encourages participation in local government decision-making. The teleconference option enhances

transparency and involvement by making it more accessible for individuals, including students, professionals, and businesses, to participate without the financial burden of travel. This is particularly beneficial for licensees seeking continuing professional development hours who would otherwise face travel costs.

Making teleconferencing a permanent option provides the Board with flexibility, reducing travel burdens and improving meeting efficiency. For the Board, teleconference meetings save an estimated \$7,600 in travel costs and \$3,600 in meeting expenses annually. These estimates are based on four annual Board meetings, two annual licensure committee meetings, two legislative and regulatory affairs committee meetings, and one outreach and communications committee meeting. Meetings held via Webex allow free access, and the Board ensures public participation by providing meeting materials and agendas online and working with IT and SOLID for accessibility. At least one Board member and staff are present at all meeting locations, which are accessible both via teleconference and in-person.

**ECONOMIC IMPACT**

Not applicable at this time.

**LEGAL IMPACT**

Not applicable at this time.

**APPOINTMENTS**

Not applicable at this time.

**SUPPORT/OPPOSITION**

Not applicable at this time.

**Support:****Opposition:****ARGUMENTS**

Not applicable at this time.

**Proponents:****Opponents:**

**AMENDMENTS**

**Introduced by Senator Laird**February 19, 2025

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An act to amend Section 11123.2 of, and to amend and repeal Section 11123.5 of, the Government Code, relating to state government.

## LEGISLATIVE COUNSEL'S DIGEST

SB 470, as introduced, Laird. Bagley-Keene Open Meeting Act: teleconferencing.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

The act authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, as defined, that a majority of the members of the state body are physically present at the same teleconference location, except as specified, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. The act authorizes,

under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. The act repeals these provisions on January 1, 2026.

This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described additional, alternative set of teleconferencing provisions indefinitely.

The act authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that are in addition to the above-described provisions generally applicable to state bodies. These alternative provisions specify requirements, including, among others, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the state body to be present at the primary physical meeting location during the meeting, and that the members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. Existing law repeals these provisions on January 1, 2026.

This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described alternative set of teleconferencing provisions for multimember state advisory bodies indefinitely.

The act, beginning January 1, 2026, removes the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

This bill would repeal those provisions.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

1 SECTION 1. Section 11123.2 of the Government Code is  
2 amended to read:

3 11123.2. (a) For purposes of this section, the following  
4 definitions apply:

5 (1) “Teleconference” means a meeting of a state body, the  
6 members of which are at different locations, connected by  
7 electronic means, through either audio or both audio and video.

8 (2) “Teleconference location” means a physical location that is  
9 accessible to the public and from which members of the public  
10 may participate in the meeting.

11 (3) “Remote location” means a location from which a member  
12 of a state body participates in a meeting other than a teleconference  
13 location.

14 (4) “Participate remotely” means participation by a member of  
15 the body in a meeting at a remote location other than a  
16 teleconference location designated in the notice of the meeting.

17 (b) (1) In addition to the authorization to hold a meeting by  
18 teleconference pursuant to subdivision (b) of Section 11123 and  
19 Section 11123.5, a state body may hold an open or closed meeting  
20 by teleconference as described in this section, provided the meeting  
21 complies with all of this section’s requirements and, except as set  
22 forth in this section, it also complies with all other applicable  
23 requirements of this article relating to the specific type of meeting.

24 (2) This section does not limit or affect the ability of a state  
25 body to hold a teleconference meeting under another provision of  
26 this article, including Sections 11123 and 11123.5.

27 (c) The portion of the teleconferenced meeting that is required  
28 to be open to the public shall be visible and audible to the public  
29 at each teleconference location.

30 (d) (1) The state body shall provide a means by which the public  
31 may remotely hear audio of the meeting, remotely observe the  
32 meeting, remotely address the body, or attend the meeting by  
33 providing on the posted agenda a teleconference telephone number,  
34 an internet website or other online platform, and a physical address  
35 for each teleconference location. The telephonic or online means  
36 provided to the public to access the meeting shall be equivalent to  
37 the telephonic or online means provided to a member of the state  
38 body participating remotely.

1 (2) The applicable teleconference telephone number, internet  
2 website or other online platform, and physical address of each  
3 teleconference location, as well as any other information indicating  
4 how the public can access the meeting remotely and in person,  
5 shall be specified in any notice required by this article.

6 (3) If the state body allows members of the public to observe  
7 and address the meeting telephonically or otherwise electronically,  
8 the state body shall do both of the following:

9 (A) Implement a procedure for receiving and swiftly resolving  
10 requests for reasonable modification or accommodation from  
11 individuals with disabilities, consistent with the federal Americans  
12 with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and  
13 resolving any doubt whatsoever in favor of accessibility.

14 (B) Advertise that procedure each time notice is given of the  
15 means by which members of the public may observe the meeting  
16 and offer public comment.

17 (e) This section does not prohibit a state body from providing  
18 members of the public with additional locations from which the  
19 public may observe or address the state body by electronic means,  
20 through either audio or both audio and video.

21 (f) (1) The agenda shall provide an opportunity for members  
22 of the public to address the state body directly pursuant to Section  
23 11125.7.

24 (2) Members of the public shall be entitled to exercise their right  
25 to directly address the state body during the teleconferenced  
26 meeting without being required to submit public comments before  
27 the meeting or in writing.

28 (g) The state body shall post the agenda on its internet website  
29 and, on the day of the meeting, at each teleconference location.

30 (h) This section does not affect the requirement prescribed by  
31 this article that the state body post an agenda of a meeting in  
32 accordance with the applicable notice requirements of this article,  
33 including Section 11125, requiring the state body to post an agenda  
34 of a meeting at least 10 days in advance of the meeting, Section  
35 11125.4, applicable to special meetings, and Sections 11125.5 and  
36 11125.6, applicable to emergency meetings.

37 (i) At least one member of the state body shall be physically  
38 present at each teleconference location.

39 (j) (1) Except as provided in paragraph (2), a majority of the  
40 members of the state body shall be physically present at the same

1 teleconference location. Additional members of the state body in  
2 excess of a majority of the members may attend and participate in  
3 the meeting from a remote location. A remote location is not  
4 required to be accessible to the public. The notice and agenda shall  
5 not disclose information regarding a remote location.

6 (2) A member attending and participating from a remote location  
7 may count toward the majority required to hold a teleconference  
8 if both of the following conditions are met:

9 (A) The member has a need related to a physical or mental  
10 disability, as those terms are defined in Sections 12926 and  
11 12926.1, that is not otherwise reasonably accommodated pursuant  
12 to the federal Americans with Disability Act of 1990 (42 U.S.C.  
13 Sec. 12101 et seq.).

14 (B) The member notifies the state body at the earliest  
15 opportunity possible, including at the start of a meeting, of their  
16 need to participate remotely, including providing a general  
17 description of the circumstances relating to their need to participate  
18 remotely at the given meeting.

19 (3) If a member notifies the body of the member's need to attend  
20 and participate remotely pursuant to paragraph (2), the body shall  
21 take action to approve the exception and shall request a general  
22 description of the circumstances relating to the member's need to  
23 participate remotely at the meeting, for each meeting in which the  
24 member seeks to participate remotely. The body shall not require  
25 the member to provide a general description that exceeds 20 words  
26 or to disclose any medical diagnosis or disability, or any personal  
27 medical information that is already exempt under existing law,  
28 such as the Confidentiality of Medical Information Act (Part 2.6  
29 (commencing with Section 56) of Division 1 of the Civil Code).

30 (4) If a member of the state body attends the meeting by  
31 teleconference from a remote location, the member shall disclose  
32 whether any other individuals 18 years of age or older are present  
33 in the room at the remote location with the member, and the general  
34 nature of the member's relationship with any such individuals.

35 (k) (1) Except as provided in paragraph (2), the members of  
36 the state body shall visibly appear on camera during the open  
37 portion of a meeting that is publicly accessible via the internet or  
38 other online platform.

39 (2) The visual appearance of a member of the state body on  
40 camera may cease only when the appearance would be

1 technologically impracticable, including, but not limited to, when  
2 the member experiences a lack of reliable broadband or internet  
3 connectivity that would be remedied by joining without video, or  
4 when the visual display of meeting materials, information, or  
5 speakers on the internet or other online platform requires the visual  
6 appearance of a member of a state body on camera to cease.

7 (3) If a member of the state body does not appear on camera  
8 due to challenges with internet connectivity, the member shall  
9 announce the reason for their nonappearance when they turn off  
10 their camera.

11 (l) All votes taken during the teleconferenced meeting shall be  
12 by rollcall.

13 (m) The state body shall publicly report any action taken and  
14 the vote or abstention on that action of each member present for  
15 the action.

16 (n) The portion of the teleconferenced meeting that is closed to  
17 the public shall not include the consideration of any agenda item  
18 being heard pursuant to Section 11125.5.

19 (o) Upon discovering that a means of remote public access and  
20 participation required by subdivision (d) has failed during a  
21 meeting and cannot be restored, the state body shall end or adjourn  
22 the meeting in accordance with Section 11128.5. In addition to  
23 any other requirements that may apply, the state body shall provide  
24 notice of the meeting's end or adjournment on the state body's  
25 internet website and by email to any person who has requested  
26 notice of meetings of the state body by email under this article. If  
27 the meeting will be adjourned and reconvened on the same day,  
28 further notice shall be provided by an automated message on a  
29 telephone line posted on the state body's agenda, internet website,  
30 or by a similar means, that will communicate when the state body  
31 intends to reconvene the meeting and how a member of the public  
32 may hear audio of the meeting or observe the meeting.

33 ~~(p) This section shall remain in effect only until January 1, 2026,~~  
34 ~~and as of that date is repealed.~~

35 SEC. 2. Section 11123.5 of the Government Code, as amended  
36 by Section 2 of Chapter 216 of the Statutes of 2023, is amended  
37 to read:

38 11123.5. (a) For purposes of this section, the following  
39 definitions apply:

1 (1) “Participate remotely” means participation in a meeting at  
2 a location other than the physical location designated in the agenda  
3 of the meeting.

4 (2) “Remote location” means a location other than the primary  
5 physical location designated in the agenda of a meeting.

6 (3) “Teleconference” has the same meaning as in Section 11123.

7 (b) In addition to the authorization to hold a meeting by  
8 teleconference pursuant to subdivision (b) of Section 11123 or  
9 Section 11123.2, any state body that is an advisory board, advisory  
10 commission, advisory committee, advisory subcommittee, or  
11 similar multimember advisory body may hold an open meeting by  
12 teleconference as described in this section, provided the meeting  
13 complies with all of the section’s requirements and, except as set  
14 forth in this section, it also complies with all other applicable  
15 requirements of this article.

16 (c) A member of a state body as described in subdivision (b)  
17 who participates in a teleconference meeting from a remote location  
18 subject to this section’s requirements shall be listed in the minutes  
19 of the meeting.

20 (d) The state body shall provide notice to the public at least 24  
21 hours before the meeting that identifies any member who will  
22 participate remotely by posting the notice on its internet website  
23 and by emailing notice to any person who has requested notice of  
24 meetings of the state body under this article. The location of a  
25 member of a state body who will participate remotely is not  
26 required to be disclosed in the public notice or email and need not  
27 be accessible to the public. The notice of the meeting shall also  
28 identify the primary physical meeting location designated pursuant  
29 to subdivision (f).

30 (e) This section does not affect the requirement prescribed by  
31 this article that the state body post an agenda of a meeting at least  
32 10 days in advance of the meeting. The agenda shall include  
33 information regarding the physical meeting location designated  
34 pursuant to subdivision (f), but is not required to disclose  
35 information regarding any remote location.

36 (f) A state body described in subdivision (b) shall designate the  
37 primary physical meeting location in the notice of the meeting  
38 where members of the public may physically attend the meeting,  
39 observe and hear the meeting, and participate. At least one staff  
40 member of the state body shall be present at the primary physical

1 meeting location during the meeting. The state body shall post the  
2 agenda at the primary physical meeting location, but need not post  
3 the agenda at a remote location.

4 (g) When a member of a state body described in subdivision  
5 (b) participates remotely in a meeting subject to this section's  
6 requirements, the state body shall provide a means by which the  
7 public may remotely hear audio of the meeting or remotely observe  
8 the meeting, including, if available, equal access equivalent to  
9 members of the state body participating remotely. The applicable  
10 teleconference phone number or internet website, or other  
11 information indicating how the public can access the meeting  
12 remotely, shall be in the 24-hour notice described in subdivision  
13 (b) that is available to the public.

14 (h) (1) Except as provided in paragraph (2), the members of  
15 the state body shall visibly appear on camera during the open  
16 portion of a meeting that is publicly accessible via the internet or  
17 other online platform.

18 (2) The visual appearance of a member of a state body on camera  
19 may cease only when the appearance would be technologically  
20 impracticable, including, but not limited to, when the member  
21 experiences a lack of reliable broadband or internet connectivity  
22 that would be remedied by joining without video, or when the  
23 visual display of meeting materials, information, or speakers on  
24 the internet or other online platform requires the visual appearance  
25 of a member of a state body on camera to cease.

26 (3) If a member of the body does not appear on camera due to  
27 challenges with internet connectivity, the member shall announce  
28 the reason for their nonappearance when they turn off their camera.

29 (i) Upon discovering that a means of remote access required by  
30 subdivision (g) has failed during a meeting, the state body  
31 described in subdivision (b) shall end or adjourn the meeting in  
32 accordance with Section 11128.5. In addition to any other  
33 requirements that may apply, the state body shall provide notice  
34 of the meeting's end or adjournment on its internet website and  
35 by email to any person who has requested notice of meetings of  
36 the state body under this article. If the meeting will be adjourned  
37 and reconvened on the same day, further notice shall be provided  
38 by an automated message on a telephone line posted on the state  
39 body's agenda, or by a similar means, that will communicate when

1 the state body intends to reconvene the meeting and how a member  
2 of the public may hear audio of the meeting or observe the meeting.

3 (j) This section does not limit or affect the ability of a state body  
4 to hold a teleconference meeting under another provision of this  
5 article.

6 ~~(k) This section shall remain in effect only until January 1, 2026,  
7 and as of that date is repealed.~~

8 SEC. 3. Section 11123.5 of the Government Code, as added  
9 by Section 3 of Chapter 216 of the Statutes of 2023, is repealed.

10 ~~11123.5. (a) In addition to the authorization to hold a meeting  
11 by teleconference pursuant to subdivision (b) of Section 11123,  
12 any state body that is an advisory board, advisory commission,  
13 advisory committee, advisory subcommittee, or similar  
14 multimember advisory body may hold an open meeting by  
15 teleconference as described in this section, provided the meeting  
16 complies with all of the section's requirements and, except as set  
17 forth in this section, it also complies with all other applicable  
18 requirements of this article.~~

19 ~~(b) A member of a state body as described in subdivision (a)  
20 who participates in a teleconference meeting from a remote location  
21 subject to this section's requirements shall be listed in the minutes  
22 of the meeting.~~

23 ~~(c) The state body shall provide notice to the public at least 24  
24 hours before the meeting that identifies any member who will  
25 participate remotely by posting the notice on its internet website  
26 and by emailing notice to any person who has requested notice of  
27 meetings of the state body under this article. The location of a  
28 member of a state body who will participate remotely is not  
29 required to be disclosed in the public notice or email and need not  
30 be accessible to the public. The notice of the meeting shall also  
31 identify the primary physical meeting location designated pursuant  
32 to subdivision (e).~~

33 ~~(d) This section does not affect the requirement prescribed by  
34 this article that the state body post an agenda of a meeting at least  
35 10 days in advance of the meeting. The agenda shall include  
36 information regarding the physical meeting location designated  
37 pursuant to subdivision (e), but is not required to disclose  
38 information regarding any remote location.~~

39 ~~(e) A state body described in subdivision (a) shall designate the  
40 primary physical meeting location in the notice of the meeting~~

1 where members of the public may physically attend the meeting  
2 and participate. A quorum of the members of the state body shall  
3 be in attendance at the primary physical meeting location, and  
4 members of the state body participating remotely shall not count  
5 towards establishing a quorum. All decisions taken during a  
6 meeting by teleconference shall be by rollcall vote. The state body  
7 shall post the agenda at the primary physical meeting location, but  
8 need not post the agenda at a remote location.

9 (f) ~~When a member of a state body described in subdivision (a)~~  
10 ~~participates remotely in a meeting subject to this section's~~  
11 ~~requirements, the state body shall provide a means by which the~~  
12 ~~public may remotely hear audio of the meeting or remotely observe~~  
13 ~~the meeting, including, if available, equal access equivalent to~~  
14 ~~members of the state body participating remotely. The applicable~~  
15 ~~teleconference phone number or internet website, or other~~  
16 ~~information indicating how the public can access the meeting~~  
17 ~~remotely, shall be in the 24-hour notice described in subdivision~~  
18 ~~(a) that is available to the public.~~

19 (g) ~~Upon discovering that a means of remote access required~~  
20 ~~by subdivision (f) has failed during a meeting, the state body~~  
21 ~~described in subdivision (a) shall end or adjourn the meeting in~~  
22 ~~accordance with Section 11128.5. In addition to any other~~  
23 ~~requirements that may apply, the state body shall provide notice~~  
24 ~~of the meeting's end or adjournment on its internet website and~~  
25 ~~by email to any person who has requested notice of meetings of~~  
26 ~~the state body under this article. If the meeting will be adjourned~~  
27 ~~and reconvened on the same day, further notice shall be provided~~  
28 ~~by an automated message on a telephone line posted on the state~~  
29 ~~body's agenda, or by a similar means, that will communicate when~~  
30 ~~the state body intends to reconvene the meeting and how a member~~  
31 ~~of the public may hear audio of the meeting or observe the meeting.~~

32 (h) ~~For purposes of this section:~~

33 (1) ~~“Participate remotely” means participation in a meeting at~~  
34 ~~a location other than the physical location designated in the agenda~~  
35 ~~of the meeting.~~

36 (2) ~~“Remote location” means a location other than the primary~~  
37 ~~physical location designated in the agenda of a meeting.~~

38 (3) ~~“Teleconference” has the same meaning as in Section 11123.~~

1 ~~(i) This section does not limit or affect the ability of a state body~~  
2 ~~to hold a teleconference meeting under another provision of this~~  
3 ~~article.~~

4 ~~(j) This section shall become operative on January 1, 2026.~~

5 SEC. 4. The Legislature finds and declares that Section 1 of  
6 this act, which amends Section 11123.2 of the Government Code,  
7 and Sections 2 and 3 of this act, which amend and repeal Section  
8 11123.5 of the Government Code, modify the public’s right of  
9 access to the meetings of public bodies or the writings of public  
10 officials and agencies within the meaning of Section 3 of Article  
11 I of the California Constitution. Pursuant to that constitutional  
12 provision, the Legislature makes the following findings to  
13 demonstrate the interest protected by this limitation and the need  
14 for protecting that interest:

15 (a) By continuing to ensure that agendas are not required to be  
16 posted at, and that agendas and notices do not disclose information  
17 regarding, the location of each public official participating in a  
18 public meeting remotely, including from the member’s private  
19 home or hotel room, this act protects the personal, private  
20 information of public officials and their families while preserving  
21 the public’s right to access information concerning the conduct of  
22 the people’s business.

23 (b) During the COVID-19 public health emergency, audio and  
24 video teleconference were widely used to conduct public meetings  
25 in lieu of physical location meetings, and those public meetings  
26 have been productive, increased public participation by all  
27 members of the public regardless of their location and ability to  
28 travel to physical meeting locations, increased the pool of people  
29 who are able to serve on these bodies, protected the health and  
30 safety of civil servants and the public, and have reduced travel  
31 costs incurred by members of state bodies and reduced work hours  
32 spent traveling to and from meetings.

33 (c) Conducting audio and video teleconference meetings  
34 enhances public participation and the public’s right of access to  
35 meetings of the public bodies by improving access for individuals  
36 who often face barriers to physical attendance.

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# California State Senate

SENATOR  
JOHN LAIRD

SEVENTEENTH SENATE DISTRICT



## Senate Bill 470 – State Boards and Commissions: Disability and Public Access

### **SUMMARY**

Senate Bill 470 permanently modernizes the Bagley-Keene Act by removing the sunset in SB 544 (Laird, Chapter 216, Statutes of 2023) to promote ongoing equity, and public and disability access in state board and commission meetings.

### **BACKGROUND**

The Bagley-Keene Open Meeting Act, initially passed in 1967, establishes the rules for meetings of state bodies. These rules are intended to ensure public access and allow input on meetings of state boards and commissions. In response to the COVID-19 pandemic, Governor Newsom issued an executive order in March 2020 permitting state bodies to hold meetings virtually, without requiring a physical location or the posting of the addresses of the teleconference location of attending board members as currently required under the Bagley-Keene Act.

In surveying state boards and commissions regarding meetings held during the COVID-19 pandemic, the Little Hoover Commission found that over 90% of boards and commissions reduced costs, and that roughly half of state bodies had better attendance from their members.

These temporary measures enhanced public participation while still ensuring sufficient access to state hearings. Virtual meetings have

also improved access for Californians that face barriers to physical attendance, such as those living in different areas of the state, individuals with limited mobility, caretakers, and others.

SB 544 (Laird, Chapter 216, Statutes of 2023) has enhanced public and disability access, and safeguarded private addresses of board members. SB 544 has also ensured continued public access by requiring a quorum at a single location and allowing people with disabilities or medical illnesses to participate remotely while counting toward quorum, mandating that remote officials keep their cameras on, and maintaining remote public testimony options. SB 544 additionally upheld the original provisions of the Bagley-Keene Act to enable boards and commissions to meet the unique needs of their constituency and select a teleconferencing option that best serves the community.. For advisory bodies with no regulatory authority, SB 544 allowed for full remote participation. Without further action, SB 544 will sunset on January 1, 2026.

### **THIS BILL**

Senate Bill 470 makes permanent the changes enacted by SB 544 (Laird, Chapter 216, Statutes of 2023), modernizing the Bagley-Keene Act to maintain important disability and public access to state board and commission meetings.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 5(b)(2) – Review of Bills for Active Position Recommendations to the Board AB 667 (Solache) Professions and vocations: license examinations: interpreters

### Background

On February 14, 2025, AB 677 was introduced by Assemblymember Solache.

This bill requires that the Department of Public Health (DPH) and the boards under the Department of Consumer Affairs (DCA) allow applicants who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to provide interpreting services to the verbal and oral portions of the license or certification exam, as applicable, provided the applicant meets all other licensure requirements. The interpreter must meet specific criteria, including not holding the license for which the applicant is applying. Additionally, the bill requires boards and the DPH to display on their websites that applicants who cannot read, speak, or write in English may use an interpreter, assuming they fulfill all other licensure or certification conditions. Furthermore, the bill mandates that licensure or certification applications include a section for applicants to indicate their preferred language. Starting July 1, 2027, the DPH and relevant boards will also be required to annually review applicants' language preferences and boards will need to report the language preference data annually to designated legislative committees.

### Action Requested

Board staff recommends the Board **Support** the intent of the bill and recommend the following amendment:

- Clarify that the cost of certifying limited English proficiency (LEP) is the responsibility of the applicant. The applicant must demonstrate, at no cost to the Boards and Bureaus that require the TOEFL exam for applicants; to certify they have limited English proficiency (LEP) to be eligible for language access accommodations.

Attachment #1: AB 677 Bill Analysis

Attachment #2: Bill Text

Attachment #3: Fact Sheet

## 2025 Bill Analysis

<b>Author:</b> Assemblymember Jose Luis Solache	<b>Bill Number:</b> AB 667	<b>Related Bills:</b>
<b>Sponsor:</b>	<b>Version:</b> Introduced	
<b>Subject:</b> Professions and vocations: license examinations: interpreters		

### SUMMARY

This bill requires that the Department of Public Health (DPH) and the boards under the Department of Consumer Affairs (DCA) allow applicants who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to assist with interpreting the verbal and oral portions of the license or certification exam, as applicable, provided the applicant meets all other licensure requirements. The interpreter must meet specific criteria, including not holding the license for which the applicant is applying. Additionally, the bill requires boards and the DPH to display on their websites that applicants who cannot read, speak, or write in English may use an interpreter, assuming they fulfill all other licensure or certification conditions. Furthermore, the bill mandates that licensure or certification applications include a section for applicants to indicate their preferred language. Starting July 1, 2027, the DPH and relevant boards will also be required to annually review applicants' language preferences and boards will need to report the language preference data annually to designated legislative committees.

### RECOMMENDATION

Board staff recommends the Board **Support** the intent of the bill and recommend the following amendment:

- Clarify that the cost of certifying limited English proficiency (LEP) is the responsibility of the applicant. The applicant must demonstrate, at no cost to the Boards and Bureaus that require the Test of English as a Foreign Language TOEFL exam for applicants, to certify they have limited English proficiency (LEP) to be eligible for language access accommodations.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Affects Enforcement Processes
<input type="checkbox"/> Regulations Required	<input type="checkbox"/> Legislative Reporting
<input type="checkbox"/> New Appointment Required	
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended	<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended

<input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch Date: _____ Vote: _____	<input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch Date: _____ Vote: _____
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**REASON FOR THE BILL**

According to the author, in California, only about 20 out of 200 professional license exams are offered in non-English languages, creating barriers for individuals with limited English proficiency (LEP), including immigrants and refugees. Despite having the necessary skills, these individuals struggle to pass exams, hindering their access to professional opportunities. This is especially problematic in sectors like healthcare, where there is a significant shortage of professionals, particularly in rural areas. The Department of Public Health has declared a workforce shortage in 34 of 58 counties, highlighting disparities between urban and rural communities. While California has made efforts to improve language access in professional licensing, providing LEP applicants with options such as interpreters at no cost to them, ensures equitable access to opportunities, particularly for the growing immigrant and refugee population.

**ANALYSIS**

AB 667, the Language Access in Professional Licensing Act, requires that licensing boards under the Department of Consumer Affairs (DCA), and the Department of Public Health (DPH), starting July 1, 2026, allow applicants who cannot read, speak, or write in English, but who meet all other licensure requirements, to use an interpreter for the verbal and oral portions of their examination. The interpreter services will be provided at no cost to the applicant. This provision ensures that language barriers do not prevent qualified candidates from obtaining professional licenses or certifications.

Applicants for licensure with the Board of Psychology must pass two exams: the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Law and Ethics Examination (CPLEE). Applicants with limited English proficiency may request language access accommodations, including additional time, based on their English language skills. To be eligible for such language access accommodations, applicants must first take the Test of English as a Foreign Language (TOEFL). If their TOEFL score is below 85, they will be granted extra time to complete the EPPP. However, current regulations do not permit the use of interpreters during the exam process.

The CPLEE, administered by Psychological Services, Inc. (PSI), currently offers accommodations only for individuals with documented disabilities under the Americans with Disabilities Act (ADA). These accommodations may include private rooms, audio-visual software, and extended testing time, but PSI does not offer the option of translated or interpreted exams.

To accommodate applicants who need interpreters, the Board will need to revise its agreements with both the Association of State and Provincial Psychology Boards (ASPPB) and PSI to include interpreter services for those who require them. This bill stipulates that interpreters used during the exam process must meet certain standards, including the requirement that they not hold the license for which the applicant is seeking certification. This ensures impartiality and avoids conflicts of interest, ensuring that interpreters are qualified and neutral.

Additionally, the DPH and the relevant boards will be required to clearly communicate on their websites that applicants who cannot read, speak, or write in English may use an interpreter, provided they meet all other licensing requirements. The Board may continue to use the TOEFL to establish eligibility for interpreting services. The Board will need to coordinate with ASPPB and PSI to ensure applicants understand how to apply for interpreter services, how to register, and how to request language access accommodations.

Furthermore, starting July 1, 2027, the Board and the DPH will include a section in their licensure and certification applications for applicants to indicate their preferred language. This will help identify the language needs of applicants, which could influence future policies and services. The data collected on language preferences will inform decisions regarding resource allocation and improvements to services for non-English speakers in the future.

The Board and DPH will be required to review applicants' language preferences annually, beginning on July 1, 2029. Additionally, the Board must report this data to relevant legislative committees every year from 2029 through 2033. By tracking and reporting this data, the state can refine policies over time to improve services for non-English speakers.

In summary, this bill aims to create a more inclusive licensure process by offering interpreters and enhancing access to information for non-English speakers. By collecting data on language preferences, the bill also sets the foundation for future improvements and the allocation of resources to better serve a diverse population.

### **LEGISLATIVE HISTORY**

In May 2023, the California Health and Human Services Department (CalHHS) introduced its first comprehensive agency-wide Language Access Policy. The goal of the Policy is to ensure that CalHHS, along with its Departments and Offices, provide meaningful access to information, programs, benefits, and services for individuals with limited English proficiency (LEP), ensuring that language barriers do not prevent access to essential health and social services. Each CalHHS Department or Office, whether it receives federal financial assistance, is required to develop and implement a Language Access Plan that aligns with the 2002 DOJ Guidance on such plans (DOJ Guidance, 67 F.R. 41455, at 41464-41465), and, when applicable, guidance from their federal funding agencies.

The Language Access Policy mandates that all CalHHS Departments and Offices provide free oral and sign language interpretation upon request at all points of public contact. It also requires the translation of vital documents and key website content into at least the top five languages spoken by LEP individuals in California.

AB 667 further supports the goals of this policy by ensuring that qualified applicants seeking licensure as healthcare professionals under the Department of Consumer Affairs (DCA) and the Department of Public Health (DHP) have similar language access to an interpreter for the verbal and oral portions of their licensure examinations.

### **OTHER STATES' INFORMATION**

Not applicable at this time.

### **PROGRAM BACKGROUND**

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

### **FISCAL IMPACT**

The bill mandates that interpreters be provided at no cost to applicants with limited English proficiency (LEP).

For the Examination for Professional Practice in Psychology (EPPP), applicants requesting language access accommodations due to LEP must first take the Test of English as a Foreign Language (TOEFL) to assess their English proficiency. If an applicant's TOEFL score is below 85, the applicant will be allotted time-and-a-half (1.5x) when taking the examination. Applicants are currently responsible for paying the \$270 fee to the Educational Testing Service (ETS) to take the TOEFL.

Under the current bill, applicants will incur no costs for interpreter services. However, they may be responsible for demonstrating, at their own expense, that they cannot read, speak, or write in English. The Board currently covers the cost of language access accommodations for LEP applicants, such as additional exam time. If the Board continues to use TOEFL scores to assess English proficiency and eligibility for interpreter services, it may be required to cover the TOEFL fee or reimburse applicants who score below 85 and qualify for language access accommodations, to ensure no cost to the applicant in accessing interpreter services.

Interpreting services are not included in any agreements between the Board and test administrators (ASPPB and PSI). In California, interpreter fees range from \$45 to \$150 per hour, depending on whether services are provided in person, virtually, or telephonically. The cost also varies based on the language being interpreted, with Spanish interpreters generally being less expensive than those less commonly spoken

foreign languages. Interpreting services often require a minimum time commitment, such as a 2-hour minimum, and applicants and their interpreters may need to be accommodated in a separate room.

It is unclear whether the current time-and-a-half accommodation will remain in place if interpreting services are available. If the accommodation for time-and-a-half is maintained, the number of hours an interpreter will be required could increase. Both the EPPP and CPLEE are in-person exams. The EPPP lasts 4.25 hours, not including time-and-a-half for language access accommodations, while the CPLEE lasts 2.5 hours. Applicants who score below 85 on the TOEFL and qualify for time-and-a-half will result in approximately 7 hours of interpreter services (4.25 exam hours x 1.5 time-and-a-half = 6.75 hours). For the CPLEE, time-and-a-half results in approximately 4 hours of interpreter services (2.5 exam hours x 1.5 time-and-a-half = 3.75 hours).

Interpreting services for an applicant taking the EPPP without time-and-a-half and a separate room are estimated to cost the Board between \$225 and \$750 per administration, based on \$45 to \$150 per hour for the 5 hours of interpretation services needed. If time-and-a-half and language access accommodations are provided, the cost increases to an estimated \$315 to \$1,050 per administration, based on 7 hours of interpretation services. As the current contract between the Board ASPPB does not include separate rooms for the EPPP, the cost for a separate room is not included in these estimates. However, if the Board is also required to pay for or reimburse students for taking the TOEFL, these estimates would increase by \$270.

For the CPLEE, interpreting services for an applicant without time-and-a-half and a separate room are estimated to cost the Board between \$135 and \$450 per administration, based on \$45 to \$150 per hour for 3 hours of interpretation. With time-and-a-half and no separate room, the cost is estimated between \$180 and \$600 per administration for 4 hours of interpretation services. As the CPLEE contract with PSI includes separate rooms, the additional cost for a separate room is \$30.25 per administration. As with the EPPP, if the Board is also required to pay for or reimburse students for taking the TOEFL, these estimates would increase by \$270.

It is estimated that BOP will have no more than forty (40) candidates with this accommodation per year. The fees for a non-standard administration pursuant to this paragraph, if any, shall be \$90.50 per candidate. This fee is not reflected in the estimates previously provided.

In addition to the costs for TOEFL fees and interpreting services for the EPPP and CPLEE, the Board must also integrate language preference data into their license and certification applications, beginning July 1, 2027. This requires modifications to the BreZe system and updates to the BreZe online application. As the bill applies to all Boards and Bureaus within the Department of Consumer Affairs (DCA) that administer state or contracted licensing exams, these updates will be a DCA-wide expense.

Currently, the Board does not review applicants' language preferences annually or report this data to legislative committees. However, starting July 1, 2029, the Board will need to review language preferences annually and report the data to relevant legislative committees each year from 2029 through 2033. This task can be absorbed by the Board.

**ECONOMIC IMPACT**

Not applicable at this time.

**LEGAL IMPACT**

According to CCR Title 16 Section 1388(h), applicants with limited English proficiency (LEP) who seek language access accommodations must take the TOEFL. Applicants scoring below 85 may request additional time, typically time-and-a-half, for the EPPP or CPLEE exams. If the Board decides to eliminate the requirement for applicants to take the TOEFL to establish their LEP status and eligibility for language access accommodations, it will need to amend CCR Title 16 Section 1388(h) accordingly. Alternatively, if the Board chooses to maintain the TOEFL requirement but adds interpreting services or replaces interpreting services with additional time (time-and-a-half), the Board will also need to revise CCR Title 16 Section 1388(h) to reflect this change in language access accommodations. If the Board is required to pay for or reimburse applicants who score below 85 on the TOEFL, to ensure no cost to them for language access accommodations, it will need to amend CCR Title 16 Section 1388(h) accordingly.

This bill will also require the Board to review and update its agreements with both the Association of State and Provincial Psychology Boards (ASPPB) and Psychological Services, Inc. (PSI) to include interpreter services.

**APPOINTMENTS**

Not applicable at this time.

**SUPPORT/OPPOSITION****Support:**

California Immigrant Policy Center (Sponsor)  
Immigrants Rising (Sponsor)

**Opposition:****ARGUMENTS****Proponents:****Opponents:**

**AMENDMENTS**

**ASSEMBLY BILL**

**No. 667**

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**Introduced by Assembly Member Solache**

February 14, 2025

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An act to add Section 41 to the Business and Professions Code, and to add Sections 1337.25 and 1736.3 to the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 667, as introduced, Solache. Professions and vocations: license examinations: interpreters.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions. Existing law provides for the certification and regulation of nurse assistants and home health aids by the State Department of Public Health.

This bill would, beginning July 1, 2026, require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination. The bill would also require those boards and the State Department of Public Health to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in

English and if they meet all other requirements for licensure or certification.

This bill would require those boards and the State Department of Public Health to include in their licensure or certification applications a section that asks the applicant to identify their preferred language and, beginning July 1, 2027, to conduct an annual review of the language preferences of applicants. The bill would require the State Department of Public Health and those boards, beginning July 1, 2029 and until January 1, 2033, to annually report to specified committees of the Legislature on language preference data.

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

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

1 SECTION 1. Section 41 is added to the Business and  
2 Professions Code, to read:  
3 41. (a) For purposes of this section:  
4 (1) “Board” means any board under the jurisdiction of the  
5 Department of Consumer Affairs, as specified in Section 101.  
6 (2) “Interpreter” means an individual who satisfies all of the  
7 following conditions:  
8 (A) Is fluent in English and in the preferred language of the  
9 applicant.  
10 (B) Has not acted as an interpreter for the examination within  
11 the year preceding the date of the examination.  
12 (C) Is not licensed and has not been issued the license for which  
13 the applicant is taking the examination.  
14 (D) Is not a current or former student in an educational program  
15 for the license for which the applicant is taking the examination.  
16 (E) Is not a current or former student in an apprenticeship or  
17 training program for the license for which the applicant is taking  
18 the examination.  
19 (F) Is not a current or former owner or employee of a school  
20 for the license for which the applicant is taking the examination.  
21 (b) Notwithstanding any other law, beginning July 1, 2026, each  
22 board shall do all of the following:  
23 (1) Permit an applicant who cannot read, speak, or write in  
24 English to use an interpreter, at no cost to the applicant, to interpret  
25 the English verbal and oral portions of a state-administered or

1 contracted license examination to their preferred language,  
2 provided the applicant meets all other requirements for licensure.

3 (2) Post on the board’s internet website that an applicant may  
4 use an interpreter to interpret a license examination if the applicant  
5 cannot read, speak, or write in English, provided the applicant  
6 meets all other competency requirements for licensure. This notice  
7 shall be posted in English, Spanish, Farsi, Hindi, Chinese,  
8 Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic.

9 (3) Include an additional section in a license application that  
10 asks an applicant to identify their preferred written, spoken, and  
11 signed languages.

12 (c) Beginning July 1, 2027, each board shall conduct an annual  
13 review of the language preferences of applicants for licensure that  
14 is collected from license applications.

15 (d) (1) Beginning January 1, 2029, each board shall annually  
16 report to the Senate Business, Professions, and Economic  
17 Development and the Assembly Business and Professions  
18 Committees on language preference data collected from license  
19 applications.

20 (2) The report shall be submitted in compliance with Section  
21 9795 of the Government Code.

22 (3) Pursuant to Section 10231.5 of the Government Code, this  
23 subdivision shall become inoperative on January 1, 2033.

24 SEC. 2. Section 1337.25 is added to the Health and Safety  
25 Code, immediately following Section 1337.2, to read:

26 1337.25. (a) For purposes of this section, “interpreter” means  
27 an individual who satisfies all of the following conditions:

28 (1) Is fluent in English and in the preferred language of the  
29 applicant.

30 (2) Has not acted as an interpreter for an examination for  
31 certification as a nurse assistant within the year preceding the date  
32 of the examination.

33 (3) Is not a certified nurse assistant and has not held a certificate  
34 as a nurse assistant in the state.

35 (4) Is not a current or former student in an educational program  
36 for certification as a nurse assistant.

37 (5) Is not a current or former student in a certified nurse assistant  
38 apprenticeship or training program.

39 (6) Is not a current or former owner or employee of a school  
40 for certification as a nurse assistant.

1 (b) Notwithstanding any other law, beginning July 1, 2026, the  
2 department shall do all of the following:

3 (1) Permit an applicant who cannot read, speak, or write in  
4 English to use an interpreter, at no cost to the applicant, to interpret  
5 the English verbal and oral portions of a state-administered or  
6 contracted certified nurse assistant examination to their preferred  
7 language, provided the applicant meets all other requirements for  
8 certification.

9 (2) Post on the department's internet website that an applicant  
10 may use an interpreter to interpret the certified nurse assistant  
11 examination if the applicant cannot read, speak, or write in English,  
12 provided the applicant meets all other competency requirements  
13 for certification. This notice shall be posted in English, Spanish,  
14 Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese,  
15 Tagalog, and Arabic.

16 (3) Include an additional section in the certified nurse assistant  
17 application that asks an applicant to identify their preferred written,  
18 spoken, and signed languages.

19 (c) Beginning July 1, 2027, the department shall conduct an  
20 annual review of the language preferences of applicants for nurse  
21 assistant certification that is collected from applications.

22 (d) (1) Beginning January 1, 2029, the department shall annually  
23 report to the Senate and Assembly Health Committees on language  
24 preference data collected from nurse assistant certification  
25 applications.

26 (2) The report shall be submitted in compliance with Section  
27 9795 of the Government Code.

28 (3) Pursuant to Section 10231.5 of the Government Code, this  
29 subdivision shall become inoperative on January 1, 2033.

30 SEC. 3. Section 1736.3 is added to the Health and Safety Code,  
31 to read:

32 1736.3. (a) For purposes of this section, "interpreter" means  
33 an individual who satisfies all of the following conditions:

34 (1) Is fluent in English and in the preferred language of the  
35 applicant.

36 (2) Has not acted as an interpreter for an examination for  
37 certification as a home health aid within the year preceding the  
38 date of the examination.

39 (3) Is not a certified home health aid and has not held a  
40 certificate as a home health aid in the state.

1 (4) Is not a current or former student in an educational program  
2 for certification as a nurse assistant.

3 (5) Is not a current or former student in a certified home health  
4 aid apprenticeship program.

5 (6) Is not a current or former owner or employee of a school  
6 for certification as a nurse assistant.

7 (b) Notwithstanding any other law, beginning July 1, 2026, the  
8 department shall do all of the following:

9 (1) Permit an applicant who cannot read, speak, or write in  
10 English to use an interpreter, at no cost to the applicant, to interpret  
11 the English verbal and oral portions of the certified home health  
12 aid examination to their preferred language, provided the applicant  
13 meets all other requirements for certification.

14 (2) Post on the department's internet website that an applicant  
15 may use an interpreter to interpret the certified home health aid  
16 examination if the applicant cannot read, speak, or write in English,  
17 provided the applicant meets all other competency requirements  
18 for certification. This notice shall be posted in English, Spanish,  
19 Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese,  
20 Tagalog, and Arabic.

21 (3) Include an additional section in the certified home health  
22 aid application that asks an applicant to identify their preferred  
23 written, spoken, and signed languages.

24 (c) Beginning July 1, 2027, the department shall conduct an  
25 annual review of the language preferences of applicants for home  
26 health aid certification that is collected from applications.

27 (d) (1) Beginning on January 1, 2029, the department shall  
28 annually report to the Senate and Assembly Health Committees  
29 on language preference data collected from home health aid  
30 certification applications.

31 (2) The report shall be submitted in compliance with Section  
32 9795 of the Government Code.

33 (3) Pursuant to Section 10231.5 of the Government Code, this  
34 subdivision shall become inoperative on January 1, 2033.

O



## **AB 667, Language Access in Professional Licensing**

### **SUMMARY**

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AB 667, The Language Access in Professional Licensing Act requires that licensing boards under the Department of Consumer Affairs (DCA), and the Department of Public Health (DPH) allow individuals with Limited English Proficiency (LEP) the option to utilize an interpreter for a state, written examination for a professional license.

### **BACKGROUND**

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Immigrants make up 1 in 3 workers in California. Their contributions to California's economic vitality are significant: \$8.5 billion in state and local taxes annually, considerable numbers of people that they employ as entrepreneurs, and much more.

In California there are roughly 200 unique professional licenses available to various occupations. Obtaining a license is a required first step to work in many professions. Aside from functioning as prerequisites, professional licenses provide recipients with greater earning potential, education, and professional development opportunities.

### **PROBLEM**

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Of the 200 professional license examinations in California, only about 20 are offered in non-English languages. This is partly due to the lack of standardized language access policies across licensing regulatory bodies. Individuals from abroad or who have LEP can be at a disadvantage when trying to pass an examination despite the fact that they have the skills and energy to do the job. This creates barriers to economic inclusion for immigrant and refugee communities who are unable to receive a license to practice in their chosen occupation.

California has a significant shortage of professionals, particularly in health care, where individuals must sometimes drive for hours to find services or care, especially ones that are linguistic and culturally appropriate. DPH declared a health workforce shortage in 34 of 58 counties, which is

indicative of significant disparities between rural and urban communities.

Although California has taken steps to expand language access in the context of professional licensing, more work is needed to ensure that communities can equitably access meaningful professional opportunities. This is especially true as California is home to an increasingly diverse immigrant and refugee population whose primary language is not English.

### **SOLUTION**

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AB 667 requires that licensing boards under DCA, and DPH allow test takers the opportunity to take a professional licenses examination with assistance of an interpreter upon request. Additionally, they would be required to collect data from examination applicants on their written and spoken language preferences. This provides more equitable access and professional opportunities to individuals with limited English proficiency.

### **SUPPORT**

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California Immigrant Policy Center (Sponsor)  
Immigrants Rising (Sponsor)

### **FOR MORE INFORMATION**

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John Duncan | [john.duncan@asm.ca.gov](mailto:john.duncan@asm.ca.gov)  
(916) 319-2062

## MEMORANDUM

<b>DATE</b>	April 1, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item – Review of Bills for Active Position Recommendations to the Board SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions

### **Background**

On February 20, 2025, SB 641 was introduced by Senator Ashby.

The proposed bill expands upon Governor Gavin Newsom's Executive Order N-15-25, issued on January 29, 2025. Executive Order N-15-25 postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025, and who's residential or business address is within the impacted areas. Upon license renewal, licensees eligible for the renewal fee postponement will renew with no payment due. The bill would allow the Department of Real Estate (DRE) and boards under the DCA to waive certain licensure requirements for applicants and licensees affected by a declared federal, state, or local emergency, or whose home or business is in a disaster area. This includes exemptions from examination, fee, and continuing education requirements, as well as the payment of duplicate license fees. It would also require all applicants and licensees to provide an email address to their respective boards or departments.

The bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they meet certain qualifications or are authorized by the registrar during a declared emergency or in a disaster area. Additionally, it would require the Real Estate Commissioner to identify unlawful or fraudulent practices during a state of emergency and provide public notice. The commissioner could suspend or revoke the license of any real estate licensee who makes unsolicited offers to purchase property in a disaster

area for less than its fair market value, with violations subject to misdemeanor penalties.

**Action Requested**

Board staff recommends the Board take a **Support** position on SB 641.

Attachment #1: SB 641 Bill Analysis

Attachment #2: Bill Text

Attachment #3: Fact Sheet

## 2025 Bill Analysis

<b>Author:</b> Senator Angelique Ashby	<b>Bill Number:</b> SB 641	<b>Related Bills:</b>
<b>Sponsor:</b>	<b>Version:</b> Introduced	
<b>Subject:</b> Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions		

### SUMMARY

The bill would allow the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive certain licensure requirements for applicants and licensees affected by a declared federal, state, or local emergency, or whose home or business is in a disaster area. This includes exemptions from examination, fee, and continuing education requirements, as well as the payment of duplicate license fees. It would also require all applicants and licensees to provide an email address to their respective boards or departments.

The bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they meet certain qualifications or are authorized by the registrar during a declared emergency or in a disaster area. Additionally, it would require the Real Estate Commissioner to identify unlawful or fraudulent practices during a state of emergency and provide public notice. The commissioner could suspend or revoke the license of any real estate licensee who makes unsolicited offers to purchase property in a disaster area for less than its fair market value, with violations subject to misdemeanor penalties.

### RECOMMENDATION

Staff Recommendation: Board staff recommends the Board take a **Support** position on SB 641.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes
<input type="checkbox"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Regulations Required
<input type="checkbox"/> Legislative Reporting	
<input type="checkbox"/> New Appointment Required	
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Watch
Date: _____	Date: _____

Vote: \_\_\_\_\_

Vote: \_\_\_\_\_

**REASON FOR THE BILL**

The proposed bill is designed to facilitate quicker and more efficient disaster response by exempting licensees in disaster areas from specific administrative processes and requirements, while also allowing the temporary suspension or modification of certain rules. It is intended to take effect immediately as an urgency statute to support affected individuals and businesses while protecting public safety and ensuring consumer protection during disasters and emergencies.

**ANALYSIS**

This bill aims to provide flexibility in licensure and regulatory requirements for real estate professionals and other licensees in the event of emergencies or disasters. The proposed bill authorizes the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive specific licensure requirements for applicants and licensees affected by a federal, state, or local emergency, or whose business or residence is located in a disaster area. These waivers would apply to certain examination, fee, and continuing education requirements. It also exempts impacted licensees from the payment of duplicate license fees, ensuring relief to those impacted from federal, state, or local emergency.

The proposed bill requires all applicants and licensees under the DRE or boards under the DCA to provide their email address to their respective boards or departments. This is intended to improve communication, particularly during emergencies. The proposed bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they hold specified qualifications or are authorized by the registrar during an emergency or in a disaster area.

In the event of a declared state of emergency, the Real Estate Commissioner must identify and assess unlawful, unfair, or fraudulent practices, particularly those related to real estate transactions in disaster areas. The commissioner will be required to notify the public about such practices. The proposed bill also grants the commissioner the authority to suspend or revoke real estate licenses if licensees make unsolicited offers to purchase property or interest in property located in a disaster area for less than its fair market value. Violations of this provision would be considered a misdemeanor.

The creation of a new misdemeanor offense under the bill means that it would impose a state-mandated local program. However, the proposed bill specifies that no reimbursement is required for local agencies or school districts for costs related to the mandates in this act.

The proposed bill is designed to take effect immediately as an urgency statute, meaning it would become law as soon as it is signed.

**LEGISLATIVE HISTORY**

The proposed bill expands upon Governor Gavin Newsom's Executive Order N-15-25, issued on January 29, 2025. Executive Order N-15-25 postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025, and who's residential or business address is within the impacted areas. Upon license renewal, licensees eligible for the renewal fee postponement will renew with no payment due. This year's renewal fees will automatically be postponed to 2026. Although renewal fees are not waived, they will not be collected until 2026. SB 641, however, authorizes Boards and Bureaus, under jurisdiction of DCA to waive licensing fees rather than postponing them for those impacted by an emergency or disaster.

**OTHER STATES' INFORMATION**

Not applicable at this time.

**PROGRAM BACKGROUND**

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

**FISCAL IMPACT**

The waivers for examination, fees, and continuing education requirements could reduce the revenue generated by the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA). However, the fiscal impact of these waivers would be minimal and can be absorbed by the Board, as they would only apply to those affected by an emergency or disaster.

The requirement for applicants and licensees to provide an email address carries minimal administrative costs to the Board.

**ECONOMIC IMPACT**

Not applicable at this time.

**LEGAL IMPACT**

The proposed bill includes a requirement for it to take effect immediately as an urgency statute and does not include a repeal date. This proposed expands upon Governor Gavin Newsom's Executive Order N-15-25, issued on January 29, 2025, which postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025. As it is unclear if licensees whose licenses expired between January 1, 2025, and June 30, 2025, and had their fees postponed to 2026, would be eligible to have their fees waived should the bill become law before 2026, there could be a need for clarification.

**APPOINTMENTS**

Not applicable at this time.

**SUPPORT/OPPOSITION**

Not applicable at this time.

**Support:**

**Opposition:**

**ARGUMENTS**

Not applicable at this time.

**Proponents:**

**Opponents:**

## **AMENDMENTS**

Suggested amendments. These should be in ~~strikethrough~~ and underline and clearly show the affected sections.

**Introduced by Senator Ashby  
(Principal coauthors: Senators Cervantes, Cortese, Gonzalez,  
Grayson, Hurtado, and Pérez)  
(Coauthors: Senators Allen, Cabaldon, Padilla, Rubio, and Wahab)**

February 20, 2025

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An act to amend Sections 122, 136, and 10176 of, and to add Sections 108.1, 136.5, 7058.9, and 10089 to, the Business and Professions Code, relating to professions and vocations, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 641, as introduced, Ashby. Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Real Estate to license and regulate real estate licensees, and the Department of Consumer Affairs, which is composed of various boards that license and regulate various businesses and professions.

This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the Department of Real Estate or

boards under the Department of Consumer Affairs to provide the board or department with an email address. The bill would prohibit a contractor licensed pursuant to the Contractors State License Law from engaging in private debris removal unless the contractor has one of specified license qualifications or as authorized by the registrar of contractors during a declared state of emergency or for a declared disaster area. The bill would require the Real Estate Commissioner, upon the declaration of a state of emergency, to determine the nature and scope of any unlawful, unfair, or fraudulent practices, as specified, and provide specified notice to the public regarding those practices. The bill would authorize the commissioner to suspend or revoke a real estate license if the licensee makes an unsolicited offer to an owner of real property to purchase or acquire an interest in the real property for an amount less than the fair market value of the property or interest of the property if the property is located in a declared disaster area, and would also make a violation of that provision a misdemeanor. By creating a new crime, the 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.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

- 1 SECTION 1. It is the intent of the Legislature to provide
- 2 boards, bureaus, commissions, and regulatory entities within the
- 3 jurisdiction of the Department of Consumer Affairs and the
- 4 Department of Real Estate with authority to address licensing and
- 5 enforcement concerns in real time after an emergency is declared.
- 6 The Legislature does not intend for any provision of this bill to
- 7 require regulations to implement.
- 8 SEC. 2. Section 108.1 is added to the Business and Professions
- 9 Code, to read:

1 108.1. (a) For purposes of this section, “disaster area” means  
2 an area for which a federal, state, or local emergency or disaster  
3 has been declared.

4 (b) To aid in the protection of the public health, the provision  
5 of patient care, the continuity of services, and to support impacted  
6 individuals, the Department of Real Estate or any board under the  
7 jurisdiction of the Department of Consumer Affairs, as specified  
8 in Section 101, may waive the application of any provision of law  
9 that the board or department is charged with enforcing for licensees  
10 and applicants impacted by a declared federal, state, or local  
11 emergency or whose home or business is located in a disaster area,  
12 that is related to any of the following:

- 13 (1) Examination eligibility and timing requirements.
- 14 (2) Licensure renewal deadlines.
- 15 (3) Continuing education completion deadlines.
- 16 (4) License display requirements.
- 17 (5) Fee submission timing requirements.
- 18 (6) Delinquency fees.

19 (c) The authority specified in subdivision (b) shall extend  
20 through the duration of a declared federal, state, or local emergency  
21 or disaster for licensees and applicants located in a disaster area  
22 and for either of the following, as determined by the board or the  
23 Department of Real Estate and will aid in the protection of the  
24 public health, the provision of patient care, the continuity of  
25 services, or the support of impacted individuals:

- 26 (1) One year after the end of the declared emergency or disaster.
- 27 (2) An additional period of time beyond one year after the end  
28 of the declared emergency or disaster, as determined by the board  
29 or the Department of Real Estate.

30 SEC. 3. Section 122 of the Business and Professions Code is  
31 amended to read:

32 122. (a) Except as *specified in subdivision (b) or otherwise*  
33 *provided by law*, the department and each of the boards, bureaus,  
34 committees, and commissions within the department may charge  
35 a fee for the processing and issuance of a duplicate copy of any  
36 certificate of licensure or other form evidencing licensure or  
37 renewal of licensure. The fee shall be in an amount sufficient to  
38 cover all costs incident to the issuance of the duplicate certificate  
39 or other form but shall not exceed twenty-five dollars (\$25).

1     **(b)** *This section shall not apply to a licensee impacted by a*  
2 *declared federal, state, or local emergency or disaster or whose*  
3 *home or business is located in an area for which a federal, state,*  
4 *or local emergency or disaster has been declared.*

5     SEC. 4. Section 136 of the Business and Professions Code is  
6 amended to read:

7     136. (a) Each person holding a license, certificate, registration,  
8 permit, or other authority to engage in a profession or occupation  
9 issued by a board within the department shall notify the issuing  
10 board at its principal office of any change in the person's mailing  
11 address within 30 days after the change, unless the board has  
12 specified by regulations a shorter time period.

13     (b) Except as otherwise provided by law, failure of a licensee  
14 to comply with the requirement in subdivision (a) constitutes  
15 grounds for the issuance of a citation and administrative fine, if  
16 the board has the authority to issue citations and administrative  
17 fines.

18     **(c)** *This section shall not apply to a licensee whose home or*  
19 *business mailing address is located in an area for which a federal,*  
20 *state, or local emergency or disaster area is declared.*

21     SEC. 5. Section 136.5 is added to the Business and Professions  
22 Code, to read:

23     136.5. Every applicant for licensure and every licensee of the  
24 Department of Real Estate or a board under the jurisdiction of the  
25 Department of Consumer Affairs, as specified in Section 101, shall  
26 provide the Department of Real Estate or the board with an email  
27 address.

28     SEC. 6. Section 7058.9 is added to the Business and Professions  
29 Code, to read:

30     7058.9. (a) A contractor shall not engage in private debris  
31 removal unless the contractor has one of the following licenses or  
32 classifications:

33     (1) A - General Engineering Contractor.

34     (2) B - General Building Contractor.

35     (3) A C-61 - Limited Specialty Contractor Classification for  
36 Debris Removal and Flood Muck Out. The board may adopt  
37 regulations to define the scope and requirements of this  
38 classification.

39     (b) During a declared federal, state, or local emergency or for  
40 a declared disaster area, the registrar may authorize additional

1 classifications to perform private debris removal or muck out  
2 services based on the needs of the declared emergency or disaster.

3 (1) The registrar may make the determination on a case-by-case  
4 basis and without requiring regulations.

5 (2) The registrar may require the qualifier for the license to have  
6 passed an approved hazardous substance certification examination  
7 as the disaster requires.

8 SEC. 7. Section 10089 is added to the Business and Professions  
9 Code, to read:

10 10089. Immediately upon the declaration of a federal, state, or  
11 local emergency or disaster area, the commissioner, in consultation  
12 with other agencies and departments, as appropriate, shall do the  
13 following:

14 (a) Expeditiously, and until 90 days following the end of the  
15 emergency, determine the nature and scope of any unlawful, unfair,  
16 or fraudulent practices employed by any individual or entity  
17 seeking to take advantage of property owners in the wake of the  
18 emergency.

19 (b) Provide notice to the public of the nature of these practices,  
20 their rights under the law, relevant resources that may be available,  
21 and contact information for authorities to whom violations may  
22 be reported.

23 SEC. 8. Section 10176 of the Business and Professions Code  
24 is amended to read:

25 10176. The commissioner may, upon ~~his or her~~ *their* own  
26 motion, and shall, upon the verified complaint in writing of any  
27 person, investigate the actions of any person engaged in the  
28 business or acting in the capacity of a real estate licensee within  
29 this state, and ~~he or she~~ *the commissioner* may temporarily suspend  
30 or permanently revoke a real estate license at any time where the  
31 licensee, while a real estate licensee, in performing or attempting  
32 to perform any of the acts within the scope of this chapter has been  
33 guilty of any of the following:

34 (a) Making any substantial misrepresentation.

35 (b) Making any false promises of a character likely to influence,  
36 persuade, or induce.

37 (c) A continued and flagrant course of misrepresentation or  
38 making of false promises through licensees.

39 (d) Acting for more than one party in a transaction without the  
40 knowledge or consent of all parties thereto.

1 (e) Commingling with ~~his or her~~ *their* own money or property  
2 the money or other property of others ~~which~~ *that* is received and  
3 held by ~~him or her~~ *the licensee*.

4 (f) Claiming, demanding, or receiving a fee, compensation, or  
5 commission under any exclusive agreement authorizing a licensee  
6 to perform any acts set forth in Section 10131 for compensation  
7 or commission where the agreement does not contain a definite,  
8 specified date of final and complete termination.

9 (g) The claiming or taking by a licensee of any secret or  
10 undisclosed amount of compensation, commission, or profit or the  
11 failure of a licensee to reveal to the buyer or seller contracting with  
12 the licensee the full amount of the licensee's compensation,  
13 commission, or profit under any agreement authorizing the licensee  
14 to do any acts for which a license is required under this chapter  
15 for compensation or commission prior to or coincident with the  
16 signing of an agreement evidencing the meeting of the minds of  
17 the contracting parties, regardless of the form of the agreement,  
18 whether evidenced by documents in an escrow or by any other or  
19 different procedure.

20 (h) The use by a licensee of any provision, which allows the  
21 licensee an option to purchase, in an agreement with a buyer or  
22 seller that authorizes the licensee to sell, buy, or exchange real  
23 estate or a business opportunity for compensation or commission,  
24 except when the licensee, prior to or coincident with election to  
25 exercise the option to purchase, reveals in writing to the buyer or  
26 seller the full amount of the licensee's profit and obtains the written  
27 consent of the buyer or seller approving the amount of the profit.

28 (i) Any other conduct, whether of the same or of a different  
29 character than specified in this section, which constitutes fraud or  
30 dishonest dealing.

31 (j) Obtaining the signature of a prospective buyer to an  
32 agreement which provides that the prospective buyer shall either  
33 transact the purchasing, leasing, renting, or exchanging of a  
34 business opportunity property through the broker obtaining the  
35 signature, or pay a compensation to the broker if the property is  
36 purchased, leased, rented, or exchanged without the broker first  
37 having obtained the written authorization of the owner of the  
38 property concerned to offer the property for sale, lease, exchange,  
39 or rent.

1 (k) Failing to disburse funds in accordance with a commitment  
2 to make a mortgage loan that is accepted by the applicant when  
3 the real estate broker represents to the applicant that the broker is  
4 either of the following:

5 (1) The lender.

6 (2) Authorized to issue the commitment on behalf of the lender  
7 or lenders in the mortgage loan transaction.

8 (l) Intentionally delaying the closing of a mortgage loan for the  
9 sole purpose of increasing interest, costs, fees, or charges payable  
10 by the borrower.

11 (m) Violating any section, division, or article of law which  
12 provides that a violation of that section, division, or article of law  
13 by a licensed person is a violation of that person's licensing law,  
14 if it occurs within the scope of that person's duties as a licensee.

15 (n) (1) *Making an unsolicited offer to an owner of real property,*  
16 *on their own behalf or on behalf of a client, to purchase or*  
17 *otherwise acquire any interest in the real property for an amount*  
18 *less than the fair market value of the property or interest in the*  
19 *property when that property is located in an area included in a*  
20 *declared federal, state, or local emergency or disaster area, for*  
21 *the duration of the declared emergency and for three months*  
22 *thereafter.*

23 (2) *Any person, including, but not limited to, an officer, director,*  
24 *agent, or employee of a corporation, who violates this subdivision*  
25 *is guilty of a misdemeanor punishable by a fine of up to ten*  
26 *thousand dollars (\$10,000), by imprisonment for up to six months,*  
27 *or both.*

28 SEC. 9. No reimbursement is required by this act pursuant to  
29 Section 6 of Article XIII B of the California Constitution because  
30 the only costs that may be incurred by a local agency or school  
31 district will be incurred because this act creates a new crime or  
32 infraction, eliminates a crime or infraction, or changes the penalty  
33 for a crime or infraction, within the meaning of Section 17556 of  
34 the Government Code, or changes the definition of a crime within  
35 the meaning of Section 6 of Article XIII B of the California  
36 Constitution.

37 SEC. 10. This act is an urgency statute necessary for the  
38 immediate preservation of the public peace, health, or safety within  
39 the meaning of Article IV of the California Constitution and shall  
40 go into immediate effect. The facts constituting the necessity are:

1 In order to support licensed professionals impacted by the  
2 disasters caused by the Palisades and Eaton wildfires, it is  
3 necessary that this act take effect immediately.

O



## Senator Angelique V. Ashby, 8<sup>th</sup> Senate District

### SB 641 – Consumer Protection and Business Recovery Act

*Protecting consumers and licensed professionals affected by wildfires or natural disasters.*

#### **SUMMARY**

SB 641 grants the Department of Consumer Affairs (DCA) and the Department of Real Estate (DRE) the authority to waive or exempt certain licensure requirements during declared states of emergency.

Additionally, this bill establishes timelines and certification requirements for proper debris removal and protects disaster victims from predatory land purchasing schemes of their properties.

#### **BACKGROUND**

In January 2025, Los Angeles experienced the most catastrophic wildfires in its history. Beginning January 7, strong Santa Ana winds and severe dry conditions fueled a series of fires across L.A. County, consuming tens of thousands of acres. The Palisades and Eaton Fires were the most destructive, burning over 20,000 and nearly 14,000 acres, respectively. In total, the fires claimed at least 28 lives and destroyed over 16,240 structures.<sup>1</sup>

Climate change is making wildfires more frequent and severe. Since 1950, the areas burned by California wildfires has steadily increased each year. Drought and rising temperatures have intensified the effects of low precipitation and snowpack, creating ideal conditions for fast-spreading, high-severity wildfires. As a result, disasters like the LA fires are becoming more common, leaving communities vulnerable and disrupting local economies.

The California DRE administers Real Estate Law, which oversees the licensing and conduct of real estate brokers and salespeople. DRE also protects consumers from fraud, misrepresentation, and unlawful business practices in property sales and leasing, which are issues that arise when disaster victims are most vulnerable.

Similarly, the DCA oversees the licensing process for various professions. They set and enforce requirements for educational qualifications, exams, and work experience. Licensed professionals must follow renewal schedules and pay fees to keep their licenses active, which can become especially

burdensome to individuals who are displaced after a disaster.

#### **THE PROBLEM**

When disasters strike, licensed professionals in affected areas face significant barriers to maintaining their ability to work. Current law does not consider disruptions caused by emergencies, leaving professionals at risk of losing their licenses due to their inability to meet renewal deadlines, mandatory fees, and continuing education requirements. These barriers are especially harmful when disaster survivors rely on these skilled professionals to rebuild.

Disaster survivors also face increased risks of predatory real estate practices, such as unsolicited purchase offers targeting vulnerable property owners. Current law lacks a clear mechanism to provide immediate relief to licensed professionals or protect consumers from land exploitation in disaster zones.

Another critical issue is the lack of oversight in private debris removal and cleanup efforts. After major disasters, property owners often turn to private companies for cleanup services – but without proper standards, some operators cut corners, or fail to meet critical safety regulations.

#### **THE SOLUTION**

SB 641 will authorize licensing programs to waive certain requirements for individuals in disaster areas during a state of emergency. This will help professionals maintain their licensure status, ensuring they can continue to work without facing administrative burdens.

This bill also strengthens protections for disaster survivors by addressing predatory real estate practices. SB 641 ensures swift action against exploitation and holds bad actors accountable.

Lastly, this bill establishes baseline safety and quality standards for private debris removal and cleanup by requiring contractors to obtain licenses, ensuring that only qualified professionals handle

<sup>1</sup> [Economic Impact of the Los Angeles Wildfires](#)

these jobs. This provision helps reduce long-term health and environmental risks in disaster-impacted areas.

**FOR MORE INFORMATION**

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Sarah Mason, *Staff Director*

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## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 5(c)(1) Bills with Active Position Taken by the Board – AB 489 (Bonta) Health care professions: deceptive items or letters: artificial intelligence

### **Background**

On February 20, 2025, AB 489 was introduced by Assemblymember Bonta.

AB 489 would establish legal provisions that prohibit Artificial Intelligence (AI) use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession. This bill would expand upon existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation.

The bill also creates a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

On February 27, 2025, AB 489 was presented to the Board for possible position recommendation. The Board determined to Support AB 489 and also request the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

On March 17, 2025, AB 489 was referred to the Assembly Committee on Business and Professions and the Assembly Committee on Privacy and Consumer Protection.

**Action Requested**

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

Attachment #1: AB 489 Bill Analysis

Attachment #2: [Bill Text](#)

Attachment #3: Fact Sheet

Attachment #4: Support Position Letter: Assembly Committee on Business and Professions

Attachment #5: Support Position Letter: Assembly Committee on Privacy and Consumer Protection.

## 2025 Bill Analysis

<b>Author:</b> Assemblymember Mia Bonta	<b>Bill Number:</b> AB 489	<b>Related Bills:</b>
<b>Sponsor:</b>	<b>Version:</b> Introduced	
<b>Subject:</b> Health care professions: deceptive terms or letters: artificial intelligence		

### SUMMARY

This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation. Furthermore, the bill would create a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

### RECOMMENDATION

Staff Recommendation: Board staff recommends the Board support the intent of the AB 489. Board staff recommends the Board take a **Support if Amended** position on AB 489 to include reports, assessments, and other amendments identified by the Board.

**FOR DISCUSSION** – Staff recommend the Board take a Support if Amended position on AB 489.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s)	<input type="checkbox"/> Affects Licensing Processes
<input type="checkbox"/> Urgency Clause	<input type="checkbox"/> Affects Enforcement Processes
<input type="checkbox"/> Regulations Required	<input type="checkbox"/> Legislative Reporting
<input type="checkbox"/> New Appointment Required	
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support	<input type="checkbox"/> Support
<input type="checkbox"/> Support if Amended	<input type="checkbox"/> Support if Amended
<input type="checkbox"/> Oppose	<input type="checkbox"/> Oppose
<input type="checkbox"/> Oppose Unless Amended	<input type="checkbox"/> Oppose Unless Amended
<input type="checkbox"/> Neutral	<input type="checkbox"/> Neutral
<input type="checkbox"/> Watch	<input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

**REASON FOR THE BILL**

The author asserts that “Californians deserve truth, honesty, and transparency in their healthcare.” According to the author, “Generative AI systems are booming across the internet,” however, these systems are not licensed health professionals and should not be presented as such. To protect consumers, especially children and those unfamiliar with AI, from deception, the author introduced AB 489. This bill aims to prevent the dishonest or negligent use of generative AI that could confuse and mislead California consumers.

This legislation follows reports of individuals forming unhealthy attachments to AI chatbots, with some chatbots falsely posing as licensed professionals. Moreover, AI's rapid rise in healthcare is evident, with some companies encouraging staff to use AI to interact with patients, and others creating "AI nurses" for hire. AB 489 ensures that consumers can clearly understand whether they are engaging with a human or an AI.

**ANALYSIS**

Existing law mandates that health facilities, clinics, physician's offices, or group practices using generative AI to create written or verbal communications related to patient clinical information must include two key elements: (1) a disclaimer informing the patient that the communication was generated by AI, and (2) clear instructions on how the patient can contact a human health care provider, employee, or another appropriate person. To further protect consumers, AB 489 would establish legal provisions that prohibit AI the use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of these regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice. Violations of these provisions would be enforceable by the relevant health care licensing boards. Each instance of AI misuse—such as an individual AI term or phrase being used—would be considered a separate violation, increasing the potential penalties.

The Board may face jurisdictional challenges when investigating complaints against an AI system, as many AI-driven healthcare tools are developed by out-of-state or international entities. Additionally, when a complaint is received, the enforcement analysts must determine whether there is a disclaimer or a transparency statement, which would require them to access that specific AI platform.

Existing law defines Artificial Intelligence as 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. For the purposes of this bill, the term "health care profession" refers to any profession that is subject to licensure or regulation.

By expanding existing criminal laws, this bill creates a state-mandated local program. This could place additional responsibilities on local agencies to enforce these regulations, although the state would not be required to reimburse local agencies for any costs incurred due to the implementation of this program. Despite the potential for increased enforcement costs at the local level, the bill includes a provision that exempts the state from providing reimbursement. This aligns with the California Constitution, which exempts the state from reimbursing local agencies when a new crime or infraction is created, or when penalties for existing offenses are modified.

### **LEGISLATIVE HISTORY**

Not Applicable at this time.

### **OTHER STATES' INFORMATION**

Not Applicable at this time.

### **PROGRAM BACKGROUND**

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

### **FISCAL IMPACT**

The Board has policies and procedures in place to take, review and act upon a complaint if needed, however, unlike traditional complaints on individual practitioners, AB 489 will target AI-driven violations. Since AB 489 will make each use of the prohibited terms a separate offense, this could have impacts on the enforcement staff and resources. The enforcement staff may see an increase in complaints stemming from patients, healthcare professionals and consumer protection groups. Investigation into these violations would mostly likely require unique expertise to fully investigate the AI cases including, tracing the AI content, determining which entity is responsible and verifying disclaimers and compliance measures. Investigators would need the ability or tools to capture and verify these real-time AI-generated responses.

### **ECONOMIC IMPACT**

Not Applicable

### **LEGAL IMPACT**

Not Applicable

### **APPOINTMENTS**

Not Applicable

**SUPPORT/OPPOSITION**

Not Applicable at this time.

**Support:**

**Opposition:**

**ARGUMENTS**

**Proponents:**

**Opponents:**

**AMENDMENTS**

**ASSEMBLY BILL**

**No. 489**

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**Introduced by Assembly Member Bonta**

February 10, 2025

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An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 489, as introduced, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the

jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

By expanding the scope of existing crimes, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Chapter 15.5 (commencing with Section 4999.8)  
2 is added to Division 2 of the Business and Professions Code, to  
3 read:

4

5 CHAPTER 15.5. HEALTH ADVICE FROM ARTIFICIAL  
6 INTELLIGENCE

7

8 4999.8. (a) For purposes of this chapter, “artificial intelligence”  
9 has the same meaning as set forth in Section 11546.45.5 of the  
10 Government Code.

1 (b) For purposes of this chapter, “health care profession” means  
2 any profession that is the subject of licensure or regulation under  
3 this division or under any initiative act referred to in this division.

4 4999.9. (a) A violation of this chapter is subject to the  
5 jurisdiction of the appropriate health care professional licensing  
6 board or enforcement agency.

7 (b) Any provision of this division that prohibits the use of  
8 specified terms, letters, or phrases to indicate or imply possession  
9 of a license or certificate to practice a health care profession,  
10 without at that time having the appropriate license or certificate  
11 required for that practice or profession, shall be enforceable against  
12 a person or entity who develops or deploys a system or device that  
13 uses one or more of those terms, letters, or phrases in the  
14 advertising or functionality of an artificial intelligence system,  
15 program, device, or similar technology.

16 (c) The use of a term, letter, or phrase in the advertising or  
17 functionality of an AI system, program, device, or similar  
18 technology that indicates or implies that the care or advice being  
19 offered through the AI technology is being provided by a natural  
20 person in possession of the appropriate license or certificate to  
21 practice as a health care professional, is prohibited.

22 (d) Each use of a prohibited term, letter, or phrase shall  
23 constitute a separate violation of this chapter.

24 SEC. 2. No reimbursement is required by this act pursuant to  
25 Section 6 of Article XIII B of the California Constitution because  
26 the only costs that may be incurred by a local agency or school  
27 district will be incurred because this act creates a new crime or  
28 infraction, eliminates a crime or infraction, or changes the penalty  
29 for a crime or infraction, within the meaning of Section 17556 of  
30 the Government Code, or changes the definition of a crime within  
31 the meaning of Section 6 of Article XIII B of the California  
32 Constitution.



**SUMMARY**

Assembly Bill 489 prohibits artificial intelligence (AI) systems or similar technologies from misrepresenting “themselves” as licensed health professionals.

**BACKGROUND AND PROBLEM**

Programs and chatbots powered by artificial intelligence have exploded in popularity. Because AI systems can now produce natural-sounding language, and because these systems are trained on a vast amount of information, including health-related information, they can convincingly mimic a health professional. Without proper safeguards, this capability can pose a danger to consumers in both health and non-health applications, especially to children and individuals with low health and/or digital literacy.

At this time, Generative AI capabilities are being integrated into a variety of health care applications. Researchers have shown these capabilities can enhance medical imaging, genetic data analysis, and electronic health records (EHR) analysis, such as sepsis prediction and breast cancer detection, among other applications. Despite potential benefits, experts studying the use of AI systems in health care emphasize these systems should augment and assist, not replace, human health care professionals. For instance, consumers should be able to trust that a “nurse advice” telephone line or chat box is staffed by a licensed human nurse.

At the same time health care entities are exploring clinical applications of AI, there is also problematic misrepresentation occurring outside of health settings. Without safeguards, this could become even more common. For instance, artificial intelligence “companions” deployed by companies like Character.ai can take on the persona of, and play-act as, licensed health care professionals. This includes, for instance, an artificially generated and automated “character” named “Psychologist” that dispenses mental health advice in an interactive chat, while insisting it is both a human and a psychologist licensed in California.

No entity should be able to indicate or imply that there is a licensed health professional at the other end

of a conversation with a completely automated system. Californians deserve transparency and protection from misrepresentation, and artificial intelligence technologies must be developed and deployed responsibly to prevent such misrepresentation.

**EXISTING LAW**

**Current Statute:**

Prohibits a person from practicing medicine, including diagnosing, treating, or prescribing for any medical condition, without a medical license, and makes a violation a public offense punishable by a fine of up to \$10,000 and/or up to a year in prison. [Business and Professions Code (BPC) §2052]

Establishes standards for “telephone medical advice services”, including that such services are staffed with appropriately credentialed health professionals. [BPC §4999 et seq.]

Establishes regulation and title protections for various health professionals under boards under the Department of Consumer Affairs (DCA). [Division 2 of the BPC].

Prohibits, under general business regulations, false advertising and various types of misrepresentation, including those related to price, quantity, and false or misleading advertising claims. [BPC §17500 et seq.]

Specifies DCA may request the Attorney General or city or county attorneys to investigate claims of false advertising, and allows those entities to enforce truth in advertising laws by taking specified actions. [BPC §17508]

Prohibits a person to use a “bot,” as defined, to communicate or interact with another person in California online, with the intent to mislead the other person about its artificial identity, for the purpose of knowingly deceiving the person in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, and requires disclosures if a bot is used in this manner. [BPC §17940 et seq.]

Defines “artificial intelligence” as 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. [Government Code §11546.45.5]

## **SOLUTION**

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This bill will provide state health professions boards clear authority to enforce title protections when AI systems or similar technologies, such as internet-based chatbots, misrepresent “themselves” as health professionals.

Specifically, it will allow health professions boards to enforce violations of existing title protections by making entities who develop and deploy AI systems responsible for any such violations by the systems they develop or deploy.

In addition, this bill explicitly prohibits AI systems or similar technologies from misrepresenting “themselves” as human health professionals, leaving no doubt that the law prohibits such conduct.

## **SUPPORT**

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SEIU California (sponsor)

California Medical Association (sponsor)

## **FOR MORE INFORMATION**

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Lisa Murawski, Principal Consultant

Assembly Health Committee

[Lisa.murawski@asm.ca.gov](mailto:Lisa.murawski@asm.ca.gov)

March 18, 2025

The Honorable Assemblymember Marc Berman  
Chair, Assembly Committee on Business and Professions  
State Capitol, Room 379  
Sacramento, CA 95814

**RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Support if Amended**

Dear Assemblymember Berman:

The Board's mission is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At its February 27th, 2025, meeting, the Board of Psychology (Board), the Board adopted a **Support** position on AB 489 (Bonta). This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional.

In addition, the bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of licensing regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice.

The Board supports and agrees with the author's intent in protecting consumers from dishonest or negligent use of AI technology that could mislead them. The Board would also request the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

The Board recognizes that the current bill language protects consumers from being misled or deceived by AI technology in the care or advice they receive. However,

healthcare professionals also provide consumers with reports and assessments. Therefore, it is important to amend the bill to include a provision that prohibits AI technology from using terms, letters, or phrases that imply reports or assessments by AI technology are from a licensed professional. This addition will ensure that consumers are not misled into believing that reports and assessments generated by AI are administered by a licensed professional.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or [jonathan.burke@dca.ca.gov](mailto:jonathan.burke@dca.ca.gov). Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD  
President, Board of Psychology

cc: Assemblymember Heath Flora, Vice Chair  
Assemblymember Mia Bonta  
Members of the Assembly Committee on Business and Professions

March 18, 2025

The Honorable Assemblymember Rebecca Bauer-Kahan  
Chair, Assembly Committee on Privacy and Consumer Protection  
State Capitol, Room 162  
Sacramento, CA 95814

**RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Support if Amended**

Dear Assemblymember Bauer-Kahan:

The Board's mission is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At its February 27th, 2025, meeting, the Board of Psychology (Board), the Board adopted a **Support** position on AB 489 (Bonta). This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional.

In addition, the bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of licensing regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice.

The Board supports and agrees with the author's intent in protecting consumers from dishonest or negligent use of AI technology that could mislead them. The Board would also request the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

The Board recognizes that the current bill language protects consumers from being misled or deceived by AI technology in the care or advice they receive. However,

healthcare professionals also provide consumers with reports and assessments. Therefore, it is important to amend the bill to include a provision that prohibits AI technology from using terms, letters, or phrases that imply reports or assessments by AI technology are from a licensed professional. This addition will ensure that consumers are not misled into believing that reports and assessments generated by AI are administered by a licensed professional.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or [jonathan.burke@dca.ca.gov](mailto:jonathan.burke@dca.ca.gov). Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD  
President, Board of Psychology

cc: Assemblymember Diane Dixon, Vice Chair  
Assemblymember Mia Bonta  
Members of the Assembly Committee on Privacy and Consumer  
Protection

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(1) Watch Bills – AB 81 (Ta) Veterans: mental health

### **Background**

The bill was introduced on December 19, 2024, by Assemblymember Tri Ta.

This bill would require the Department of Veterans Affairs to establish a fund for a study into the mental health of women veterans in California. The study would include demographics, stressors, risk factors, treatment modalities, barriers to treatment, suicide rates, and any other relevant information. The study and report with the findings and recommendations would then need to be submitted to the legislature no later than June 30, 2029.

On February 3, 2025, AB 81 was referred to the Assembly Committee on Military and Veterans Affairs.

On February 27, 2025, AB 81 was presented to the Board for possible position recommendation, which the Board determined to watch AB 81.

### **ACTION REQUESTED**

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

Attachment #1: AB 81 Bill Text - [Weblink](#)

**ASSEMBLY BILL**

**No. 81**

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**Introduced by Assembly Member Ta**

December 19, 2024

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An act to add and repeal Section 716 of the Military and Veterans Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

AB 81, as introduced, Ta. Veterans: mental health.

Existing law establishes the Department of Veterans Affairs. The department, among other services, provides veterans and their dependents and survivors with assistance in processing service-related disability claims, assistance in obtaining affordable housing, and information about health ailments associated with military service.

This bill would require the department to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, as specified. The bill would require the department to submit a report that summarizes the findings and recommendations of the study to the Legislature no later than June 30, 2029. The bill would repeal these provisions on January 1, 2030.

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

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

- 1 SECTION 1. Section 716 is added to the Military and Veterans
- 2 Code, to read:
- 3 716. (a) Upon appropriation by the Legislature, the department
- 4 shall establish a program to fund an academic study of mental

1 health among women veterans in California, to include  
2 demographics and an analysis of the stressors, risk factors,  
3 treatment modalities, barriers to access, suicide rate, and other  
4 information deemed relevant.

5 (b) The department shall prepare and submit a report to the  
6 Legislature, no later than June 30, 2029, that summarizes the  
7 findings and recommendations of the study pursuant to subdivision  
8 (a). The report shall be submitted in compliance with Section 9795  
9 of the Government Code.

10 (c) This section shall remain in effect only until January 1, 2030,  
11 and as of that date is repealed.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(2) Watch Bills – AB 257 (Flora) Specialty care network: telehealth and other virtual services

### **Background**

The bill was introduced on January 16, 2025, by Assemblymember Heath Flora..

This bill would require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State Department of Health Care Services, to establish a project for a telehealth and other virtual services specialty care. The network would be to serve patients that consist of qualifying providers, rural health clinics, federally qualified health centers and community health centers. The focus of the project is to increase access to behavioral and maternal health services and additional specialties prioritized by the agency.

The bill would also require the project to include a grant program to award funding to grantees that meet specified conditions relating to specialist networks and health information technology. The purpose of the grant program would be to achieve certain objectives, including, reducing structural barriers to access experienced by patients, improving cost-effectiveness, and optimizing utilization.

On February 10, 2025, AB 257 was referred to the Assembly Committee on Health.

On February 27, 2025, AB 257 was presented to the Board for possible position recommendation, which the Board determined to watch AB 257.

**ACTION REQUESTED**

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

Attachment #1: AB 257 Bill Text - [Weblink](#)

Attachment #2: AB 257 Assembly Floor Analysis

AMENDED IN ASSEMBLY MARCH 27, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 257**

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**Introduced by Assembly Member Flora**  
*(Coauthor: Senator Dahle)*

January 16, 2025

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An act to add Division 121 (commencing with Section 151100) to the Health and Safety Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 257, as amended, Flora. Specialty care ~~network~~: *networks*: telehealth and other virtual services.

Existing law establishes, under the Medi-Cal program, certain time and distance standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services, including certain specialty care, are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner. Existing law sets forth other timely access requirements for health care service plans and health insurers, including with regard to referrals to a specialist.

Existing law establishes various health professions development programs, within the Department of Health Care Access and Information, for the promotion of education, training, and recruitment of health professionals to address workforce shortage and distribution needs. Existing law sets forth various provisions for the authorized use of telehealth in the delivery of health care services.

This bill would, subject to an appropriation, require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State

Department of Health Care Services, to establish a demonstration project for a grant program. *Under the bill, the grant program would be aimed at facilitating a telehealth and other virtual services specialty care network—that is or networks that are designed to serve patients of safety-net providers consisting of qualifying providers,—defined to include, among others, rural health clinics and community health centers. The as defined.*

*Under the bill, the purpose of the demonstration project would be to improve access to specialty care for Medi-Cal beneficiaries through development of a financially sustainable specialty care network or networks that are focused on serving the needs of the health care safety net. The bill would authorize the focus of the project to include increasing access to behavioral and maternal health services and additional specialties prioritized by the agency. The bill would state the intent of the Legislature that implementation of the demonstration project would facilitate compliance with any applicable network adequacy standards.*

~~The bill would require the demonstration project to include a grant program to award funding to grantees, as defined, that meet specified conditions relating to specialist networks and health information technology. Under the bill, the purpose of the grant program would be to achieve certain objectives, including, among others, reducing structural barriers to access experienced by patients, improving cost-effectiveness, and optimizing utilization. The bill would require a grantee to evaluate its performance on the objectives and to submit a report of its findings to the agency.~~

*The bill would require the agency to administer the grant program to award grant funds to one or more grantees based on an application process and by meeting specified conditions. The bill would require a grantee to use the funds to develop a network or networks by, among other things, providing health information technology and technical assistance to support both the specialists and any primary care provider care coordination, referral, or electronic consultations.*

*The bill would require the agency to arrange an independent evaluation of the demonstration project. The bill would require the evaluation to examine the extent to which the project was successful in achieving certain objectives, including, among others, reducing structural barriers to access experienced by patients. The bill would require a grantee to report data and information to allow for monitoring and evaluation of the project. The bill would require the agency to*

*ensure that lessons learned, recommendations, and best practices from the project are publicly disseminated to inform the development of a telehealth and specialty care network or networks to serve the needs of the health care safety net.*

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

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

1     SECTION 1. Division 121 (commencing with Section 151100)  
2     is added to the Health and Safety Code, to read:

3

4             DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE  
5                             EVERYWHERE

6

7     151100. For purposes of this division, the following definitions  
8     apply:

9     (a) "Agency" means the California Health and Human Services  
10     Agency, unless otherwise specified.

11     (b) "Demonstration project" means the project established in  
12     Section 151102, also known as Equal Access to Specialty Care  
13     Everywhere.

14     (c) "Qualifying provider" means a provider that meets both of  
15     the following criteria:

16         (1) The provider is a rural health clinic, federally qualified  
17         health center, critical access hospital, or other community health  
18         center, including, but not limited to, an Indian health clinic.

19         (2) At least 50 percent of the provider's patient population is  
20         either uninsured or enrolled in the Medi-Cal program, or the  
21         provider is located in a medically underserved area, as designated  
22         by the Health Resources and Services Administration of the United  
23         States Department of Health and Human Services.

24     (d) "Telehealth" has the same meaning as set forth in Section  
25     2290.5 of the Business and Professions Code, including, but not  
26     limited to, store and forward modalities.

27     151101. Implementation of this division shall be subject to an  
28     appropriation made by the Legislature for this purpose in the  
29     annual Budget Act or another statute.

30     151102. (a) The California Health and Human Services  
31     Agency, in collaboration with the Department of Health Care

1 *Access and Information and the State Department of Health Care*  
2 *Services, shall establish a demonstration project for a grant*  
3 *program, aimed at facilitating a telehealth and other virtual*  
4 *services specialty care network or networks that are designed to*  
5 *serve patients of safety-net providers consisting of qualifying*  
6 *providers, as defined in Section 151100. The demonstration project*  
7 *shall be known, and may be cited, as Equal Access to Specialty*  
8 *Care Everywhere.*

9 (b) (1) *The purpose of the demonstration project shall be to*  
10 *improve access to specialty care for Medi-Cal beneficiaries*  
11 *through development of a financially sustainable specialty care*  
12 *network or networks that are focused on serving the needs of the*  
13 *health care safety net.*

14 (2) *The focus of the demonstration project may include*  
15 *increasing access to behavioral and maternal health services and*  
16 *additional specialties prioritized by the agency.*

17 (c) *Funding under this division shall be used for establishing*  
18 *the demonstration project for purposes of the grant program and*  
19 *network or networks described in subdivision (a), and for any*  
20 *reasonable administrative costs resulting from the demonstration*  
21 *project.*

22 (d) *It is the intent of the Legislature that implementation of the*  
23 *demonstration project will facilitate compliance with any network*  
24 *adequacy standards set forth under existing law as applicable for*  
25 *health care service plans, health insurers, Medi-Cal managed care*  
26 *plans, or other entities providing health care coverage.*

27 151103. (a) *The agency shall administer the grant program*  
28 *described in Section 151102 to award grant funds to one or more*  
29 *grantees based on an application process, subject to an*  
30 *appropriation as described in Section 151101.*

31 (b) (1) *To be eligible for grant funding under this division, the*  
32 *applicant shall meet both of the following conditions:*

33 (A) *The applicant consists of, or partners with, a network of*  
34 *health care providers, including at least 10 qualifying providers.*

35 (B) *The applicant has a demonstrated record of supporting the*  
36 *delivery of health care services and addressing social determinants*  
37 *of health in underserved communities.*

38 (2) *The agency shall determine whether an applicant is in*  
39 *compliance with the conditions described in paragraph (1).*

1 (c) A grantee shall use grant funds allocated under this division  
2 to develop a specialty care network or networks, in accordance  
3 with Section 151102, focused on serving the needs of the health  
4 care safety net, including all of the following:

5 (1) Establishing, through contracting, direct hire, or partnering,  
6 a network of clinical specialists.

7 (2) Providing health information technology and technical  
8 assistance to support both the specialists and any primary care  
9 provider care coordination, referral, or electronic consultations.

10 (3) Ensuring interoperable electronic health record bidirectional  
11 communication, and coordination of services, between primary  
12 care providers and specialty care providers.

13 (d) Grant funding under this division shall be used for the  
14 purposes described in subdivision (c) and shall not be used for  
15 payment or reimbursement for any health services delivered to  
16 patients.

17 (e) The agency shall arrange an independent evaluation of the  
18 demonstration project. The evaluation shall examine the extent to  
19 which the demonstration project was successful in achieving all  
20 of the following objectives:

21 (1) Increasing capacity and efficiencies to address shortages  
22 of specialists through enhanced triage capabilities and reduction  
23 in missed appointments.

24 (2) Reducing structural barriers to access experienced by  
25 patients, particularly those who have health-related social needs  
26 or disabilities, and those experiencing significant health disparities,  
27 including by reducing waiting times.

28 (3) Increasing financial sustainability of health care providers  
29 in rural and underserved areas.

30 (4) Strengthening public health resiliency, including surveillance  
31 capabilities and mitigation.

32 (5) Improving cost-effectiveness and optimizing utilization.

33 (6) Improving interoperability, interclinician care coordination,  
34 and care management.

35 (f) A grantee shall report data and information, in a manner  
36 and frequency determined by the agency, to allow for monitoring  
37 and evaluation of the demonstration project.

38 (g) The agency shall ensure that lessons learned,  
39 recommendations, and best practices from the demonstration  
40 project are publicly disseminated to inform the development of a

1 *telehealth and specialty care network or networks to serve the*  
2 *needs of the health care safety net.*

3 ~~SECTION 1. Division 121 (commencing with Section 151100)~~  
4 ~~is added to the Health and Safety Code, to read:~~

5  
6 ~~DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE~~  
7 ~~EVERYWHERE~~

8  
9 ~~151100. For purposes of this division, the following definitions~~  
10 ~~apply:~~

11 ~~(a) "Agency" means the California Health and Human Services~~  
12 ~~Agency, unless otherwise specified.~~

13 ~~(b) "Demonstration project" means the project established in~~  
14 ~~Section 151102, also known as Equal Access to Specialty Care~~  
15 ~~Everywhere.~~

16 ~~(c) "Grantee" means an entity that meets all of the following~~  
17 ~~conditions:~~

18 ~~(1) Consisting of, or partnering with, a network of health care~~  
19 ~~providers, including at least 50 qualifying providers that serve~~  
20 ~~individuals who are uninsured, individuals who are covered under~~  
21 ~~the Medi-Cal program or other state public programs serving~~  
22 ~~expansion populations, and individuals who are covered under the~~  
23 ~~federal Medicare Program or other federal health care programs.~~

24 ~~(2) Ensuring interoperable electronic health record bidirectional~~  
25 ~~communication with primary care providers.~~

26 ~~(3) Coordinating services, furnished through health information~~  
27 ~~technology tools to individuals, with the primary care providers~~  
28 ~~of those individuals.~~

29 ~~(4) Offering evaluation and analysis on specialty service access~~  
30 ~~among underserved communities.~~

31 ~~(5) Having a demonstrated record of supporting the delivery of~~  
32 ~~health care services and addressing social determinants of health~~  
33 ~~in underserved communities in multiple regions throughout the~~  
34 ~~state.~~

35 ~~(d) "Qualifying provider" means a rural health clinic, federally~~  
36 ~~qualified health center, critical access hospital, or other community~~  
37 ~~health center, including, but not limited to, an Indian health clinic.~~

38 ~~(e) "Telehealth" has the same meaning as set forth in Section~~  
39 ~~2290.5 of the Business and Professions Code, including, but not~~  
40 ~~limited to, store and forward modalities.~~

1 151101. Implementation of this division shall be subject to an  
2 appropriation made by the Legislature for this purpose in the annual  
3 Budget Act or another statute.

4 151102. (a) ~~The California Health and Human Services~~  
5 ~~Agency, in collaboration with the Department of Health Care~~  
6 ~~Access and Information and the State Department of Health Care~~  
7 ~~Services, shall establish a demonstration project for a telehealth~~  
8 ~~and other virtual services specialty care network that is designed~~  
9 ~~to serve patients of safety-net providers consisting of qualifying~~  
10 ~~providers, as defined in Section 151100. The demonstration project~~  
11 ~~shall be known, and may be cited, as Equal Access to Specialty~~  
12 ~~Care Everywhere.~~

13 (b) ~~The focus of the demonstration project may include~~  
14 ~~increasing access to behavioral and maternal health services and~~  
15 ~~additional specialties prioritized by the agency.~~

16 (c) ~~Funding under this division shall be used for establishing~~  
17 ~~the demonstration project for purposes of the network described~~  
18 ~~in subdivision (a) and the grant program described in Section~~  
19 ~~151103, and for any reasonable administrative costs resulting from~~  
20 ~~the demonstration project. Funding under this division shall not~~  
21 ~~be used for payment or reimbursement for any health services~~  
22 ~~delivered to patients.~~

23 (d) ~~It is the intent of the Legislature that implementation of the~~  
24 ~~demonstration project will facilitate compliance with any network~~  
25 ~~adequacy standards set forth under existing law as applicable for~~  
26 ~~health care service plans, health insurers, Medi-Cal managed care~~  
27 ~~plans, or other entities providing health care coverage.~~

28 151103. (a) ~~The demonstration project shall include a grant~~  
29 ~~program, administered by the agency, to award funding to grantees~~  
30 ~~based on an application process, subject to an appropriation as~~  
31 ~~described in Section 151101. To be eligible for grant funding under~~  
32 ~~this division, the applicant shall meet both of the following~~  
33 ~~conditions:~~

34 (1) ~~Establishing, through contracting, direct hire, or partnering,~~  
35 ~~a network of clinical specialists.~~

36 (2) ~~Providing health information technology and technical~~  
37 ~~assistance to support both the specialists and any primary care~~  
38 ~~provider care coordination, referral, or electronic consultations.~~

39 (b) ~~The purpose of the grant program is to achieve all of the~~  
40 ~~following objectives:~~

- 1     ~~(1) Increasing capacity and efficiencies to address endemic and~~  
2 ~~growing workforce shortages of specialists through enhanced triage~~  
3 ~~capabilities and reduction in missed appointments.~~  
4     ~~(2) Reducing structural barriers to access experienced by~~  
5 ~~patients, particularly those who have health-related social needs~~  
6 ~~or disabilities, and those experiencing significant health disparities,~~  
7 ~~including by reducing waiting times.~~  
8     ~~(3) Increasing financial sustainability of health care providers~~  
9 ~~in rural and underserved areas.~~  
10    ~~(4) Strengthening public health resiliency, including surveillance~~  
11 ~~capabilities and mitigation.~~  
12    ~~(5) Improving cost-effectiveness and optimizing utilization.~~  
13    ~~(6) Improving interoperability, inter-clinician care coordination,~~  
14 ~~and enhanced care management.~~  
15    ~~(e) A grantee shall evaluate its performance on the objectives~~  
16 ~~described in subdivision (b) and shall submit a report of its findings~~  
17 ~~to the agency.~~

Date of Hearing: March 25, 2025

ASSEMBLY COMMITTEE ON HEALTH  
Mia Bonta, Chair  
AB 257 (Flora) – As Introduced January 16, 2025

**SUBJECT:** Specialty care network: telehealth and other virtual services.

**SUMMARY:** Requires the California Health and Human Services Agency (CalHHS), in collaboration with the Department of Health Care Access and Information (HCAI) and Department of Health Care Services (DHCS), to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of qualifying providers, defined as a rural health clinic (RHC), federally qualified health center (FQHC), critical access hospital (CAH), or other community health center, including, but not limited to, an Indian health clinic. Specifically, **this bill:**

- 1) Requires CalHHS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of clinics and hospitals.
- 2) Authorizes the demonstration to focus on increasing access to behavioral and maternal health services and additional specialties prioritized by CalHHS.
- 3) Requires the demonstration project to include a grant program, administered by CalHHS, to award funding to grantees based on an application process.
- 4) Requires an applicant for a grant to meet both of the following conditions:
  - a) Establishing, through contracting, direct hire, or partnering, a network of clinical specialists; and,
  - b) Providing health information technology and technical assistance to support both the specialists and any primary care provider care coordination, referral, or electronic consultations.
- 5) Defines a grantee as an entity that meets all of the following conditions:
  - a) Consisting of, or partnering with, a network of health care providers, including at least 50 clinics or hospitals that serve individuals who are uninsured, individuals who are covered under the Medi-Cal program or other state public programs serving expansion populations, and individuals who are covered under the federal Medicare Program or other federal health care programs;
  - b) Ensuring interoperable electronic health record bidirectional communication with primary care providers;
  - c) Coordinating services, furnished through health information technology tools to individuals, with the primary care providers of those individuals;
  - d) Offering evaluation and analysis on specialty service access among underserved communities; and,

- e) Having a demonstrated record of supporting the delivery of health care services and addressing social determinants of health in underserved communities in multiple regions throughout the state.
- 6) Establishes the purpose of the grant program as follows:
- a) Increasing capacity and efficiencies to address endemic and growing workforce shortages of specialists through enhanced triage capabilities and reduction in missed appointments;
  - b) Reducing structural barriers to access experienced by patients, particularly those who have health-related social needs or disabilities, and those experiencing significant health disparities, including by reducing waiting times;
  - c) Increasing financial sustainability of health care providers in rural and underserved areas;
  - d) Strengthening public health resiliency, including surveillance capabilities and mitigation;
  - e) Improving cost-effectiveness and optimizing utilization; and,
  - f) Improving interoperability, inter-clinician care coordination, and enhanced care management.
- 7) Requires a grantee to evaluate its performance on the objectives described in 6) above, and submit a report of its findings to CalHHS.
- 8) States the intent of the Legislature that implementation of the demonstration project will facilitate compliance with any network adequacy standards set forth under existing law as applicable for health care service plans, health insurers, Medi-Cal managed care plans, or other entities providing health care coverage.
- 9) Conditions implementation on an appropriation made by the Legislature for this purpose in the annual Budget Act or another statute.

**EXISTING LAW:**

- 1) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. [Welfare and Institutions Code (WIC) § 14000 *et seq.*]
- 2) Establishes a schedule of benefits under the Medi-Cal program, including physician, hospital or clinic outpatient, surgical center, respiratory care, optometric, chiropractic, psychology, podiatric, and therapy services, subject to utilization controls. [WIC § 14132]
- 3) Defines “telehealth” to:
  - a) Mean the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care; and,
  - b) Include synchronous interactions and asynchronous store and forward transfers. [Business and Professions Code § 2290.5 (a)(6)]

- 4) Establishes Medi-Cal coverage for health care services provided through telehealth, including specifying that in-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by DHCS, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed. [WIC § 14132.725 and § 14132.100]
- 5) Establishes time and distance standards by which Medi-Cal managed care plans must demonstrate network adequacy. Allows DHCS to authorize a Medi-Cal managed care plan to use clinically appropriate synchronous video telehealth as a means of demonstrating compliance with time or distance standards. [WIC § 14197 and 14197(e)]
- 6) Establishes HCAI to collect and analyze health data, administer health workforce programs, oversee hospital and health facility building programs, and administer the Office of Health Care Affordability. [Health and Safety Code § 127000]

**FISCAL EFFECT:** Unknown. This bill has not yet been analyzed by a fiscal committee.

**COMMENTS:**

1) **PURPOSE OF THIS BILL.** According to the author, everyone should have access to timely specialty care, but patients in rural communities face unique challenges. The author asserts that the state needs to build clinical capacity for specialty care, improve patient access, improve disaster preparedness and response, and curtail rising health care costs for rural communities. By allowing patients to use telehealth when finding specialty care, the author notes, rural and underserved communities can quickly access quality, low-cost health care. The author concludes that the bill is a commonsense step that will reduce costly emergency room visits by allowing patients to address the root cause of health concerns before they grow worse. This bill is sponsored by OCHIN, a nonprofit provider of electronic health records systems (EHR) and health information exchange and technology support to safety net providers. OCHIN's client network includes FQHCs, RHCs, critical access hospitals, local public health agencies, and school-based health programs.

2) **BACKGROUND.**

a) **Specialty Care Access.** Delays and difficulty accessing specialty care in Medicaid programs are well-documented. In a 2019 survey of community health center medical directors in nine states that expanded Medicaid pursuant to the federal Patient Protection and Affordable Care Act (including California) and Washington, D.C., nearly 60% reported difficulty obtaining new specialist visits and multiple access barriers. Although specialty care access can be difficult in rural areas regardless of coverage and can be challenging even with commercial coverage due to general provider shortages, the problem is more acute in Medicaid programs, including Medi-Cal, posing equity concerns. A 2023 study titled "*State-Level Variation in Medicaid Managed Care Enrollment and Specialty Care for Publicly Insured Children,*" which was published in *JAMA (Journal of the American Medical Association) Network Open*, had found caregivers of children insured by Medicaid were more than twice as likely as caregivers of children with private insurance to report feeling frustrated trying to find specialty medical care for their children.

- b) **Managed Care Network Adequacy Requirements.** Federal law requires Medicaid managed care plans to assure that they have capacity to serve expected enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers. A Medicaid managed care plan must make covered services accessible to its enrollees to the same extent that such services are accessible to other state residents with Medicaid who are not enrolled with that plan. State law establishes specific time and distance standards by which a plan must demonstrate that their enrollees can access an adequate network of providers.

SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, authorizes DHCS to allow telehealth providers to count towards compliance with time or distance standards. Previously, DHCS allowed telehealth as an alternative access standard only if a managed care plan was not able to demonstrate compliance with time or distance standards. Pursuant to All-Plan Letter 23-001, if a plan is able to cover at least 85% of the members in a ZIP code and they can show that they have additional capacity through the use of telehealth providers to serve the remaining members, the plan would be deemed compliant with time or distance standards and no alternative access standard submission is required.

DHCS allows plans to use telehealth providers for purposes of demonstrating adequacy of their networks for primary care and the following specialty provider types: cardiology/interventional cardiology, neurology, dermatology, non-specialty mental health, endocrinology, obstetrics and gynecology; ear, nose, and throat/otolaryngology; oncology; gastroenterology; ophthalmology; hematology; HIV/AIDS specialists; infectious diseases; psychiatry; nephrology; and pulmonology.

Plans must provide access to in-person services rather than telehealth if a Medi-Cal beneficiary requests it, including access to transportation and out of network services when necessary.

- c) **Need for This Bill.** The sponsor of this bill, OCHIN, notes safety net providers with the most clinically and socially complex patients have the greatest need for timely specialty care services to manage patients with co-morbid chronic conditions. OCHIN notes these providers, such as FQHCs and RHCs, expend significant resources trying to identify specialty referral pathways. A recent analysis of safety net providers in the OCHIN network in California found the average wait time to see a specialist in 2024 was 63 days. OCHIN reports within their network, only about 27% of all patient specialty referrals closed between October 2022 and September 2023 because the patient was seen by a specialist.

OCHIN argues efforts to improve maternal health, mental and behavioral health, complex chronic disease management, and transitions to new value-driven payment and delivery models will be hamstrung by this endemic lack of access. OCHIN notes access to virtual modalities such as telehealth, store and forward, and eConsults (provider-to-provider transactions) should have improved access to specialists as it did for primary care during the COVID-19 public health emergency, but that it has not, and will not, without a network of specialists dedicated to serving patients in the safety net.

- d) **What This Bill Proposes.** According to OCHIN, the demonstration project authorized by the bill would support the launch of a dedicated safety net virtual specialty care network

through an integrated EHR platform focused on primary care providers serving rural and underserved communities. The network would provide services to patients who have coverage through federal and state programs such as Medi-Cal and Medicare as well as those who are underinsured. The demonstration would seek to improve access to specialty care by establishing and testing a virtual network to provide specialty care through a range of digital modalities, such as eConsults, telehealth, and EHR-based clinical decision support. While there is a significant evidence base to support the use of virtual modalities to improve access to care, OCHIN notes, this demonstration focuses on testing a virtual delivery model tailored to the payment and specific needs of rural and underserved communities. The demonstration would test the impact of timely specialty care access that is coordinated with primary care on access, health outcomes, and costs. OCHIN offers that a similar pilot on a smaller scale at an OCHIN member rural clinic in Oregon found that dermatology eConsults were effective in reducing follow-up time for patients by an average of 45 business days with significant savings through avoided specialty referrals.

**3) SUPPORT.** OCHIN supports this bill, noting the importance of access to timely specialty care, the dire state of current access, and the opportunities to improve timely access to many types of specialty care for patients of safety net providers through this demonstration. Mental Health America of California supports this bill, arguing the specialty network will be instrumental to reducing mental health disparities and ensuring access to those who need it most.

**4) RELATED LEGISLATION.**

- a) AB 688 (Mark González), pending in this committee, would require DHCS, commencing in 2028 and every two years thereafter, to produce a publicly available Medi-Cal telehealth utilization report, as specified.
- b) SB 508 (Valladares), pending in the Senate Business, Professions and Economic Development Committee, would allow out-of-state physicians and surgeons to provide services through telehealth to patients with cancer.
- c) SB 530 (Richardson), pending in the Senate Health Committee, would remove the sunset on, and updates, time and distance standards in Medi-Cal managed care. The bill would also narrow the situations in which a Medi-Cal managed care plan may meet time and distance standards using telehealth, clarifies requirements to provide alternatives to telehealth, and would require plans to notify enrollees of their options, including telehealth, as applicable, if a provider is located outside of designated time or distance standards.

**5) PREVIOUS LEGISLATION.**

- a) AB 2726 (Flora) was similar to this bill and was held on suspense in the Assembly Appropriations Committee.
- b) AB 1943 (Weber) of 2024 was similar to AB 688 above and was held on suspense in the Senate Appropriations Committee.

- c) AB 2239 (Aguiar-Curry) would have expanded the situations in which health care providers are able to be reimbursed by Medi-Cal for services rendered to new patients through asynchronous store and forward telehealth. This is potentially important for specialty care access through telehealth, as many patients would be new patients to a specialist, given it is not their regular source of care, and asynchronous store and forward is commonly used for dermatology and ophthalmology. Governor Newsom vetoed AB 2239, stating that “robust telehealth policies increase access and reduce barriers to health care, including the use of asynchronous telehealth. However, there are details of a patient's medical history and personal health information that are best gathered during a synchronous appointment. For example, this bill would allow a patient to receive treatment and medications for reproductive and behavioral health services without ever seeing or talking directly to a provider. I believe that there are consumer protections provided through a live interaction between a patient and provider.”
- d) SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 authorizes DHCS to allow Medi-Cal managed care plans to count telehealth providers for purposes of establishing compliance with time or distance standards, establishes permanent telehealth policy following the COVID-19 pandemic, and also requires DHCS to develop a research and evaluation plan addressing, among other things, the relationship between telehealth and access to care.
- 6) **AMENDMENTS.** In response to a number of concerns and questions raised by the Committee, the author and Committee have agreed to amend this bill to broaden the pool of potential applicants; require that providers participating in the demonstration serve underserved populations; require an independent evaluation; require lessons learned, recommendations, and best practices from the demonstration to be publicly disseminated to inform the development of telehealth and specialty care networks to serve the safety net; and clarify a number of aspects, including the purpose of the grant, the distinction between conditions required for an applicant to apply versus the program activities funded by the grant, and that the grantee must report data and information as requested by CalHHS.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

OCHIN, Inc. (sponsor)  
Mental Health America of California

##### **Opposition**

None on file.

**Analysis Prepared by:** Lisa Murawski / HEALTH / (916) 319-2097

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(3) Watch Bills – AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks

### **Background**

The bill was introduced on January 21, 2025, by Assemblymember Juan Alanis.

This bill would require the California Department of Developmental Services to certify criminal background checks for behavioral technicians working with minors. In addition, the bill would prohibit the department from certifying an individual who has been convicted of a crime involving a minor, and prohibit a developmental center, facility, or program that provides services to a person who is under 18 years of age from employing a behavioral technician who is not certified by the department.

On February 10, 2025, AB 277 was referred to the Assembly Committee on Human Services.

On February 20, 2025, AB 277 was amended to include all persons who provide behavioral health treatment for a behavioral health center, facility, or program to undergo a background check to identify and exclude persons convicted of a crime involving a minor, not just behavior technicians.

On February 21, 2025, AB 277 was re-referred to the Assembly Committee on

Human Services.

On February 27, 2025, AB 277 was presented to the Board for possible position recommendation, which the Board determined to watch AB 277.

**ACTION REQUESTED**

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

Attachment #1: AB 277 Bill Text - [Weblink](#)

Attachment #2: AB 277 Fact Sheet - PDF

AMENDED IN ASSEMBLY FEBRUARY 20, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 277**

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**Introduced by Assembly Member Alanis**

January 21, 2025

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An act to ~~add Part 1.5 (commencing with Section 4439) to Division 4.1 of the Welfare and Institutions Code, relating to autism.~~ *add Chapter 2.10 (commencing with Section 18980) to Division 8 of the Business and Professions Code, relating to behavioral health centers, facilities, and programs.*

LEGISLATIVE COUNSEL'S DIGEST

AB 277, as amended, Alanis. ~~Autism: behavioral technician certification.~~ *Behavioral health centers, facilities, and programs: background checks.*

*Existing law generally provides requirements for the licensing of business establishments. Existing law requires a business that provides services to minors, as defined, to provide written notice to the parent or guardian of a minor participating in the service offered by the business regarding the business' policies relating to criminal background checks for employees, as specified.*

*Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including a human resource agency or an employer. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.*

*This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo*

*a background check, as specified. By expanding the scope of the crime of unlawful disclosure of state summary criminal history information, 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.*

~~Existing law authorizes the State Department of Developmental Services (DDS) to perform various duties relating to the prevention, diagnosis, and treatment of persons with intellectual and developmental disabilities, including disseminating educational information, providing advice, conducting educational and related work, and organizing, establishing, and maintaining community mental health clinics and overseeing regional centers for people with developmental disabilities.~~

~~Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including the agency or entity identified in a statute. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.~~

~~This bill would require DDS to establish a certification process for behavioral technicians, as defined, including, among others, qualified autism service providers. The bill would require the certification process to include, at a minimum, a criminal background check, except as specified. The bill would prohibit the department from certifying an individual who has been convicted of a crime involving a minor. The bill would require a behavioral technician to request certification from the department if their duties include, or would include, working with a patient who is under 18 years of age. The bill would prohibit a developmental center, facility, or program that provides services to a person who is under 18 years of age from employing a behavioral technician who is not certified by the department. By expanding the scope of the crime of unlawful disclosure of state summary criminal history information, this bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

This bill would provide that no reimbursement is required by this act for a specified reason:

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

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

1     SECTION 1. Chapter 2.10 (commencing with Section 18980)  
2     is added to Division 8 of the Business and Professions Code, to  
3     read:

4  
5           CHAPTER 2.10. BEHAVIORAL HEALTH CENTERS, FACILITIES,  
6                                    AND PROGRAMS  
7

8     18980. A person who provides behavioral health treatment,  
9     as defined in paragraph (1) of subdivision (c) of Section 1374.73  
10    of the Health and Safety Code, for a behavioral health center,  
11    facility, or program shall undergo a background check pursuant  
12    to Section 11105.3 of the Penal Code to identify and exclude a  
13    person who has been convicted of a crime involving a minor.

14    SEC. 2. No reimbursement is required by this act pursuant to  
15    Section 6 of Article XIII B of the California Constitution because  
16    the only costs that may be incurred by a local agency or school  
17    district will be incurred because this act creates a new crime or  
18    infraction, eliminates a crime or infraction, or changes the penalty  
19    for a crime or infraction, within the meaning of Section 17556 of  
20    the Government Code, or changes the definition of a crime within  
21    the meaning of Section 6 of Article XIII B of the California  
22    Constitution.

23    ~~SECTION 1. Part 1.5 (commencing with Section 4439) is~~  
24    ~~added to Division 4.1 of the Welfare and Institutions Code, to read:~~

25  
26    ~~PART 1.5. BEHAVIORAL TECHNICIAN CERTIFICATION~~  
27

28    ~~4439. (a) A behavioral technician shall request certification~~  
29    ~~from the department if their duties include, or would include,~~  
30    ~~working with a person who is under 18 years of age.~~

31    ~~(b) A developmental center, facility, or program that provides~~  
32    ~~services to a person who is under 18 years of age shall not employ~~  
33    ~~a behavioral technician who is not certified by the department.~~

- 1 (e) ~~As used in this part, the following terms have the following~~  
2 ~~meanings:~~
- 3 (1) ~~“Behavioral technician” means any of the following:~~
- 4 (A) ~~A qualified autism service provider.~~
- 5 (B) ~~A qualified autism service professional.~~
- 6 (C) ~~A qualified autism service paraprofessional.~~
- 7 (2) ~~“Qualified autism service provider” means either of the~~  
8 ~~following:~~
- 9 (A) ~~An individual who is certified by a national entity, such as~~  
10 ~~the Behavior Analyst Certification Board, with a certification that~~  
11 ~~is accredited by the National Commission for Certifying Agencies~~  
12 ~~who designs, supervises, or provides treatment for pervasive~~  
13 ~~developmental disorder or autism, provided the services are within~~  
14 ~~the experience and competence of the person who is nationally~~  
15 ~~certified.~~
- 16 (B) ~~A person licensed as a physician and surgeon, physical~~  
17 ~~therapist, occupational therapist, psychologist, marriage and family~~  
18 ~~therapist, educational psychologist, clinical social worker,~~  
19 ~~professional clinical counselor, speech-language pathologist, or~~  
20 ~~audiologist, pursuant to Division 2 (commencing with Section~~  
21 ~~500) of the Business and Professions Code, who designs,~~  
22 ~~supervises, or provides treatment for pervasive developmental~~  
23 ~~disorder or autism, provided the services are within the experience~~  
24 ~~and competence of the licensee.~~
- 25 (3) ~~“Qualified autism service professional” means an individual~~  
26 ~~who meets all of the following criteria:~~
- 27 (A) ~~Provides behavioral health treatment, which may include~~  
28 ~~clinical case management and case supervision under the direction~~  
29 ~~and supervision of a qualified autism service provider.~~
- 30 (B) ~~Is supervised by a qualified autism service provider.~~
- 31 (C) ~~Provides treatment pursuant to a treatment plan developed~~  
32 ~~and approved by the qualified autism service provider.~~
- 33 (D) ~~Is either of the following:~~
- 34 (i) ~~A behavioral service provider who meets the education and~~  
35 ~~experience qualifications described in Section 54342 of Title 17~~  
36 ~~of the California Code of Regulations for an Associate Behavior~~  
37 ~~Analyst, Behavior Analyst, Behavior Management Assistant,~~  
38 ~~Behavior Management Consultant, or Behavior Management~~  
39 ~~Program.~~

1 ~~(ii) (I) A psychological associate, an associate marriage and~~  
2 ~~family therapist, an associate clinical social worker, or an associate~~  
3 ~~professional clinical counselor as defined and regulated by the~~  
4 ~~Board of Behavioral Sciences or the Board of Psychology.~~

5 ~~(H) If an individual meets the requirement described in subclause~~  
6 ~~(I), they shall also meet the criteria set forth in the regulations~~  
7 ~~adopted pursuant to Section 4686.4 for a Behavioral Health~~  
8 ~~Professional.~~

9 ~~(E) Has training and experience in providing services for~~  
10 ~~pervasive developmental disorder or autism pursuant to Division~~  
11 ~~4.5 (commencing with Section 4500) of this code or Title 14~~  
12 ~~(commencing with Section 95000) of the Government Code.~~

13 ~~(F) Is employed by the qualified autism service provider or an~~  
14 ~~entity or group that employs qualified autism service providers~~  
15 ~~responsible for the autism treatment plan.~~

16 ~~(4) “Qualified autism service paraprofessional” means an~~  
17 ~~unlicensed and uncertified individual who meets all of the~~  
18 ~~following criteria:~~

19 ~~(A) Is supervised by a qualified autism service provider or~~  
20 ~~qualified autism service professional at a level of clinical~~  
21 ~~supervision that meets professionally recognized standards of~~  
22 ~~practice.~~

23 ~~(B) Provides treatment and implements services pursuant to a~~  
24 ~~treatment plan that was developed and approved by the qualified~~  
25 ~~autism service provider.~~

26 ~~(C) Meets the education and training qualifications described~~  
27 ~~in Section 54342 of Title 17 of the California Code of Regulations.~~

28 ~~(D) Has adequate education, training, and experience, as~~  
29 ~~certified by a qualified autism service provider or an entity or~~  
30 ~~group that employs qualified autism service providers.~~

31 ~~(E) Is employed by the qualified autism service provider or an~~  
32 ~~entity or group that employs qualified autism service providers~~  
33 ~~responsible for the autism treatment plan.~~

34 ~~4439.01. (a) The department shall establish a certification~~  
35 ~~process for behavioral technicians, which shall include, at a~~  
36 ~~minimum, a criminal background check as described in Section~~  
37 ~~4439.02.~~

38 ~~(b) The department shall not certify an individual who has been~~  
39 ~~convicted of a crime involving a minor.~~

1     ~~4439.02. (a) (1) As part of the certification process required~~  
 2 ~~by Section 4439.01 and pursuant to subdivision (u) of Section~~  
 3 ~~11105 of the Penal Code, the department shall submit to the~~  
 4 ~~Department of Justice fingerprint images and related information~~  
 5 ~~required by the Department of Justice for an individual seeking to~~  
 6 ~~become a certified behavioral technician whose duties include, or~~  
 7 ~~would include, working with a patient who is under 18 years of~~  
 8 ~~age.~~

9     ~~(2) When requested by a facility providing behavioral services,~~  
 10 ~~the department shall disclose the certification status of the~~  
 11 ~~individual, but shall not disclose any of the details of the state~~  
 12 ~~summary criminal history information.~~

13     ~~(3) If certification is denied, the department shall notify the~~  
 14 ~~person whose certification was denied and allow them the~~  
 15 ~~opportunity to contest the determination.~~

16     ~~(b) The Department of Justice shall provide a state or~~  
 17 ~~federal-level response pursuant to paragraph (1) of subdivision (p)~~  
 18 ~~of Section 11105 of the Penal Code.~~

19     ~~(c) A professional license in good standing that requires a state~~  
 20 ~~summary criminal history that meets or exceeds the standards of~~  
 21 ~~this section shall be considered by the department as meeting this~~  
 22 ~~requirement and the person may be certified based on that license~~  
 23 ~~without the fingerprint submission required in subdivision (a).~~

24     ~~SEC. 2. No reimbursement is required by this act pursuant to~~  
 25 ~~Section 6 of Article XIII B of the California Constitution because~~  
 26 ~~the only costs that may be incurred by a local agency or school~~  
 27 ~~district will be incurred because this act creates a new crime or~~  
 28 ~~infraction, eliminates a crime or infraction, or changes the penalty~~  
 29 ~~for a crime or infraction, within the meaning of Section 17556 of~~  
 30 ~~the Government Code, or changes the definition of a crime within~~  
 31 ~~the meaning of Section 6 of Article XIII B of the California~~  
 32 ~~Constitution.~~

ASSEMBLYMAN  
**Juan Alanis**  
22ND DISTRICT

## AB 277 – Background Checks for Behavioral Technicians

### SUMMARY

Assembly Bill 277 (AB 277) would require the California Department of Developmental Services (DDS) to certify criminal background checks for behavioral technicians (BTs) working with minors.

### EXISTING LAW

State law defines three categories of behavioral technicians:

1. Qualified autism service providers;
2. Qualified autism service professionals; and
3. Qualified autism service paraprofessionals.

Current law specifies the criteria for each classification, including clinical supervision guidelines. However, while autism service providers are licensed by the State of California, there is no state licensing requirement for professionals or paraprofessionals. This has led to disparities in hiring requirements across behavioral health facilities and poses potential risks to the safety and well-being of minors with developmental disabilities.

### WHY THIS BILL MATTERS

According to the [U.S. Children’s Bureau](#), children with disabilities are three times more likely to be abused or neglected than their peers. In 2019, a [CDC](#) study found that children with autism spectrum disorder (ASD) and/or an intellectual disability (ID) were more likely to experience sexual, physical, and emotional abuse. Such experiences can have significant, long-term negative impacts on victims.

Cases of child abuse in the behavioral health field have become increasingly prevalent. In late 2023, a

BT from [Modesto](#) was arrested for alleged child molestation, with many of the suspected victims being non-verbal. Similar cases have occurred across California, with a repeat offender in [San Jose](#) who had assaulted a female patient in her home between March and June 2024, and another case in [Riverside](#) where a BT faced three sexual abuse charges after nearly three years of employment. These cases highlight the statewide issue of abuse against with developmental disabilities. Unfortunately, many of these victims are non-verbal and hesitant to report abuse, making this population particularly vulnerable.

Many [states](#) – including New York, Hawaii, and Oregon – already require criminal background checks for BTs. Some states, like [Michigan](#), require background checks as well as fingerprinting. However, California is one of [12 states](#) that does not require licensure for behavior analysis practitioners, making it one of the states with the weakest regulations on its behavioral health industry.

### IF ENACTED INTO LAW

If passed, AB 277 would prohibit BTs from working with minors if they have been convicted of any crime involving a minor. Requiring background checks for those working one-on-one with children is a common sense measure that will help improve both the safety and wellness goals of those in behavioral therapy.

### CONTACT:

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[lauren.smith@asm.ca.gov](mailto:lauren.smith@asm.ca.gov)

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(4) Watch Bills – AB 346 (Nguyen) In-home supportive services: licensed health care professional certification

### **Background**

The bill was introduced on January 29, 2025, by Assemblymember Stephanie Nguyen.

This bill proposes to broaden the definition of “licensed health care professionals” to include any individual engaged in activities requiring licensure or regulation under specific provisions of the Business and Professions Code. Under the county-administered In-Home Supportive Services (IHSS) program, which provides services to qualified aged, blind, and disabled individuals to help them remain in their homes and avoid institutionalization, a “licensed health care professional” is defined as someone licensed in California within the scope of their professional license.

This bill also reinforces the requirement for applicants or recipients of IHSS to obtain certification from a licensed health care professional, confirming their inability to perform daily activities independently and the risk of out-of-home care without assistance when requesting paramedical services.

On February 18, 2025, AB 346 was referred to the Assembly Committee on Human Services.

## **ACTION REQUESTED**

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

Attachment #1: AB 346 Bill Text - [Weblink](#)

Attachment #2: AB 346 Fiscal Impact

**ASSEMBLY BILL**

**No. 346**

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**Introduced by Assembly Member Nguyen**

January 29, 2025

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An act to amend Sections 12300.1 and 12309.1 of the Welfare and Institutions Code, relating to in-home supportive services.

LEGISLATIVE COUNSEL'S DIGEST

AB 346, as introduced, Nguyen. In-home supportive services: licensed health care professional certification.

Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with specified services in order to permit them to remain in their own homes and avoid institutionalization. Existing law defines supportive services for purposes of the IHSS program to include those necessary paramedical services that are ordered by a licensed health care professional, which persons could provide for themselves, but for their functional limitations. Existing law requires an applicant for, or recipient of, in-home supportive services, as a condition of receiving these services, to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care, and defines a licensed health care professional to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code.

This bill would instead define “licensed health care professional” for those purposes to mean any person who engages in acts that are the subject of licensure or regulation under specified provisions of the Business and Professions Code or under any initiative act referred to in those specified provisions. The bill would also clarify that as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified.

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

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

1 SECTION 1. Section 12300.1 of the Welfare and Institutions  
 2 Code is amended to read:

3 12300.1. (a) As used in Section 12300 and in this article,  
 4 “supportive services” include those necessary paramedical services  
 5 that are ordered by a licensed health care professional who is  
 6 lawfully authorized to do so, which persons could provide for  
 7 ~~themselves themselves~~, but for their functional limitations.  
 8 Paramedical services include the administration of medications,  
 9 puncturing the skin or inserting a medical device into a body  
 10 orifice, activities requiring sterile procedures, or other activities  
 11 requiring judgment based on training given by a licensed health  
 12 care professional. These necessary services shall be rendered by  
 13 a provider under the direction of a licensed health care professional,  
 14 subject to the informed consent of the recipient obtained as a part  
 15 of the order for service. Any and all references to Section 12300  
 16 in any statute heretofore or hereafter enacted shall be deemed to  
 17 be references to this section. All statutory references to the  
 18 supportive services specified in Section 12300 shall be deemed to  
 19 include paramedical services.

20 (b) *For purposes of this section, “licensed health care*  
 21 *professional” has the same definition as “health care*  
 22 *practitioner,” as defined in Section 680 of the Business and*  
 23 *Professions Code.*

24 SEC. 2. Section 12309.1 of the Welfare and Institutions Code  
 25 is amended to read:

26 12309.1. (a) (1) As a condition of receiving services under  
 27 this article, *including, but not limited to, paramedical services, or*

1 Section 14132.95 or 14132.952, an applicant for or recipient of  
2 services shall obtain a certification from a licensed health care  
3 professional, including, but not limited to, a physician, physician  
4 assistant, regional center clinician or clinician supervisor,  
5 occupational therapist, physical therapist, psychiatrist, psychologist,  
6 optometrist, ophthalmologist, or public health nurse, *or a nurse*  
7 *or nurse practitioner who is working under the direction of the*  
8 *licensed health care professional*, declaring that the applicant or  
9 recipient is unable to perform some activities of daily living  
10 independently, and that without services to assist the applicant or  
11 recipient with activities of daily living, the applicant or recipient  
12 is at risk of placement in out-of-home care.

13 ~~(1) For purposes of this section, a licensed health care~~  
14 ~~professional means an individual licensed in California by the~~  
15 ~~appropriate California regulatory agency, acting within the scope~~  
16 ~~of their license or certificate as defined in the Business and~~  
17 ~~Professions Code.~~

18 (2) *For purposes of this section, “licensed health care*  
19 *professional” has the same definition as “health care*  
20 *practitioner,” as defined in Section 680 of the Business and*  
21 *Professions Code.*

22 ~~(2)~~

23 (3) Except as provided in subparagraph (A) or (B), or  
24 subdivision (c), the certification shall be received prior to service  
25 authorization, and services shall not be authorized in the absence  
26 of the certification.

27 (A) Services may be authorized prior to receipt of the  
28 certification when the services have been requested on behalf of  
29 an individual being discharged from a hospital or nursing home  
30 and services are needed to enable the individual to return safely  
31 to their home or into the community.

32 (B) Services may be authorized temporarily pending receipt of  
33 the certification when the county determines that there is a risk of  
34 out-of-home placement.

35 ~~(3)~~

36 (4) The county shall consider the certification as one indicator  
37 of the need for in-home supportive services, but the certification  
38 shall not be the sole determining factor.

39 ~~(4)~~

1 (5) The *licensed* health care professional’s certification shall  
2 include, at a minimum, both of the following:

3 (A) A statement by the ~~professional, as defined in subdivision~~  
4 ~~(a)~~, *licensed health care professional* that the individual is unable  
5 to independently perform one or more activities of daily living,  
6 and that one or more of the services available under the IHSS  
7 program is recommended for the applicant or recipient, in order  
8 to prevent the need for out-of-home care.

9 (B) A description of any condition or functional limitation that  
10 has resulted in, or contributed to, the applicant’s or recipient’s  
11 need for assistance.

12 (b) The department, in consultation with the State Department  
13 of Health Care Services and with stakeholders, including, but not  
14 limited to, representatives of program recipients, providers, and  
15 counties, shall develop a standard certification form for use in all  
16 counties that includes, but is not limited to, all of the conditions  
17 in paragraph ~~(4)~~ (5) of subdivision (a). The form shall include a  
18 description of the In-Home Supportive Services program and the  
19 services the program can provide when authorized after a social  
20 worker’s assessment of eligibility. The form shall not, however,  
21 require *licensed* health care professionals to certify the applicant’s  
22 or recipient’s need for each individual service.

23 (c) The department, in consultation with the State Department  
24 of Health Care Services and stakeholders, ~~as defined~~ *described* in  
25 subdivision (b), shall identify alternative documentation that shall  
26 be accepted by counties to meet the requirements of this section,  
27 including, but not limited to, hospital or nursing facility discharge  
28 plans, minimum data set forms, individual program plans, or other  
29 documentation that contains the necessary information, consistent  
30 with the requirements specified in subdivision (a).

31 (d) The department shall develop a letter for use by counties to  
32 inform recipients of the requirements of subdivision (a). The letter  
33 shall be understandable to the recipient, and shall be translated  
34 into all languages spoken by a substantial number of the public  
35 served by the In-Home Supportive Services program, in accordance  
36 with Section 7295.2 of the Government Code.

37 (e) This section does not apply to a recipient who is receiving  
38 services in accordance with this article or Section 14132.95 or  
39 14132.952 on the operative date of this section until the date of

1 the recipient's first reassessment following the operative date of  
2 this section, as provided in subdivision (g).

3 (1) The recipient shall be notified of the certification requirement  
4 before or at the time of the reassessment, and shall submit the  
5 certification within 45 days following the reassessment in order  
6 to continue to be authorized for receipt of services.

7 (2) A county may extend the 45-day period for a recipient to  
8 submit the medical certification on a case-by-case basis, if the  
9 county determines that good cause for the delay exists.

10 (f) A licensed health care professional shall not charge a fee  
11 for the completion of the certification form.

12 (g) This section shall become operative on the first day of the  
13 first month following 90 days after the effective date of Chapter  
14 8 of the Statutes of 2011, or July 1, 2011, whichever is later.

15 (h) The State Department of Health Care Services shall provide  
16 notice to all Medi-Cal managed care plans, directing the plans to  
17 assess all Medi-Cal recipients applying for or receiving in-home  
18 supportive services, in order to make the certifications required  
19 by this section.

20 (i) If the Director of Health Care Services determines that a  
21 Medicaid State Plan amendment is necessary to implement  
22 subdivision (b) of Section 14132.95, this section shall not be  
23 implemented until federal approval is received.

## Fiscal Impact: AB 346

Expanding the definition of licensed healthcare professionals that are eligible to certify In-Home Support Services (IHSS) applicants could result in an increase of licensed healthcare professionals qualified to determine eligibility. This may lead to a rise in applications and assessments of eligible aged, blind, and disabled individuals receiving specific services, such as personal care, domestic, and paramedical services. This would likely result in higher administrative costs for county agencies responsible for processing IHSS eligibility and assessment service costs.

As the IHSS program is partially funded by the state and counties, both state and counties may experience an increase in program expenditures. Specifically, IHSS services are largely funded through Medi-Cal, with matching federal funds. If this bill results in higher IHSS caseloads, it could raise the Medi-Cal funding required to maintain service availability. However, if more individuals receive IHSS and avoid institutionalization or placement in out of home care, the state could alternatively save on the higher costs associated with long-term institutional care. By keeping more individuals in their homes rather than placing them in skilled nursing facilities, the state could reduce its Medi-Cal expenditures incurred by institutionalized placements. These savings could mitigate or offset the additional expenses tied to expanded IHSS eligibility. Further, if federal contributions rise to match the increased Medi-Cal costs, this could also offset any additional expenses incurred by Medi-Cal due to increased caseloads.

Additionally, the ability for more professionals to certify eligibility could expedite the process for applicants, leading to earlier access to services. This early intervention might result in better health management, potentially reducing the need for costly emergency medical care or placement in out of home care or institutionalization.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(5) Watch Bills – AB 742 (Elhawary) Licensing: applicants who are descendants of slaves

### **Background**

The bill was introduced on February 18, 2025, by Assemblymember Sade Elhawary.

This bill would require the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions, to prioritize applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is established. This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery. The bill would repeal those provisions 4 years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.

On March 3, 2025, AB 742 was referred to Assembly Committee on Business and Professions.

On March 13, 2025, AB 742 was amended to clarify “descendants of slaves” to be “descendants of American slaves.”

On March 17, 2025, AB 742 was re-referred to the Assembly Committee on Business and Professions.

## **ACTION REQUESTED**

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

Attachment #1: AB 742 Bill Text - [Weblink](#)

Attachment #2: AB 742 Fiscal Impact

AMENDED IN ASSEMBLY MARCH 13, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 742**

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**Introduced by Assembly Member Elhawary**  
**(Principal coauthors: Assembly Members Bonta, Bryan, Gipson,**  
**Jackson, McKinnor, Sharp-Collins, and Wilson)**  
(Principal coauthors: Senators Richardson, Smallwood-Cuevas, and  
Weber Pierson)

February 18, 2025

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An act to add and repeal Section 115.7 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 742, as amended, Elhawary. Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions.

This bill would require those boards to prioritize applicants *seeking licensure* who are descendants of ~~slaves seeking licenses, especially applicants who are descended from a person enslaved within the United States~~. *American slaves once a process to certify descendants of American slaves is established, as specified. The bill would make those provisions operative when the certification process is established and would repeal those provisions 4 years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.*

*This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for*

*Descendants of American Slavery, and would make these provisions operative when the certification process is established pursuant to that measure. The bill would repeal these provisions 4 years from the date on which they become operative or on January 1, 2032, whichever is earlier.*

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

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

1 SECTION 1. Section 115.7 is added to the Business and  
2 Professions Code, to read:

3 115.7. (a) Notwithstanding any other law,~~a once the process~~  
4 ~~to certify descendants of American slaves is established by the~~  
5 ~~Bureau for Descendants of American Slavery pursuant to Part 15~~  
6 ~~(commencing with Section 16000) of Division 3 of Title 2 of the~~  
7 ~~Government Code that confirms an individual’s status as a~~  
8 ~~descendant of an American slave, each board shall prioritize~~  
9 ~~applicants seeking licensure who are descendants of slaves seeking~~  
10 ~~licenses, especially applicants who are descended from a person~~  
11 ~~enslaved within the United States. American slaves.~~

12 (b) *This section shall become operative on the date that the*  
13 *certification process for the descendants of American Slaves is*  
14 *established by the Bureau for Descendants of American Slavery*  
15 *pursuant to Part 15 (commencing with Section 16000) of Division*  
16 *3 of Title 2 of the Government Code.*

17 (c) *This section shall remain in effect only for four years from*  
18 *the date on which this section became operative, or until January*  
19 *1, 2032, whichever is earlier, and as of that date is repealed.*

20 (d) *This section shall become operative only if Senate Bill 518*  
21 *of the 2025–26 Regular Session is enacted establishing the Bureau*  
22 *for Descendants of American Slavery.*

O

## Fiscal Impact AB 742

AB 742 has the potential to financially impact applicants' seeking licensure with the Board. If they are required to pay a fee for certification as descendants of American slaves, this could create financial barriers for them. For those who meet the requirements for eligibility to be certified as descendants of American slaves, but cannot pay the fee, will not be able to have their applications expedited.

AB 742 has a fiscal impact to the Board's licensing procedures and application systems. In prioritizing applicants who are certified descendants of American slaves, Board staff would require new BreEZe modifier and updates to the BreEZe online application, which would add to the Board's pro-rata of BreEZe cost share. Further, Board staff will need to implement a prioritization system for these applicants which could result in additional administrative and operational costs for the Board, such as regulatory changes for application processing and review procedures to accommodate the new prioritization requirements.

Since the provisions of this bill will be in effect for a limited time (up to four years or until January 1, 2032), the fiscal impact may be short-term.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(6) Watch Bills – SB 518 (Weber Pierson) Descendants of enslaved persons: reparations

### **Background**

The bill was introduced on February 19, 2025, by Senator Akilah Weber Pierson.

This bill would establish the Bureau for Descendants of American Slavery within state government, under the control of the director, who would be appointed by the Governor and confirmed by the Senate. The bill would require the bureau, as part of its duties, to determine how an individual's status as a descendant would be confirmed. The bill would also require proof of an individual's descendant status to be a qualifying criterion for benefits authorized by the state for descendants. Former law, until July 1, 2023, established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States (Task Force).

On February 26, 2025, SB 518 was referred to Senate Committee on Governmental Organization and Senate Committee on Judiciary.

### **ACTION REQUESTED**

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

Attachment #1: SB 518 Bill Text - [Weblink](#)

**Introduced by Senator Weber Pierson****(Coauthors: Senators Richardson and Smallwood-Cuevas)**(Coauthors: Assembly Members Bonta, Bryan, Elhawary, Gipson,  
Jackson, McKinnor, Ransom, Sharp-Collins, and Wilson)February 19, 2025

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An act to amend Section 11041 of, and to add Part 15 (commencing with Section 16000) to Division 3 of Title 2 of, the Government Code, relating to state government.

## LEGISLATIVE COUNSEL'S DIGEST

SB 518, as introduced, Weber Pierson. Descendants of enslaved persons: reparations.

Former law, until July 1, 2023, established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States (Task Force).

Former law required the Task Force, among other things, to identify, compile, and synthesize the relevant corpus of evidentiary documentation of the institution of slavery that existed within the United States and the colonies, as specified, and to recommend the form of compensation that should be awarded, the instrumentalities through which it should be awarded, and who should be eligible for this compensation.

This bill would establish the Bureau for Descendants of American Slavery within state government, under the control of the director, who would be appointed by the Governor and confirmed by the Senate. The bill would require the bureau, as part of its duties, to determine how an individual's status as a descendant would be confirmed. The bill would also require proof of an individual's descendant status to be a qualifying

criterion for benefits authorized by the state for descendants. To accomplish these goals, the bill would require the bureau to be comprised of a Genealogy Division, a Property Reclamation Division, an Education and Outreach Division, and a Legal Affairs Division.

Existing law prohibits a state agency, with certain exceptions, from employing any in-house counsel to act on behalf of the state agency or its employees in any judicial or administrative adjudicative proceeding in which the agency is interested, or is a party as a result of office or official duties, or contracting with outside counsel for any purpose.

This bill would exempt the bureau from those prohibitions.

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

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

1 SECTION 1. Section 11041 of the Government Code is  
2 amended to read:

3 11041. (a) Section 11042 does not apply to the Regents of the  
4 University of California, the Trustees of the California State  
5 University, Legal Division of the Department of Transportation,  
6 Division of Labor Standards Enforcement of the Department of  
7 Industrial Relations, Workers' Compensation Appeals Board,  
8 Public Utilities Commission, State Compensation Insurance Fund,  
9 Legislative Counsel Bureau, Inheritance Tax Department, Secretary  
10 of State, State Lands Commission, Alcoholic Beverage Control  
11 Appeals Board (except when the board affirms the decision of the  
12 Department of Alcoholic Beverage Control), Department of  
13 Cannabis Control (except in proceedings in state or federal court),  
14 State Department of Education, Department of Financial Protection  
15 and Innovation, *Bureau for Descendants of American Slavery*, and  
16 Treasurer with respect to bonds, nor to any other state agency  
17 which, by law enacted after Chapter 213 of the Statutes of 1933,  
18 is authorized to employ legal counsel.

19 (b) The Trustees of the California State University shall pay the  
20 cost of employing legal counsel from their existing resources.

21 SEC. 2. Part 15 (commencing with Section 16000) is added to  
22 Division 3 of Title 2 of the Government Code, to read:

1 PART 15. BUREAU FOR DESCENDANTS OF AMERICAN  
2 SLAVERY

3  
4 CHAPTER 1. DEFINITIONS

5  
6 16000. For purposes of this part:

7 (a) “Bureau” means the Bureau for Descendants of American  
8 Slavery.

9 (b) “Descendants” means descendants of an African American  
10 chattel enslaved person in the United States, or descendants of a  
11 free Black person living in the United States prior to the end of  
12 the 19th century.

13 (c) “Director” means the Director of the Bureau of American  
14 Slavery.

15  
16 CHAPTER 2. GENERAL

17  
18 16001. (a) The Bureau for Descendants of American Slavery  
19 is hereby established within state government. The bureau shall  
20 be under the direct control of a director who shall be responsible  
21 to the Governor.

22 (b) The director shall be appointed by the Governor and  
23 confirmed by the Senate, and shall perform all duties, exercise all  
24 powers, assume and discharge all responsibilities, and carry out  
25 and effect all purposes vested by law in the bureau.

26 (c) The salary of the director shall be fixed pursuant to Section  
27 12001.

28  
29 CHAPTER 3. POWERS AND DUTIES

30  
31 16002. As part of its duties, the bureau shall determine how  
32 an individual’s status as a descendant shall be confirmed. Proof  
33 of an individual’s descendent status shall be a qualifying criteria  
34 for benefits authorized by the state for descendants. To accomplish  
35 these goals, the bureau shall include all of the following divisions:

36 (a) A Genealogy Division to do both of the following:

37 (1) Establish a process to certify descendants of American  
38 slaves.

- 1 (2) Create a method for eligible individuals to submit claims
- 2 and receive compensation or restitution for those particular harms
- 3 California inflicted upon the claimant or their family.
- 4 (b) A Property Reclamation Division to do all of the following:
- 5 (1) Create a database of property ownership in the state.
- 6 (2) Research and document California state properties acquired
- 7 as a result of racially-motivated eminent domain, including
- 8 properties that no longer exist due to state highway construction
- 9 or other development.
- 10 (3) Review and investigate public complaints from people who
- 11 claim their property was taken without just compensation.
- 12 (4) Upon appropriation, distribute just compensation for the fair
- 13 market value, adjusted for property price appreciation, of the
- 14 property at the time of the taking.
- 15 (c) An Education and Outreach Division to develop and
- 16 implement a public education campaign regarding the cycle of
- 17 gentrification, displacement, and exclusion; the connection between
- 18 redlining and gentrification; and the history of discriminatory urban
- 19 planning in California.
- 20 (d) A Legal Affairs Division to provide legal advice, counsel,
- 21 and services to the bureau and its officials, and to ensure that the
- 22 bureau's programs are administered in accordance with applicable
- 23 legislative authority. The division shall also advise the head of the
- 24 bureau on legislative, legal, and regulatory initiatives and serve as
- 25 an external liaison on legal matters with other state agencies and
- 26 other entities.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(7) Watch Bills – SB 579 (Padilla) Mental health and artificial intelligence working group

### **Background**

The bill was introduced on February 20, 2025, by Senator Stephen Padilla.

This bill would require the Secretary of Government Operations, who is appointed by the Governor, subject to confirmation by the Senate, to appoint a mental health and artificial intelligence working group by July 1, 2026, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. This bill would require the working group to take input from various stakeholder groups, including health organizations and academic institutions. The bill would require the working group to produce a report of its findings to the Legislature by July 1, 2028.

On March 5, 2025, SB 579 was referred to Senate Committee on Governmental Organization.

### **ACTION REQUESTED**

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

Attachment #1: SB 579 Bill Text - [Weblink](#)

AMENDED IN SENATE MARCH 26, 2025

**SENATE BILL**

**No. 579**

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**Introduced by Senator Padilla**

February 20, 2025

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An act to add *and repeal* Section 12817 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 579, as amended, Padilla. Mental health and artificial intelligence working group.

Existing law establishes the Government Operations Agency, which consists of several state entities, including, ~~but not limited to,~~ *among others*, the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under existing law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. The bill would require the working group to take input from various stakeholder groups, including health organizations and academic ~~institutions.~~ *institutions, and conduct at least 3 public meetings.* The bill would require the working group to produce a report of its findings to the Legislature by July 1, ~~2028.~~ *2028, and issue a followup report by January 1, 2030, as specified. The bill would repeal its provisions on July 1, 2031.*

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

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

- 1 SECTION 1. Section 12817 is added to the Government Code,  
2 to read:
- 3 12817. (a) The Secretary of Government Operations shall  
4 appoint a mental health and artificial intelligence working group  
5 and designate the chairperson of that group on or before July 1,  
6 2026, to evaluate all of the following:
- 7 (1) The role of artificial intelligence in improving mental health  
8 outcomes, ensuring ethical standards, promoting innovation, and  
9 addressing concerns regarding artificial intelligence in mental  
10 health settings.
- 11 (2) The current and emerging artificial intelligence technologies  
12 that have the potential to improve mental health diagnosis,  
13 treatment, monitoring, and care. The evaluation shall include  
14 artificial-intelligence-driven therapeutic tools, virtual assistants,  
15 diagnostics, and predictive models.
- 16 (3) The potential risks associated with artificial intelligence to  
17 mental health, including ~~reliance on automated systems, privacy~~  
18 ~~concerns, or unintended consequences on mental health treatment.~~  
19 *consequences, and artificial intelligence chatbots, and other*  
20 *artificial intelligence intended to promote mental health or*  
21 *impersonate a mental health professional.*
- 22 (b) The working group shall consist of all of the following  
23 participants:
- 24 (1) Four appointees who are ~~mental health professionals.~~  
25 *behavioral health professionals selected in consultation with*  
26 *mental health provider professional organizations, at least one of*  
27 *whom works in specialty mental health services serving individuals*  
28 *with serious mental illness, serious emotional disturbance, or*  
29 *substance abuse disorder.*
- 30 (2) Three appointees who are artificial intelligence and  
31 technology experts.
- 32 (3) Two appointees with a background in patient advocacy.
- 33 (4) Two appointees who are experts in ethics and law.
- 34 (5) One appointee representing a public health agency.
- 35 (6) The State Chief Information Officer, or their designee.

1 (7) The Director of Health Care Services, or their designee.

2 (8) The chief information officers of three other state agencies,  
3 departments, or commissions.

4 (9) One Member of the Senate, appointed by the Senate  
5 Committee on Rules, and one Member of the Assembly, appointed  
6 by the Speaker of the Assembly.

7 (c) (1) The working group shall take input from a broad range  
8 of stakeholders with a diverse range of interests affected by state  
9 policies governing emerging technologies, privacy, business, the  
10 courts, the legal community, and state government.

11 (2) This input shall come from groups, including, but not limited  
12 to, health organizations, academic institutions, technology  
13 companies, and advocacy groups.

14 (3) (A) *The working group shall conduct at least three public*  
15 *meetings to incorporate feedback from groups, including, but not*  
16 *limited to, health organizations, academic institutions, technology*  
17 *companies, and advocacy groups.*

18 (B) *A public meeting held pursuant to subparagraph (A) may*  
19 *be held by teleconference, pursuant to the procedures required by*  
20 *Section 11123, for the benefit of the public and the working group.*

21 (d) (1) (A) On or before July 1, 2028, the working group shall  
22 report to the Legislature on the potential uses, risks, and benefits  
23 of the use of artificial intelligence technology in mental health  
24 treatment by state government and California-based businesses.

25 ~~(2)~~

26 (B) This report shall include best practices and recommendations  
27 for policy around facilitating the beneficial uses and mitigating  
28 the potential risks surrounding artificial intelligence in mental  
29 health treatment.

30 ~~(3)~~

31 (C) The report shall include a framework for developing training  
32 for mental health professionals to enhance their understanding of  
33 artificial intelligence tools and how to incorporate them into their  
34 practice effectively.

35 (2) *On or before January 1, 2030, the working group shall issue*  
36 *a followup report to the Legislature on the implementation of the*  
37 *working group's recommendations and the status of the framework*  
38 *for developing training for mental health professionals and how*  
39 *it has been incorporated into practice.*

40 ~~(4)~~

1 (3) A report submitted pursuant to this subdivision shall be  
2 submitted in compliance with Section 9795.

3 (e) The members of the working group shall serve without  
4 compensation, but shall be reimbursed for all necessary expenses  
5 actually incurred in the performance of their duties.

6 (f) *The working group is subject to the Bagley-Keene Open*  
7 *Meeting Act (Article 9 (commencing with Section 11120) of*  
8 *Chapter 1 of Part 1).*

9 (g) *This section shall remain in effect only until January 1, 2031,*  
10 *and as of that date is repealed.*

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 5(d)(8) Watch Bills – AB 479 (Tangipa) Criminal procedure: vacatur relief

### **Background**

The bill was introduced on February 10, 2025, by Assemblymember David Tangipa.

This bill would require the court, before it may vacate the conviction of a petitioner who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee.

On February 24, 2025, AB 479 was referred to the Assembly Committee on Public Safety.

### **ACTION REQUESTED**

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

Attachment #1: AB 479 Bill Text - [Weblink](#)  
Attachment #2: AB 479 Assembly Floor Analysis  
Attachment #3: AB 479 Fiscal Impact

**ASSEMBLY BILL**

**No. 479**

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**Introduced by Assembly Member Tangipa**

February 10, 2025

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An act to amend Section 236.15 of the Penal Code, relating to criminal procedure.

LEGISLATIVE COUNSEL'S DIGEST

AB 479, as introduced, Tangipa. Criminal procedure: vacatur relief.

Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, in order to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

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

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

1 SECTION 1. Section 236.15 of the Penal Code is amended to  
2 read:

3 236.15. (a) If a person was arrested for or convicted of any  
4 nonviolent offense committed while the person was a victim of  
5 intimate partner violence or sexual violence, the person may  
6 petition the court for vacatur relief of their convictions, arrests,  
7 and adjudications under this section. The petitioner shall establish,  
8 by clear and convincing evidence, that the arrest or conviction was  
9 the direct result of being a victim of intimate partner violence or  
10 sexual violence that demonstrates that the person lacked the  
11 requisite intent to commit the offense. Upon this ~~showing~~, *showing*  
12 *and a finding that vacating the conviction is in the best interest of*  
13 *justice as described in subdivision (g)*, the court shall find that the  
14 person lacked the requisite intent to commit the offense and shall  
15 therefore vacate the conviction as invalid due to legal defect at the  
16 time of the arrest or conviction.

17 (b) The petition for relief shall be submitted under penalty of  
18 perjury and shall describe all of the available grounds and evidence  
19 that the petitioner was a victim of intimate partner violence or  
20 sexual violence and the arrest or conviction of a nonviolent offense  
21 was the direct result of being a victim of intimate partner violence  
22 or sexual violence.

23 (c) The petition for relief and supporting documentation shall  
24 be served on the state or local prosecutorial agency that obtained  
25 the conviction for which vacatur is sought or with jurisdiction over  
26 charging decisions with regard to the arrest. *If the petitioner holds*  
27 *a license, the petition and supporting documentation shall also be*  
28 *served on the applicable licensing entity.* The state or local  
29 prosecutorial ~~agency~~ *agency, and any applicable licensing entity,*  
30 shall have 45 days from the date of receipt of service to respond  
31 to the petition for relief.

32 (d) If opposition to the petition is not filed by the applicable  
33 state or local prosecutorial agency, *or by an applicable licensing*  
34 *entity*, the court shall deem the petition unopposed and may grant  
35 the petition.

36 (e) The court may, with the agreement of the petitioner and all  
37 of the involved state or local prosecutorial agencies, consolidate

1 into one hearing a petition with multiple convictions from different  
2 jurisdictions.

3 (f) If the petition is opposed or if the court otherwise deems it  
4 necessary, the court shall schedule a hearing on the petition. The  
5 hearing may consist of the following:

6 (1) Testimony by the petitioner, which may be required in  
7 support of the petition.

8 (2) Evidence and supporting documentation in support of the  
9 petition.

10 (3) Opposition evidence presented by any of the involved state  
11 or local prosecutorial agencies that obtained the ~~conviction~~.  
12 *conviction, and any applicable licensing entity.*

13 (g) (1) After considering the totality of the evidence presented,  
14 the court may vacate the conviction and expunge the arrests and  
15 issue an order if it finds all of the following:

16 ~~(1)~~

17 (A) That the petitioner was a victim of intimate partner violence  
18 or sexual violence at the time of the alleged commission of the  
19 qualifying crime.

20 ~~(2)~~

21 (B) The arrest or conviction of the crime was a direct result of  
22 being a victim of intimate partner violence or sexual violence.

23 ~~(3)~~

24 (C) It is in the best interest of justice.

25 (2) *If the petitioner holds a license and the offense is*  
26 *substantially related to the qualifications, functions, or duties of*  
27 *a licensee, the court shall consider and make findings regarding*  
28 *the impact on the public health, safety, and welfare in its evaluation*  
29 *pursuant to this subdivision.*

30 (h) An order of vacatur shall do all of the following:

31 (1) Set forth a finding that the petitioner was a victim of intimate  
32 partner violence or sexual violence at the time of the alleged  
33 commission of the qualifying crime and therefore lacked the  
34 requisite intent to commit the offense.

35 (2) Set aside the arrest, finding of guilt, or the adjudication and  
36 dismiss the accusation or information against the petitioner as  
37 invalid due to a legal defect at the time of the arrest or conviction.

38 (3) Notify the Department of Justice that the petitioner was a  
39 victim of intimate partner violence or sexual violence when they  
40 committed the crime and of the relief that has been ordered.

1 (i) Notwithstanding this section, a petitioner shall not be relieved  
2 of any financial restitution order that directly benefits the victim  
3 of a nonviolent offense unless it has already been paid.

4 (j) A person who was arrested as, or found to be, a person  
5 described in Section 602 of the Welfare and Institutions Code  
6 because they committed a qualifying nonviolent offense while  
7 they were a victim of intimate partner violence or sexual violence  
8 may petition the court for relief under this section. If the petitioner  
9 establishes that the arrest or adjudication was the direct result of  
10 being a victim of intimate partner violence or sexual violence, the  
11 petitioner is entitled to a rebuttable presumption that the  
12 requirements for relief have been met.

13 (k) If the court issues an order as described in subdivision (a)  
14 or (j), the court shall also order the law enforcement agency having  
15 jurisdiction over the offense, the Department of Justice, and any  
16 law enforcement agency that arrested the petitioner or participated  
17 in the arrest of the petitioner to seal their records of the arrest and  
18 the court order to seal and destroy the records within three years  
19 from the date of the arrest or within one year after the court order  
20 is granted, whichever occurs later and thereafter to destroy their  
21 records of the arrest and the court order to seal and destroy those  
22 records. The court shall provide the petitioner a copy of any court  
23 order concerning the destruction of the arrest records.

24 (l) A petition pursuant to this section shall be made and heard  
25 within a reasonable time after the person has ceased to be a victim  
26 of intimate partner violence or sexual violence or within a  
27 reasonable time after the petitioner has sought services for being  
28 a victim of intimate partner violence or sexual violence, whichever  
29 occurs later, subject to reasonable concerns for the safety of the  
30 petitioner, family members of the petitioner, or other victims of  
31 intimate partner violence or sexual violence who may be  
32 jeopardized by the bringing of the application or for other reasons  
33 consistent with the purposes of this section.

34 (m) For the purposes of this section, official documentation of  
35 a petitioner's status as a victim of intimate partner violence or  
36 sexual violence may be introduced as evidence that their  
37 participation in the offense was the result of their status as a victim  
38 of intimate partner violence or sexual violence. For the purposes  
39 of this subdivision, "official documentation" means any  
40 documentation issued by a federal, state, or local agency that tends

1 to show the petitioner’s status as a victim of intimate partner  
2 violence or sexual violence. Official documentation shall not be  
3 required for the issuance of an order described in subdivision (a).

4 (n) A petitioner, or their attorney, may be excused from  
5 appearing in person at a hearing for relief pursuant to this section  
6 only if the court finds a compelling reason why the petitioner  
7 cannot attend the hearing, in which case the petitioner may appear  
8 telephonically, via videoconference, or by other electronic means  
9 established by the court.

10 (o) Notwithstanding any other law, a petitioner who has obtained  
11 an order pursuant to this section may lawfully deny or refuse to  
12 acknowledge an arrest, conviction, or adjudication that is set aside  
13 pursuant to the order.

14 (p) Notwithstanding any other law, the records of the arrest,  
15 conviction, or adjudication shall not be distributed to any state  
16 licensing board.

17 (q) The record of a proceeding related to a petition pursuant to  
18 this section that is accessible by the public shall not disclose the  
19 petitioner’s full name.

20 (r) A court that grants relief pursuant to this section may take  
21 additional action as appropriate under the circumstances to carry  
22 out the purposes of this section.

23 (s) If the court denies the application because the evidence is  
24 insufficient to establish grounds for vacatur, the denial may be  
25 without prejudice. The court may state the reasons for its denial  
26 in writing or on the record that is memorialized by transcription,  
27 audiotape, or videotape, and if those reasons are based on curable  
28 deficiencies in the application, allow the applicant a reasonable  
29 time period to cure the deficiencies upon which the court based  
30 the denial.

31 (t) For the purposes of this section, the following terms apply:

32 (1) “Nonviolent offense” means any offense not listed in  
33 subdivision (c) of Section 667.5.

34 (2) “Vacate” means that the arrest and any adjudications or  
35 convictions suffered by the petitioner are deemed not to have  
36 occurred and that all records in the case are sealed and destroyed  
37 pursuant to this section. The court shall provide the petitioner with  
38 a copy of the orders described in subdivisions (a), (j), and (k), as  
39 applicable, and inform the petitioner that they may thereafter state

- 1 that they were not arrested for the charge, or adjudicated or
- 2 convicted of the charge, that was vacated.
- 3 (3) *“License” has the same meaning as in Section 23.7 of the*
- 4 *Business and Professions Code.*

O

Date of Hearing: March 25, 2025  
Counsel: Kimberly Horiuchi

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 479 (Tangipa) – As Introduced February 10, 2025

**SUMMARY:** Requires a court considering a vacatur petition based on a defendant's status as a victim of intimate partner or sexual violence to also consider whether the petitioner holds a professional license, as specified, when deciding whether vacatur is in the best interest of justice. Specifically, **this bill:**

- 1) Requires the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee.
- 2) Mandates if a petitioner holds a professional license, the petition and supporting documentation shall also be served on the applicable licensing entity and the licensing agency has 45 days to respond.

**EXISTING LAW:**

- 1) Allows a person arrested for or convicted of any nonviolent offense committed while they were a victim of human trafficking, including, but not limited to, prostitution, the person may petition the court for vacatur relief of their convictions, arrests, and adjudications under this section. (Pen. Code § 236.14, subd. (a).)
- 2) Authorizes a person who was arrested for or convicted of any nonviolent offense, as specified, committed while they were a victim of intimate partner violence or sexual violence, to petition the court for vacatur relief of their convictions and arrests. (Pen. Code, § 236.15, subd. (a).)
- 3) Mandates that, upon showing an arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence, the court shall find that the person lacked the requisite intent to commit the offense and therefore vacate the conviction as invalid due to legal defect at the time of the arrest or conviction. (Pen. Code, § 236.15, subd. (a).)
- 4) Provides that, after considering the totality of the evidence presented, the court may vacate the conviction and the arrest and issue an order if it finds all of the following:
  - a) That the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of qualifying crime;
  - b) The arrest or conviction of the crime was a direct result of being a victim of intimate partner violence or sexual violence; and,

- c) It is in the best interest of justice. (Pen. Code, § 236.15, subd. (g).)
- 5) Requires the court, in issuing an order of vacatur, to do the following:
- a) Set forth a finding that the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of the qualifying crime and therefore lacked the requisite intent to commit the offense.
  - b) Set aside the arrest, finding of guilt, or the adjudication and dismiss the accusation or information against the petitioner as invalid due to a legal defect at the time of the arrest or conviction.
  - c) Notify the Department of Justice that the petitioner was a victim of intimate partner violence or sexual violence when they committed the crime and of the relief that has been ordered. (Pen. Code, § 236.15, subd. (h))
- 6) Provides that, a petitioner who has obtained vacatur relief may lawfully deny or refuse to acknowledge the arrest, conviction, or adjudication that is set aside pursuant to the order. (Pen. Code, §§ 236.14, subd. (o); 236.15, subd. (o).)
- 7) Defines “vacate” to mean that the arrest and any adjudications or convictions suffered by the petitioner which are deemed not to have occurred and that all records in the case are sealed and destroyed. (Pen. Code, §§ 236.14, subd. (t)(2), 236.15, subd. (t)(2).)
- 8) Defines “nonviolent” to mean any offense not listed on the violent felonies list. (Pen. Code, §§ 236.14, subd. (t)(3); 236.15, subd. (t)(1).)
- 9) States that in any criminal proceeding against a person who has been issued a license to engage in a business or profession by a state agency, as specified, the state agency which issued the license may voluntarily appear to furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote the interests of justice and protect the interests of the public, or may be ordered by the court to do so, if the crime charged is substantially related to the qualifications, functions, or duties of a licensee. (Pen. Code, § 23, subd. (a).)

**FISCAL EFFECT:** Unknown

**COMMENTS:**

- 1) **Author's Statement:** According to the author, "AB 479 enhances public safety by ensuring licensing boards are notified when individuals with serious convictions petition to clear their records. In a recent case, the Board of Registered Nursing was unable to voice concerns when a licensee with child pornography-related convictions had their charges vacated, potentially allowing them to work with vulnerable populations. This bill allows the courts to make fully informed decisions without substantially amending the process for victims. By providing judges with critical information, AB 479 helps prevent risks to public safety while maintaining a fair process."

- 2) **Vacatur for Intimate Partner and Sexual Violence Generally:** Penal Code section 236.14 provides post-conviction relief to human trafficking victims by vacating nonviolent arrests, charges and convictions that were a direct result of human trafficking. Penal Code section 236.15 extends the same form of post-conviction relief to intimate partner violence and/or sexual violence victims by vacating nonviolent arrests, charges, and convictions that were a direct result of the intimate partner or sexual violence. Unlike an expungement, getting a conviction vacated effectively means that the conviction never occurred. “Vacate” means that the arrest and any adjudications or convictions suffered by the petitioner are deemed not to have occurred and that all records in the case are sealed and destroyed. (Pen. Code, §§ 236.14, subd. (t)(2), 236.15, subd. (t)(2).)

The purpose of these laws is to provide relief for individuals who have criminal records as a result of their exploitation, by vacating nonviolent criminal offenses that were committed by human trafficking victims at the behest of their traffickers. Vacatur under sections 236.14 and 236.15 requires showing by clear and convincing evidence, that the arrest or conviction was the direct result of human trafficking, intimate partner violence, and/or sexual violence and that the defendant lacked criminal intent to commit the underlying crime.

- 3) **Penal Code section 23:** Penal Code section 23 allows a licensing agency, as specified, to voluntarily appear at a court proceeding in order to furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote the interests of justice and protect the interests of the public, or may be ordered by the court to do so, if the crime charged is substantially related to the qualifications, functions, or duties of a licensee. This appears to be largely limited to probation conditions. (See generally, *Gray v. Superior Court* (2005) 125 Cal.App.4th 629, 643 [holding that Medical Board was not entitled to provide conditions of bail despite it being related to public safety].)

This bill states that the court should consider the licensing entity’s position on vacatur if the conviction is substantially related to the license. According to the Board of Registered Nursing, the sponsor of the bill, a licensee was granted vacatur for possession of child pornography upending the Department of Consumer Affairs, Board of Registered Nursing’s (BRN) plans to de-certify the person so they could no longer work as a nurse.<sup>1</sup> However, licensing is not relevant to determining whether a person should be granted vacatur. As noted above, vacatur is appropriate when a person does not have the requisite criminal intent to commit the crime because of the violence they suffered. It is akin to duress. The defense of duress negates an element of the crime charged. (*People v. Heath* (1989) 207 Cal. App. 3d 892, 900 [“To establish the defense, the defendant must show [they] acted under such immediate threat or menace that [they] reasonably believed [their] life would be endangered if [they] refused.”].)

Furthermore, vacatur requires, by a showing of clear and convincing evidence that a defendant did not have the requisite intent to commit the offense because of their status as a victim of sexual violence and/or intimate partner violence. A “clear and convincing”

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<sup>1</sup> See *People v. Seth Adam Hall*, No. E083533, Appeal from an Order of the Superior Court of California, County of Riverside, March 20, 2024, pending before the Fourth District Court of Appeals, located at [https://unicourt.com/case/ca-sca1-cases6bfe570d112b-224166?init\\_S=c\\_relc#case-details](https://unicourt.com/case/ca-sca1-cases6bfe570d112b-224166?init_S=c_relc#case-details)

standard is not an easy standard to demonstrate. It requires evidence sufficient to show something is “highly and substantially more likely to be true than untrue. In other words, the fact finder must be convinced that the contention is highly probable.” (*Colorado v. New Mexico* (1984) 467 U.S. 310.) It seems really unlikely that the court would grant vacatur for possession of child pornography if there was not substantial reason to believe the defendant did have the intent to commit the crime. Therefore, allowing the licensing agency to argue to the court vacatur should be denied for reasons specific to their license undercuts the vacatur statute.

- 4) **Seth Adam Hall litigation:** As noted above, and according to moving papers filed by the Department of Justice and provided by the author, this bill is based on a grant of vacatur for a person convicted of possession of child pornography in violation of Penal Code section 311.11. Based on the conviction, on or about July 31, 2023, the BRN moved forward with license revocation of the defendant’s nursing license. However, on or about February 12, 2024, the trial court in defendant’s case granted vacatur on the ground the defendant was the victim of intimate or sexual violence and that he had made considerable efforts to distance himself from the actions for which the police found child pornography.

However, the full record was sealed possibly due to the explicit nature of the abuse suffered by defendant. As a result of vacatur, the BRN withdrew its attempt to revoke the defendant’s license. The court ordered the defendant’s counsel to notify the Department of Justice of its decision to vacate the defendant’s license. On or about November 5, 2024, the District Attorney and the BRN appealed to the Fourth District Court of Appeals. The appeal is still pending and presently in briefing status and on assignment.<sup>2</sup> BRN alleges, *inter alia*, that it was entitled to notice and an opportunity to be heard pursuant to Penal Code section 23 before the court granted vacatur.

Also, as noted above, vacatur is based on a substantive defect in the conviction itself. It effectively stands for the proposition that the defendant was not capable of criminal intent as a direct result of significant violence. Based on the court records provided by the author, the notice of vacatur states,

“The petitioner...was a victim of intimate partner violence or sexual violence at the time the non-violence offense was committed. The commission of the crime was a direct result of being a victim of intimate partner violence or sexual violence. The victim was engaged in a good faith effort to distance himself from the perpetrator of the harm. It is in the best interest of the petitioner and in the interest of justice.”<sup>3</sup>

Given this case is pending appellate review and the facts of vacatur are under seal, it makes more sense to wait for the court to make its ruling before changing the law in this case. Additionally, licensing agencies have some burden to follow criminal cases that may impact licensure and provide input. BRN appears to have been aware of the arrest and conviction

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<sup>2</sup> [https://unicourt.com/case/ca-sca1-cases6bfe570d112b-224166?init\\_S=c\\_relc#dockets](https://unicourt.com/case/ca-sca1-cases6bfe570d112b-224166?init_S=c_relc#dockets)

<sup>3</sup> In the matter of Seth Adam Hall, Notice of Ruling in the Matter of the People of the State of California v. Seth Adam Hall (Riverside County Super Court Case No. INF 2202269)

since it began disciplinary proceedings before vacatur. As noted by BRN, it may provide information to the court pursuant to Penal Code section 23.

Finally, the court appears to have had ample grounds to grant vacatur in this case given the serious nature of the underlying charge. This is exactly the type of relief the vacatur statute was designed to provide – victims who could not form the requisite intent to commit the underlying crime should not suffer a punitive impact as a direct result of the violence they suffered.

- 5) **Other Grounds for Discipline:** As a general matter, a person may face revocation of their professional license even where there is no conviction. The BRN Unprofessional Conduct, Substantial Relationship Criteria, Disciplinary Guidelines and Criteria for Rehabilitation states licensure may be suspended or revoked for “a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions, or duties of a [registered nurse], if to a substantial degree it evidences the present or potential unfitness of a person holding a license or certificate to perform the functions authorized and/or mandated by the license or certificate, or in a matter consistent with the public harm.” If there are facts sufficient to support license revocation, it may be characterized as “professional misconduct...” and discipline sought even without a conviction. (See Cal. Code Regs., tit. 16, § 1443.) Additionally, the professional rules make clear that a conviction, itself, is not the only factor the Board considers. In some cases, a person with a prior conviction may still be licensed or retain their license. (See Cal. Code Regs., tit. 16, § 1445.)

If the BRN is able to file an accusation and seek discipline without reference to a conviction, it is unclear whether they should be allowed to participate in a court proceeding where licensure is not relevant to whether the defendant had the requisite intent to commit the underlying crime.

- 6) **Argument in Support:** According to the *Board of Registered Nursing*: “As the sponsor of AB 479, the Board’s main goal is to ensure that when a trial court is considering a petition for vacatur under Penal Code Section 236.15, it has all the input necessary to make a fully informed decision. The bill would not impede or override the trial courts authority to grant a petition. It would simply require that a petitioner give notice to their licensing board, if they file a petition under Penal Code Section 236.15. This would allow the board an opportunity to appear and be heard on the petition before the trial court issues its decision, if the board believes there is a public protection concern.

“Unfortunately, last year a Board licensee was convicted of possessing a substantial amount of child pornography. As a result, the Board began pursuing disciplinary action against the individual’s license through the administrative court. Separately, the licensee petitioned the trial court to vacate their conviction under the provisions of Penal Code Section 236.15. However, the Board was not aware of the licensee’s petition and was not able to provide the trial court with any input prior to its ruling.

“The trial court ultimately granted the petition to vacate the conviction, which prohibited the Board from using the conviction or any related records as a basis for discipline in the administrative court. Consequently, the licensee can continue practicing unrestricted as a nurse, including with minor patients.

“The Board is not suggesting that an individual who possesses a professional license could never obtain a vacatur order under Penal Code Section 236.15. In many cases, the trial court may conclude that the best interest of justice would be served by vacatur, notwithstanding the licensing-related implications. The bill would simply ensure that the trial court consider whether vacatur would be inconsistent with public protection from a licensing context before making their ruling.”

- 7) **Argument in Opposition:** According to *California Public Defenders Association*: “AB 479 would amend Penal Code Section 236.15 (PC 236.15) to make it more difficult for victims of intimate partner violence or sexual violence to obtain vacatur relief for convictions that were the direct result of being a victim. AB 479 would add the additional requirement that vacatur relief would be “in the best interest of justice as described in subdivision (g).”

“AB 479 would potentially reduce expungement relief for victims of human trafficking of their past non-violent criminal records. This relief was enacted to enhance the futures of these Californians through increased access to employment, housing, and other future opportunities. By making this relief more difficult to attain, AB 479 would eliminate that hope without providing any correlative benefit.

“PC 236.15 relief applies only to nonviolent prior convictions, which already rules out a vast number of convictions. Adding another roadblock to relief simply doesn’t make sense. CPDA members can attest to the misery that past records of conviction inflict upon our clients, and the difficulty in expunging the records of worthy reformed individuals. The existing requirement to obtain relief under PC 236.15 is:

“The petitioner shall establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates that the person lacked the requisite intent to commit the offense.”

“This existing requirement of a showing by clear and convincing evidence is already a sufficiently high standard and in no way should be further complicated by the “best interest of justice” requirement proposed by AB 479. Victims of intimate partner violence and sexual violence have so many obstacles to overcome in their journey to become whole they do not need, yet another one placed in their way; which is all that AB 479 would do.”

8) **Related Legislation:**

- a) AB 633 (Krell), would expand vacatur relief to persons who were convicted of or arrested for any offense committed when they were under the age of 18 and while they were a victim of human trafficking. AB 633 is scheduled to be heard in this committee today.
- b) AB 938 (Bonta), would authorize vacatur relief for a person arrested or convicted of any offense and authorize relief for a person whose offense was related, rather than directly related, to being a victim of human trafficking, intimate partner violence, or sexual violence. AB 938 is scheduled to be heard in this committee today.

**9) Prior Legislation:**

- a) AB 124 (Kamlager), Chapter 124, Statutes of 2021 requires courts to consider whether specified trauma to the defendant or other circumstances contributed to the commission of the offense when making sentencing and resentencing determinations and to expand access to vacatur relief and the affirmative defense of coercion currently available to victims of human trafficking to victims of intimate partner violence and sexual violence.
- b) AB 2169 (Gipson), Chapter 776, Statutes of 2022 clarifies that vacatur relief for offenses committed while the petitioner was a victim of human trafficking, intimate partner violence, or sexual violence demonstrates that the petitioner lacked the requisite intent to commit the offense, and that the conviction is invalid due to legal defect.

**REGISTERED SUPPORT / OPPOSITION:****Support**

Board of Registered Nursing  
California District Attorneys Association

**Oppose**

All of Us or None Los Angeles  
Californians for Safety and Justice  
Californians United for A Responsible Budget  
East Bay Community Law Center  
Ella Baker Center for Human Rights  
Initiate Justice  
Initiate Justice Action  
Justice2jobs Coalition  
LA Defensa  
Legal Services for Prisoners With Children  
Local 148 LA County Public Defenders Union  
San Francisco Public Defender  
Sister Warriors Freedom Coalition  
Smart Justice California, a Project of Tides Advocacy  
Universidad Popular  
Vera Institute of Justice

**Analysis Prepared by:** Kimberly Horiuchi / PUB. S. / (916) 319-3744

## Fiscal Impact AB 479

AB 479 added the requirement for petitioners seeking vacatur relief who hold a license to serve the petition and supporting documentation to the Board. The Board will then have 45 days to respond to the petition. Licensed petitioners to serve the Board with the petition with 45 days to respond before the court can make findings.

We estimate the fiscal impact to be \$3000 per case if the Board responds with an opposition. Attorney General's Office costs per case is \$320 per hour for 10 hours. To date, the Board has not received any petitions from a licensed professional who was convicted of a nonviolent offense while they were a victim of intimate partner violence or sexual violence, seeking vacatur, and who received citation, discipline or probation because of the conviction. These costs can be absorbed by the Board.

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Analyst
<b>SUBJECT</b>	Agenda Item 5(c)(9) Watch Bills – AB 985 (Ahrens) Health care professions: titles: name tags

### **Background**

On February 20, 2025, AB 985 was introduced by Assemblymember Ahrens.

The bill proposes an amendment to existing law under the Medical Practice Act, which regulates the licensure and practice of physicians and surgeons in California. It would specifically make it unlawful for anyone to use the title "doctor" or the letters "Dr." on their name tag unless they are authorized to do so under the law, such as being a licensed physician.

Currently, using terms like "doctor," "physician," or the initials "M.D." or "D.O." without proper certification is a misdemeanor, and the bill would expand this prohibition to include name tags in healthcare settings. Exceptions to this rule already exist under current law.

On March 10, 2025, AB 985 was referred to the Assembly Committee on Business and Professions.

On March 24, 2025, AB 985 was amended to specifically make it unlawful for any person to call themselves an anesthesiologist's assistant, unless they meet specified requirements for licensure. Language pertaining to name tags and use of the "doctor" were removed. This bill was also retitled: Anesthesiologists assistants.

Staff will continue to track the bill in the event the bill is amended further.

### **Action Requested**

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

Attachment #1: AB 985 Bill Analysis

Attachment #2: [Bill Text](#)

## 2025 Bill Analysis

<b>Author:</b> Assemblymember Patrick Ahrens	<b>Bill Number:</b> AB 985	<b>Related Bills:</b>
<b>Sponsor:</b>	<b>Version:</b> Introduced	
<b>Subject:</b> Health care practitioners: titles: name tags		

### SUMMARY

The bill originally proposed an amendment to existing law under the Medical Practice Act, which regulates the licensure and practice of physicians and surgeons in California. It would have specifically made it unlawful for anyone to use the title "doctor" or the letters "Dr." on their name tag unless they are authorized to do so under the law, such as being a licensed physician. Currently, using terms like "doctor," "physician," or the initials "M.D." or "D.O." without proper certification is a misdemeanor, and the bill would have expanded this prohibition to include name tags in healthcare settings. Exceptions to this rule already exist under current law.

The proposed bill was amended to specifically make it unlawful for any person to call themselves an anesthesiologist's assistant, unless they meet specified requirements for licensure. Language pertaining to name tags and use of the title of "doctor" were removed. This bill was also retitled: Anesthesiologists assistants.

### RECOMMENDATION

Staff Recommendation: Board staff recommends the Board continue to watch the bill.

Other Boards/Departments that may be affected:	
<input type="checkbox"/> Change in Fee(s) <input type="checkbox"/> Affects Licensing Processes <input type="checkbox"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause <input type="checkbox"/> Regulations Required <input type="checkbox"/> Legislative Reporting <input type="checkbox"/> New Appointment Required	
<b>Legislative &amp; Regulatory Affairs Committee Position:</b>	<b>Full Board Position:</b>
<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch	<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

**REASON FOR THE BILL**

The intention behind the bill is to protect patients by preventing potential confusion in healthcare settings. If someone is using a title like "Dr." or "Doctor" on a name tag without proper licensure, patients might mistakenly assume they are interacting with a licensed medical professional, which could have serious implications for patient trust and safety.

The proposed bill has since been amended as The Anesthesiologist Assistant Practice Act, which aims to regulate the practice of anesthesiologist assistants.

**ANALYSIS**

The proposed bill sought to amend the Medical Practice Act by expanding existing restrictions on the use of titles and abbreviations such as "doctor," "Dr.," "M.D.," and "D.O." to include their appearance on name tags in healthcare settings. This amendment would have made it unlawful for any individual to use these titles on their name tag unless they are legally authorized to do so, such as being a licensed physician or surgeon. In doing so, this bill would have further clarified the distinction between individuals who are licensed physicians and those who may hold doctoral degrees in other fields but are not licensed to practice medicine. By extending the prohibition to name tags, the bill would have ensured that patients are not misled by individuals who might appear to be licensed medical professionals based on their title.

There may have been practical challenges in the implementation of this bill, such as ensuring that all healthcare workers comply with the new restrictions. Healthcare settings are diverse, and the bill would have required ongoing education for staff to ensure they understand the law's scope. Additionally, patients and the public would have needed to be educated about the legal distinctions between various types of doctoral titles and their implications for medical practice.

Existing law already provides some exceptions to the use of titles like "doctor" or "physician" under certain circumstances, such as for individuals holding non-medical doctoral degrees or those working in non-medical roles (e.g., professors). The proposed amendment would have needed to ensure that these exceptions remain clear, so that individuals who are legally permitted to use such titles, but not necessarily as licensed medical professionals, are not unfairly penalized.

Since the proposed bill was amended, it now makes it unlawful for any individual to present themselves as an anesthesiologist assistant unless they meet specific requirements. Violating these regulations would be considered an unfair business practice. The bill mandates that anesthesiologist assistants work under the direction and supervision of an anesthesiologist, who must be physically present and immediately available to oversee the services provided. Additionally, anesthesiologist assistants would be allowed to assist in developing and implementing an anesthesia care plan for patients under the anesthesiologist's supervision.

**LEGISLATIVE HISTORY**

Existing law, Business and Professions Code 2054, regulates the use of titles such as "doctor," "physician," "Dr.," "M.D.," and "D.O." in relation to the practice of medicine. Under section 2054(a) It is illegal for someone to use the words "doctor," "physician," the letters "Dr.," "M.D.," or "D.O.," or any other terms implying they are a licensed physician or surgeon unless they hold a valid and unsuspended physician and surgeon certificate. Using these titles in a way that leads patients to believe a person is a licensed physician is considered a misdemeanor if they are not licensed.

Exemptions to this law are spelled out in Section 2054(b), clarifying that postgraduate students, medical graduates, authorized medical practitioners, current license holders, and individuals with doctoral degrees, such as in the context of academia, may use the term "doctor" or "Dr." in contexts not related to practicing medicine.

**OTHER STATES' INFORMATION**

Not applicable at this time.

**PROGRAM BACKGROUND**

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

**FISCAL IMPACT**

The proposed bill designated the unauthorized use of the "Dr." title on name tags as a misdemeanor, which can result in one year jail time or \$1,000 fine. This could have generated fines for those violating the law which could have increased revenue for the Board and Department of Consumer Affairs (DCA). However, this was dependent on the frequency of violations. If additional monitoring or reporting requirements are imposed as part of the law's enforcement, there may be increased administrative overhead in terms of record-keeping and reporting compliance to regulatory bodies.

Healthcare facilities would have likely needed to update name tags, signage, and other official materials to ensure compliance with the law. This could have included costs for printing, updating name badges, and re-training staff on new procedures. However, if the bill successfully prevented confusion and fraud by unauthorized individuals using medical titles, there could have been a reduction in malpractice or misrepresentation cases, which could have led to cost savings in the long term for both healthcare providers and the public sector.

The fiscal impact of this bill as originally written would have likely been minimal to the Board and DCA, with costs primarily associated with enforcement and administrative updates. However, the amended language to specifically make it unlawful for any person to call themselves an anesthesiologist's assistant, unless they meet specified requirements for

licensure does not have a fiscal impact on the Board as it is outside the scope of the profession the Board regulates.

**ECONOMIC IMPACT**

Not applicable at this time.

**LEGAL IMPACT**

As the current law already criminalizes the use of certain terms and initials without proper certification, the proposed bill as originally written would have expanded this prohibition to a specific setting—name tags. Healthcare professionals who violate this law could face legal consequences, including misdemeanor charges. The bill would have necessitated more oversight and enforcement in healthcare environments to ensure compliance.

Since the bill was amended, there is no legal impact.

**APPOINTMENTS**

Not applicable at this time.

**SUPPORT/OPPOSITION**

Not applicable at this time.

**Support:**

**Opposition:**

**ARGUMENTS**

Not applicable at this time.

**Proponents:**

**Opponents:**

**AMENDMENTS**

AMENDED IN ASSEMBLY MARCH 24, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

**ASSEMBLY BILL**

**No. 985**

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**Introduced by Assembly Member Ahrens**

February 20, 2025

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~~An act to amend Section 680 of the Business and Professions Code, relating to healing arts.~~ *An act to add Chapter 7.75 (commencing with Section 3550) to Division 2 of the Business and Professions Code, relating to healing arts.*

LEGISLATIVE COUNSEL'S DIGEST

AB 985, as amended, Ahrens. ~~Health care practitioners: titles: name tags.~~ *Anesthesiologist assistants.*

*Existing law provides for the licensure and regulation of specified healing arts licensees, including, among others, physicians and surgeons, physician assistants, nurses, and nurse anesthetists. Existing unfair competition laws establishes a statutory cause of action for unfair competition, including any unlawful, unfair, or fraudulent business act or practice and unfair, deceptive, untrue, or misleading advertising.*

*This bill, the Anesthesiologist Assistant Practice Act, would make it unlawful for any person to hold themselves out as an anesthesiologist assistant, as defined, unless they meet specified requirements. The bill would make it an unfair business practice to violate these provisions. The bill would require an anesthesiologist assistant to work under the direction and supervision of an anesthesiologist, and would require the anesthesiologist to be physically present on the premises, and immediately available, to oversee and take responsibility for medical services rendered by the anesthesiologist assistant. The bill would authorize an anesthesiologist assistant, under the supervision of an*

*anesthesiologist, to assist in developing and implementing an anesthesia care plan for a patient.*

~~Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons.~~

~~Existing law makes it a misdemeanor for a person to use 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, without having a certificate as a physician and surgeon. Existing law also prohibits 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 person is a licensed “M.D.” or “D.O.” Existing law contains some exceptions to these provisions.~~

~~This bill would specifically make it unlawful for a person to use the title “doctor” or the letters or prefix “Dr.” on their name tag unless authorized to use that term pursuant to the provisions described above or any other law.~~

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

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

1     SECTION 1. Chapter 7.75 (commencing with Section 3550)  
2     is added to Division 2 of the Business and Professions Code, to  
3     read:

4  
5             CHAPTER 7.75. ANESTHESIOLOGIST ASSISTANT

6  
7     3550. This chapter shall be known, and may be cited, as the  
8     Anesthesiologist Assistant Practice Act.

9     3551. For purposes of this section, the following definitions  
10    shall apply:

11    (a) “Anesthesiologist” means a physician and surgeon who has  
12    successfully completed a training program in anesthesiology

1 *accredited by the Accreditation Council for Graduate Medical*  
2 *Education or the American Osteopathic Association or equivalent*  
3 *organizations and is licensed under Chapter 5 (commencing with*  
4 *Section 2000).*

5 *(b) “Anesthesiologist assistant” means a person who meets the*  
6 *requirements of Section 3552.*

7 *3552. (a) A person shall not hold themselves out as an*  
8 *anesthesiologist assistant unless they meet both of the following*  
9 *requirements:*

10 *(1) Have graduated from an anesthesiologist assistant program*  
11 *recognized by the Commission on Accreditation of Allied Health*  
12 *Education Programs or by its successor agency.*

13 *(2) Hold an active certification by the National Commission for*  
14 *Certification of Anesthesiologist Assistants.*

15 *(b) It is an unfair business practice within the meaning of*  
16 *Chapter 5 (commencing with Section 17200) of Part 2 of Division*  
17 *7 for any person to use the title “anesthesiologist assistant” or*  
18 *any other term, including, but not limited to, “certified,”*  
19 *“licensed,” “registered,” or “AA,” that implies or suggests that*  
20 *the person is certified as an anesthesiologist assistant, if the person*  
21 *does not meet the requirements of subdivision (a).*

22 *3553. An anesthesiologist assistant shall work under the*  
23 *direction and supervision of an anesthesiologist. The supervising*  
24 *anesthesiologist shall do both of the following:*

25 *(a) Be physically present on the premises and immediately*  
26 *available to the anesthesiologist assistant when medical services*  
27 *are being rendered.*

28 *(b) Oversee the activities of, and accept responsibility for, the*  
29 *medical services being rendered by the anesthesiologist assistant.*

30 *3554. Notwithstanding any other law, an anesthesiologist*  
31 *assistant under the supervision of an anesthesiologist may assist*  
32 *the supervising anesthesiologist in developing and implementing*  
33 *an anesthesia care plan for a patient.*

34 **SECTION 1.** ~~Section 680 of the Business and Professions Code~~  
35 ~~is amended to read:~~

36 ~~680. (a) (1) Except as otherwise provided in this section, a~~  
37 ~~health care practitioner shall disclose, while working, their name~~  
38 ~~and practitioner’s license status, as granted by this state, on a name~~  
39 ~~tag in at least 18-point type.~~

1     ~~(2) A health care practitioner in a practice or an office, whose~~  
2     ~~license is prominently displayed, may opt to not wear a name tag.~~  
3     ~~(3) If a health care practitioner or a licensed clinical social~~  
4     ~~worker is working in a psychiatric setting or in a setting that is not~~  
5     ~~licensed by the state, the employing entity or agency shall have~~  
6     ~~the discretion to make an exception from the name tag requirement~~  
7     ~~for individual safety or therapeutic concerns.~~  
8     ~~(4) In the interest of public safety and consumer awareness, it~~  
9     ~~is unlawful for any person to use the title “nurse” in reference to~~  
10    ~~themselves and in any capacity, except for an individual who is a~~  
11    ~~registered nurse or a licensed vocational nurse, or as otherwise~~  
12    ~~provided in Section 2800. This section does not prohibit a certified~~  
13    ~~nurse assistant from using their title.~~  
14    ~~(5) It is unlawful for a person to use the title “doctor” or the~~  
15    ~~letters or prefix “Dr.” on their name tag unless authorized to use~~  
16    ~~that term pursuant to Section 2054 or any other law.~~  
17    ~~(b) Facilities licensed by the State Department of Social~~  
18    ~~Services, the State Department of Public Health, or the State~~  
19    ~~Department of Health Care Services shall develop and implement~~  
20    ~~policies to ensure that health care practitioners providing care in~~  
21    ~~those facilities are in compliance with subdivision (a). The State~~  
22    ~~Department of Social Services, the State Department of Public~~  
23    ~~Health, and the State Department of Health Care Services shall~~  
24    ~~verify through periodic inspections that the policies required~~  
25    ~~pursuant to subdivision (a) have been developed and implemented~~  
26    ~~by the respective licensed facilities.~~  
27    ~~(c) For purposes of this article, “health care practitioner” means~~  
28    ~~any person who engages in acts that are the subject of licensure~~  
29    ~~or regulation under this division or under any initiative act referred~~  
30    ~~to in this division.~~

## MEMORANDUM

<b>DATE</b>	March 26, 2025
<b>TO</b>	Legislative and Regulatory Affairs Committee
<b>FROM</b>	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
<b>SUBJECT</b>	Agenda Item 7 – Regulatory Update, Review, and Consideration of Additional Changes

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 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, 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.

**b) 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.

c) **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. The proposed statutory changes have been included in the Boards sunset review.

d) **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. The proposed statutory changes have been included in the Boards sunset review.

e) **Title 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Applications – Implementing AB 282**

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 is currently working 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.

**f) 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.