California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

NOTICE OF BOARD MEETING

May 9, 2025
9:00 a.m. – 5:30 p.m. or until Completion of Business

Wright Institute
2728 Durant Avenue, Room 109/110
Berkeley, CA 94704
(510) 841-9230

Due to potential technical difficulties, please consider submitting written comments by May 2, 2025, to bopmail@dca.ca.gov for consideration.

Licensees attending the In-Person Board Meeting are required to sign in using the provided attendance sheet on the day of the meeting, including their first and last name, license number, time of arrival, and time of departure from the meeting in order to receive Continuing Professional Development (CPD) credit. CPD credit will not be credited for viewing the meeting through the Webcast, as the option to interact during the public comment periods will not be available.

For Board meetings lasting a full day, six (6) hours will be credited to the individuals who attended the full duration of the meeting in-person. In cases of Board meetings that are three (3) hours or less in duration, attendance will be credited on a one-to-one basis, with one (1) hour of attendance equating to 1 hour credited towards CPD. Board 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

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

Board Staff
Jonathan Burke, Executive Officer
Stephanie Cheung, Licensing Manager
Sandra Monterrubio, Enforcement Program Manager
Cynthia Whitney, Central Services Manager
Troy Polk, CPD/Renewals Coordinator
Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
Shelley Ganaway, Board Counsel
Sam Singh, Regulatory Counsel

Friday, May 9, 2025

9:00 a.m. – 5:30 p.m. or until Completion of Business

AGENDA

Action may be taken on any item on the agenda.

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

The Board welcomes and encourages public participation at its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

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

2. President's Welcome
   a) Mindfulness Exercise (S. Rodgers)

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

4. Discussion and Possible Approval of the Board Meeting Minutes: February 27-28, 2025 (C. Whitney)

5. Discussion and Possible Approval of the Board Meeting Minutes: April 17, 2025 (C. Whitney)

6. President's Report (L. Tate)
   a) Meeting Calendar

7. Executive Officer's Report (J. Burke)
   a) Personnel Update

8. DCA Update

9. Enforcement Report (S. Monterrubio)

10. Budget Report (T. Polk)

11. Licensing Report (S. Cheung)

12. Examination Report (S. Cheung)

13. Continuing Professional Development and Renewals Report (T. Polk)

14. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Cervantes, Rodgers)

    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 775 (Ashby) Board of Behavioral Sciences (This is the Board's Sunset Bill)
       2) SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing
       3) SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions
       4) SB 579 (Padilla) Mental health and artificial intelligence working group

    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 networks: 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 professional certification
       5) SB 518 (Weber Pierson) Descendants of enslaved persons: reparations
       6) AB 742 (Elhawary) Licensing: applicants who are descendants of slaves
       7) AB 479 (Tangipa) Criminal procedure: vacatur relief.
       8) AB 985 (Ahrens) Anesthesiologists assistants
       9) AB 677 (Solache) Professions and vocations: license examinations: interpreters

15. 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

16. Regulatory Update, Review, and Potential 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
g) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

17. Consideration and Possible Action on ASPPB Norma P. Simon Regulatory Service Award Nomination

18. Discussion and Possible Action of Proposed Changes to Language and Licensure Application Forms Related to AB 282

19. Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology

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

CLOSED SESSION

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

ADJOURNMENT

Action may be taken on any item on the agenda. Items may be taken out of order or held over to a subsequent meeting, for convenience, to accommodate speakers, or to maintain a quorum. Meetings of the Board of Psychology are open to the public except when specifically noticed otherwise, in accordance with the Open Meeting Act.

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

The meeting is accessible to the physically disabled. To request disability-related accommodations, use the contact information below. Please submit your request at least five (5) business days before the meeting to help ensure availability of the accommodation.

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

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

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

January 15, 2025

California Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

To: The California Board of Psychology

From: Research Psychoanalysts, and leadership from Psychoanalytic Institutes, throughout California

Re: Amendments to Research Psychoanalyst Regulations at 16 CCR §1367 *et seq*.

Dear Members of the California Board of Psychology:

We are writing to object to any Research Psychoanalyst (RP) regulations (Research Psychoanalyst Regulations at 16 CCR § 1367 *et seq*.) that limit an RP's clinical engagement to a specific number or percentage of hours. For the reasons set forth below, we recommend that the California Board of Psychology (Board) eliminates *any* limit on RP clinical engagement when it updates the RP regulations.

Recommendation for the Board's adoption of RP requirements

The Board has expressed its intent to amend the regulatory requirements for the RP designation after the Medical Board of California transferred the Research Psychoanalyst Program to the Board of Psychology under Senate Bill 815. At a meeting on September 20, 2024, the Board expressed that it is specifically interested in addressing the current regulatory provision 16 CCR § 1371, which states that the RP may engage in "psychoanalysis as an adjunct to teaching, training or research." It further states: "'Adjunct' means that…[a] research psychoanalyst may render psychoanalytic services on a fee-for-service basis for *not more than an average of one-*

third of his or her total professional time" [emphasis added]. The Board suggested that RPs' clinical engagement should be capped at an average of 15 hours per week to have a more "enforceable" requirement. The Board also expressed an interest in codifying additional professional requirements for RPs, such as Continuing Education Units (CEUs), requiring specific coursework, and having RPs adopt the American Psychoanalytic Association (APsA) Code of Ethics.

We would like to thank the Board for taking time to carefully weigh the RP designation with thoughtfulness and transparency. We agree that the current language does not accurately reflect the needs and benefits of the RP designation. However, we are very concerned that a weekly cap of 15 hours will even less adequately reflect the needs of the RP designation, and may in fact be harmful to the consumer. For the following reasons, we recommend that the Board eliminate the cap on clinical engagement altogether.

First, placing any type of cap on hours is not in line with the realities of academia. Academic workloads are not static. An academic's hours will vary widely depending on a given term or school year, teaching load, research project, grant, leadership duties, and writing endeavors. While the current regulation offers some flexibility, even this does not align with the variability of academic work—variability across a given week, month, year, or across years. Some periods are extremely busy on the academic front, while during other periods the time spent on academic work may ebb significantly, for instance during summers or sabbaticals. It is not reasonable to expect the RP to adjust their clinical workload accordingly.

Further, and most importantly, placing any type of cap on hours is adverse to the needs of consumers. Clinical needs are not static—consumers will require additional sessions, which, depending on the urgency of the situation, may culminate in many additional hours over a given time period. A patient in crisis may require additional weekly sessions be added, sometimes over an extended period. An RP must be able to effectively navigate the needs of their clinical practice, and the RP's ability to do so is in direct conflict with a weekly hourly cap, even if that cap is assessed as an average. While the current definition allows to a limited degree for this variation, a weekly cap of any hours, does not. Should a patient have a sudden need for additional sessions, would the clinician be required to say no? If a new patient seeks an RP's clinical service, being someone who could benefit highly from the RP's particular expertise, should that patient be denied?

Lastly, capping the RP's clinical engagement to a specific number of hours per week, as low as 15 or even substantially higher, is both arbitrary and potentially interferes with the RP's contractual and ethical obligations. Restricting the number of clinical hours not only overlooks the need for flexibility, as described above, but it has no basis in law. There is no legal precedent or concept to substantiate or justify such a limit for a designation that requires such extensive

training and rigor. There are no other designations in akin professions with similar training requirements that limit a practitioner from providing necessary services to a certain number of hours. To create such an arbitrary cap interferes with the RP's obligations and commitment to their patients. Both the RP as well as the Board could be liable for arbitrarily depriving a patient of needed services. It would also arbitrarily limit the RP from utilizing his or her training and degree. At a time when there is clearly a need for psychotherapeutic services, capping hours will likely reduce the number of RPs available to serve this need.

Therefore, based on the extensive educational and clinical training background that is required of an RP (as described below) and the great need for skilled psychotherapists, we recommend that the Board eliminates any cap on an RP's engagement, while still requiring RPs to have ongoing academic work, as that work is specific and beneficial to the RP designation. It is more consistent with the legislative intent and meaning of the word "adjunct" to define it without requiring a specific time limit. Should the Board seek ways to create more enforcement mechanisms for the RP designation, a route that better serves and protects the consumers is to codify requirements for CEUs and/or required equivalent coursework, and the adoption of the Code of Ethics from the APsA, as the Board also discussed.

As such, we specifically recommend the Board adopt the following revisions to 16 CCR § 1371, Adjunct Defined:

> A research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training or research. "Adjunct" means that the research psychoanalyst ~~may not engage in a full-time clinical practice rendering psychoanalytic services on a fee-for-service basis. A research psychoanalyst~~ may render psychoanalytic services on a fee-for-service basis ~~for not more than an average of one-third of his or her total professional time including~~ *in conjunction with* time spent in practice, teaching, training or research. Such teaching, training or research shall ~~be the primary~~ *be an ongoing* activity of the research psychoanalyst. This ~~primary~~ *ongoing* activity may be demonstrated by
>
> (a) A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310, subdivisions (a) and (b), of the Education Code.
>
> (b) Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or
>
> (c) A significant research effort demonstrated by publications in professional journals or publication of books.

If the Board does adopt new requirements for CEUs and equivalent coursework, then it would be even more reason to also remove a cap on clinical engagement. Should an RP be required to take on more obligations, then the cap would be even more arbitrary and untenable.

The above suggestion recognizes the needs of the RP designation, as well as its history, value, and rigor, described in detail below.

History of the "Research Psychoanalyst" designation

When the RP designation was first codified in 1977, the intent was to allow scholars in academia to build on their extensive education and expertise, to obtain full psychoanalytic training, and to offer skilled psychoanalytic services. RPs are required to hold PhDs or the equivalent terminal degrees in their fields and to be actively working in these fields, before acquiring the full training in psychoanalysis. Many RPs thus hold multiple doctorates, in their academic fields and in psychoanalysis. Their academic fields—such as Religious Studies, History, Sociology, Anthropology, Literature, Philosophy, and beyond—are directly related to psychoanalysis. The RP designation is part of a long, important, and influential tradition throughout the history of psychoanalysis of training and recognizing lay psychoanalysts.

Value and contributions of those practicing under a "Research Psychoanalyst" designation

Since the RP designation is so difficult to achieve, there are few RPs in the state. Yet their contributions are notable. They are outsize contributors to psychoanalysis as a discipline, such as in terms of publishing, teaching, and professional service. Most importantly, their rigorous cross-disciplinary backgrounds as working scholars in fields adjacent to psychoanalysis, and as fully trained psychoanalysts, allow them to provide unique and needed clinical services to consumers. They offer their patients the value of the education, experience, and professionalism gained from nuanced, in-depth, disciplined, and rigorous training and research in a variety of backgrounds. They also offer their patients the value of what full psychoanalytic training entails, such as having received yearslong psychoanalysis themselves, and longstanding supervision and/or consultation, which many other psychotherapy designations do not require of their students.

Rigor, oversight, and education of the "Research Psychoanalyst"

In order to obtain the Research Psychoanalyst designation, Research Psychoanalysts must satisfy stringent criteria at a Psychoanalytic Institute or equivalent thereof [see 16 CCR § 1367.1(d) and 16 CCR § 1374(a-i), together defining the requirements for a Psychoanalytic Institute training program]. These requirements include the following:

- Each Research Psychoanalyst student prior to admission is required to have received a doctorate degree or equivalent at an accredited educational institution, as well as to have

shown achievement in teaching, training or research with demonstrated aptitude in his or her primary field of scholarly or scientific endeavor. 16 CCR § 1374 (c-d).

- Each student is required to participate in at least 560 hours of classroom training over at least three years on all phases of psychoanalysis; Id. at (e). This includes practical clinical exposure to a wide variety of psychopathologies and training in differential diagnosis. Id. at (a-b).

- Each student is required to participate in continuous case conferences conducted by graduate psychoanalysts. Id. at (f).

- Each student is required to undergo a minimum of 300 hours personal psychoanalysis conducted by a graduate psychoanalyst who has a minimum of five years of postgraduate clinical experience in psychoanalysis following the completion of his or her psychoanalytic education. Id. at (g).

- Each student is required to conduct at least three (3) psychoanalyses under the supervision of three different graduate psychoanalysts, Id. at (h). Supervisors are graduates of psychoanalysis who have a minimum of five years of postgraduate clinical experience in psychoanalysis following completion of his or her psychoanalytic education. 16 CCR § 1373.

- Each student must either pass a comprehensive examination or write an approved thesis. 16 CCR § 1374(i).

On the ground, these rigorous requirements mean that the average Research Psychoanalyst will have completed at least five years of post-college education to obtain a PhD, and then an additional three-four years of education at a psychoanalytic institute to obtain the Research Psychoanalyst designation. This totals at least eight years of post-college education, and often significantly more, a decade or beyond. During their psychoanalytic training, an RP will have undertaken their own personal psychoanalysis three-four sessions per week for two or more years. In order to satisfy the requirement of conducting at least three psychoanalytic cases under supervision, the RP will have seen three separate patients for three-four sessions a week per patient, for two or more years each, under the direct weekly supervision of three separate training and supervising psychoanalysts. At the same time, RPs undergo three-four years of rigorous coursework. These three branches—personal analysis, conducting analysis under supervision ("control cases"), and coursework—constitute the rigorous tripartite training required of RPs. Finally, as the regulations stipulate, each RP must either pass a comprehensive written examination or write an approved thesis. The latter are often published in psychoanalytic journals, or presented at conferences, as contributions to psychoanalytic knowledge and practice.

Comparatively, many psychotherapists who complete, for instance, an MFT or LCSW credential will only have two or so years of education post-college. And they are often not required to undergo their own therapy, or this requirement is very limited.

Further, after obtaining the designation, the RP is required to continue their academic work, as demonstrated by the following:

- (a) A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310, subdivisions (a) and (b), of the Education Code
- Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or
- A significant research effort demonstrated by publications in professional journals or publication of books.

§ 1371(a-c). This continuing academic work ensures that the RP is remaining up-to-date in the practices, expectations, and specific requirements of his or her given academic field.

Conclusion

In conclusion, the RP designation is a robust, valued and needed contribution to the psychotherapy field that provides consumers with diligently and rigorously trained professionals who bring forth extensive academic as well as clinical experience. Therefore, we recommend that the Board adopts the above-proposed regulatory language to permit greater opportunity for RP contributions.

Sincerely,

[Signature Pages Following]

Luis Alejandro Nagy, PsyD, FIPA
RP 278, 8 years
President-Elect, New Center for Psychoanalysis (NCP), Santa Monica, CA
Past President, Rose City Center (RCC), Pasadena, CA
Chair of Communications, International Psychoanalytical Association (IPA), UK
Faculty at NCP, RCC

Charles Asher, M.Div., M.A, D.Min
RP 60, 1989-2025
C.G Jung Institute, N.Y.C
San Francisco Jung Institute Provost
Professor emeritus, Pacifica Graduate Institute

Steven Barrie-Anthony, PhD, PsyD, FIPA
RP 286, 2021-present
Member, Institute of Contemporary Psychoanalysis, Los Angeles, CA
Research Associate, University of California, Berkeley
Assistant Professor of Psychiatry, Volunteer, University of California, San Francisco

Gordon Berger, PhD
Research Psychoanalyst Professor Emeritus of History, University of Southern California
Training and Supervising Analyst, Institute for Contemporary Psychoanalysis, Los Angeles
Faculty (retired), New Center for Psychoanalysis, Los Angeles

Robert K. Beshara, PhD, MFA
RPS 292
Candidate Research Psychoanalyst at the Lacan School of Psychoanalysis in San Francisco, CA
Associate Professor of Psychology & Humanities, Northern New Mexico College

Elena Bezzubova, PhD
RP 98
New Center for Psychoanalysis
UCI Department of Medicine

Alain J.-J. Cohen, PhD
RP 247 (2013-present)
President SDPC, (San Diego Psychoanalytic Center,) 2023-24, Vice-Pres 2021-23
Member SDPC 2004-present
Member IPA, & Honorary Member NCP
Professor of Comparative Literature & Film Studies, UCSD (University of California, San Diego)

Sarah Farnsworth, MFA
RPS #303
Research Psychoanalytic Candidate, Institute of Contemporary Psychoanalysis, Los Angeles, CA

Aranye Fradenburg Joy, PhD, PhD
RP #243, since 2013
Dean of Training and Faculty Member, New Center for Psychoanalysis, Los Angeles, 2023-present
Professor Emerita, University of California at Santa Barbara, Departments of English, Comparative Literature and Women's Studies
Co-Director, Brainstorm Books

Deborah Farnsworth, PsyD, MFT, FIPA
President 2023-2025, and Training and Supervision Analyst, Newport Psychoanalytic Institute, Tustin, CA

Cheryl Goldstein, PhD, PsyD
CA RP#283
Training and Supervising Analyst, Institute of Contemporary Psychoanalysis, Los Angeles
Chair of Research Psychoanalyst Committee, The New Center of Psychoanalysis, Los Angeles

David James Fisher, PhD
RP 30
Training and Supervising Psychoanalyst, Institute of Contemporary Psychoanalysis, Los Angeles, CA
Senior Faculty and Board Member, New Center for Psychoanalysis, Los Angeles, CA

Rochelle Green, PhD
RP 291, 2021-25
Lecturer of Philosophy, California State University Fullerton
Member Institute of Contemporary Psychoanalysis, Los Angeles, CA

Gary Grossman, PhD
Training & Supervising Analyst, San Francisco Center for Psychoanalysis
Personal Analyst & Faculty, Psychoanalytic Institute of Northern California
Clinical Professor of Psychiatry & Behavioral Sciences (Volunteer), University of California, San Francisco

Douglas Hollan, PhD in Anthropology and Psychoanalysis
CA RP#57, 1991-present
Former instructor, New Center for Psychoanalysis
Distinguished Professor, Department of Anthropology, UCLA

Judith M. Hughes, PhD
Research Psychoanalyst #201
Senior Faculty, San Diego Psychoanalytic Center
Professor Emerita of History, UC San Diego

Martin Levine, J.D., FIPA
RP 56
UPS Foundation Chair in Law and Gerontology, and Professor of Psychiatry and the Behavioral Sciences, University of Southern California

Nadine Anne Levinson, DDS
RP 33, 1984-2020
Training and Supervising Analyst, San Diego Psychoanalytic Center (SDPC), 1997-2020
Treasurer, International Psychoanalytic Association (IPA), 2003-2007
Chair of the Education Committee, Program Committee, Finance Committees, etc., SDPC, IPA Executive Committee, IPA, 2003-2010
Geographic Training and Supervising Analyst, Los Angeles Institute and Society, 2005-2010
Clinical Professor of Psychiatry University of CA Irvine, 1980-current
Founder and Executive Director, Psychoanalytic Electronic Publishing Company, Inc. (PEP), 1995-present

Allison Merrick, PhD, PsyD
RP 290, 2021-2024
Institute of Contemporary Psychoanalysis, Los Angeles, CA
Professor of Philosophy, California State University, San Marcos

Stephanie Gay Moss, PsyD
Psychoanalytic psychotherapist
Instructor for graduate students in psychology doctoral programs in various programs in the Bay Area

Ana Elena Noles, PsyD
Psychoanalytic Institute of Northern California (PINC), Member-at-Large, Board of Directors

Sule Ozler, PhD, PsyD
RP 248
The New Center for Psychoanalysis
Associate Professor of Economics, University of California, Los Angeles

Rico Picone, PhD
RPS application currently under review
Candidate Psychoanalyst, Lacanian School of Psychoanalysis
Associate Professor, Saint Martin's University

Jeffrey Prager, PhD
RP 48
Research Professor, Department of Sociology, University of California, Los Angeles
Training and Supervising Analyst, NCP and ICP Former Dean, NCP Institute

Nick Ryan, PsyD, LMFT
Former president (2020-2024), Institute of Contemporary Psychoanalysis, Los Angeles

Dr. Michael Tod Edgerton, MFA, PhD
RPS 297, 2022-present
Pre-candidate Research Analyst, Lacanian School for Psychoanalysis, San Francisco, CA
Lecturer, Dept. of English & Contemporary Literature, San Jose State University

Estelle Shane, PhD
RP 12, 1979-2024
Founding Member, Board Member, and Training and Supervising Analyst, Institute of Contemporary Psychoanalysis, Los Angeles, CA
Training and Supervising Analyst, New Center for Psychoanalysis, Los Angeles, CA
Former President, International Association for Psychoanalytic Self Psychology

Jeremy Soh, PhD in Anthropology, University of California, Berkeley
RP 277, 2018-present
Lacanian School of Psychoanalysis: Analyst of the School, Advisor, Training & Supervising Analyst
University of Pennsylvania, Lecturer

Ryan Stubblefield, PsyD
Faculty, California Institute of Integral Studies

Anne B. Simpson, PhD, PhD
RP #209 since 2012
New Center for Psychoanalysis, Los Angeles
Professor Emerita of English, California State Polytechnic University, Pomona

Gerard Webster PhD, PsyD
President, Institute of Contemporary Psychoanalysis, Los Angeles, CA

2025 Board Meeting/Event Calendar

Board Meetings

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 27 – 28, 2025	IN PERSON Sacramento, CA	Agenda Materials Hand Carry Materials HCAI Presentation		Webcast Day 1 Webcast Day 2
Board Meeting	April 17, 2025	Hybrid - WebEx	Agenda Materials Hand Carry		Webcast
Board Meeting	May 9, 2025	IN PERSON Bay Area, CA			
Board Meeting	August 22, 2025	IN PERSON San Diego, CA			
Board Meeting	November 6–7, 2025	IN PERSON Riverside, CA			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 31, 2025	Webex	Agenda Materials Hand Carry		Webcast
Licensure Committee Meeting	July 11, 2025	Webex			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 11, 2025	Webex	Agenda Materials Hand Carry		Webcast
Legislative and Regulatory Affairs Committee	June 6, 2025	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 19, 2025	Webex			

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (865) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Psychology Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 9, Enforcement Report

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

Complaint Program
Since July 1, 2024, the Board has received 875 complaints. All complaints received are opened and assigned to an enforcement analyst. The Enforcement Unit will have a vacant position from April 2025 to September 2025 and another vacant position from June 2025 to June 2026 due to leave of absence. Current staff will absorb the additional workload and prioritize the cases.

Citation Program
Since July 1, 2024, the Board has issued 24 enforcement citations. Citation and fines are issued for minor violations.

Discipline Program
Since July 1, 2024, the Board has referred 11 cases to the Office of the Attorney General for formal discipline.

Probation Program
Enforcement staff is currently monitoring 32 probationers. Of the 32 probationers, one (1) is out of compliance and 10 are tolled. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:
Attachment #1: Overview of Enforcement Activity
Attachment #2: Performance Measures

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY
Overview of Enforcement Activity

LICENSES	20/21	21/22	22/23	23/24	24/25
Psychologist	22,058	22,289	22,610	22,693	22,813
Psychological Associates	1,348	1,450	1,701	1,791	1,850
COMPLAINTS					
Complaints Received[1]	1.130	742	820	1,157	875
Arrest Reports Received	32	34	14	31	17
Investigations Opened[2]	788	761	610	877	663
ENFORCEMENT OUTCOMES					
Total Citations Issued	37	31	30	29	24
Total Cases Referred to AG	60	52	29	29	11
Accusations	32	29	17	10	9
Statement of Issues	1	4	1	1	0
Petition to Revoke Probation	2	0	2	0	1
Petitions for Penalty Relief	8	4	3	4	3
Petition for Reinstatement	3	2	1	2	0
Total Filings	46	28	24	17	24
Accusations Withdrawn/Dismissed	3	3	1	3	3
Statement of Issues Withdrawn	2	0	0	1	0
Total Filings Withdrawn/Dismissed	5	3	1	4	3
Revocations	1	4	1	2	3
Probation	14	12	5	10	4
Surrender	12	7	9	7	10
Reprovals	6	7	3	2	1
Interim Orders	0	1	0	0	0
Statement of Issues-License Denied	1	1	0	1	1
Total Disciplinary Decisions	34	32	18	22	19
Petitions for Penalty Relief Denied	2	3	3	3	2
Petitions for Penalty Relief Granted	0	1	0	1	1
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	0	3	1	2	0
Total Other Decisions	2	7	4	6	3
VIOLATION TYPES					
Gross Negligence/Incompetence	29	24	18	19	29
Repeated Negligent Acts	25	17	17	25	28
Self-Abuse of Drugs or Alcohol	12	7	2	3	2
Dishonest/Corrupt/Fraudulent Act	6	7	9	17	9
Mental Illness	0	2	1	1	1
Aiding Unlicensed Practice	1	3	2	0	1
General Unprofessional Conduct	26	25	16	21	20
Probation Violation	7	5	0	5	3
Sexual Misconduct	7	8	4	6	8
Conviction of a Crime	10	8	1	8	4
Discipline by Another State Board	2	2	3	0	3
Misrepresentation of License Status	1	3	0	2	1

****Enforcement data pulled on April 18, 2025**

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

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Case Type
Board of Psychology	FY2024/25	Q1	Complaints Volume; Conviction/Arrest Volume

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

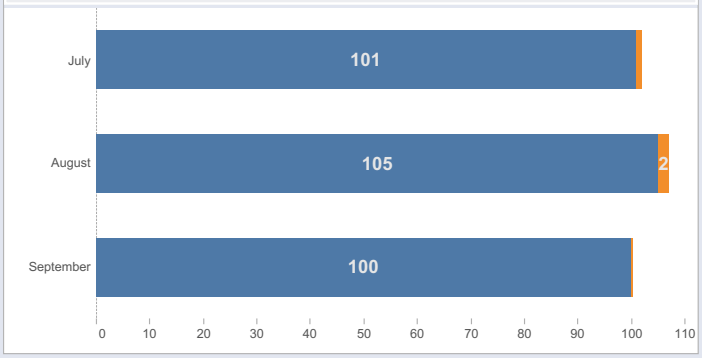
Board of Psychology New Cases Summary

Data last refreshed on 2/3/2025

Complaints Volume	Conviction/Arrest Volume	Total Volume
306	3	309

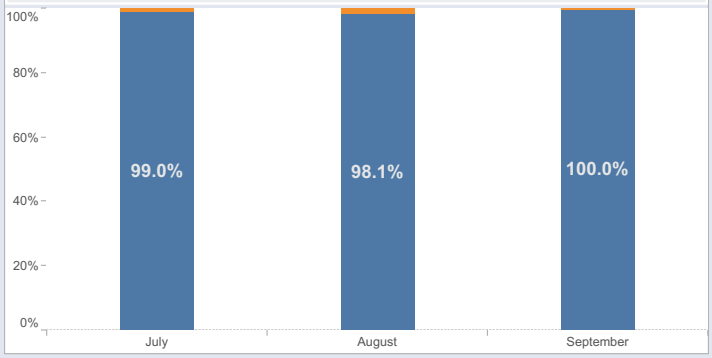
Board of Psychology

FY2024/25:Q1 - Case Volume



Board of Psychology

FY2024/25:Q1 - Case Volume % Distribution



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

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Cycle Time
Board of Psychology	FY2024/25	Q1	Actual Target

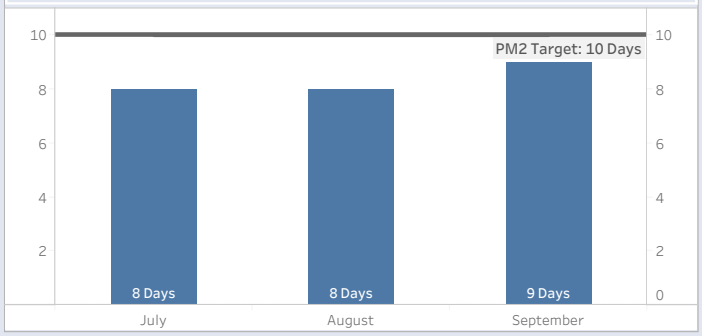
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Board of Psychology PM2 Performance Summary

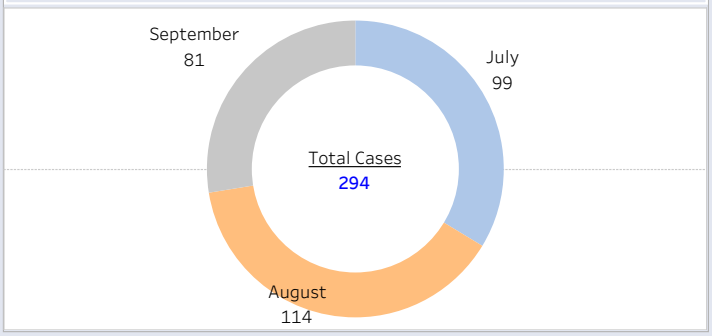
Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
294	10 Days	8 Day(s)	▼ -2 Day(s)

Board of Psychology
FY2024/25: Q1 | **PM2** - Intake Cycle Time



Board of Psychology
FY2024/25: Q1 | **PM2** - Volume



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

Select a DCA Entity: Board of Psychology

Select a Fiscal Year: FY2024/25

Select a Quarter: Q1

Cycle Time: Actual | Target

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

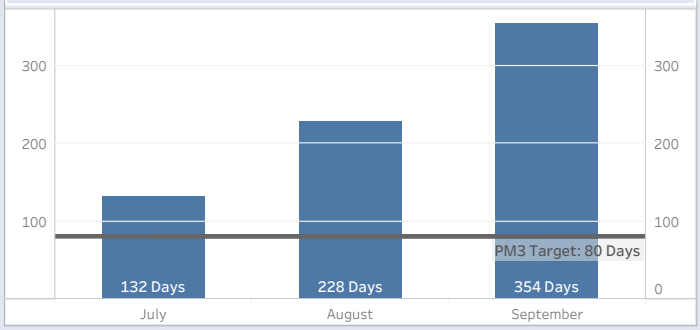
Board of Psychology PM3 Performance Summary

Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
186	80 Days	222 Day(s)	▲ 142 Day(s)

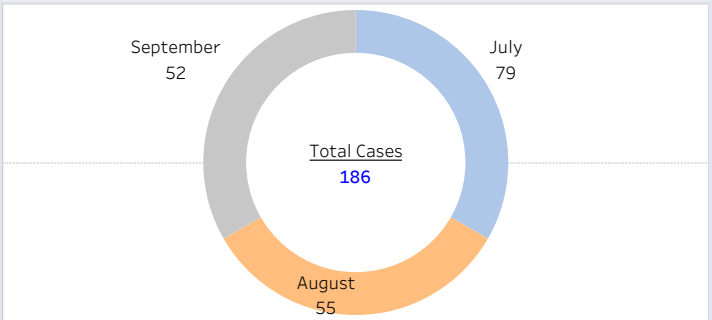
Board of Psychology

FY2024/25: Q1 | **PM3** - Investigations Cycle Time



Board of Psychology

FY2024/25: Q1| **PM3** - Volume



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

Select a DCA Entity: Board of Psychology

Select a Fiscal Year: FY2024/25

Select a Quarter: Q1

Cycle Time: Actual | Target

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

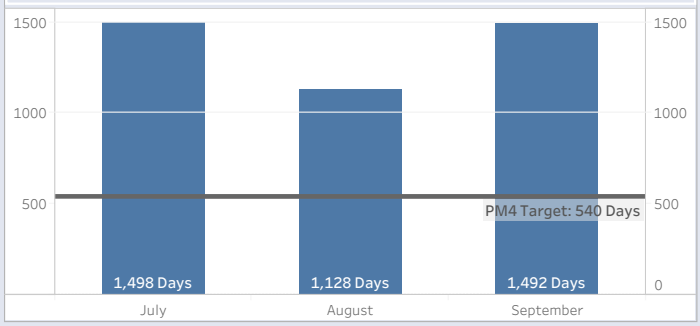
Board of Psychology PM4 Performance Summary

Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
6	540 Days	1,372 Day(s)	▲ 832 Day(s)

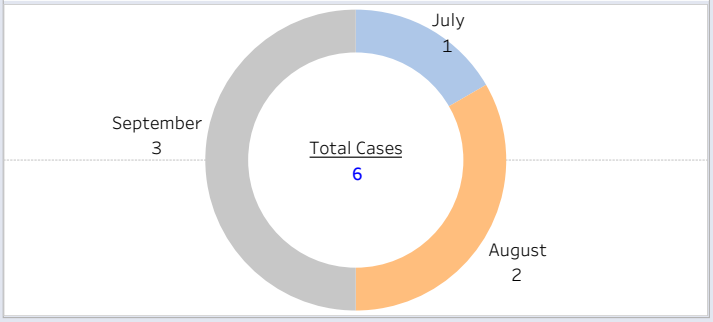
Board of Psychology

FY2024/25: Q1 | **PM4** - Formal Discipline Cycle Time



Board of Psychology

FY2024/25: Q1 | **PM4** - Volume



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

Select a DCA Entity	Select a Fiscal Year	Performance Measure	Select a Quarter	Cycle Time
Board of Psychology	FY2024/25	PM7	Q1	Actual Target

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

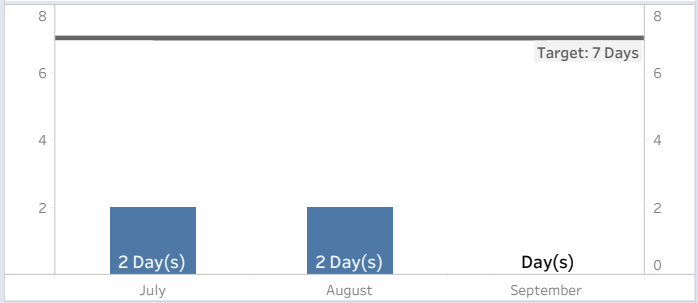
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Board of Psychology PM7 Performance Summary

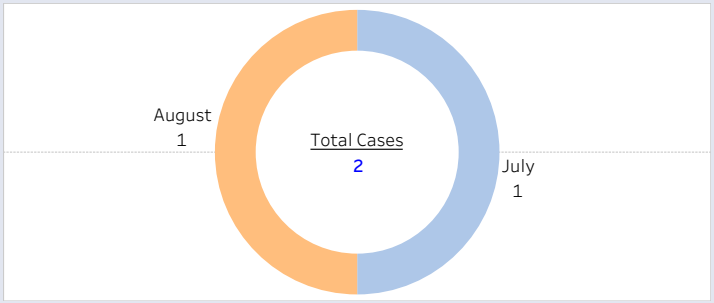
Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
2	7 Days	2 Day(s)	▼ -5 Day(s)

Board of Psychology
FY2024/25: Q1 - PM7: Probation Intake Cycle Time



Board of Psychology
FY2024/25: Q1 -PM7: Probation Cases



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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 22, 2025
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	**Agenda Item 11** Licensing Report

License/Registration Data by Fiscal Year:

License & Registrations	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25**
Psychologist*	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,611	22,744	23,512
Psychological Associate***	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,846
Psychological Testing Technician******	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	90
Research Psychoanalyst*******	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	72
Student Research Psychoanalyst*******	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	23

*Includes licensees who are in Current, Inactive, Retired, Military Inactive, and Military Active status
**As of April 16, 2025
***Includes registrants who are in Current and Inactive status
****The psychological testing technician registration category became effective 1/1/2024, thus there are no data prior to 1/1/2024.
*****The research psychoanalyst and student research psychoanalyst were transferred from the Medical Board of California (MBC) to the Board of Psychology (Board) as of 1/1/2025 pursuant to SB 815.

SB 815 – Research Psychoanalyst and Student Research Psychoanalyst:

Effective January 1, 2025, Senate Bill (SB) 815 transfers the administration and enforcement duties relating to the registration of research psychoanalyst and student research psychoanalyst from the Medical Board of California (MBC) to the Board.

The Board has received a new application for the student research psychoanalyst on April 3, 2025. The Application Workload Reports (Attachment B) and Applications and Notifications Received (Attachment C) include data up to the end of March 2025 only. Therefore, the new student research psychoanalyst application recently received is not included in this Licensing Report. Board staff will include additional data such as workload and processing times as appropriate for the research psychoanalyst and student research psychoanalyst initial applications in upcoming Licensing reports.

Licensing Population Report:

As of April 16, 2025, there are 23,512 licensed psychologists, 1,846 registered psychological associates, 90 registered psychological testing technicians, 72 research psychoanalysts, and 23 student research psychoanalysts that are overseen by the Board. The Licensing Population Report (Attachment A) provides a snapshot of the number of psychologists, psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from October 2024 through March 2025 on the application status by month for psychologist license and psychological associate registration (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

"Exam Eligible for EPPP" (Examination for Professional Practice in Psychology) is the first step towards licensure. In this step, an applicant has applied to take the EPPP. An application with an "open" status means it is deficient or pending initial review.

"Exam Eligible for CPLEE" (California Psychology Law and Ethics Examination) is the second step towards licensure. In this step, the applicant has successfully passed the EPPP and has applied to take the CPLEE. An application with an "open" status means it is deficient or pending review.

"CPLEE Retake Transaction" is a process for applicants who need to retake the CPLEE due to an unsuccessful attempt. This process is also created for licensees who are required to take the CPLEE due to probation. An application with an "open" status means it is deficient, pending review, or an applicant is waiting for approval to re-take the examination when the new form becomes available in the next quarter. Since applicants/licensees are eligible to take the CPLEE only once each quarter, the trend includes a significant increase of approved CPLEE Retake transactions in the following months: January, April, July, and October.

"Initial App for Psychology Licensure" is the last step of licensure. This transaction captures the number of licenses that are issued if the status is "approved" or pending additional information when it has an "open" status.

Psychological Associate Application Workload Report

Psychological associate registration application is a single-step process. The "Initial Application" transaction provides information regarding the number of registrations

issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Since all psychological associates hold a single registration number, an additional mechanism, the “Change of Supervisor” transaction, is created to facilitate the process for psychological associates who wish to practice with more than one primary supervisor or to change primary supervisor.

Psychological Testing Technician Application Workload Report

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

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

Applications and Notifications Received

Attachment C provides the number of new applications and notifications received in the last 12-month period. In comparison to the same 12-month period in 2023-2024, there is a decrease of 27 psychologist applications, 79 psychological associate applications, and 65 psychological associate notifications, and an increase of 57 psychological testing technician applications and 24 psychological testing technician notifications.

Average Application Processing Timeframes

The Board reviews and processes applications based on a first-come, first-served basis. This includes, but not limited to, all applications, supporting materials, and responses to application deficiencies, are reviewed according to the date they are received.

Attachment D (Average Application Processing Timeframes) provides a 6-month overview of average application processing timeframes in business days. The processing timeframes are collected and posted on the Board’s website approximately every two weeks. The monthly average application processing timeframes provided on Attachment D are based on the first set of data collected for that month.

Attachments:

A. Licensing Population Report as of April 16, 2025
B. Application Workload Reports October 2024 – March 2025 as of April 16, 2025

C. Applications and Notifications Received April 2024 – March 2025 as of April 16, 2025
D. Average Application Processing Timeframes – November 2024 to April 2025 as of April 16, 2025

Action:

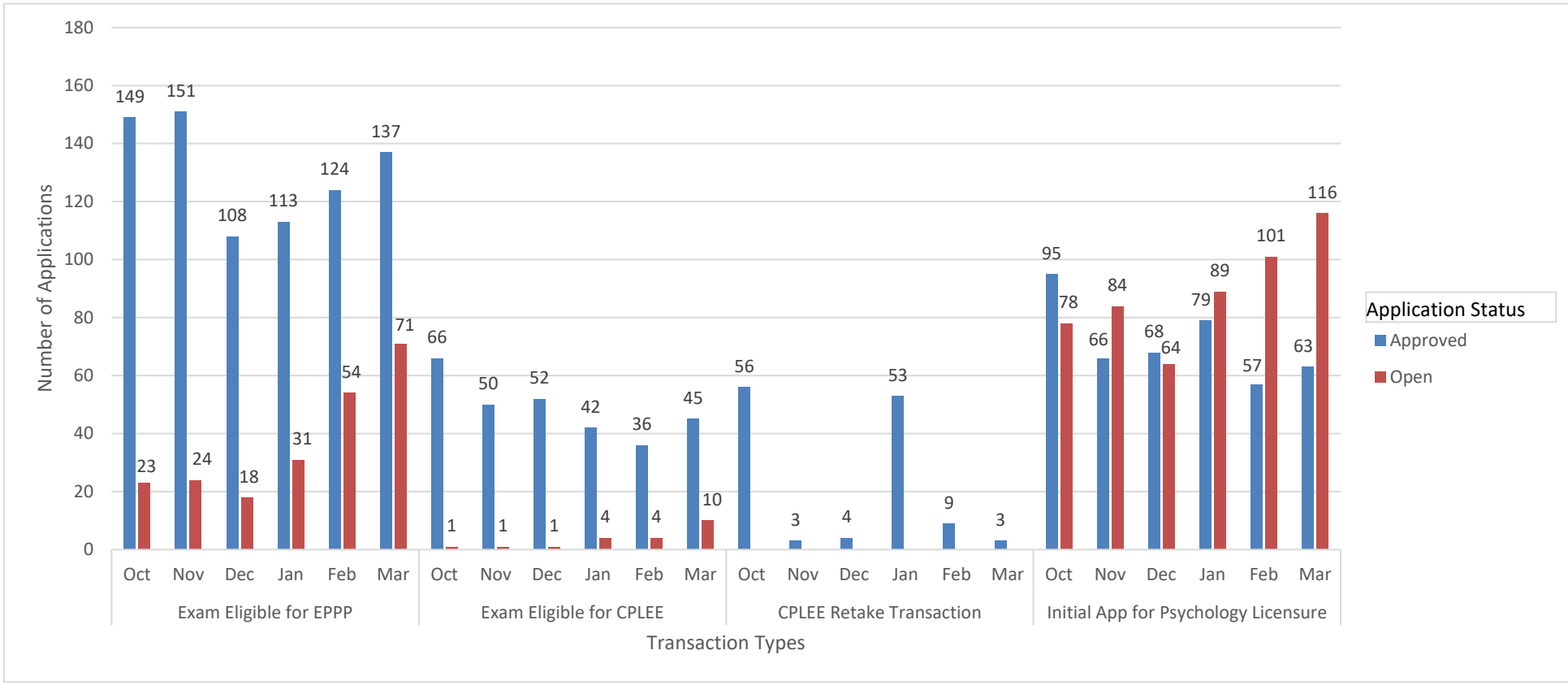
This is for informational purposes only. No action is required.

STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM

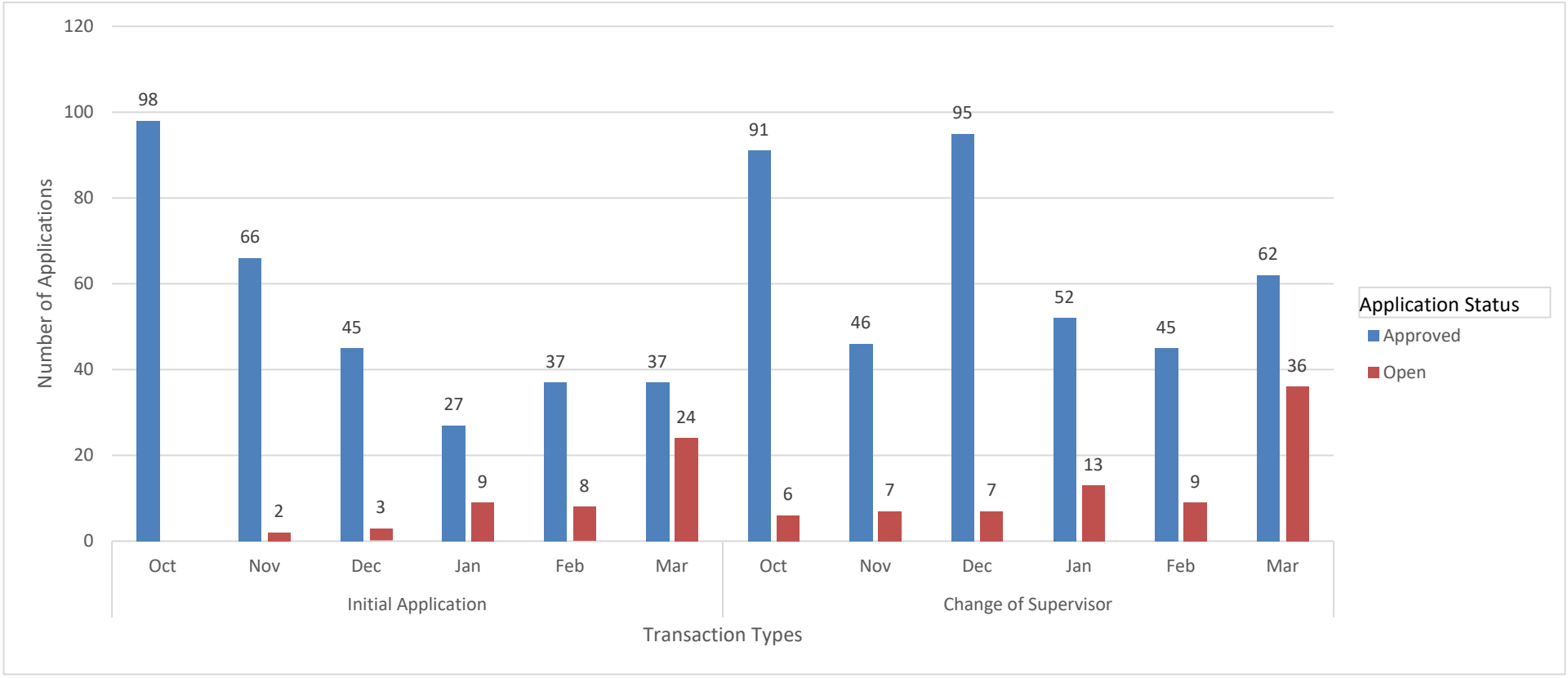
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 4/16/2025

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,850	1,948	2	1	1,471	8,562	711	1,096	280	167	125	35,213
Psychological Associate	1,816	30	0	0	59	24,830	0	8	15	8	20	26,786
Psychological Testing Technician	90	0	0	0	9	4	0	0	0	0	0	103
Research Psychoanalyst	72	0	0	0	17	29	0	5	0	1	0	124
Student Research Psychoanalyst	23	0	0	0	5	39	0	0	0	0	0	67
Total	22,851	1,978	2	1	1,561	33,464	711	1,109	295	176	145	62,293

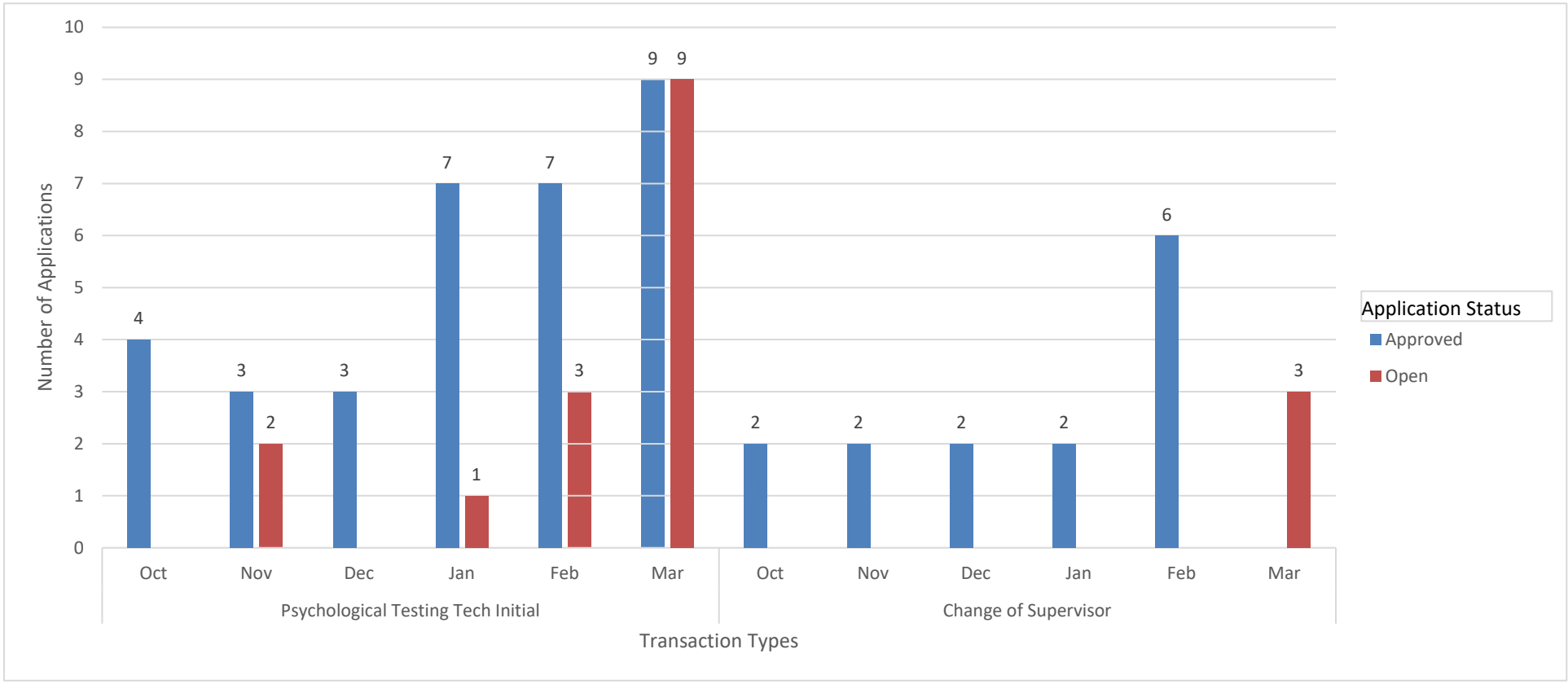
Psychologist Application Workload Report
October 1, 2024 to March 31, 2025
As of April 16, 2025



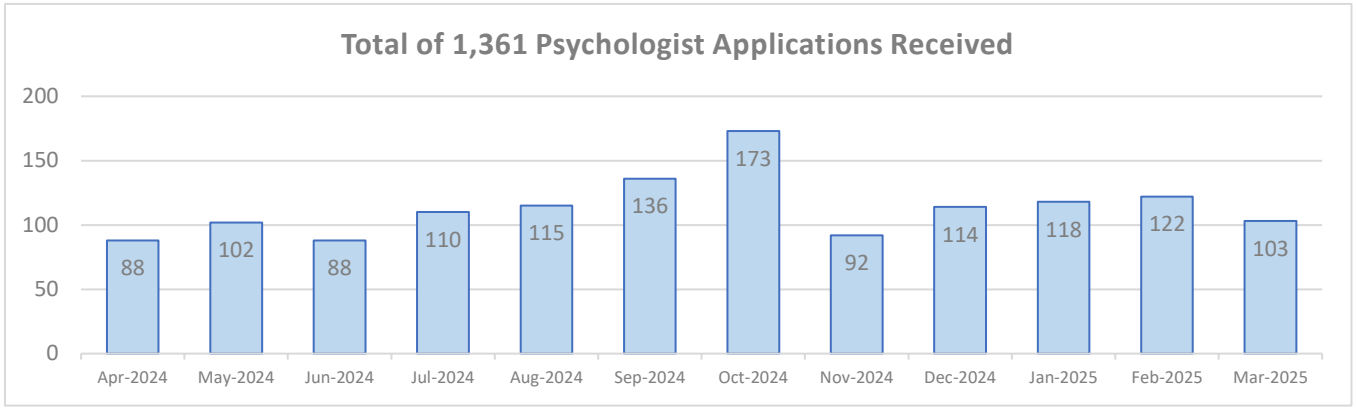
Psychological Associate Application Workload Report
October 1, 2024 to March 31, 2025
As of April 16, 2025

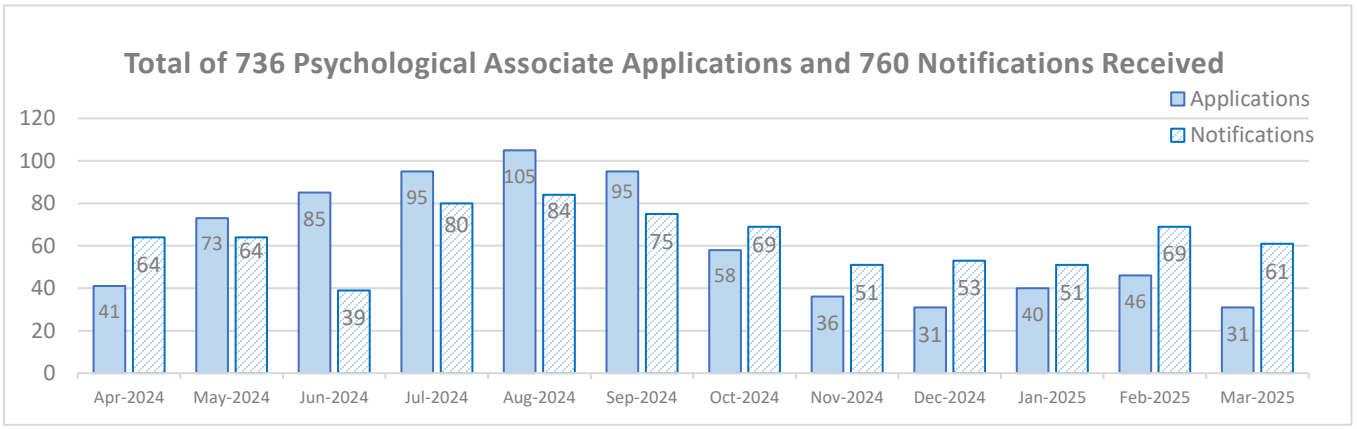


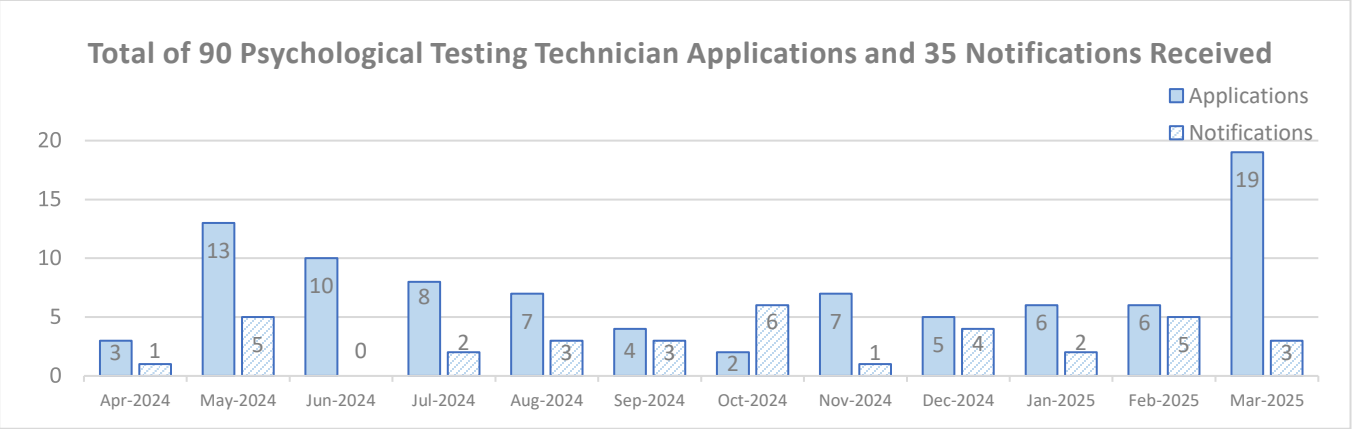
Psychological Testing Technician Application Workload Report
October 1, 2024 to March 31, 2025
As of April 16, 2025

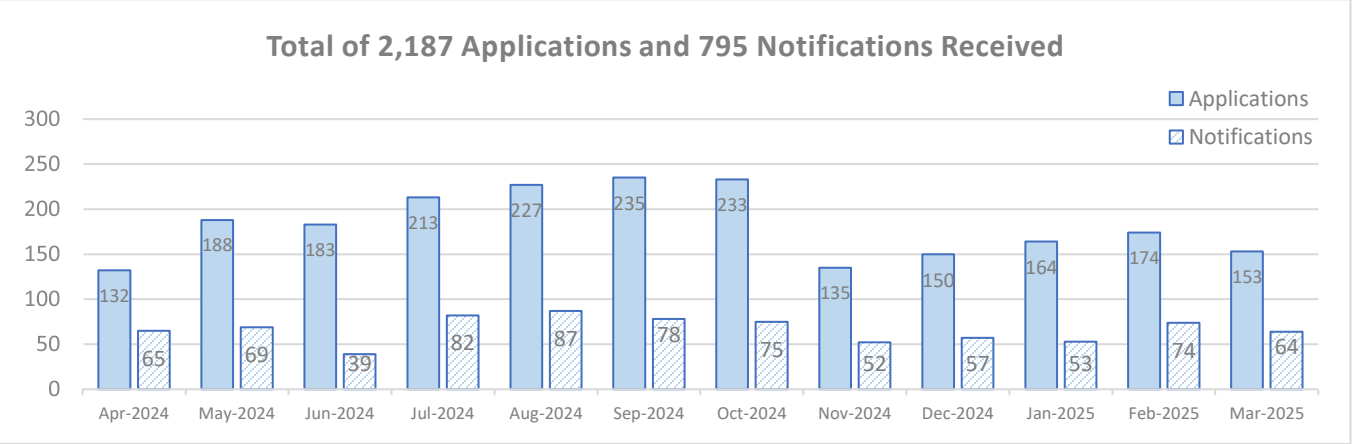


Applications and Notifications Received from April 2024 to March 2025
As of April 16, 2025

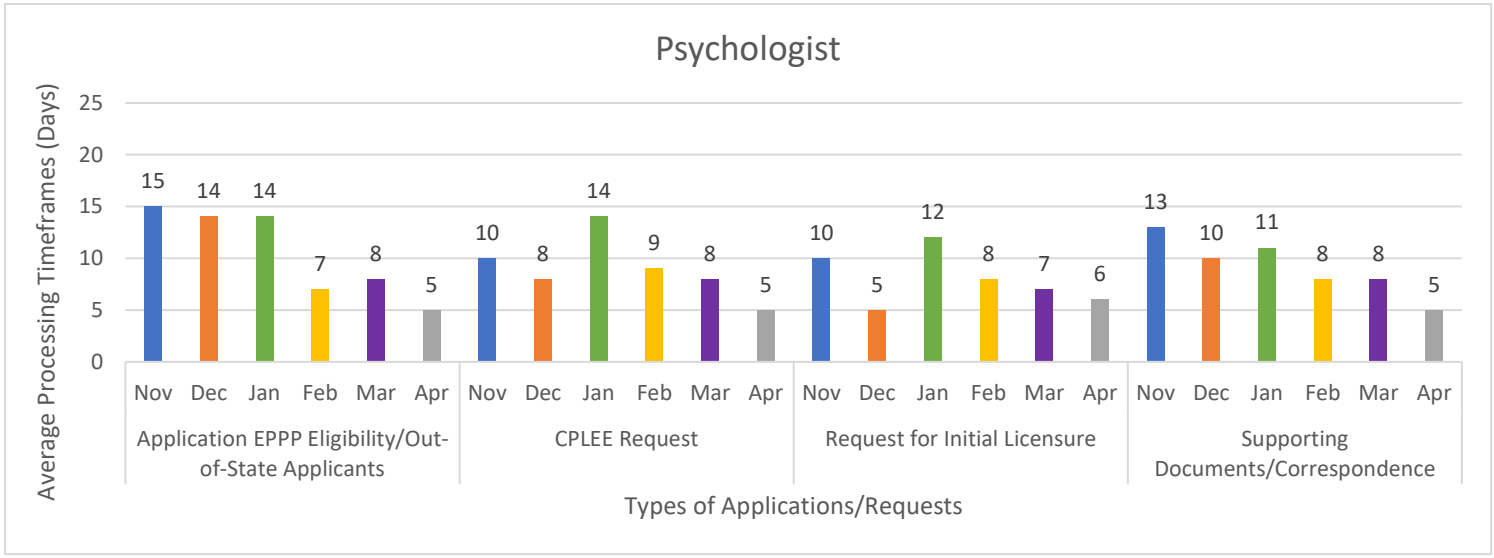


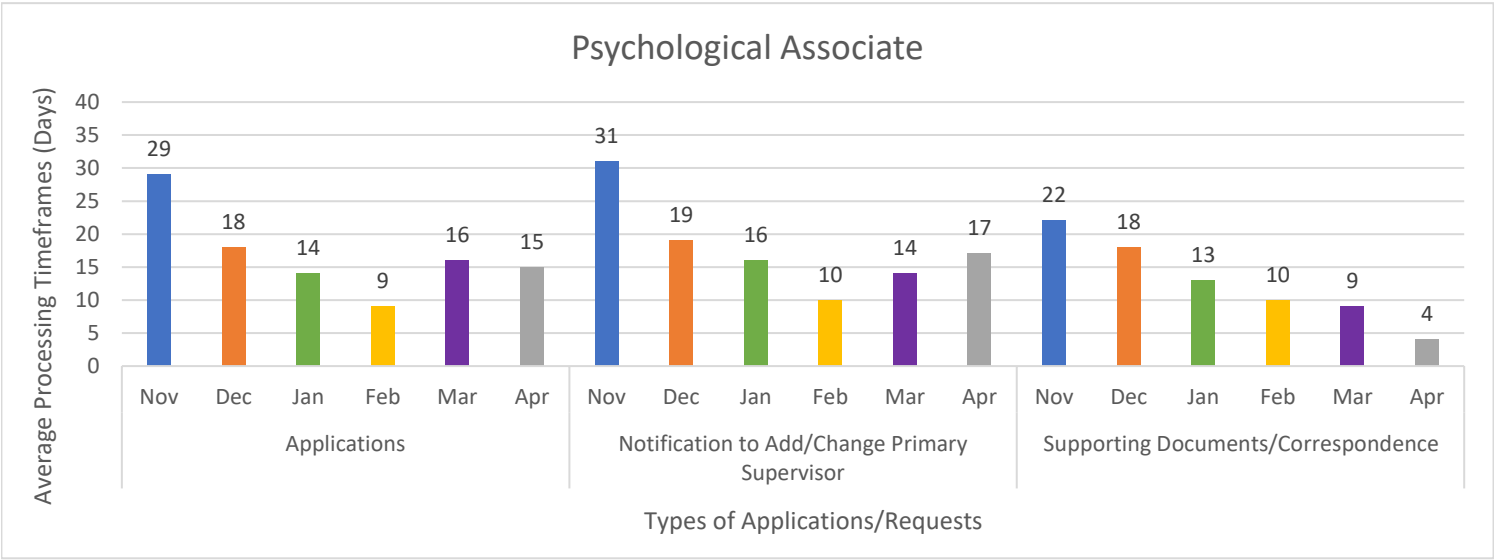


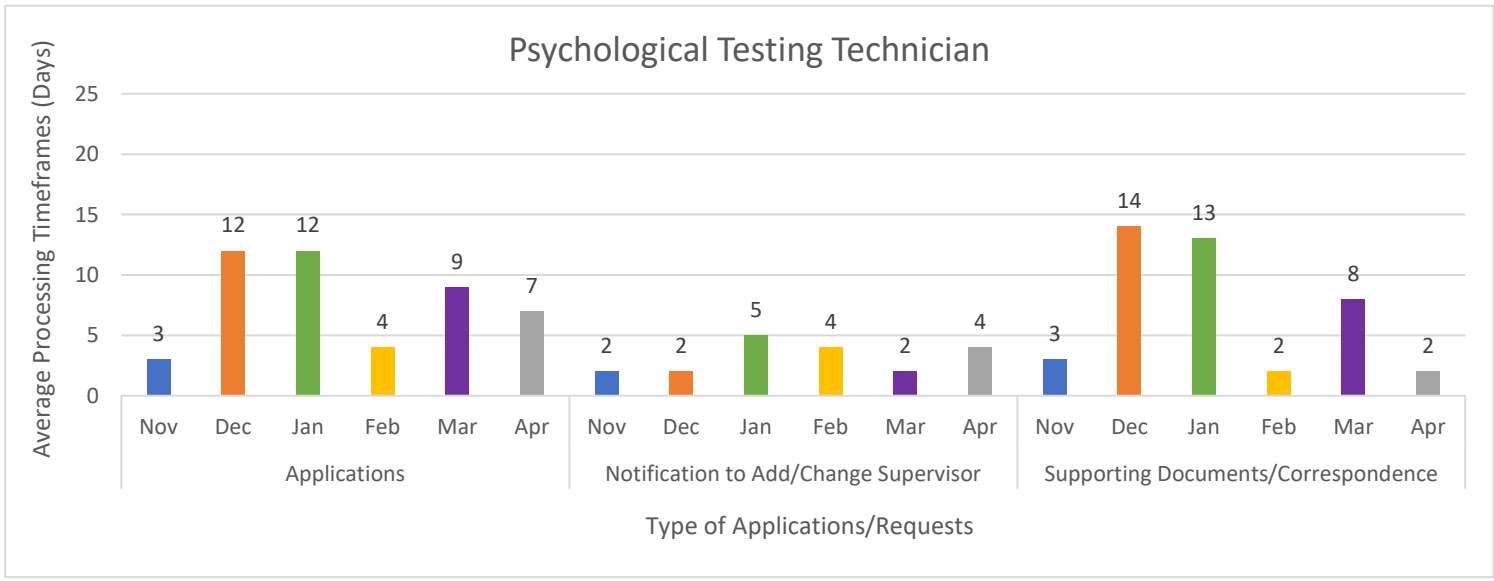




Average Application Processing Timeframes from November 2024 to April 2025
As of April 16, 2025







California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Board Members
FROM	Susan Hansen Examinations Coordinator
SUBJECT	**Agenda Item 12** Examinations Report

Examination Statistics

California Monthly EPPP Examination Statistics for January through March 2025

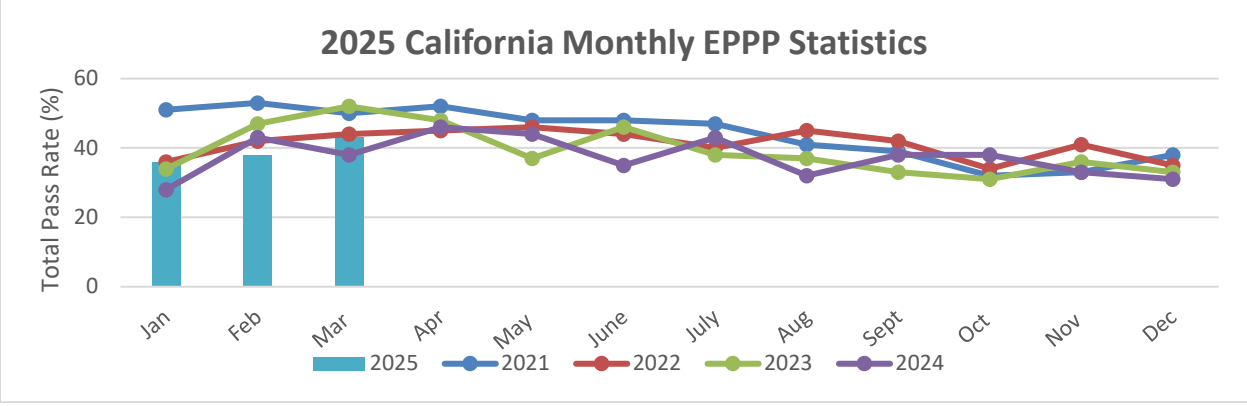
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidate's general knowledge in psychology. EPPP is one of the required exams for licensure in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

Overall pass rates are averaging 39.32% compared to the average first-time pass rate of 61.78% for 2025. First-time pass rates tend to be higher than overall pass rates.

2025 California Monthly EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	126	46	36.51%	55	36	65.45%
February	138	53	38.41%	66	40	60.61%
March	148	63	42.57%	70	42	60.00%
Overall - Total	**412**	**162**	**39.32%**	**191**	**118**	**61.78%**

The chart below depicts pass rate statistics of the EPPP for the past four years compared with the statistics for 2025. Pass rates vary but generally fall within prior year's pass rate averages.



EPPP Statistics for 2024 by ASPPB – California vs. All Other Jurisdictions

In the 2024 November Board meeting, the Board asked how California EPPP pass rates compared with pass rates for other jurisdictions. Board staff requested ASPPB provide the 2024 monthly overall and first-time statistics for California, as well as all other jurisdictions combined. Per the data provided, there were 1750 California test takers and a total of 6969test takers from all other jurisdictions in 2024.

- Attachment A – Shows the 2024 average overall monthly EPPP pass rate percentages for California candidates compared with all other jurisdictions combined. The average overall pass rate in 2024 for candidates that took the exam through California applications was 37% compared to 56% for all other jurisdictions combined.
- Attachment B – Shows the 2024 average monthly first-time pass rates for California candidates compared with all other jurisdictions combined. The average pass rate for first-time takers was 58% for California compared to 69% for all other jurisdictions combined.
- Attachment C – Shows the 2024 average monthly repeat taker pass rates for California candidates compared with all other jurisdictions combined. The average pass rate for repeat takers was 21% for California compared to 34% for all other jurisdictions combined.

Among the test-takers for California in 2024, 42% were first-timer takers and 58% were repeat takers compared to 63% first-timer takers and 37% repeat takers for all other jurisdictions combined.

- Attachment D – Shows the 2024 monthly percentage of first-time takers in California compared to all other jurisdictions combined.
- Attachment E – Shows the 2024 monthly percentage of repeat takers in California compared to all other jurisdictions combined.

CPLEE Monthly Examination Statistics for January through March 2025

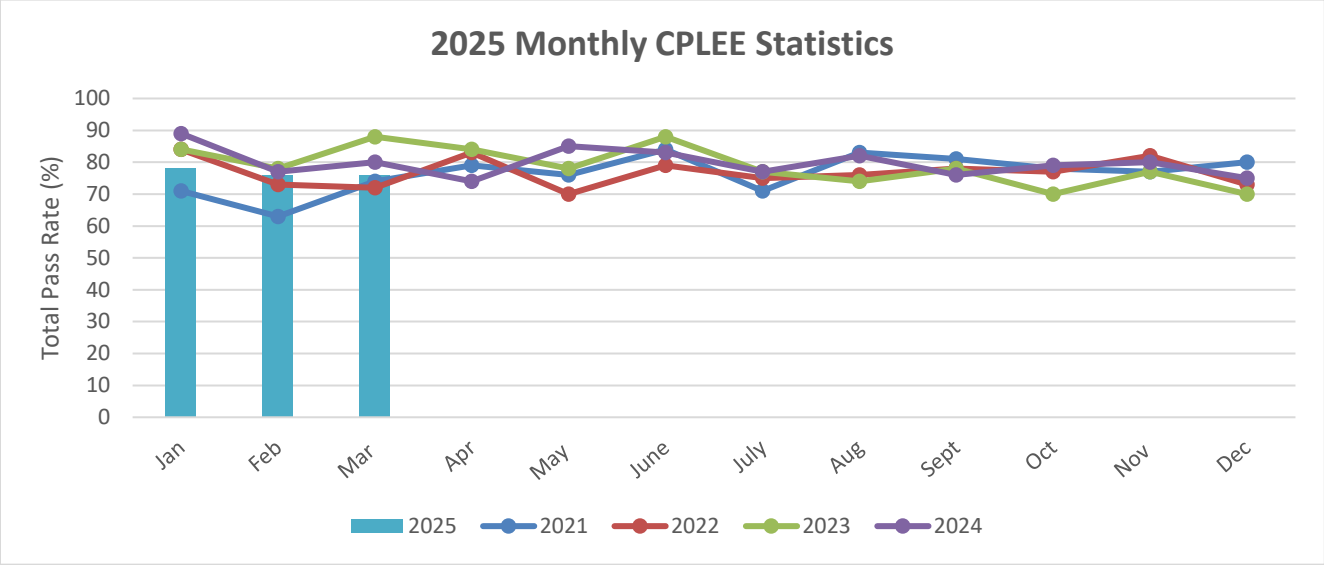
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Overall pass rates are averaging 76.49% compared to the average first-time pass rate of 77.13% for 2025.

2025 Monthly CPLEE Examination Statistics

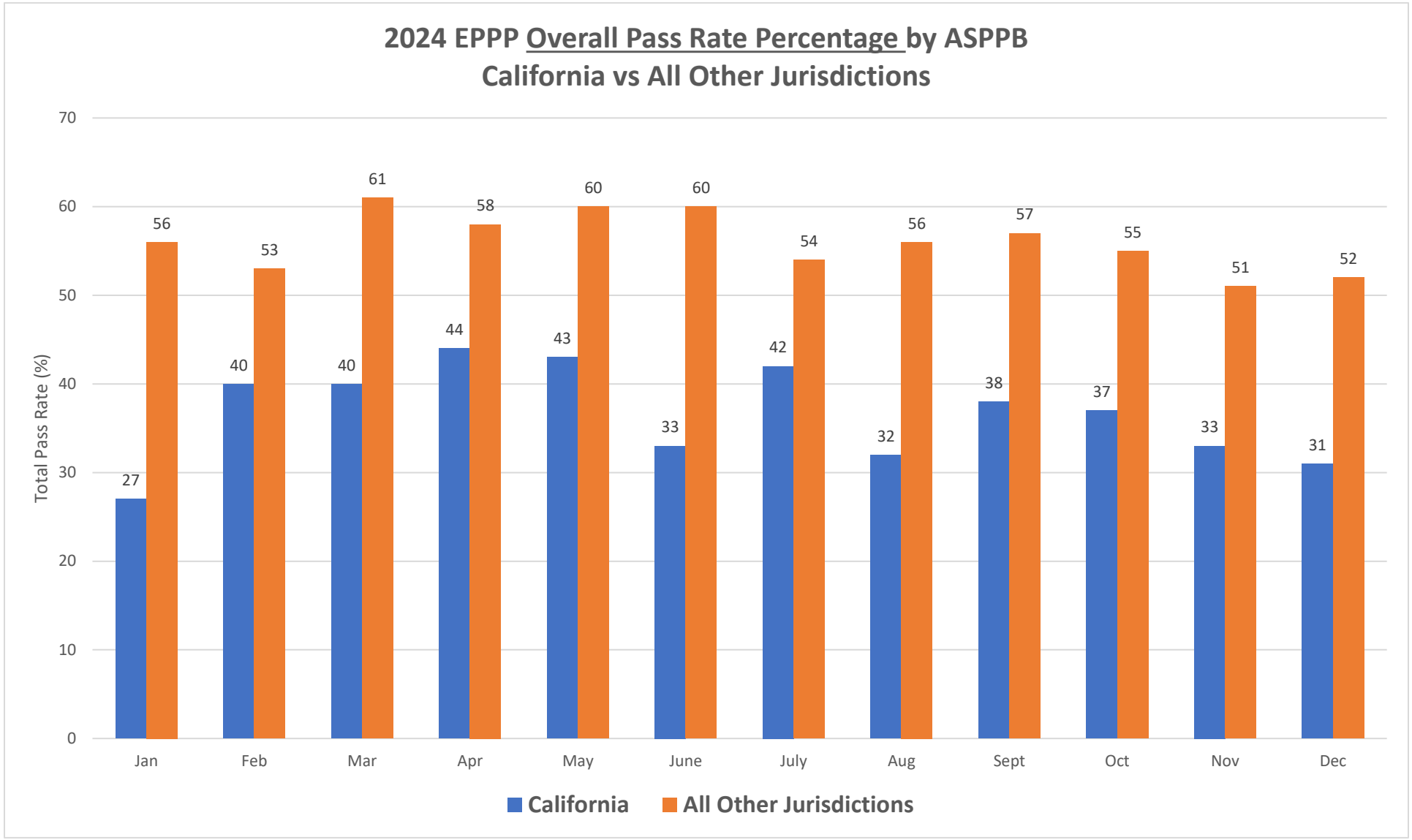
Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	73	57	78.08%	52	42	80.77%
February	67	51	76.12%	48	37	77.08%
March	111	84	75.68%	88	66	75.00%
Overall - Total	**251**	**192**	**76.49%**	**188**	**145**	**77.13%**

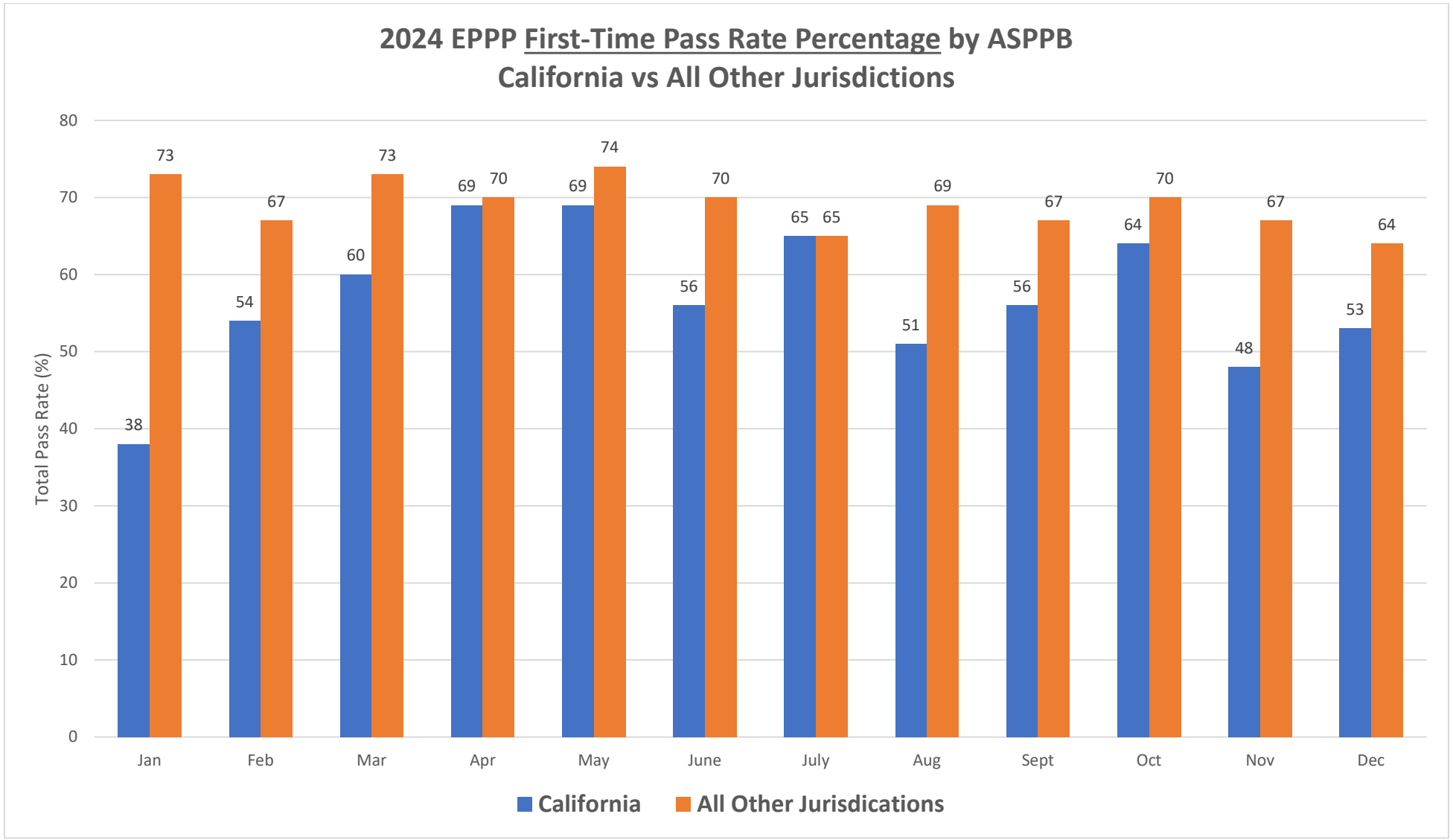
The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for January 2025. The CPLEE pass rate is consistent with no noticeable deviation.



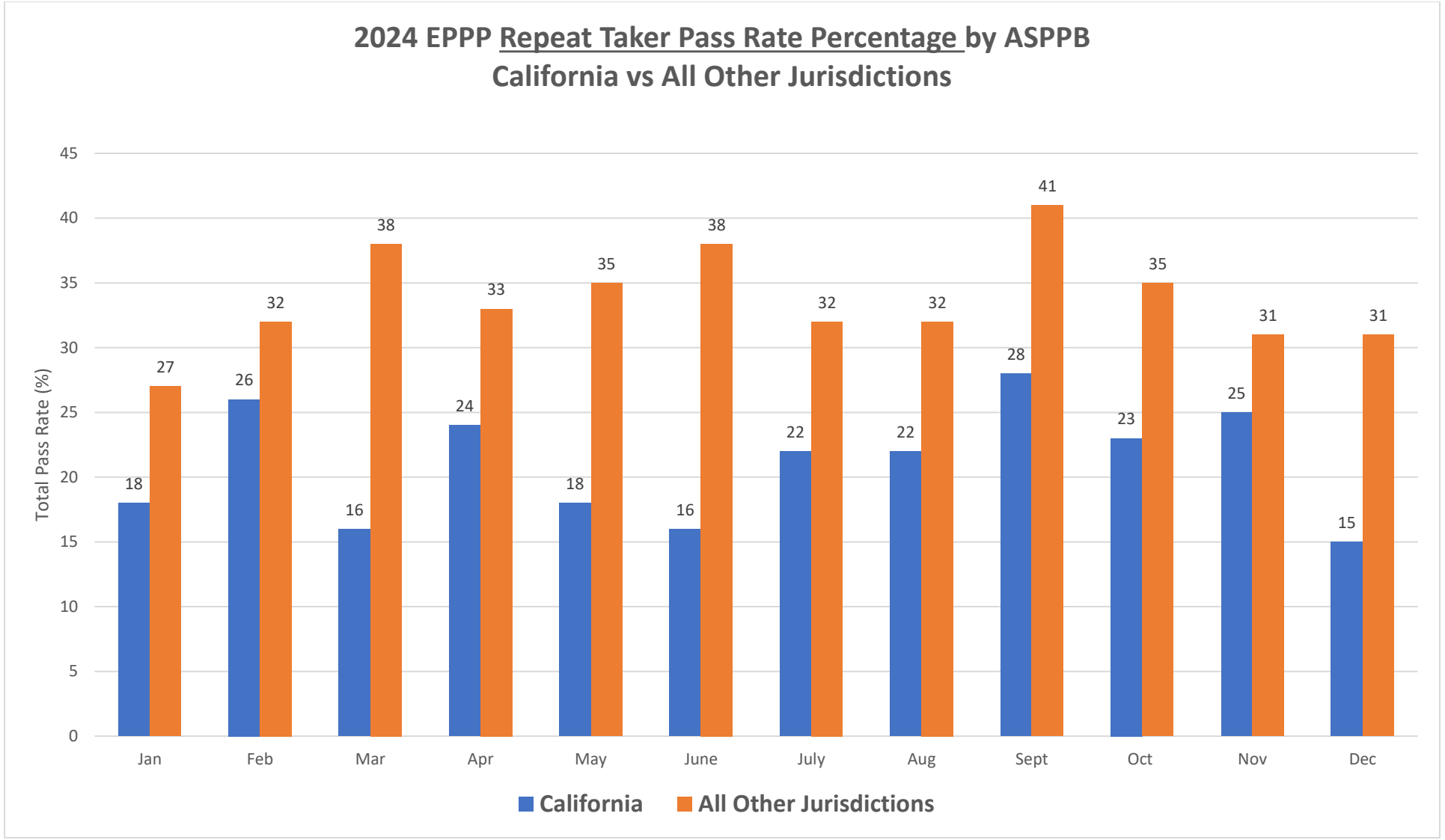
Action:
This is for informational purposes only. No action is required.

Attachment A

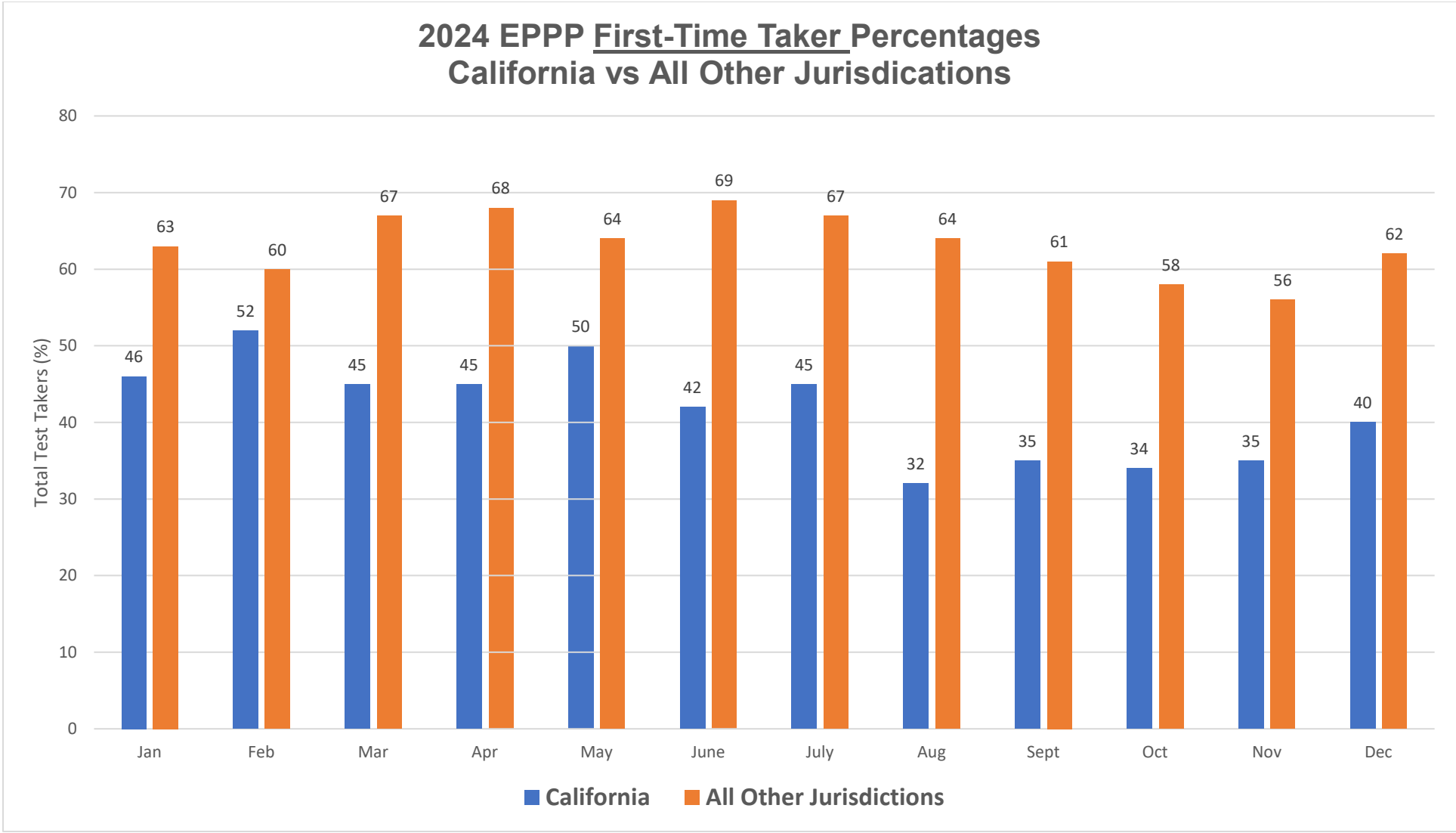


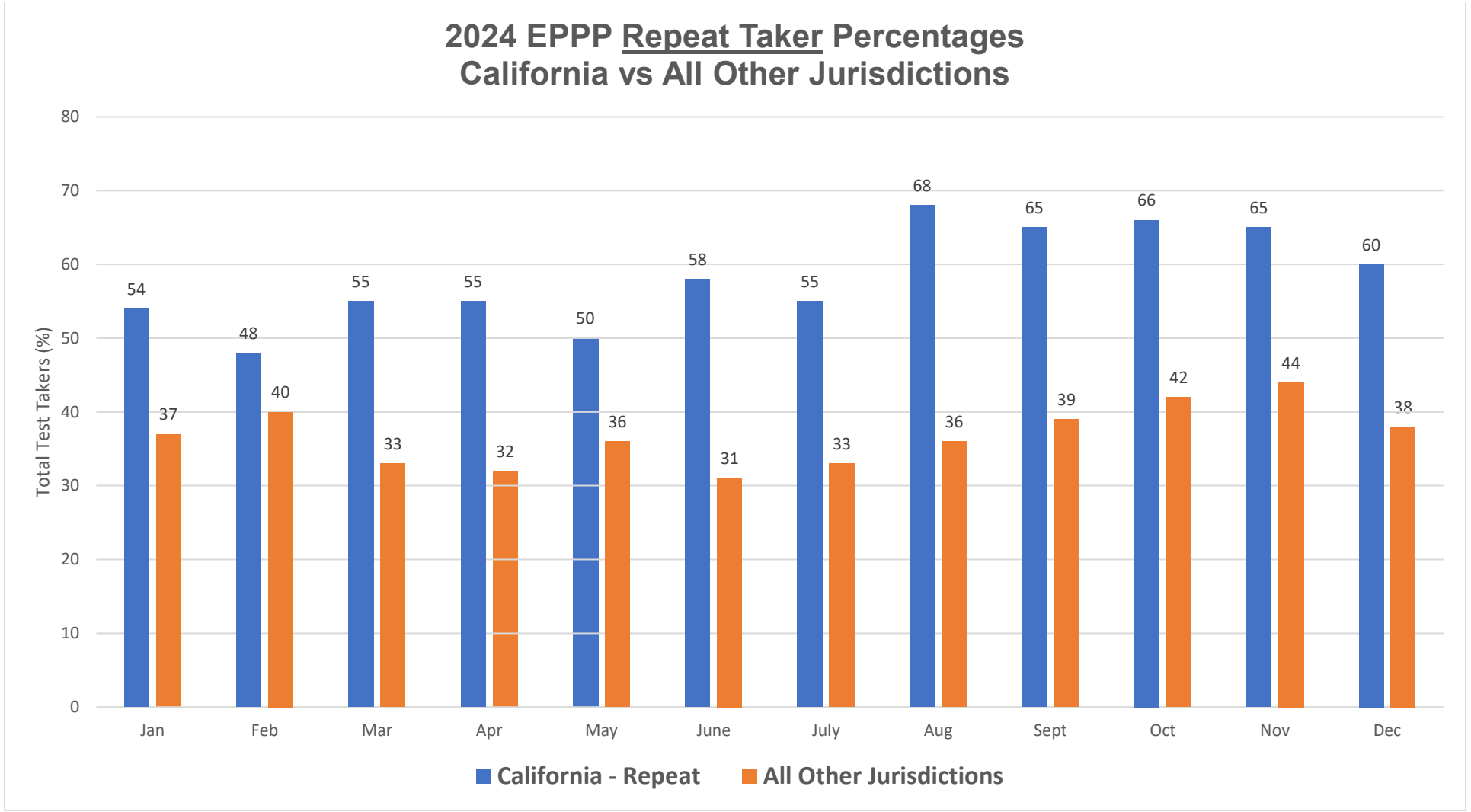

2024 EPPP First-Time Pass Rate Percentage by ASPPB
California vs All Other Jurisdictions
Total Pass Rate (%)
80
70
60
50
40
30
20
10
0
Jan 38 73
Feb 54 67
Mar 60 73
Apr 69 70
May 69 74
June 56 70
July 65 65
Aug 51 69
Sept 56 67
Oct 64 70
Nov 48 67
Dec 53 64
California
All Other Jurisdications

Attachment C



Attachment D




2024 EPPP Repeat Taker Percentages
California vs All Other Jurisdictions
Total Test Takers (%)
80
70
60
50
40
30
20
10
0
54
37
48
40
55
33
55
32
50
36
58
31
55
33
68
36
65
39
66
42
65
44
60
38
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
California - Repeat
All Other Jurisdictions

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 22, 2025
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 13 – Continuing Professional Development and Renewals Report

Between January 2025 through March 2025, 82 percent of Psychologists renewed as Active. The retirements count for approximately 2 percent of the monthly applications processed. Psychological Associates account for 9 percent of the monthly applications. Approximately 94 percent of Psychologists and Psychological Associates renewed online using BreEZe per month.

CE/CPD audits that were sent out for June 2023 through January 2024, the pass rate stands at 89%. Audits were put on hold due to the CPD Coordinator vacancy. Staff is currently reviewing documentation that has been received.

CPD audits were sent out for January 2025 through February 2025. A total of 43 audits were sent out. The current pass rate is 26% with 74% of those audits still waiting on submission of CPD documentation. In reviewing the completed and passed audits, the most used activities to complete the CPD requirements are Peer Consultation and Sponsored Continued Education.

Action Requested

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

Attachment A: Online vs. Mailed in Renewals Processed (January 2025 – March 2025)

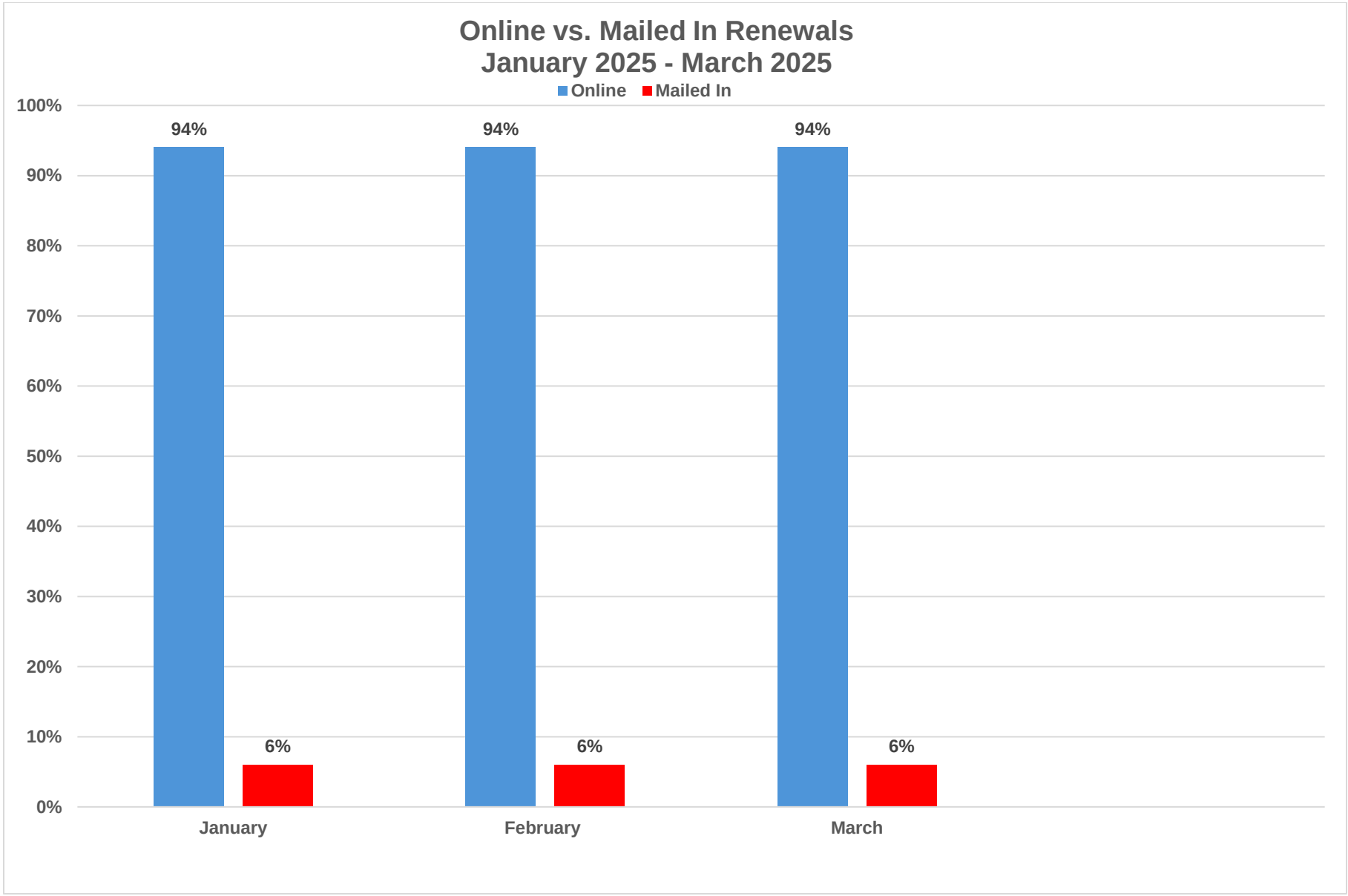
Attachment B: Psychologist and Psychological Associate Renewal Applications Processed: January 2025– March 2025

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

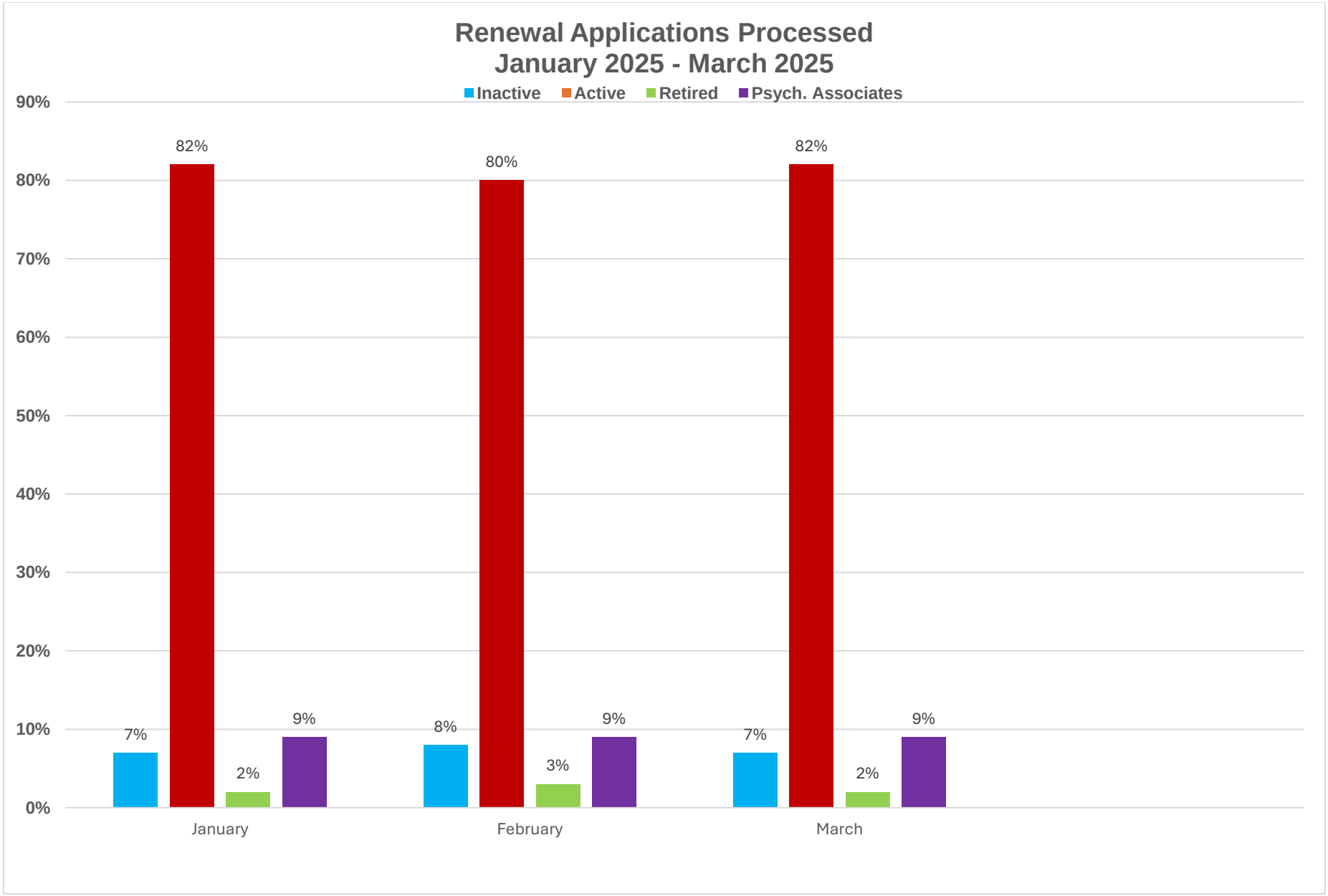
Attachment D: CPD Audits: January 2025 – February 2025

Attachment E: Passed audits (January 2025 – February 2025) Categories

Attachment A



Attachment B



Continuing Education Audits

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Not Yet Received:	% Failed:
June	**18**	89%	0%	0%	11%
July	**24**	96%	0%	0%	4%
August	**20**	90%	0%	0%	10%
September	**25**	96%	0%	0%	4%
October	**25**	96%	0%	0%	4%
November	**25**	100%	0%	0%	0%
December	**20**	85%	5%	0%	0%
January 2024	**26**	61%	38%	0%	1%
Totals:	**183**	**89%**	**22%**	**0%**	**5%**

Of the total of 183 audits sent out, the current pass rate is 89%. For November through January 2024, the number might not add up to 100% because the audit documentation may have been recieved but not yet reviewed.

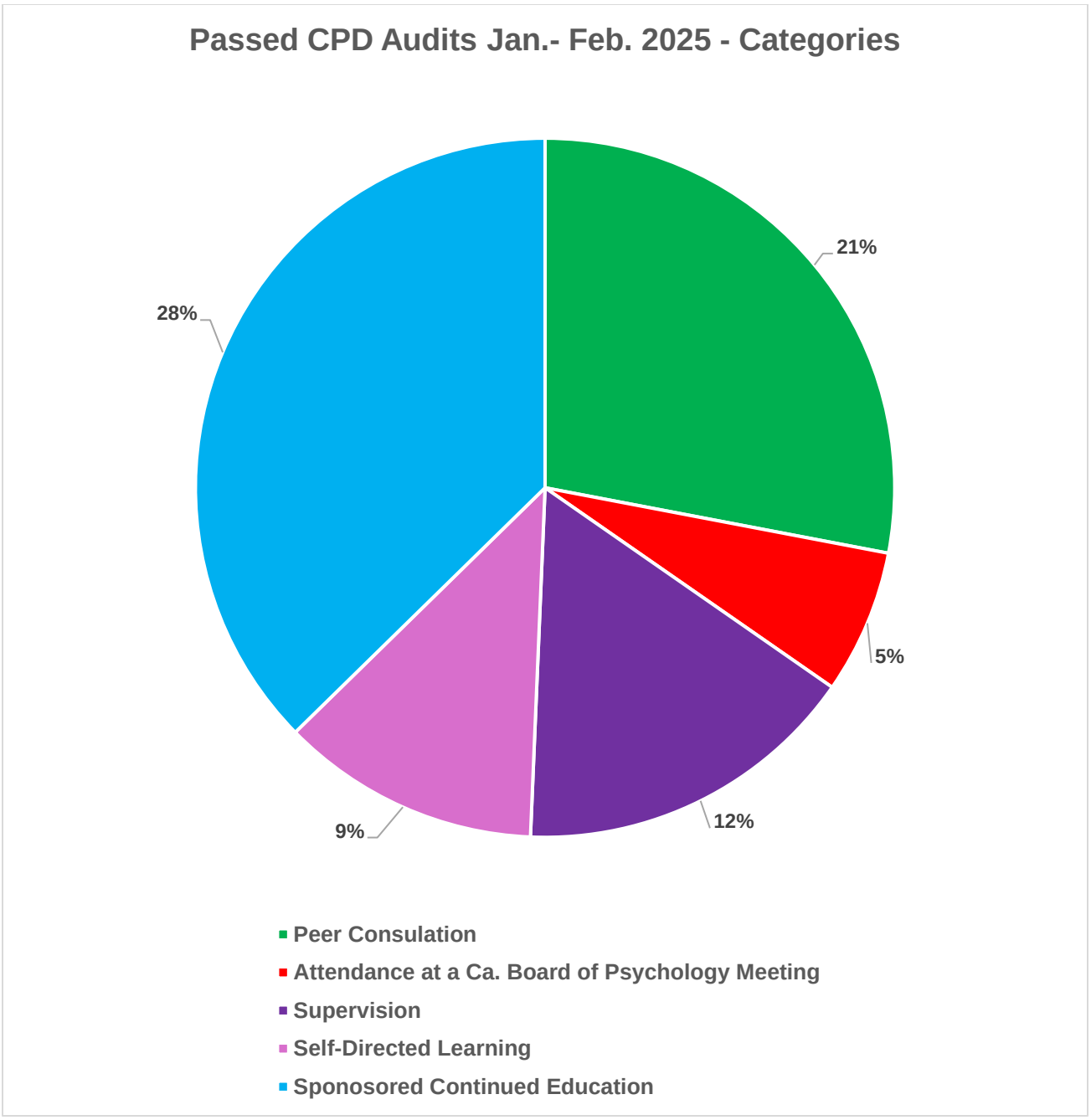
Attachment D

Continuing Education Audits
January 2025 – February 2025

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Not Yet Received:	% Failed:
January	**19**	26%	0%	74%	0%
February	**24**	26%	0%	74%	0%
Totals:	**43**	**26%**	**0%**	**74%**	**0%**

Of the of 43 audits sent out, the current pass rate is 26%. 74% is still outstanding and staff is waiting to receive CPD documentation.

Attachment E



California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(b)(2) 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 extends until January 1, 2030, 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. Extending the expiration date continues to provide improved government transparency and accessibility in these teleconferencing provisions, reflecting changes made during the COVID-19 pandemic.

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

On March 12, 2025, SB 470 was set for hearing for March 25, 2025.

On March 25, 2025, SB 470 was re-referred to the Senate Committee on Governmental Organizations and the Senate Committee on Judiciary.

On April 9, 2025, SB 470 was amended to remove the provision that would have permanently authorized the teleconferencing rules by deleting the January 1, 2026, repeal date. Instead, the amendment extended the provisions' effectiveness through January 1, 2030, after which they will be repealed.

On April 11, 2025, SB 470 was presented to the Legislative and Regulatory Affairs Committee for review of bills for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of Support on SB 470.

Action Requested

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

Attachment #1: Bill Text- Weblink
Attachment #2: SB 470 Bill Analysis
Attachment #3: Fact Sheet
Attachment #4: Senate Floor Analysis Committee on Governmental Organization
Attachment #5: Senate Floor Analysis Judiciary Committee

SENATE BILL No. 470

Introduced by Senator Laird

February 19, 2025

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:

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

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

(1) "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.

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

(3) "Remote location" means a location from which a member of a state body participates in a meeting other than a teleconference location.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.

(3) "Teleconference" has the same meaning as in Section 11123.

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

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

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

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

(f) A state body described in subdivision (b) shall designate 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. At least one staff member of the state body shall be present at the primary physical

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

~~(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.~~

~~(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.~~

~~(3) "Teleconference" has the same meaning as in Section 11123.~~

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

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

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

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

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

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator John Laird	SB 470	
Sponsor:	**Version:** Introduced	
Subject: 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:	
☐ Change in Fee(s) ☐ Affects Licensing Processes ☐ Affects Enforcement Processes	
☐ Urgency Clause ☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	**Full Board Position:**
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

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

CAPITOL OFFICE
1021 O STREET, SUITE 8720
SACRAMENTO, CA 95814
TEL (916) 651-4017
FAX (916) 651-4917

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.

Staff Contact: Tammy.Trinh@sen.ca.gov – Updated as of 03.06.2025

SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION
Senator Steve Padilla
Chair
2025 - 2026 Regular

Bill No:	SB 470	**Hearing Date:**	3/25/2025
Author:	Laird		
Version:	2/19/2025 Introduced		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Brian Duke		

SUBJECT: Bagley-Keene Open Meeting Act: teleconferencing

DIGEST: This bill deletes the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) that authorize and specify the conditions under which a state body may hold a meeting by teleconference, making those provisions permanent.

ANALYSIS:

Existing law:

1) Bagley-Keene 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.

2) 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.

3) 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, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible, as specified. Existing law repeals these provisions on January 1, 2026.

4) Authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, including, among others, that the 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 advisory body be present at the primary physical meeting location during the meeting, and that the members of the advisory body appear on camera during the open portion of a meeting, as specified. Existing law repeals these provisions on January 1, 2026.

5) Repeals, on January 1, 2026, the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the 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:

1) Deletes the January 1, 2026, repeal date on the authorization of an alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, making the authorization permanent.

2) Deletes the January 1, 2026, repeal date on the authorization for a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, making the authorization permanent.

3) Repeals statute which would otherwise have taken effect starting on January 1, 2026, but will be rendered unnecessary by the passage of this bill.

4) Includes related legislative findings and declarations.

Background

Author Statement. According to the author's office, "when the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation."

Further, "Senate Bill 470 builds upon the successful implementation of [last year's] SB 544 by removing the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings."

The Bagley-Keene Open Meeting Act of 1967. Bagley-Keene originated as a response to growing concerns about transparency and public involvement in the decision-making process of state agencies. Bagley-Keene aims to ensure that state boards, commissions, and agencies conduct their business openly and transparently, allowing the public to be informed and participate in the decision-making process.

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. The act includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation, to protect the privacy and legal interests of individuals and the state.

The act applies to state bodies, which include boards, commissions, committees, councils, and any other public agencies created by statute or executive order, with some exceptions. The law does not apply to individual officials, advisory committees with no decision-making authority, or the California State Legislature.

The Ralph M. Brown Act (Brown Act) governs meetings conducted by local legislative bodies, such as boards of supervisors, city councils, and school boards. On March 19 of this year, the Senate Committee on Local Government held an informational hearing titled "Meeting the Moment: Strengthening Community Voices in Local Government Meetings." Four Panels addressed the committee, specifically: Starting line: Outline of the Brown Act, recent major legislation, and what makes effective public meetings; Learning from experience: How Los Angeles communicated with community throughout the fires; Local agency perspectives: What works well and what challenges do local agencies face?; and Digging Deeper: Identifying strategies to improve public meetings for local governments and the public.

The Americans with Disabilities Act of 1990 (ADA). The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability

just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that those with disabilities have equal opportunities to pursue employment, purchase goods and services, and participate in state and local government programs. The ADA contains specific requirements for state and local governments to ensure equal access for people with disabilities.

COVID-19 and Executive Order N-29-20. On March 4, 2020, Governor Newsom proclaimed a State of Emergency in California as a result of what at the time was a novel and rapidly growing COVID-19 pandemic. Despite early efforts, the virus continued to spread. On March 17, 2020, Governor Newsom issued Executive Order (EO) N-29-20 citing the fact that strict compliance with various statutes and regulations on open meetings of state bodies would have prevented, hindered, or delayed appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

In order to practice social distancing, facilitate remote work, and protect the population against the COVID-19 pandemic, EO N-29-20 authorized a state body to hold public meetings via teleconferencing. The executive order required public meetings be accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body. All requirements in both the Bagley-Keene and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting were temporarily waived.

Temporary Teleconferencing Extensions in 2022 and 2023. SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022), among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings. The law suspended certain requirements that would typically apply to in-person meetings, such as having a physical location for the public to attend and providing access to all remote teleconference locations until July 1, 2023.

State bodies are encouraged to use their best judgment when holding teleconferenced meetings, and to make an effort to follow the other provisions of Bagley-Keene as closely as possible. This helps ensure that these remote meetings remain transparent and accessible to the public. This section of the law was temporary, set to expire on July 1, 2023.

SB 544 (Laird, Chapter 216, Statutes of 2023) authorized, until January 1, 2026, granted state bodies an additional option to conduct meetings via teleconference provided that at each teleconference location—defined as a physical site accessible to the public—at least one member of the state body is physically present. In specified circumstances, individual members may participate remotely without being in a public location, such as when a majority of members at a given teleconference site are physically present or if the member has a disability-related need. The bill also set out strict requirements for public accessibility: agendas and meeting notices must include teleconference locations and access details, members must appear on camera (with exceptions for technical issues, which require explanation), the public must have equivalent remote access options to hear, observe, and address the meeting, and requires remote members to announce when someone else over 18 years old is in the room with them.

SB 544 allows for physical members to count towards a quorum and specifies that remote members with a physical or mental disability can participate from a private location, and will count towards the quorum. The state body must take action to approve this exception for a member, and request a general description of circumstances that does not disclose any personal medical information. It also permits online platforms to require login information without affecting the public's right to attend and participate. In case the technical means for remote participation fail, the bill mandates that the meeting be adjourned or ended according to prescribed rules.

According to the California Association of Licensed Investigators, Inc., "[d]uring the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings."

This bill deletes the January 1, 2026, repeal date on the above mentioned alternative teleconferencing authorizations in Bagley-Keene, making those authorizations permanent.

Prior/Related Legislation

SB 707 (Durazo, 2025) amends the Brown Act requiring two-way telephonic or audiovisual participation, multilingual agendas and interpretation services, broader

public-comment opportunities, and updated teleconferencing provisions, as specified. (Pending in the Senate Local Government Committee)

SB 411 (Portantino, Chapter 605, Statutes of 2023) authorizes a neighborhood council, as specified, to use alternate teleconferencing provisions related to notice, agenda, and public participation, subject to certain requirements and restrictions, if the city council has adopted an authorizing resolution and two-thirds of an eligible legislative body votes to use the alternate teleconferencing provisions, as specified.

SB 544 (Laird, Chapter 216, Statutes of 2023) revised and repealed, until January 1, 2026, certain teleconference requirements under Bagley-Keene, which requires all meetings of a state body be open and public, as specified.

SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022) among other things, provided a temporary statutory extension (July 1, 2023) for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT:

Alzheimer's Association
California Association of Licensed Investigators
California Commission on Aging
Little Hoover Commission

OPPOSITION:

ACLU California Action
California Chamber of Commerce
First Amendment Coalition

ARGUMENTS IN SUPPORT: In support of the bill, the Little Hoover Commission writes that, "[i]n its 2021 report, *The Government of Tomorrow: Online Meetings,* the Commission urged the Governor and the Legislature to increase access to public meetings and remove barriers to remote participation. The Commission recommended that the Bagley-Keene Act be amended to require that state boards and commissions provide public access to their meetings in both a physical location and a teleconferencing option; and allow for the remote participation of board and commission members without required public disclosure to those locations."

ARGUMENTS IN OPPOSITION: In opposition to the bill, the First Amendment Coalition and ACLU California Action write that, "[m]eetings conducted by videoconferencing or that take place with large numbers of public officials being in the cloud deprive Californians – including seniors, people with disabilities and those from marginalized communities – of the ability to engage in ways that level the playing field and ensure their voices are heard in meaningful ways.

Further, "SB 470 permits public officials to 'phone it in' and potentially meet entirely telephonically, because it allows a member of the body to avoid being on video when it is 'impracticable.' This creates the potential for the viewing public to tune into a screen filled entirely with empty boxes, leaving people with zero visual cues, guessing at speakers' voices and addressing public officials by audio only."

And, "[c]urrent law gives public officials sufficient flexibility. Any member of a body can elect to use traditional teleconferencing provisions, without providing a reason or being subject to caps, so long as they follow longstanding protections designed for public accountability. Additionally, the governor can suspend open-meeting provisions during states of emergency, as we saw during the COVID-19 pandemic. Additionally, California has obligations to make reasonable accommodations, pursuant to the Americans with Disabilities Act."

DUAL REFERRAL: Senate Committee on Governmental Organization & Senate Committee on Judiciary

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 470 (Laird)
Version: February 19, 2025
Hearing Date: April 8, 2025
Fiscal: Yes
Urgency: No
AM

SUBJECT

Bagley-Keene Open Meeting Act: teleconferencing

DIGEST

This bill removes the January 1, 2026 sunset date on certain provisions of law that authorize a state body to meet via teleconference, if specified conditions are met, without requiring each teleconference location to be identified in the notice and agenda and accessible to the public or requiring agendas be posted at all teleconference locations, thereby extending these provisions indefinitely. The bill, by extending these provisions indefinitely, would also remove the requirement that any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if a quorum of the members are physically present at the primary physical location for the meeting, and instead only require at least one staff member of the state body to be present.

EXECUTIVE SUMMARY

The California Constitution and the Bagley-Keene Open Meeting Act (Bagley-Keene) protects public access to meetings of state bodies. During the COVID-19 pandemic, the need for social distancing made the usual practices for public meetings under Bagley-Keene—in particular, having people group together in indoor spaces—impossible to continue. Governor Newsom, as part of a slew of emergency orders issued in response to the pandemic, suspended many of the requirements under Bagley-Keene for teleconferenced meetings. These teleconference provisions were extended through July 1, 2023 in SB 189 (Committee on Budget, Ch. 48, Stats. 2022), and then extended again in a substantially similar manner, until January 1, 2026, in SB 544 (Laird, Ch. 216, Stats. 2023). This bill seeks to indefinitely remove the sunset date on SB 544, thereby extending them indefinitely. The bill is author sponsored and supported by various organizations that advocate for older adults, caregivers, persons with disabilities, and the California Commission on Aging. The bill is opposed a coalition of diverse organizations representing journalists, businesses, taxpayers, women voters, and first amendment rights advocates, and is also opposed by the California Chamber of Commerce. The bill passed the Senate Governmental Organization Committee on a vote of 9 to 1.

PROPOSED CHANGES TO THE LAW

Existing law:

1) Provides, pursuant to the California Constitution, that the people have the right of access to information concerning the conduct of the people's business, and, therefore, the meetings of public bodies and the writings of public officials and agencies are required to be open to public scrutiny. (Cal. const. art. I, § 3(b)(1).)
    a) Requires a statute to be broadly construed if it furthers the people's right of access, and narrowly construed if it limits the right of access. (Cal. const. art. I, § 3(b)(1).)
    b) Requires a statute that limits the public's right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).)

2) Establishes the Bagley-Keene Act, which requires state bodies to conduct their business in open public meetings, except as provided by the Act, and establishes requirements and procedures for such meetings. (Gov. Code § 11120 et seq.)[1]
    a) "State bodies" covered by the Bagley-Keene Act include every state board, commission, or body created by statute or required by law to conduct official meetings, every commission created by executive order, any board or body exercising the authority of a state body by delegation, any advisory body created by formal action of a state body, any state body that is supported by public funds and which a member of a state body serves in their official capacity, and the State Bar of California. (§ 11121.)
    b) "State bodies" do not include specified legislative agencies, agencies subject to the Brown Act, and certain educational and health-related agencies. (§ 11121.1.)

3) Authorizes state bodies subject to the Bagley-Keene Act to provide a teleconferencing option—which may be via audio or audiovisual means—for its meetings for the benefit of the public, subject to certain requirements including that:
    a) agendas must be posted at all teleconference locations;
    b) the teleconference meeting must be conducted in a manner that protects the rights of any party or member of the public appearing before the state body;
    c) each teleconference location must be identified in the notice and agenda of the meeting or proceeding;
    d) each teleconference location must be accessible to the public;
    e) the open portion of the meeting must be audible to the public at the location specified in the notice of the meeting;

[1] All further references are to the Government Code unless specified otherwise.

f) the agenda must provide an opportunity for members of the public to address the legislative body at each teleconference location;
g) all votes must be taken via rollcall;
h) at least one member of the state body must be physically present at the location specified in the notice of the meeting; and
i) the state body must publicly report any action taken and the vote or abstention on that action of each member present for the action (§ 11123.)

4) Authorized, until January 1, 2026, an additional option to provide a teleconferencing option for state bodies subject to the Bagley-Keene Act.
    a) Meetings under this option are required to be visible and audible at each teleconference location.
    b) Requires a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, remotely address the body, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for each teleconference location. The telephonic or online means provided to the public to access the meeting must be equivalent to the telephonic or online means provided to a member of the state body participating remotely.
    c) Members of the public are to be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments before the meeting or in writing.
    d) At least one member of the state body shall be physically present at each teleconference location.
    e) A remote location is not required to be accessible to the public and the notice and agenda is prohibited from disclosing information regarding a remote location.
    f) If a member of the state body attends the meeting by teleconference from a remote location, the member is required to disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
    g) A member attending and participating from a remote location may count toward the majority required to hold a teleconference if both of the following conditions are met: (i) the member has a need related to a physical or mental disability that is not otherwise reasonably accommodated pursuant to the federal Americans with Disability Act of 1990; or (ii) the member notifies the state body at the earliest opportunity possible, including at the start of a meeting, of their need to participate remotely, including providing a general description of the circumstances relating to their need to participate remotely at the given meeting.
    h) Members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except when the appearance would be technologically

impracticable or when the visual display of meeting materials, information, or speakers requires the visual appearance of a member of a state body on camera to cease.

i) All votes must be taken via rollcall.
j) Upon discovering that a means of remote public access and participation has failed during a meeting and cannot be restored, the state body must end or adjourn the meeting in accordance with Government Code Section 11128.5. In addition to any other requirements that apply, the state body must provide notice of the meeting's end or adjournment on the state body's website and by email to any person who has requested notice of meetings of the state body by email. If the meeting will be adjourned and reconvened on the same day, further notice must be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.
k) "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.
l) "Teleconference location" means a physical location that is accessible to the public and from which members of the public may participate in the meeting.
m) "Remote location" means a location from which a member of a state body participates in a meeting other than a teleconference location.
n) "Participate remotely" means participation by a member of the body in a meeting at a remote location other than a teleconference location designated in the notice of the meeting. (§ 11123.2)

5) Authorizes, until January 1, 2026 and in addition to 3) and 4) above, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if certain conditions are met.
    a) Members who participate in a teleconference meeting from a remote location must be listed in the minutes of the meeting.
    b) Notice to the public at least 24 hours before the meeting must be provided that identifies any member who will participate remotely by posting the notice on its website and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public.
    c) A primary physical meeting location where the public can attend must be provided and the location must be included in the agenda. One staff member of the state body must be present at the primary physical meeting location during the meeting and an agenda must be posted at the primary

physical location. An agenda is not required to be posted at a remote location.

d) Means by which the public may remotely hear audio of the meeting or remotely observe the meeting must be provided, including, if available, equal access equivalent to members of the state body participating remotely.
e) The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, must be in the 24-hour notice described in subdivision b), above.
f) Members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except when the appearance would be technologically impracticable or when the visual display of meeting materials, information, or speakers requires the visual appearance of a member of a state body on camera to cease.
g) Upon discovering that a means of remote public access and participation has failed during a meeting and cannot be restored, the state body must end or adjourn the meeting in accordance with Government Code Section 11128.5. In addition to any other requirements that apply, the state body must provide notice of the meeting's end or adjournment on the state body's website and by email to any person who has requested notice of meetings of the state body by email. If the meeting will be adjourned and reconvened on the same day, further notice must be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting. (§ 11123.5.)

This bill:

1) Removes the January 1, 2026 sunset date on the provisions of 4) and 5), above, thereby indefinitely extending those alternate teleconference meeting provisions for state bodies.

2) Makes legislative findings and declarations about why this limitation on the right to access public meetings is needed.

COMMENTS

1. Stated need for the bill

The author writes:

When the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation.

Senate Bill 470 builds upon the successful implementation of SB 544 by removing the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings.

2. Bagley-Keene guarantees public access to the open and public meetings of state bodies

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. A state body includes boards, commissions, committees, councils, and any other public agency created by state statute or executive order, with some exceptions, and the State Bar. (§ 11121.) The law does not apply to individual officials, advisory committees with no decision-making authority, or the California State Legislature. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. (§ 11125.) The law includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation in order to protect the privacy and legal interests of individuals and the state. (§ 11126.)

State bodies must provide at least ten days' notice before a meeting, specifying the time and location, and post an agenda containing a brief description of each item to be discussed or acted upon. (§ 11125.) The agenda must be made available to the public, and state bodies cannot discuss or take action on items not listed on the agenda, with limited exceptions for emergency situations. (§ 11125.) State bodies must conduct their meetings openly, ensuring that members of the public can attend and participate without any restrictions based on race, gender, disability, or other discriminatory factors. (§ 11123.) The act also requires state bodies to provide reasonable accommodations for individuals with disabilities, ensuring accessibility to meetings and materials. (§ 11123.1.) The public has the right to address state bodies on any agenda item before or during the meeting. (§ 11125.7.) State bodies must provide opportunities for public comment and cannot prohibit criticism of their policies, procedures, or actions. (*Id.)* They may, however, impose reasonable time limits on public comments to maintain order and facilitate the conduct of business. (*Id*. at subd. (b).)

In 2004, the right of public access was enshrined in the California Constitution with the passage of Proposition 59 (Nov. 3, 2004, statewide general election),[2] which amended the California Constitution to specifically protect the right of the public to access the meetings of public bodies: "The people have the right of access to information concerning the conduct of the people's business, and therefore the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny." (Cal. Const., art. I, sec. 3 (b)(1).) The California Constitution requires a statute to be broadly construed if it furthers the people's right of access, and narrowly construed if it limits the right of access, and requires a statute that limits the public's right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).)

3. COVID-19 changes to how a state body can conduct meetings via teleconference and extension of those changes

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 all those attending – as is generally required under Bagley-Keene. The waiver of these requirements was extended through July 1, 2023 in SB 189 (Senate Committee on Budget, Ch. 48, Stats. 2022). In 2023, SB 544 (Laird, Ch. 216, Stats. 2023) was enacted and removed the requirements that each teleconference location be identified in the notice and agenda, that agendas be posted at all teleconference locations, and that each teleconference location be accessible to the public. SB 544 built in certain additional guardrails that a state body had to meet if it wanted to use these teleconference provisions.

The argument for why SB 544 was needed centered on concerns with having to post the physical location of all members attending via teleconference and providing public access to that location, as was required pre-COVID. The author and sponsor of SB 544 argued that these existing requirements potentially put members of state bodies at risk by exposing their private addresses to the public and requiring public access the member's private residence or hotel. This bill seeks to make the changes enacted in SB 544 apply indefinitely. By extending these provisions indefinitely, the bill authorizes a state body to meet via teleconference without requiring each teleconference location to be identified in the notice and agenda and accessible to the public or requiring agendas be posted at all teleconference locations if the guardrails described above are met. The bill would also remove the requirement that any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if a quorum of the members are physically present at the primary physical location for the meeting, and instead only require at least one staff member of the state body to be present.

[2] Prop. 59 was placed on the ballot by a unanimous vote of both houses of the Legislature. (SCA 1 (Burton, Ch. 1, Stats. 2004).

4. Limitation on access to public meetings

The bill's provisions would limit the public's access to public meetings of state bodies by allowing a state body to hold a teleconference meeting without allowing the public to access the locations of where members are participating from, providing notice of where they are participating from, and also not requiring any member of the state body to be present at the one physical location required to be provided to the public for any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body. For other state bodies, only one member of the state body is required to be present at the one physical location required to be provided to the public.

a. Legislative findings and declarations for the limitation to the access of public meetings

The bill provides the following legislative findings and declarations about why this limitation on the right to access public meetings is needed:

- By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.
- During the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.
- Conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals who often face barriers to physical attendance.

b. Author and support's arguments why this limitation is needed

The author and sponsor of SB 544 argued that the Governor's executive order was productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, reduced travel costs incurred by members of state bodies, and

reduced work hours spent traveling to and from meetings. They also argued that conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals that often face barriers to physical attendance. These same arguments are made by the author and supporters of this bill. The Little Hoover Commission, a supporter of the bill, notes that they made similar recommendations on changing Bagley-Keene—allowing for both remote and teleconference access and allowing remote participation by board members without public disclosure of their location—in their 2021 report entitled *The Government of Tomorrow: Online Meetings*.[3] LeadingAge California, one of the supporters of the bill, writes that:

> "California is expected to have over 10.8 million individuals over the age of 60 by 2030. It is essential to remove obstacles that hinder engagement from older adults and stakeholders in geographically diverse regions. Remote participation allows individuals with mobility challenges, caregiving responsibilities, or limited transportation options to contribute to important policy discussions. These teleconferencing provisions have already proven invaluable in expanding civic engagement and ensuring broad representation in state decision-making processes."

c. Opposition concerns to limiting public's right of access to public meetings

There is a large and diverse coalition of opposition to the bill, which includes organizations representing journalists, taxpayers, and first amendment rights advocates. They argue that these changes permanently weaken the right to access public meetings as enshrined in the California Constitution and provided for under Bagley-Keene. They are seeking a sunset date of January 1, 20230, so that Bagley-Keene remains more in line with the changes being made to the Brown Act in SB 707 (Durazo, 2024), which amends various teleconferencing provisions under the Brown Act but includes a January 1, 2020 sunset date for those provisions. They note that they are supportive of increased use of teleconferencing when it is used to benefit the public, but that these changes benefit members of state bodies at the expense of the public they are meant to be serving. For example they write:

> The stated goal of being able to attract more people to serve in public office is no reason to remove accountability protections. These multi-member bodies, including those that are advisory, wield immense power, influencing policy and priorities in our state. For example, the Peace Officer Standards Accountability Advisory Board created by SB 2, signed into law in 2021 to bring more accountability to policing in California, is tasked with reviewing and recommending when law enforcement officers should be stripped of their badges. This is a process that all stakeholders – impacted families, officers, and the leadership of the agencies that employ them – should be able to observe and engage in. But by virtue of being "advisory" in nature,

[3] *The Government of Tomorrow: Online Meetings*, Little Hoover Comm. (Jun. 2021), available at https://lhc.ca.gov/wp-content/uploads/sites/lhc.ca.gov/files/Reports/261/Report261.pdf.

> this important board could arguably avail itself to these relaxed rules and hold these decertification investigations entirely virtually. That which deprives the public a chance to attend, engage, and interact face-to-face with members of that body and those who testify.

They also expressed concerns with the current standard in the bill that a member of the body may cease being on camera if appearance would be technologically impracticable writing:

> SB 470 permits public officials to "phone it in" and meet entirely telephonically, because it allows a member of the body to avoid being on video when it is "impracticable." This creates the potential for the viewing public to tune into a screen filled entirely with empty boxes, leaving people with zero visual cues, forcing them to guess speakers' voices and addressing public officials by audio only.

The opposition coalition seeks amendments to align the bill with AB 2449 (2022, Ch. 285, Stats. 2022), which provided a more narrow framework for teleconferencing by local agencies subject to the Brown Act which tied use of teleconferencing to "specific hardships, such as health issues or caregiving needs, subject to reasonable caps and other modest provisions that serve the public interest."

5. Committee amendment

The author has agreed to amend in a sunset date of January 1, 2030, instead of removing the sunset date indefinitely, to address some of the concerns raised by the opposition.

6. Statements in support

The California Commission on Aging (CCoA) writes in support stating:

> In 2023, the Legislature recognized the critical need for increased flexibility in public meetings by passing SB 544 (Laird), which provided a pathway for advisory bodies to meet virtually while maintaining transparency and public participation. This was a significant step in modernizing California's approach to open meetings. SB 470 builds upon that progress by making these provisions permanent, ensuring that public bodies can continue operating in a manner that is both inclusive and efficient.
>
> California's aging population is rapidly growing, and it is essential that appointments to these statewide bodies include older adults and adults with disabilities to ensure policies reflect their needs and experiences. Remote participation removes significant barriers for those with mobility challenges, caregiving responsibilities, or limited transportation options. For the CCoA, a body representing stakeholders from across the state, these teleconferencing provisions have been invaluable in increasing engagement, ensuring diverse representation,

and improving overall governmental transparency SB 470 maintains strong safeguards to ensure accountability and public access, including:

- Requiring a primary physical location for public participation;
- Mandating visible on-camera participation by members during open meetings; and
- Ensuring staff presence at the designated physical location to facilitate public engagement.

By making these provisions permanent, California will avoid unnecessary disruptions to established meeting structures and uphold the principles of open governance while embracing the practical benefits of technology. Passage of this bill is budget neutral and will likely lead to cost savings for the state through reductions in advisory board member travel.

7. Statements in opposition

The opposition coalition, including ACLU California Action, the California News Publishers Association, the First Amendment Coalition, and the League of Women Voters of California, write:

> […] SB 470 prioritizes public officials over the public being served. It gives officials who serve on state bodies and boards the ability to participate in public meetings from secret, remote locations, off camera, untethered to any specific need for an accommodation. Additionally, SB 470 creates an even lower standard of transparency for appointees who serve on so-called "advisory" boards, commissions, committees, and subcommittees, which could meet entirely virtually for all of their meetings, without regard to an emergency or any individuals' personal hardship, depriving the press and public the guarantee of a physical meeting location. […]
>
> Look to any civil rights or social justice movement in history to see the importance of government doing legislative business in physical meeting places. People can amplify their views through First Amendment-protected activities, such as wearing matching clothing, holding signs, speaking to the press, and connecting with like-minded or fellow impacted community members. That can't happen during a meeting held entirely in the cloud. This kind of robust public engagement helps appointees to better assess the true human impact of government decisions. Public appointees who are in the same room as a concerned citizen can't just turn down the volume on criticism.
> Meetings conducted by videoconferencing or that take place with large numbers of public officials being in the cloud deprive Californians – including seniors, people with disabilities and those from marginalized communities – of the ability to engage in ways that level the playing field and ensure their voices are heard in meaningful ways.[…]

SUPPORT

AARP
Alzheimer's Association
California Association of Licensed Investigators
California Coalition on Family Caregiving
California Commission on Aging
California Foundation for Independent Living Centers
California Long Term Care Ombudsman Association
Disability Rights California
Family Caregiver Alliance
LeadingAge California
Little Hoover Commission

OPPOSITION

ACLU California Action
California Broadcasters Association
California Chamber of Commerce
California Common Cause
California News Publishers Association
CCNMA: Latino Journalists of California
First Amendment Coalition
Freedom of the Press Foundation
Howard Jarvis Taxpayers Association
League of Women Voters of California
Media Guild of the West
National Press Photographers Association
Orange County Press Club
Pacific Media Workers Guild, Local 39521
Radio Television Digital News Association
Society of Professional Journalists of Northern California Chapter

RELATED LEGISLATION

Pending Legislation:

SB 707 (Durazo, 2025) makes various changes to the Ralph M. Brown Act, including authorizing provisions relating to teleconferencing of local state agencies until January 1, 2030.

AB 259 (Blanca Rubio, 2025) makes various changes to the Ralph M. Brown Act, including removing the sunset date in certain teleconferencing provisions, thereby extending them indefinitely.

Prior Legislation:

SB 544 (Laird, Ch. 216, Stats. 2023) authorized, until January 1, 2026, state bodies to meet via teleconferencing without requiring each teleconference location to be identified in the notice and agenda, agendas be posted at all teleconference locations, and each teleconference location being accessible to the public if certain requirements are met.

AB 557 (Hart, Ch. 534, Stats. 2023) eliminated the sunset date for allowing local agencies to use teleconferencing without complying with specified teleconferencing requirements during a proclaimed state of emergency.

SB 189 (Committee on Budget and Fiscal Review, Ch. 48, Stats. 2022) among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

AB 1733 (Quirk, 2022) would have updated Bagley-Keene to accommodate teleconferenced meetings as a standard practice, as provided. This bill was never set for a hearing in the Assembly Governmental Organization Committee.

AB 2449 (Rubio, Ch. 285, Stats. 2022) allows, until January 1, 2026, members of a legislative body of a local agency to use teleconferencing without noticing their teleconference locations and making them publicly accessible under certain conditions.

PRIOR VOTES:

Senate Governmental Organization Committee (Ayes 9, Noes 1)

****

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(b)(3) – Review of Bills for Review and Consideration for Action Position Recommendation 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 whose 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.

On March 5, 2025, SB 641 was referred to the committee on Business and Professions and Economic Development and Committee on Public Safety.

On March 18, 2025, SB 641 was set for hearing for April 7, 2025.

On April 9, 2025, SB 641 was amended, however the amendments were minor.

On April 11, 2025, SB 641 was presented to the Legislative and Regulatory Affairs Committee for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of Support on SB 641. SB 641 was also set for hearing for April 29, 2025.

Action Requested

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

Attachment #1: Bill Text- Weblink
Attachment #2: SB 641 Bill Analysis
Attachment #3: Fact Sheet
Attachment #4: Senate Floor Analysis

SENATE BILL No. 641

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

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: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. It is the intent of the Legislature to provide boards, bureaus, commissions, and regulatory entities within the jurisdiction of the Department of Consumer Affairs and the Department of Real Estate with authority to address licensing and enforcement concerns in real time after an emergency is declared. The Legislature does not intend for any provision of this bill to require regulations to implement.

SEC. 2. Section 108.1 is added to the Business and Professions Code, to read:

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

(b) To aid in the protection of the public health, the provision of patient care, the continuity of services, and to support impacted individuals, the Department of Real Estate or any board under the jurisdiction of the Department of Consumer Affairs, as specified in Section 101, may waive the application of any provision of law 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 disaster area, that is related to any of the following:

(1) Examination eligibility and timing requirements.

(2) Licensure renewal deadlines.

(3) Continuing education completion deadlines.

(4) License display requirements.

(5) Fee submission timing requirements.

(6) Delinquency fees.

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

(1) One year after the end of the declared emergency or disaster.

(2) An additional period of time beyond one year after the end of the declared emergency or disaster, as determined by the board or the Department of Real Estate.

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

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

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

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

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

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

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

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

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

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

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

(1) A - General Engineering Contractor.

(2) B - General Building Contractor.

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

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

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

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

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

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

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

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

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

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

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

(a) Making any substantial misrepresentation.

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

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

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

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

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

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

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

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

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

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

(1) The lender.

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

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

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

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

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

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

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

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Angelique Ashby	SB 641	
Sponsor:	**Version:** Introduced	
Subject: 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:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☐ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required

Legislative & Regulatory Affairs Committee Position:	**Full Board Position:**
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____

Vote: _____	Vote: _____

REASON FOR THE BILL

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.

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.[1]

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

[1] 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

Sarah Mason, *Staff Director*
Sarah.Mason@sen.ca.gov | Phone: (916) 651-4104

SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	SB 641	**Hearing Date:**	April 7, 2025
Author:	Ashby		
Version:	February 20, 2025		
Urgency:	Yes	**Fiscal:**	Yes
Consultant:	Sarah Mason		

Subject: Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions

SUMMARY: An urgency measure that supports licensed professionals impacted by a wildfire or natural disaster by waiving various licensure requirements. Addresses predatory practices by prohibiting a person from making an unsolicited purchase offer in a disaster area. Establishes timelines and certifications for appropriate debris removal.

NOTE: This bill is double-referred, second, to the Senate Committee on Public Safety.

Existing law:

1) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) §§ 100 et seq.)

2) Establishes various boards, bureaus, and other entities within the jurisdiction of the DCA. (BPC § 101)

3) Authorizes healing arts programs within DCA to adopt regulations to require licensees to display their licenses or registrations in the locality in which they are treating patients, and to inform patients as to the identity of the regulatory agency they may contact if they have any questions or complaints regarding the licensee. (BPC § 104)

4) Authorizes DCA and each of the boards, bureaus, committees, and commissions within DCA to charge a fee for the processing and issuance of a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure and charge a fee sufficient to cover all costs incident to the issuance of the duplicate certificate or other form but shall not exceed twenty-five dollars ($25). (BPC § 122)

5) Requires each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board within DCA to notify the issuing board of any change in the person's mailing address within 30 days after the change, unless the board has specified by regulations a shorter time period. (BPC § 136(a))

6) Subjects licensees to a citation and administrative fine for failing to meet the requirements of 4) above regarding notice of a new address. (BPC § 136(b))

7) Authorizes programs within the DCA to charge a delinquency, penalty, or late fee for any licensee within the Department of Consumer Affairs shall be 50 percent of the renewal fee for such license in effect on the date of the renewal of the license, but not less than twenty-five dollars ($25) nor more than one hundred fifty dollars ($150). (BPC § 163.5)

8) Requires DCA programs to develop through the regulatory process guidelines to prescribe components for mandatory continuing education programs administered by any board within DCA. (BPC § 166)

9) Authorizes the following DCA programs to require an email address from applicants and licensees at the time of initial application and/or renewal, as specified:

   a) Dental Hygiene Board (BPC § 1934)

   b) Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board (BPC § 2530.7)

   c) Board of Pharmacy (BPC § 4013)

   d) California Board of Accountancy (BPC §§ 5009.5, 5070, 5070.1, 5070.2, 5070.5, 5070.6, 5152.1, 5096, 5096.12, 5151)

   e) California Architects Board (BPC § 5558, 5559, 5658)

   f) Board for Professional Engineers, Land Surveyors and Geologists (BPC §§ 6767, 7856. 8753)

   g) Contractors State License Board (BPC § 7083.2)

10) Establishes the Contractors State License Board (CSLB) within DCA to license and regulate contractors and home improvement salespersons. (BPC § 7000 et seq.)

11) Establishes four branches of contracting business in the following classifications:

   a) General engineering contracting (A)

   b) General building contracting (B1)

   c) Residential remodeling contracting (B2)

   d) (c) Specialty contracting (C)

12) Defines an A – General Engineering Contractor as those whose principal contracting businesses are in connection with fixed works requiring specialized engineering knowledge and skill, including the following divisions or subjects: irrigation, drainage, water power, water supply, flood control, inland waterways,

harbors, docks and wharves, shipyards and ports, dams and hydroelectric projects, levees, river control and reclamation works, railroads, highways, streets and roads, tunnels, airports and airways, sewers and sewage disposal plants and systems, waste reduction plants, bridges, overpasses, underpasses and other similar works, pipelines and other systems for the transmission of petroleum and other liquid or gaseous substances, parks, playgrounds and other recreational works, refineries, chemical plants and similar industrial plants requiring specialized engineering knowledge and skill, powerhouses, powerplants and other utility plants and installations, mines and metallurgical plants, land leveling and earthmoving projects, excavating, grading, trenching, paving and surfacing work and cement and concrete works in connection with the above-mentioned fixed works. (BPC § 7056)

13) Defines a B1 – General Building Contractor as those whose principal contracting businesses are in connection with any structure built, being built, or to be built, for the support, shelter, and enclosure of persons, animals, chattels, or movable property of any kind, requiring in its construction the use of at least two unrelated building trades or crafts, or to do or superintend the whole or any part thereof. (BPC § 7057)

14) Defines a C – Specialty Contractor as those whose operations involve performance of construction work requiring special skill and whose principal contracting business involves the use of specialized building trades or crafts. (BPC § 7058)

15) Establishes the Real Estate Law to provide for the Department of Real Estate (DRE) regulation of real estate salespersons, real estate brokers, transactions associated with the purchase or lease new homes or subdivided interests, and the sales of timeshare interests to consumers in California. (BPC §§ 10000 et seq.)

16) Establishes the DRE to administer the Real Estate Law. (BPC §§ 1004).

17) Authorizes DRE to investigate the actions of any person engaged in the business or acting in the capacity of a real estate licensee and temporarily suspend or permanently revoke a real estate license for performing, or attempting to perform, specified violations of the Real Estate Law. (BPC § 10176)

Existing Regulations:

1) Prohibits Contractors licensed in one classification from contracting in the field of any other classification unless they are also licensed in that classification or are permitted to do so by Title 16 of the California Code of Regulations (16 CCR) § 831. (16 CCR § 830)

2) Defines the scope under which each specialty contractor classification may perform contracting work (16 CCR §§ 832.02, 832.4-832.17, 832.20-832.23, 832.26-832.29, 832.31-832.36, 832.38, 832.39, 832.42, 832.43, 832.45-832.47, 82.49-832.51, 832.53-832.55, 832.57, 832.60-832.62)

This bill:

1) States Legislative intent to provide boards, bureaus, commissions, and regulatory entities within the jurisdiction of the DCA and the DRE with authority to address licensing and enforcement concerns in real time after an emergency is declared. Specifies that the Legislature does not intend for any provision of this bill to require regulations to implement.

2) Authorizes DRE or any board under the jurisdiction of DCA to waive provisions of licensing laws related to any of the following for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a disaster area, as specified:

   a) Examination eligibility and timing requirements.

   b) Licensure renewal deadlines

   c) Continuing education completion deadlines.

   d) License display requirements.

   e) Fee submission timing requirements.

   f) Delinquency fees.

3) Extends the waiver authority through the duration of a declared federal, state, or local emergency or disaster for licensees and applicants located in a disaster area and for either one year after the end of the declared emergency or disaster or an additional period of time beyond one year, as determined by a DCA entity or DRE.

4) Exempts a licensee impacted by a declared federal, state, or local emergency or disaster or whose home or business is located in an area for which a federal, state, or local emergency or disaster has been declared from requirements to pay a processing and issuance fee for a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure.

5) Requires every applicant for licensure and every licensee to provide DRE or DCA entity with an email address.

6) Prohibits a contractor from engaging in private debris removal unless the contractor has one of the following licenses or classifications:

   a) A - General Engineering Contractor.

   b) B - General Building Contractor.

   c) A C-61 – Limited Specialty Contractor Classification for Debris Removal and Flood Muck Out. Authorizes the CSLB to adopt regulations to define the scope and requirements of this classification.

7) Authorizes the CSLB registrar, during a declared federal, state, or local emergency or for a declared disaster area, to authorize additional classifications to perform private debris removal or muck out services based on the needs of the declared emergency or disaster. Specifies that the registrar may make the determination on a case-by-case basis and without requiring regulations and may require the qualifier for the license to have passed an approved hazardous substance certification examination as the disaster requires.

8) Requires the DRE Commissioner to, expeditiously, and until 90 days following the end of a declared emergency, determine the nature and scope of any unlawful, unfair, or fraudulent practices employed by any individual or entity seeking to take advantage of property owners in the wake of the emergency.

9) Requires the DRE Commissioner to provide notice to the public of the nature of these practices, their rights under the law, relevant resources that may be available, and contact information for authorities to whom violations may be reported.

10) Authorizes the DRE Commissioner to temporarily suspend or permanently revoke a real estate license at any time where the licensee, while a real estate licensee, makes an unsolicited offer to an owner of real property, on their own behalf or on behalf of a client, to purchase or otherwise acquire any interest in the real property for an amount less than the fair market value of the property or interest in the property when that property is located in an area included in a declared federal, state, or local emergency or disaster area, for the duration of the declared emergency and for three months thereafter.

11) Specified that any person, including, but not limited to, an officer, director, agent, or employee of a corporation, who violates this subdivision is guilty of a misdemeanor punishable by a fine of up to ten thousand dollars ($10,000), by imprisonment for up to six months, or both.

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

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, "Licensing practice laws establish requirements for individuals to meet in order to maintain their livelihood, most especially as they rebuild their lives and climb back up after facing tragedy like so many experienced early this year.

   When disaster strikes, the last thing someone should have to worry about is submitting the proper fee for a replacement license. It should be automatic that applicants and licensed professionals are provided extended timeframes to meet the many, often onerous, requirements they have to meet just to do their job.

   By granting the authority for licensing programs to waive certain requirements for individuals in a disaster area and during a state of emergency, SB 641 will provide a small measure of relief as they begin to move forward and successfully back into their profession.

SB 641 also builds on lessons learned in other disasters to protect property owners from predatory land grabs. Neighborhoods in the wake of fires have already experienced enough and we should ensure swift action is taken to prohibit this behavior and enforce against those who engage in it.

It's also critical that we have baseline measures of quality built into the standards for the companies engaging in private debris removal and cleanup – requiring proper hazardous waste removal training will ensure continued safety in these impacted areas."

2. **Background.** Regulatory programs within the jurisdiction of the DCA issue about 3.5 million licenses, certificates, and approvals to individuals and businesses in over 250 categories.

   Within the DCA are 38 entities, including 26 boards, eight bureaus, two committees, one program, and one commission (hereafter "boards" unless otherwise noted). Collectively, these boards regulate more than 100 types of businesses and 200 different industries and professions. As regulators, these boards perform two primary functions:

   - Licensing—which entails ensuring only those who meet minimum standards are issued a license to practice, and

   - Enforcement—which entails investigation of alleged violations of laws and/or regulations and taking disciplinary action, when appropriate.

   DCA boards are semiautonomous regulatory bodies with the authority to set their own priorities and policies and take disciplinary action on their licensees. DCA has direct control and authority over bureaus.

   The Real Estate Law, administered by the Department of Real Estate, provides for real estate licensing in this state. DRE licenses more than 425,000 persons in California: over 293,000 real estate salespersons and over 131,000 real estate brokers, including corporate brokers, as well as more than 26,000 mortgage loan originators.

   COVID Waivers. On March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the Director of the Department of Consumer Affairs to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training. This bill follows that example and authorizes programs to waive various requirements for impacted applicants and licensees.

   Wildfires. Climate change, primarily caused by the burning of fossil fuels, is increasing the frequency and severity of wildfires, not only in California, but also all over the world. Since 1950, the area burned by California wildfires each year has been increasing. Drought conditions have brought unusually warm temperatures, intensifying the effects of very low precipitation and snowpack and creating conditions for extreme, high severity wildfires that spread rapidly.

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

3. **Arguments in Support.** According to the California Association of Licensed Investigators, "It is important to enact these provisions prior to the next significant federal, state or local emergency in order to ensure that essential services can continue during these challenging periods."

   The Contractors State License Board writes that "In the aftermath of a natural disaster, safe debris removal and disposal is critical to avoid additional health and environmental problems. SB 641 allows CSLB to determine which licensing classifications have sufficient experience and training to assist in debris removal on a case-by-case basis during a declared federal, state, or local emergency. The bill also allows CSLB to safely waive certain licensing requirements to support applicants and licensees during a state of emergency. SB 641 will enhance CSLB's ability to quickly navigate recovery needs and provide expedient assistance for applicants, licensees, and consumers."

4. **Proposed Author's Amendments.** The Author is proposing amendments to allow consumers to be protected from predatory real estate activities for a longer period of time and to make various technical clarifications to ensure the qualifications of debris removal contractors.

SUPPORT AND OPPOSITION:

Support:

California Association of Licensed Investigators
Contractors State License Board

Opposition:

None received

-- END --

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(b)(4) Review of Bills for Review and Consideration for Action Position Recommendation to the Board – 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 working group shall consist of all the following participants:
  - Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.
  - Three appointees who are artificial intelligence and technology experts.
  - Two appointees with a background in patient advocacy.
  - Two appointees who are experts in ethics and law.
  - One appointee representing a public health agency.
  - The State Chief Information Officer, or their designee.

- The Director of Health Care Services, or their designee.
- The chief information officers of three other state agencies, departments, or commissions.
- One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.

The bill would require the working group to produce a report of its findings to the Legislature by July 1, 2028. A follow-up report is due by January 1, 2030, to assess implementation. The working group operates under the Bagley-Keene Open Meeting Act and will be repealed on January 1, 2031.

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

On March 7, 2025, SB 579 was set for hearing for March 25, 2025.

On March 25, 2025, SB 579 was amended to specify at least one of the four appointees of the working group representing behavioral health professionals, works in specialty mental health services serving individuals with serious mental health illness, serious emotional disturbances or substance abuse disorder. The amendments also include that the working group should at least conduct at least three public meetings, subject to the Bagley-Keene Open Meeting Act, to incorporate feedback from groups including health organizations, academic institutions, technology companies, and advocacy groups.

On March 26, 205, SB 579 was referred to the appropriations committee.

On April 4, 2025, SB 579 was set for hearing for April 21, 2025.

On April 11, 2025, SB 579 was presented to the Legislative and Regulatory Affairs Committee for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of Support on SB 579 with the following recommendation: include a licensed psychologist as one of the four members of the behavioral health professionals selected in consultation with mental health provider professional organizations of the working group.

ACTION REQUESTED

Board staff recommends Board take a position of Support on SB 579.

Attachment #1: SB 579 Bill Text - Weblink
Attachment #2: SB 579 Bill Analysis
Attachment #3: Senate Bill Floor Analysis
Attachment #4: Senate Bill Floor Analysis Appropriations

AMENDED IN SENATE MARCH 26, 2025

SENATE BILL No. 579

Introduced by Senator Padilla

February 20, 2025

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:

SECTION 1. Section 12817 is added to the Government Code, to read:

12817. (a) The Secretary of Government Operations shall appoint a mental health and artificial intelligence working group and designate the chairperson of that group on or before July 1, 2026, to evaluate all of the following:

(1) The role of artificial intelligence in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding artificial intelligence in mental health settings.

(2) The current and emerging artificial intelligence technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. The evaluation shall include artificial-intelligence-driven therapeutic tools, virtual assistants, diagnostics, and predictive models.

(3) The potential risks associated with artificial intelligence to mental health, including ~~reliance on~~ automated systems, privacy concerns, or unintended ~~consequences on mental health treatment.~~ *consequences, and artificial intelligence chatbots, and other artificial intelligence intended to promote mental health or impersonate a mental health professional.*

(b) The working group shall consist of all of the following participants:

(1) Four appointees who are ~~mental health professionals.~~ *behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.*

(2) Three appointees who are artificial intelligence and technology experts.

(3) Two appointees with a background in patient advocacy.

(4) Two appointees who are experts in ethics and law.

(5) One appointee representing a public health agency.

(6) The State Chief Information Officer, or their designee.

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

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

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

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

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

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

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

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

~~(2)~~

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

~~(3)~~

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

(2) On or before January 1, 2030, the working group shall issue a followup report to the Legislature on the implementation of the working group's recommendations and the status of the framework for developing training for mental health professionals and how it has been incorporated into practice.

~~(4)~~

(3) A report submitted pursuant to this subdivision shall be submitted in compliance with Section 9795.

(e) The members of the working group shall serve without compensation, but shall be reimbursed for all necessary expenses actually incurred in the performance of their duties.

(f) The working group is subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1).

(g) This section shall remain in effect only until January 1, 2031, and as of that date is repealed.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Stephen Padilla	SB 579	
Sponsor:	**Version:** Amended	
Subject: Mental Health and Artificial Intelligence Working Group		

SUMMARY

SB 579 requires the Secretary of Government Operations to establish a Mental Health and Artificial Intelligence Working Group by July 1, 2026. The group will evaluate the role, benefits, and risks of artificial intelligence (AI) in mental health settings. The bill mandates public engagement and the production of two reports to the Legislature, due July 1, 2028, and January 1, 2030, respectively. The bill sunsets date is January 1, 2031.

RECOMMENDATION

Board staff recommends the Board take a position of Support on SB 579.

REASON FOR THE BILL

There is currently no standardized state-level framework for evaluating, regulating, or training providers to use artificial intelligence (AI) in mental health settings. This bill would fill that gap by convening a diverse working group to assess existing technologies, develop best practices, and recommend policies that protect vulnerable populations while encouraging innovation. In short, SB 579 is intended to ensure AI is used responsibly in mental health treatment, safeguard patients from potential harm or misuse, inform future policy and legislation with expert, data-driven recommendations, and position California as a leader in ethical AI governance in health care.

ANALYSIS

SB 579 establishes a Mental Health and Artificial Intelligence Working Group under the Secretary of Government Operations, with a mandate to explore the intersection of AI and mental health care. As artificial intelligence becomes increasingly embedded in healthcare systems—through virtual therapists, predictive diagnostic tools, and chatbots—California recognizes both the potential and the risks of these technologies, particularly in mental health contexts. This bill acknowledges the promise of AI to expand access, personalize treatment, and reduce provider burden, while also addressing critical concerns around privacy, accountability, patient safety, and the impersonation of licensed professionals.

The working group will be composed of 17 members representing expertise across behavioral health, AI, ethics, public health, state government, and patient advocacy. It must be established by July 1, 2026, and is tasked with evaluating the role of AI in mental health settings, identifying potential harms such as overreliance on automation, threats to data security, and the misuse of AI tools to mimic professional care providers. In addition to risk analysis, the group will develop best practices, propose training frameworks for clinicians, and make policy recommendations to guide future legislation and regulation.

The group is required to hold at least three public meetings, with input from health organizations, academic researchers, technology companies, and advocacy groups. Public engagement and transparency are essential, and all meetings must comply with the Bagley-Keene Open Meeting Act, including the option to convene via teleconference. An initial report must be submitted by July 1, 2028, assessing the benefits and risks of AI in mental health treatment and outlining policy and training recommendations. A follow-up report is due by January 1, 2030, evaluating the implementation of these recommendations and the integration of AI into clinical practice. The bill is set to expire on January 1, 2031, creating a clear window for research, stakeholder engagement, and legislative action.

SB 579 sets a precedent for thoughtful, evidence-based policymaking at the intersection of technology and mental health. By explicitly identifying risks such as AI impersonation and emphasizing broad stakeholder input, it aims to protect patients, support providers, and build public trust in emerging technologies. This bill positions California as a leader in developing responsible AI policy grounded in transparency, collaboration, and ethical oversight.

LEGISLATIVE HISTORY

Artificial Intelligence tools have been increasingly used to support mental health diagnostics, chat-based interventions, and predictive analytics. However, concerns persist regarding privacy, ethical use, and the potential for harm or misdiagnosis, especially with AI systems operating without human oversight.

California has previously explored AI governance, including the 2020 creation of the California Future of Work Commission, and several bills exploring algorithmic accountability. SB 579 builds upon this groundwork by specifically examining AI’s intersection with mental health, an area lacking structured oversight and regulation.

In 2024, several bills were introduced to enhance AI accountability and transparency. SB 1047, known as the "Safe and Secure Innovation for Frontier Artificial Intelligence Models Act," sought to impose strict regulations on AI companies, including liability for damages and a required "kill switch" for uncontrollable systems. However, Governor Gavin Newsom vetoed the bill, expressing concerns that it could hinder industry growth and stifle innovation.

Another significant bill, SB 942, the California AI Transparency Act, mandates that AI systems with over one million monthly users disclose when content has been generated or modified by AI. This includes implementing AI detection tools and content disclosures to ensure transparency and accountability

Additionally, SB 970 was introduced to criminalize the use of synthetic AI-generated content that impersonates individuals, aiming to prevent misuse of AI technologies in creating deceptive media.

These legislative efforts collectively contribute to California's evolving approach to AI governance, addressing various aspects of AI accountability, transparency, and ethical considerations.

OTHER STATES' INFORMATION
Several other U.S. states are actively developing policies and legislation to regulate the use of AI in mental health services. Here's an overview of notable efforts:

Massachusetts
Massachusetts introduced HB 1974 in 2023, aiming to regulate AI in mental health services. The bill requires licensed mental health professionals to obtain approval from relevant licensing boards before using AI tools in treatment. Providers must disclose AI usage to patients, obtain informed consent, and offer alternatives to AI-based care. The bill emphasizes that AI systems must prioritize patient safety and well-being. As of June 2024, the bill was folded into a study order.

Rhode Island
Rhode Island's HB 6285, introduced in April 2023, requires licensed mental health providers to obtain authorization from licensing bodies before employing AI in treatment. Patients must be informed about AI usage, given the option to opt for human-delivered care, and provide informed consent. The bill also mandates regular assessments of AI systems to ensure their effectiveness.

Texas
Texas proposed HB 4695, which would regulate the use of AI in mental health services. The bill stipulates that AI applications must be approved, and providers must inform patients about AI usage, obtain informed consent, and ensure a licensed mental health professional is available for monitoring and intervention when necessary. The bill also emphasizes adherence to ethical standards and anti-discrimination laws. As of the latest update, the bill was pending.

Illinois
Illinois introduced HB 5649 in 2024, amending the Consumer Fraud and Deceptive Business Practices Act. The bill makes it unlawful for licensed mental health professionals to provide services using AI without first obtaining informed consent from patients and disclosing AI usage. It also grants the Department of Financial and

Professional Regulation authority to adopt rules regulating AI tools in mental health services.

Utah
Utah enacted the Artificial Intelligence Policy Act (S.B. 149) in March 2024, effective May 1, 2024. The law establishes liability for companies that fail to disclose their use of generative AI when required by state consumer protection laws or when users commit criminal offenses using AI. It also creates the Office of Artificial Intelligence Policy and the Artificial Intelligence Learning Laboratory Program.

These legislative efforts reflect a growing recognition of the need to regulate AI technologies in mental health services to ensure patient safety, transparency, and ethical practices.

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
Although the bill has no fiscal impact to the Board, the bill could have significant long-term fiscal impacts by helping shape a clear regulatory framework. By reducing legal uncertainty for healthcare providers using AI tools, it may lower compliance and liability costs. Additionally, a well-defined policy structure could ease enforcement burdens on licensing boards and reduce potential costs for consumers related to misuse or unregulated AI applications.

ECONOMIC IMPACT
Not applicable at this time.

LEGAL IMPACT
SB 579 raises several important legal considerations that could shape future legislation in California. One major concern is data privacy, as AI tools handling sensitive mental health information must comply with existing frameworks such as HIPAA, the California Medical Information Act (CMIA), and state privacy laws like the California Privacy Rights Act (CPRA). The working group's findings could prompt new legislation aimed at strengthening protections for AI-related health data. Another key issue is the potential for AI systems, such as chatbots, to impersonate licensed mental health professionals, which may violate professional licensing statutes and consumer protection laws. The bill also opens the door to broader discussions around AI liability and accountability, particularly in cases where algorithms influence clinical decisions or treatment recommendations. Additionally, SB 579 mandates that the working group operate in

compliance with the Bagley-Keene Open Meeting Act, ensuring transparency and public access throughout its proceedings.

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.

SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION
Senator Steve Padilla
Chair
2025 - 2026 Regular

Bill No:	SB 579	**Hearing Date:**	3/25/2025
Author:	Padilla		
Version:	2/20/2025 Introduced		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Brian Duke		

SUBJECT: Mental health and artificial intelligence working group

DIGEST: This bill requires the Secretary of the Government Operations Agency (GovOps) to appoint a mental health and artificial intelligence (AI) working group to evaluate identified issues and determine the role of AI in mental health settings, as specified.

ANALYSIS:

Existing law:

1) Establishes GovOps, which consists of several state entities, and which is under the direction of the Secretary of GovOps, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

2) The Generative Artificial Intelligence Accountability Act (Act), among other things, requires the Department of Technology (CDT), to update the Generative AI report required by Executive Order (EO) N-12-23, as needed, to respond to significant developments and, as appropriate, consult with academia, industry experts, and organizations that represent state exclusive employee representatives, as specified.

3) The Act requires state agencies and departments to consider procurement and enterprise use opportunities in which generative AI (GenAI) can improve efficiency, effectiveness, accessibility, and equity of government operations consistent with GovOps, Department of General Services (DGS), and CDT's policies for public sector generative AI procurement.

4) Defines "artificial intelligence" to mean 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.

5) Provides that any report required or requested by law be submitted by a state or local agency to a committee of the Legislature or the Members of either house of the Legislature generally, to instead be submitted as a printed copy to the Secretary of the Senate, as an electronic copy to the Chief Clerk of the Assembly, and as an electronic or printed copy to the Legislative Counsel, as specified.

This bill:

1) Requires the Secretary of GovOps to appoint a mental health and AI working group, and to designate the chairperson of that group on or before July 1, 2026, to evaluate all of the following:

    a. The role of AI in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding AI in mental health settings.
    b. The current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. The evaluation shall including AI-driven therapeutic tools, virtual assistants, diagnostics, and predictive tools.
    c. The potential risks associated with AI to mental health, including reliance on automated systems, privacy concerns, or unintended consequences on mental health treatment.

2) Requires the working group to consist of the following participants:

    a. Four appointees who are mental health professionals.
    b. Three appointees who are AI and technology experts.
    c. Two appointees with a background in patient advocacy.
    d. Two appointees who are experts in ethics and law.
    e. One appointee representing a public health agency.
    f. The State Chief Information Officer, or their designee.
    g. The Director of Health Care Services, or their designee.
    h. The chief information officers of three other agencies, departments, or commissions.
    i. One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.

3) Requires the working group to take input from a broad range of stakeholders with a diverse range of interests affected by state policies governing emerging technologies, privacy, business, the courts, the legal community, and state government.

4) Requires the input described above to come from groups, including, but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.

5) Requires the working group, on or before July 1, 2028, to report to the Legislature on the potential uses, risks, and benefits of the use of AI technology in mental health treatment by state government and California-based businesses.

6) Requires the report to include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment.

7) Requires the report to include a framework for developing training for mental health professionals to enhance their understanding of AI tools and how to incorporate them into their practice effectively.

8) Provides that members of the working group shall serve without compensation, but shall be reimbursed for all necessary expenses actually incurred in the performance of their duties.

Background

Author Statement. According to the author's office, "AI is rapidly transforming industries, posing both worthwhile benefits and troubling risks. The demand for mental health care continues to rise and technological tools, such as counseling chatbots, are starting to fill the gaps left by human clinicians. While there is potential for innovation and progress, industry experts have raised concerns that using these bots to replace trained medical professionals is dangerous."

Further, "in an industry with stakes as high as mental health treatment, we need to ensure that the adequate safeguards are in place to promote the safe and ethical use of AI in the profession. SB 579 will bring together industry experts, mental health professionals, patient advocates, and ethics experts to discuss and make recommendations on how to ethically integrate AI technology into mental health treatment."

Artificial intelligence and Mental Health. AI is increasingly transforming mental health care offering new technology based solutions that range from diagnostic support and therapeutic chatbots to administrative tools that streamline record-keeping. These technologies leverage pattern recognition and large language models to analyze behavioral data and provide personalized support, potentially increasing access to mental health resources. At a time the state is facing a critical shortage of mental health professionals and rising demand for care, AI may present a promising means to supplement traditional therapy and enable self-guided interventions such as cognitive behavioral therapy (CBT) and mindfulness practices. According to *Psychology Today*, in "The Rise of AI in Mental Health: Promise or Illusion?" AI's greatest advantage "lies in its availability and data-processing capabilities. It can identify emotional patterns, provide instant feedback, and support structured interventions like [CBT]."

At the same time, the integration of AI into mental health services has raised important ethical and practical concerns. Experts have cautioned against relying solely on AI for tasks that require genuine human empathy and nuanced understanding. AI systems, while capable of simulating empathy, do not replace the deep interpersonal connections that are often critical for effective mental health treatment. Moreover, issues such as data privacy, regulatory oversight, and the potential for harmful outcomes—ranging from inappropriate crisis responses to addictive patterns of use—underscore the need for a cautious and balanced approach.

A February 2025 article in the *New York Times* titled "Human Therapists Prepare for Battle Against A.I. Pretenders," the nation's largest association of psychologists recently warned the Federal Trade Commission (FTC) that AI chatbots "masquerading" as therapists could drive vulnerable individuals to harm themselves or others. Specifically, "[i]n one case, a 14-year-old boy in Florida died by suicide after interacting with a character claiming to be a licensed therapist. In another, a 17-year-old boy with autism in Texas grew hostile and violent toward his parents during a period when he corresponded with a chatbot that claimed to be a psychologist. Both boys' parents have filed lawsuits against the company."

Speaking to the FTC, Dr. Arthur C. Evans Jr., the chief executive of the American Psychological Association (APA), stated that the chatbots "failed to challenge users' beliefs even when they became dangerous; on the contrary, they encouraged them. If given by a human therapist, he added, those answers could have resulted in the loss of a license to practice, or civil or criminal liability."

The *New York Times* article notes that Chatbots' tendency to align with their users' views is known in the psychology field as "sycophancy" and has been causing problems as the technology becomes more widely adopted. For example, Tessa, a chatbot developed by the National Eating Disorders Association, was suspended in 2023 after offering users weight loss tips and researchers analyzing interactions with GenAI found screenshots online showing chatbots encouraging suicide, eating disorders, self-harm and violence.

Ongoing research is actively investigating both the benefits and risks associated with AI applications in mental health. Studies are exploring how AI can alleviate administrative burdens and enhance clinical decision-making while emphasizing the importance of maintaining high standards of care and accountability.

GenAI Executive Order. In September 2023, Governor Newsom issued Executive Order (EO) N-12-23 to address GenAI in California. Among other things, the EO required GovOps, CDT, the Office of Data and Innovatoin (ODI), and the Governor's Office of Business and Economic Development (GO-Biz), and in collaboration with other State agencies and departments and their workforce, to draft a report to the Governor examining the most significant, potentially beneficial use cases for deployment of GenAI tools by the state. That initial report "State of California: Benefits and Risks of Generative Artificial Intelligence Report," was published in November 2023, and later codified by SB 896 (Dodd, Chapter 928, Statutes of 2024).

Additionally, in December 2024, GovOps, ODI, and CDT released "State of California Guidelines for Evaluating Impacts of Generative AI on Vulnerable and Marginalized Communities," as an initial publication of equity evaluation framework and deployment guidance for GenAI. The guidelines "encourage state department teams and leaders to consider the potential impacts a GenAI tool can have on vulnerable communities, with a particular focus on safe and equitable outcomes in the depoloyment and implementation of high-risk use cases."

Mental Health and AI Working Group. This bill requires the Secretary of GovOps to appoint a mental health and AI working group to evaluate the role of AI in improving mental health outcomes; the current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care; and the potential risks associated with AI to mental health, including a reliance on automated systems, privacy concerns, or unintended consequences on mental health treatment. This bill requires the working group to be composed of 15 members appointed by the Secretary of GovOps, as specified, the State Chief Information Officer, the Director of Health Care Services, and one Member of the Senate and one Member of the Assembly, as specified.

This bill requires the working group, by July 1, 2028, to report to the Legislature on the potential uses, risks, and benefits of the use of AI technology in mental health treatment by state government and California-based businesses. The report will include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment. Additionally, the report will include a framework for developing training for mental health professionals to enhance their understanding of AI tools and how to incorporate them into their practice effectively.

Committee Amendments. The author has agreed to the following amendments:

Amendment #1: 12817.(a)(3) The potential risks associated with artificial intelligence to mental health, including ~~reliance on~~ automated systems, privacy concerns, or unintended consequences ~~on mental health treatment.~~ *and an evaluation of artificial intelligence chatbots and other artificial intelligence intended to promote mental health or impersonate a mental health professional.*

Amendment #2: 12817.(b)(1) Four appointees who are ~~mental health professionals.~~ *behavioral health professionals selected in consultation with mental health provider processional organizations, and at least one of which works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, and/or substance abuse disorder.*

Amendment #3: 12817.(c)*(3)(A) The working group shall conduct at least three public meetings to incorporate feedback from groups, including but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.*

12817.(c)(3)(B) Public meetings held pursuant to subparagraph (A) may be held by teleconference, pursuant to the procedures required by Section 11123 of the Government Code, for the benefit of the public and the working group.

Amendment #4: 12817.(d)*(2) On or before January 1, 2030, the working group shall issue a follow-up report to the Legislature on the implementation of the working group's recommendations and the status of the framework for developing training for mental health professionals and how that has been incorporated into practice.*

Amendment #5: 12817.*(f) The working group shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).*

(g) This section shall remain in effect only until January 1, 2031, and as of that date is repealed.

Prior/Related Legislation

SB 53 (Wiener, 2025) establishes, within GovOps, a consortium to develop a framework for the creation of a public cloud computing cluster to be known as CalCompute, as specified, and includes enhanced whistleblower protections related to employees in AI, as specified. (Pending in the Senate Governmental Organization Committee)

SB 243 (Padilla, 2025) among other things, requires an operator of a chatbot platform, as defined, to annually report to the State Department of Health Care Services certain things, including the number of times the operator has detected exhibitions of suicidal ideation by minor users. (Pending in the Senate Judiciary Committee)

AB 1064 (Bauer-Kahan, 2025) the Leading Ethical AI Development (LEAD) for Kids Act, among other things, establishes the LEAD for Kids Standards Board, in GovOps, to adopt regulations governing criteria for determining the level of estimated risk of a covered product based on an analysis that weighs the likelihood and severity of reasonably foreseeable adverse impacts against the anticipated benefits of the covered product and denominating the risk levels, as specified. (Pending in the Assembly Privacy and Consumer Protection Committee)

SB 896 (Dodd, Chapter 928, Statutes of 2024) the Generative AI Accountability Act, among other things, requires CDT, under the guidance of various state entities, to report to the Governor as required by EO N-12-23, as specified.

SB 1288 (Becker, Chapter 893, Statutes of 2024) requires the Superintendent of Public Instruction to convene a working group on AI, and requires the working group to develop expanded guidance and a model policy on AI for use by local education agencies and charter schools, as specified.

SB 1216 (Gonzalez, Chapter 885, Statutes of 2022) requires, upon appropriation by the Legislature, the Secretary of GovOps to evaluate the impact the proliferation of deepfakes has on government, businesses, and residents of the state, as specified.

SCR 17 (Dodd, Res. Chapter 135, Statutes of 2023) affirmed the California Legislature's commitment to President Biden's vision for a safe AI and the principles outlined in the "Blueprint for an AI Bill of Rights."

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT:

California Association of Marriage and Family Therapists (Co-source)
California Psychological Association (Co-source)

OPPOSITION:

None received

ARGUMENTS IN SUPPORT: In support of the bill, the co-sources write, "[d]espite the possible benefits, there are many concerns with the ways that AI is currently being utilized. To fill the gap resulting from a lack of licensed mental health professionals, companies have begun to create AI chatbots marketed as digital therapists. There are some benefits these bots could offer, such as availability. Researchers and clinicians worry that these bots could do more harm than good to a person in distress. AI bots cannot be regulated in the same way that a clinician can and thus do not hold the same level of liability to maintain an appropriate discourse with a patient. Also what training and algorithm is the bot following, and how effective is this? We have seen some dangerous examples of chatbots responding inappropriately to warning signs of suicidality and threats of violence. Additionally, AI does not hold the capacity for basic human empathy, which is crucial for sensitively responding to people in distress."

Further, "AI technology is developing rapidly and being used in several different mental health spaces already. To provide safeguards, adequate resources, and accurate support, it is important for experts to properly understand the impact and unknown consequences of AI and mental health to develop sensible public policy. California has the opportunity to take the initiative on a growing international concern and lead the discussion on the future of AI technology and health."

SENATE COMMITTEE ON APPROPRIATIONS
Senator Anna Caballero, Chair
2025 - 2026 Regular Session

SB 579 (Padilla) - Mental health and artificial intelligence working group

Version: March 26, 2025
Urgency: No
Hearing Date: April 21, 2025

Policy Vote: G.O. 12 - 0
Mandate: No
Consultant: Janelle Miyashiro

Bill Summary: SB 579 requires the Secretary of the Government Operations Agency (GovOps) to appoint a mental health and artificial intelligence (AI) working group to evaluate the role and risks of AI in mental health settings and issue a report to the Legislature on its findings and recommendations, as specified.

Fiscal Impact:
- Ongoing annual costs of approximately $2.5 million for two new permanent staff at GovOps to coordinate with and support the working group, conduct policy research and analysis, host public meetings, and create reports (General Fund).

Background: AI is increasingly transforming mental health care, offering new technology based solutions that range from diagnostic support and therapeutic chatbots to administrative tools that streamline record keeping. At a time the state is facing a critical shortage of mental health professionals and rising demand for care, AI may present a promising means to supplement traditional therapy and enable self-guided interventions such as cognitive behavioral therapy (CBT) and mindfulness practices.

However, there are many ethical challenges of integrating AI in mental healthcare, such as the potential to perpetuate or exacerbate existing biases in healthcare data and the impact on doctor-patient relationships that may reduce human interaction and empathy in care. Other issues include privacy and data security of sensitive health information and the role of government in providing necessary regulatory and ethical oversight over the use of these technologies.

To evaluate the clinical and cost effectiveness and ethical implications of AI tools in mental healthcare, many countries are conducting health technology assessments (HTAs). HTAs are systematic and multidisciplinary evaluations of the properties of health technologies and interventions covering both their direct and indirect consequences. HTAs aim to determine the value of a health technology and to inform guidance on how these technologies can be used in health systems around the world.

As an example, the World Health Organization (WHO) released its guidance on *Ethics and Governance of AI for Health* in 2021. In this guidance, the WHO provides a framework that aims to ensure that AI technologies in healthcare are developed and implemented ethically and responsibly. Key points from the guidance include:

- Applications of AI for health: How AI is being considered to support diagnoses, emerging trends in the use of AI in clinical care, and uses of AI in drug development, among other things.

- Human rights and equity: AI should promote health equity and respect human rights.
- Transparency and accountability: There should be clear accountability for AI systems and transparency so that users and stakeholders can understand how these systems operate and make decisions.
- Safety and effectiveness: AI technologies should undergo rigorous testing and validation before deployment in clinical settings.
- Data governance: Data collection should not be done without informed consent, and there should be robust data security to safeguard individuals' health information.
- Continuous monitoring and evaluation: AI systems need ongoing assessments to ensure they remain effective, safe, and aligned with ethical standards over time.
- Public engagement: Public and stakeholder discussions about AI in health is crucial for building trust and understanding the societal implications of these technologies.

Proposed Law:

- Requires the Secretary of GovOps to appoint a mental health and AI working group to evaluate:
    - The role of AI in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding AI in mental health settings.
    - The current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. Requires the evaluation to include AI-driven therapeutic tools, virtual assistants, diagnostics, and predictive models.
    - The potential risks associated with AI to mental health, including automated systems, privacy concerns, or unintended consequences, AI chatbots, and other AI intended to promote mental health or impersonate a mental health professional.
- Requires the working group to consist of all of the following participants:
    - Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.
    - Three appointees who are AI and technology experts.
    - Two appointees with a background in patient advocacy.
    - Two appointees who are experts in ethics and law.

  - One appointee representing a public health agency.
  - The State Chief Information Officer or their designee.
  - The Director of Health Care Services or their designee.
  - The chief information officers of three other state agencies, departments, or commissions.
  - One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.

- Requires the working group to take input from a broad range of stakeholders, including but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.
- Requires the working group to conduct at least three public meetings to incorporate feedback from stakeholders.
- By July 1, 2028, requires the working group to issue a report to the Legislature on the potential uses, risks, and benefits of the use of AI in mental health treatment by state government and California-based businesses. Requires the report to include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment. Also requires the report to include a framework for developing training for mental health professionals to understand and incorporate AI into their practices.
- By January 1, 2030, requires the working group to issue a follow up report to the Legislature on the implementation of its recommendations.
- States the members of the working group serve without compensation, but shall be reimbursed for all necessary expenses incurred in the performance of their duties.
- Repeals the working group on January 1, 2031.

Related Legislation: SB 53 (Wiener, 2025) establishes, within GovOps, a consortium to develop a framework for the creation of a public cloud computing cluster to be known as CalCompute, as specified, and includes enhanced whistleblower protections related to employees in AI, as specified. SB 53 is pending in this committee.

SB 243 (Padilla, 2025) among other things, requires an operator of a companion chatbot platform, as defined, to annually report to the State Department of Health Care Services certain things, including the number of times the operator has detected exhibitions of suicidal ideation by minor users. SB 243 is pending in the Senate Health Committee.

-- END --

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 18, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(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 requested 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.

On April 10, 2025, AB 489 was amended to include references to Generative AI, as well as to incorporate provisions related to advice, care, and the Board's recommended amendments to reports and assessments. The amendments also grant the Board authority to seek an injunction or restraining order to enforce Business and Professions Code Section 125.5.

Action Requested

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

Attachment #1: Bill Text- Weblink
Attachment #2: AB 489 Bill Analysis
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.

ASSEMBLY BILL No. 489

Introduced by Assembly Member Bonta

February 10, 2025

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:

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

Chapter 15.5. Health Advice From Artificial Intelligence

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

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

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

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

(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 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.

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

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Assemblymember Mia Bonta	AB 489	
Sponsor:	**Version:** Introduced	
Subject: 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:	
☐ Change in Fee(s) ☐ Affects Licensing Processes ☐ Affects Enforcement Processes	
☐ Urgency Clause ☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	**Full Board Position:**
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

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

Assemblymember Mia Bonta, 18th Assembly District

AB 489 (Bonta) – AI Misrepresentation of Health Professionals (Updated – 02.10.2025)

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 Statue:

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

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

SEIU California (sponsor)
California Medical Association (sponsor)

FOR MORE INFORMATION

Lisa Murawski, Principal Consultant
Assembly Health Committee
Lisa.murawski@asm.ca.gov

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.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. Thank you.

Sincerely,

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

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. Thank you.

Sincerely,

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(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.

On April 9, 2025, was referred to Appropriations Committee.

ACTION REQUESTED

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

Attachment #1: AB 81 Bill Text - Weblink
Attachment #2: AB 81 Assembly Floor Analysis

ASSEMBLY BILL No. 81

Introduced by Assembly Member Ta

December 19, 2024

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:

SECTION 1. Section 716 is added to the Military and Veterans Code, to read:

716. (a) Upon appropriation by the Legislature, the department shall establish a program to fund an academic study of mental

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

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

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

O

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON MILITARY AND VETERANS AFFAIRS
Pilar Schiavo, Chair
AB 81 (Ta) – As Introduced December 19, 2024

SUBJECT: Veterans: mental health.

SUMMARY: Requires the California Department of Veterans Affairs (CalVet) to establish a program to fund, upon appropriation of the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2029. Specifically, **this bill**:

1) Requires CalVet to:

    a) Establish a program, upon appropriation of the Legislature, to conduct an academic study on the mental health of women veterans in California, examining demographics, stressors, risk factors, treatment options, access barriers, suicide rates, and other pertinent information.

    b) Prepare and submit a report to the Legislature summarizing the study's findings and recommendations by June 30, 2029.

2) Makes the provisions of this bill effective until January 1, 2030, and as of that date is repealed.

EXISTING LAW:

1) Permits CalVet to assist every veteran of the United States (U.S.) and the dependent or survivor of every veteran of the U.S. in presenting and pursuing the claim as the veteran, dependent, or survivor may have against the U.S. arising out of military service and in establishing the veteran's, dependent's, or survivor's right to any privilege, preference, care, or compensation provided for by the federal or state laws. (Military and Veterans Affairs Code (MVC) § 699.5)

2) Permits CalVet to cooperate and, with the approval of the Department of Finance, contract with any veterans service organization, and pursuant to the contract to compensate the organization for services within the scope of this section rendered by it to any veteran or dependent or survivor of a veteran. (MVC § 699.5)

3) Requires that such a contract in 2) above will not be made unless CalVet determines that, owing to the confidential relationships involved and the necessity of operating through agencies that the veterans, dependents, or survivors involved will feel to be sympathetic toward their problems, the services cannot satisfactorily be rendered otherwise than through the agency of the veterans organization and that the best interests of the veterans, dependents, or survivors involved will be served if the contract is made. (MVC § 699.5)

4) Requires the Department of Health Care Services, in consultation with Behavioral Health Services Oversight and Accountability Commission to establish priorities for the use of prevention and early intervention funds. These priorities include, among others, culturally

competent and linguistically appropriate prevention and intervention for underserved cultural populations. (Welfare and Institutions Code (WIC) § 5840.7)

5) Defines underserved cultural populations as those who are unlikely to seek help from providers of traditional mental health and substance use disorder services because of stigma, lack of knowledge, or other barriers, including members of ethnically and racially diverse communities, members of the LGBTQ+ communities, victims of domestic violence and sexual abuse, and veterans, across their lifespans. (WIC § 5840.6)

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

COMMENTS:

1) **PURPOSE OF THIS BILL**. According to the author, this bill provides a much-needed picture of the mental health challenges facing California's women veterans. This bill directs CalVet to conduct an academic study of mental health among women veterans in California. This study would include an analysis of mental health stressors, risk factors, suicide rates, treatment modalities, barriers to care, and other relevant information. Given California's rapidly growing population of women veterans, this bill ensures that, instead of only identifying concerning statistics, the state is researching and remedying the root causes driving mental health challenges facing women veterans, and would facilitate an understanding of why women veterans utilize veterans' services at a lower rate than men.

2) **BACKGROUND**. According to the U.S. Department of Veterans Affairs (VA), as of fiscal year (FY) 2023, there were approximately 155,620 women veterans living in California. The number of women serving in the military has grown. As more women make the transition from service member to veteran, the proportion of women veterans also increases over time. Between FYs 2000 and 2023, the total percentage of women veterans increased from 6.3% to 11.3% of the total veteran population in the U.S. The VA projects that by 2043, women will make up 17.2% of all living veterans. Currently, women make up about 30% of all new VA patients.

   a) **Women Veteran Population**. When the draft ended in 1973, women represented just 2% of the enlisted forces and 8% of the officer corps. Today, those numbers are 17.7% and 19%, respectively, a significant increase over the past half century. According to the Department of Defense's 2023 Demographics Report, the percentage of women serving in uniform has increased slightly from 17.5% in 2022 to 17.7% in 2023. In 2023, women made up 17.7% of the active-duty force, totaling 225,119 members; and 21.9% of the National Guard and reserves at 167,762 members. The year before, women made up 17.3% of the active-duty force and 21.4% of the Guard and reserve. Women who served in the U.S. Armed Forces have unique needs. They are more likely to be primary caregivers for spouses, children, and parents and more likely to have gender specific health needs. They are younger and more diverse than their male counterparts.

      Women veterans experience additional barriers to receiving and utilizing benefits and services. In California, many women do not self-identify as veterans and thus do not utilize benefits or participate in veterans' events, comprising only 5% of the customer population served by County Veteran Services Offices in 2013, according to CalVet, despite making up 11% of the overall population of California veterans. Additionally, women veterans have higher rates of physical/mental health problems, such as Military

Sexual Trauma (MST), alcohol abuse, and drug abuse, than male veterans, and are more likely to die by suicide.

b) **2024 CalVet Women Veterans Survey.** On January 23, 2024 CalVet, the California Research Bureau, and the VetFund Foundation launched a women veterans survey (survey). The survey closed on June 11, 2024 with 3,822 individuals responding, of which 2,716 were qualified responses after removing those not identifying as women or had no branch of service. More than one-third of respondents reported mixed experiences with specific Veterans Health Administration (VHA) hospitals or clinics, vet centers, and overall medical care. The second most common theme, mentioned by roughly a quarter of respondents, was the support they received or the ongoing need for assistance in securing specific benefits. Respondents reported challenges navigating the VA system, including difficulties in filing disability claims, finding competent mental health providers, or locating knowledgeable advocates. The main points highlighted were the importance of effective outreach to recognize women veterans, addressing the stigma linked to benefits access, and enhancing training for staff on the specific medical and behavioral health needs of women veterans to encourage them to engage more with available services. Among the women veterans surveyed, more than 50% reported having mental and physical service-connected disabling conditions that affect the quality of life, increased reporting of adverse health conditions across the board, and 10% of respondents self-reported experiencing suicidal ideation. A total of 32.3% reported experiencing homelessness or housing instability at some point in their life, 11% feeling ignored or having a poor experience when seeking assistance, and only 13% reported receiving assistance from either veteran or civilian community-based organizations. When asked if they had symptoms and/or a diagnosis of mental health issues, 69.8% responded yes, 25.6% responded no, and 4.6% were unsure. When asked what their mental health issues related to, the responses were: 63.9% sexual assault during service; 63.5% combat-related events, 52% noncombat-related events, 28.1% physical assault during service, 16.5% other service-related events, and 34.7% nonservice-related events. The majority of respondents link their behavioral health issues to their service experience and more than one cause. A total of 51.7% reported experiencing sexual assault during their service, 65.5% did not seek treatment for their experiences, and 68.3% of respondents did not report their sexual assault experiences. Only 4.2% who reported the incident expressed satisfaction with the resolution, and 27.5% reported the sexual assault but found the resolution unsatisfactory. Many respondents reported that one or multiple incidents have resulted in lifelong trauma, often manifesting as PTSD, and the majority of those who reported the incident experienced retaliation, up to and including physical violence and being discharged from the military.

c) **Women Veteran Suicide**. VA researchers found the rate of suicide to be higher among women who reported having experienced MST, sexual assault, or sexual harassment during military service than among those who did not report experiencing MST. Between 2005 and 2015, women Veterans ages 35-54 had higher suicide rates than those in other age groups. After adjusting for age differences, the suicide rate among women veterans in 2015 was 2.0 times higher than the rate among non-veteran women. According to the 2024 National Veteran Suicide Prevention Annual Report, in 2022, there were 271 suicides among female Veterans (80 fewer than in 2021). From 2001 to 2022, age-adjusted suicide rates rose 24% for female veterans with recent VHA use and 55.2% for female veterans without recent VHA use. Among female recent veteran VHA users in

2022, the suicide rate was 75% higher for those with positive screens for MST than for those with negative screens.

d) Unique Challenges for Women Veterans. Women soldiers face challenges that routinely place them at risk for victimization and isolation while deployed. Additionally, reintegrating into civilian communities is particularly challenging for female veterans, as they frequently encounter services that are predominantly designed for men due to historical and societal factors. Although women have served in the U.S. military since the Revolutionary War, it wasn't until 1988 that the VA began offering female veterans medical and mental health services. Women veterans frequently feel invisible in the civilian world, with their contributions and experiences often overlooked or underappreciated. Women comprise the fastest-growing population in both the military and the veteran community. While they are consistently and impressively breaking down barriers, women veterans still experience unique challenges and gaps in transition, care, and employment, particularly during their transition to civilian life and employment. Women's achievements are being erased from government websites, photos, and history, which many feel is diminishing their historical significance. Women veterans from the Civil War, World War II, the Korean War, and the Vietnam War are not exempt from the Defense Department's sweep of diversity, equity, and inclusion (DEI) efforts within the U.S. military. Recent reports indicate that Arlington National Cemetery has removed educational materials and content about the history of female service members from its website, effectively erasing their contributions and stories. Retired Chief Master Sgt. of the Air Force JoAnne Bass, who was the first woman to hold the highest enlisted rank in any U.S. military service, made a point on her social media pages. "For some, this might seem like just a policy decision. For those of us who have fought, bled, and led in this uniform, it is personal," she wrote. "When you strip away the recognition of those who have given so much, you send a clear message: Your service and sacrifice are appreciated, but not enough to be remembered."

3) **SUPPORT**. This bill is sponsored by veteran organizations including, American Legion-Department of California and AMVETS Department of California and supported by California State Commanders State Council, Military Officers Association of America-California Council of Chapters, and the Vietnam Veterans of America-California State Council. Supporters state despite their growing presence, women veterans remain underserved and underrepresented and face unique mental health challenges. They point out that the suicide rate for veteran women is 14.8 per 100,000, compared to 7.6 per 100,000 for nonveteran women—meaning that the rate for female veterans is nearly double (1.95 times) that of their nonveteran counterparts. In addition to these troubling suicide statistics, studies continue to show that approximately 12% of women veterans suffer from PTSD—nearly twice the rate of their male counterparts—and they also face higher rates of depression and underutilization of state benefits. Proponents claim that this bill takes a proactive approach to tackle the concerning issues affecting women veterans' mental health by pinpointing root causes and offering practical suggestions to enhance access to mental health services, support networks, and resources to curb PTSD, depression, and suicide.

4) **PREVIOUS LEGISLATION**.

a) AB 718 (Ta) of 2023 was substantially similar to this bill and would have required CalVet to establish a program to fund, upon appropriation by the Legislature, an

academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2025. AB 718 was vetoed by the Governor, who in his veto message said, in part, "While I am supportive of the author's goal of advancing research on mental health among women veterans in the state, approving this measure would presume funding in next year's budget cycle, and the timeline established by this bill would not provide CalVet adequate time to provide a substantive report. I encourage the author to work to secure the necessary funding for this study within the annual budget process."

b) AB 1692 (Voepel) of 2022 was identical to AB 718 and was vetoed by the Governor.

c) AB 1935 (Voepel) of 2022 would have required CalVet to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2022. Held in Senate Appropriations under suspense.

REGISTERED SUPPORT / OPPOSITION:

Support

American Legion, Department of California
Amvets, Department of California
California State Commanders Veterans Council
Military Officers Association of America, California Council of Chapters
San Diego Regional Chamber of Commerce
Vietnam Veterans of America, California State Council

Opposition

None on file.

Analysis Prepared by: Patty Patten / M. & V.A. / (916) 319-3550

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(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 and on February 27, 2025, AB 257 was presented to the Board for possible position

recommendation, which the Board determined to watch AB 257.

On March 26, 2025, AB 257 was amended to clarify the process for awarding grant funds, how those funds should be used, and how the grant program would be regulated. The revised bill also requires a designated agency to administer the grant program and coordinate an independent evaluation of the demonstration project, including the collection and reporting of data necessary for monitoring and assessment.

On March 28, 2025, AB 257 was referred to the appropriations committee, and as of April 9, 2025, AB 257 was set for hearing, though no date is listed.

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- Health
Attachment #3: AB 257 Assembly Floor Analysis- Appropriations

AMENDED IN ASSEMBLY MARCH 27, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 257

Introduced by Assembly Member Flora
(Coauthor: Senator Dahle)

January 16, 2025

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:

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

DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE EVERYWHERE

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

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

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

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

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

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

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

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

151102. (a) 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, shall establish a demonstration project for a grant program, aimed at facilitating a telehealth and other virtual services specialty care network or networks that are designed to serve patients of safety-net providers consisting of qualifying providers, as defined in Section 151100. The demonstration project shall be known, and may be cited, as Equal Access to Specialty Care Everywhere.

(b) (1) The purpose of the demonstration project shall 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.

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

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

(d) It is 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.

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

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

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

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

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

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

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

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

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

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

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

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

(2) 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.

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

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

(5) Improving cost-effectiveness and optimizing utilization.

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

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

(g) The agency shall ensure that lessons learned, recommendations, and best practices from the demonstration 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.

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

~~DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE EVERYWHERE~~

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

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

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

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

~~(1) Consisting of, or partnering with, a network of health care providers, including at least 50 qualifying providers 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.~~

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

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

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

~~(5) 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.~~

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

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

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

~~151102. (a) 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, shall 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, as defined in Section 151100. The demonstration project shall be known, and may be cited, as Equal Access to Specialty Care Everywhere.~~

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

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

~~(d) It is 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.~~

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

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

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

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

~~(1) Increasing capacity and efficiencies to address endemic and growing workforce shortages of specialists through enhanced triage capabilities and reduction in missed appointments.~~

~~(2) 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.~~

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

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

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

~~(6) Improving interoperability, inter-clinician care coordination, and enhanced care management.~~

~~(c) A grantee shall evaluate its performance on the objectives described in subdivision (b) and shall submit a report of its findings to the agency.~~

O

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 2339, 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

Date of Hearing: April 9, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 257 (Flora) – As Amended March 27, 2025

Policy Committee: Health Vote: 15 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill, subject to an appropriation, requires the California Health and Human Services Agency (CalHHS) to establish a demonstration project for a grant program for facilitating a telehealth and other virtual services network to improve access to specialty care for Medi-Cal beneficiaries.

Specifically, this bill:

1) Requires CalHHS, in collaboration with the Department of Health Care Access and Information (HCAI) and the Department of Health Care Services (DHCS), to establish "Equal Access to Specialty Care Everywhere," a demonstration project for a telehealth and other virtual services specialty care network designed 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.

2) Authorizes the demonstration to focus on increasing access to behavioral and maternal health services and additional specialties prioritized by CalHHS.

3) Requires CalHHS to administer a program to award grants based on an application process.

4) Establishes eligibility criteria for a grant applicant, including a network of at least 10 qualifying providers and a record of supporting underserved communities.

5) Establishes requirements for how an applicant may use grant funds.

6) Requires CalHHS to ensure lessons learned, recommendations, and best practices from the demonstration project are publicly disseminated.

7) Conditions implementation on an appropriation by the Legislature.

FISCAL EFFECT:

General Fund cost pressures of an unknown amount, potentially $12 million, to CalHHS. The author has requested a one-time appropriation of $12 million to fund a demonstration project as specified in this bill, for three grants of $4 million each.

COMMENTS:

1) **Purpose.** This bill is sponsored by OCHIN, a nonprofit provider of electronic health record (EHR) systems and health information exchange and technology support to safety net providers. OCHIN's client network includes safety net providers such as community clinics, critical access hospitals, local public health agencies, and school-based health programs. According to the author:

> [P]atients in rural and underinvested communities still wait weeks or months to see specialists, which often results in them not getting care at all...[W]e can reimagine specialty care delivery that leverages digital modalities and AI through an integrated virtual specialty care network, connecting patients who face the greatest barriers to accessing care with specialty care rapidly, no matter where they live. Enhanced interoperability and AI will power seamless data sharing, streamline provider coordination, and eliminate costly gaps in care.

2) **Related Legislation.**

AB 688 (Mark González) requires DHCS to produce a publicly available Medi-Cal telehealth utilization report every two years. AB 688 is pending in the Assembly Committee on Health.

SB 530 (Richardson) updates and removes the sunset on time and distance standards in Medi-Cal managed care, and narrows the situations in which a Medi-Cal managed care plan may meet time and distance standards using telehealth, among other provisions. SB 530 is pending in the Senate Committee on Health.

3) **Prior Legislation.**

AB 2726 (Flora), of the 2023-24 Legislative Session, was identical to this bill, and was held in this committee.

AB 1943 (Weber), of the 2023-24 Legislative Session, was similar to AB 688, above, and was held on suspense in the Senate Committee on Appropriations.

AB 2239 (Aguiar-Curry), of the 2023-24 Legislative Session, would have expanded the situations in which Medi-Cal could reimburse health care providers for services rendered to new patients through asynchronous store and forward telehealth. Governor Newsom vetoed AB 2239, stating in part:

> [T]here 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.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(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

Introduced by Assembly Member Alanis

January 21, 2025

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:

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

CHAPTER 2.10. BEHAVIORAL HEALTH CENTERS, FACILITIES, AND PROGRAMS

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

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

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

~~PART 1.5. BEHAVIORAL TECHNICIAN CERTIFICATION~~

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

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

~~(c) As used in this part, the following terms have the following meanings:~~

~~(1) "Behavioral technician" means any of the following:~~

~~(A) A qualified autism service provider.~~

~~(B) A qualified autism service professional.~~

~~(C) A qualified autism service paraprofessional.~~

~~(2) "Qualified autism service provider" means either of the following:~~

~~(A) An individual who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.~~

~~(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist, pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.~~

~~(3) "Qualified autism service professional" means an individual who meets all of the following criteria:~~

~~(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.~~

~~(B) Is supervised by a qualified autism service provider.~~

~~(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.~~

~~(D) Is either of the following:~~

~~(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.~~

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

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

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

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

~~(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:~~

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

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

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

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

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

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

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

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

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

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

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

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

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

O

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:
Lauren Smith
(916) 319-2022
lauren.smith@asm.ca.gov

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(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

Introduced by Assembly Member Nguyen

January 29, 2025

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:

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

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

(b) For purposes of this section, "licensed health care professional" has the same definition as "health care practitioner," as defined in Section 680 of the Business and Professions Code.

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

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

Section 14132.95 or 14132.952, an applicant for or recipient of services shall obtain a certification from a licensed health care professional, including, but not limited to, a physician, physician assistant, regional center clinician or clinician supervisor, occupational therapist, physical therapist, psychiatrist, psychologist, optometrist, ophthalmologist, or public health nurse, *or a nurse or nurse practitioner who is working under the direction of the 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.

~~(1) For purposes of this section, a licensed health care professional means 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.~~

(2) For purposes of this section, "licensed health care professional" has the same definition as "health care practitioner," as defined in Section 680 of the Business and Professions Code.

~~(2)~~

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

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

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

~~(3)~~

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

~~(4)~~

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

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

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

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

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

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

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

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

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

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

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

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

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

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

O

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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(d)(5) 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.

AB 518 was originally set for hearing March 25, 2025, but was cancelled upon author's request and has been set for hearing on April 22, 2025.

On April 7, 2025, SB 518 was amended to specify that the Bureau of Descendants of American Slavery would be established within the Department of Justice and under the control of the director who would be appointed by the Attorney General, not the Governor.

On April 9, 2025, SB 518 was set for hearing for April 22, 2025, and was also amended. Amendments include formal process to compensate victims and descendants of racially motivated eminent domain, where property was unjustly taken without fair compensation, leading to the loss of communities and generational wealth. It affirms that rectifying these wrongs serves the public good and is not considered a gift of public funds.

ACTION REQUESTED

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

Attachment #1: SB 518 Bill Text - Weblink

SENATE BILL No. 518

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

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:

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

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

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

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

PART 15. BUREAU FOR DESCENDANTS OF AMERICAN SLAVERY

Chapter 1. Definitions

16000. For purposes of this part:

(a) "Bureau" means the Bureau for Descendants of American Slavery.

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

(c) "Director" means the Director of the Bureau of American Slavery.

Chapter 2. General

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

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

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

Chapter 3. Powers and Duties

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

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

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

(2) Create a method for eligible individuals to submit claims and receive compensation or restitution for those particular harms California inflicted upon the claimant or their family.

(b) A Property Reclamation Division to do all of the following:

(1) Create a database of property ownership in the state.

(2) Research and document California state properties acquired as a result of racially-motivated eminent domain, including properties that no longer exist due to state highway construction or other development.

(3) Review and investigate public complaints from people who claim their property was taken without just compensation.

(4) Upon appropriation, distribute just compensation for the fair market value, adjusted for property price appreciation, of the property at the time of the taking.

(c) An Education and Outreach Division to develop and implement a public education campaign regarding the cycle of gentrification, displacement, and exclusion; the connection between redlining and gentrification; and the history of discriminatory urban planning in California.

(d) A Legal Affairs Division to provide legal advice, counsel, and services to the bureau and its officials, and to ensure that the bureau's programs are administered in accordance with applicable legislative authority. The division shall also advise the head of the bureau on legislative, legal, and regulatory initiatives and serve as an external liaison on legal matters with other state agencies and other entities.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(d)(6) 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.

On April 8, 2025, AB 742 was re-referred to the Committee on Judiciary.

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
Attachment #3: AB 742 Assembly Floor Analysis

AMENDED IN ASSEMBLY MARCH 13, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 742

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

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:

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

115.7. *(a)* Notwithstanding any other law, ~~a~~ *once the process to certify descendants of American slaves is established by the Bureau for Descendants of American Slavery pursuant to Part 15 (commencing with Section 16000) of Division 3 of Title 2 of the Government Code that confirms an individual's status as a descendant of an American slave, each* board shall 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.*

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

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

(d) This section shall become operative only if Senate Bill 518 of the 2025–26 Regular Session is enacted establishing the Bureau 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.

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 742 (Elhawary) – As Amended March 13, 2025

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Judiciary.

SUBJECT: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

SUMMARY: Requires state licensing boards to prioritize applicants seeking licensure who are descendants of American slaves.

EXISTING LAW:

1) Provides that the term "board" includes "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency." (Business and Professions Code (BPC) § 22)

2) States that unless otherwise expressly provided, the term "license" means license, certificate, registration, or other means to engage in a business or profession regulated by the Business and Professions Code. (BPC § 23.7)

3) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (BPC § 100)

4) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction. (BPC § 101)

5) States that boards, bureaus, and commissions within the DCA must establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate, upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public. (BPC § 101.6)

6) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for an applicant who has served as an active duty member of the Armed Forces of the United States and was honorably discharged or who, beginning July 1, 2024, is enrolled in the United States Department of Defense SkillBridge program. (BPC § 115.4)

7) Requires boards within the DCA to expedite the licensure process and waive any associated fees for applicants who hold a current license in another state and who are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders. (BPC § 115.5)

8) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for applicants who have been admitted to the United States as a refugee, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or have a special immigrant visa. (BPC § 135.4)

9) Requires the Medical Board of California (MBC), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), and the Physician Assistant Board (PAB) to expedite the licensure process for applicants who demonstrate that they intend to provide abortions within the scope of practice of their license. (BPC § 870)

10) Requires the MBC to give priority review status to the application of an applicant for a physician's and surgeon's certificate who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population. (BPC § 2092)

11) Requests that the Regents of the University of California assemble a colloquium of scholars to draft a research proposal to analyze the economic benefits of slavery that accrued to owners and the businesses, including insurance companies and their subsidiaries, that received those benefits. (Education Code § 92615)

12) Requires the Insurance Commissioner to obtain the names of any slaveholders or slaves described in specified insurance records, and to make the information available to the public and the Legislature. (Insurance Code § 13811)

13) Declares that descendants of slaves, whose ancestors were defined as private property, dehumanized, divided from their families, forced to perform labor without appropriate compensation or benefits, and whose ancestors' owners were compensated for damages by insurers, are entitled to full disclosure. (Insurance Code § 13813)

14) Enacts the Apology Act for the Perpetration of Gross Human Rights Violations and Crimes Against Humanity, with special consideration for African Slaves and their Descendants. (Government Code (GOV) §§ 8301 *et seq.*)

15) Requires the State Controller's Office and the Department of Human Resources, when collecting demographic data as to the ancestry or ethnic origin of persons hired into state employment, to include collection categories and tabulations for Black or African American groups, including, but not limited to, African Americans who are descendants of persons who were enslaved in the United States. (GOV § 8310.6)

THIS BILL:

1) Requires each board under the DCA to prioritize applicants seeking licensure who are descendants of American slaves.

2) Makes the requirements of the bill contingent on the enactment of additional legislation establishing the Bureau for Descendants of American Slavery, and requires an applicant to obtain certification from the Bureau confirming their status as a descendant of an American slave to qualify for prioritization for licensure.

3) Subjects the bill's provisions to repeal four years from the date on which they become operative, or until January 1, 2032, whichever is earlier.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the *California Legislative Black Caucu*s. According to the author: "By prioritizing descendants of slaves when applying for licenses, we hope to increase the number of applicants and recipients of licensure in various businesses and professions where descendants of slaves have often been overlooked and underrepresented. This is one small step in righting the wrongs of the past."

Background.

Expedited Licensure. The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, or otherwise regulating professionals in California. As of March 2023, there are over 3.4 million licensees overseen by programs under the DCA, including health professionals regulated by healing arts boards under Division 2 of the Business and Professions Code. Each licensing program has its own unique requirements, with the governing acts for each profession providing for various prerequisites including prelicensure education, training, and examination. Most boards additionally require the payment of a fee and some form of background check for each applicant.

The average duration between the submission of an initial license application and approval by an entity under the DCA can vary based on a number of circumstances, including increased workload, delays in obtaining an applicant's criminal history, and deficiencies in an application. Boards typically set internal targets for application processing timelines and seek adequate staffing in an effort to meet those targets consistently. License processing timelines are then regularly evaluated through the Legislature's sunset review oversight process.

The first expedited licensure laws specifically related to the unique needs of military families. The Syracuse University Institute for Veterans and Military Families found that up to 35 percent of military spouses are employed in fields requiring licensure. Because each state possesses its own licensing regime for professional occupations, military family members are required to obtain a new license each time they move states, with one-third of military spouses reportedly moving four or more times while their partner is on active duty. Because of the barriers encountered by military family members who seek to relocate their licensed work to a new state, it is understood that continuing to work in their field is often challenging if not impossible.

In an effort to address these concerns, Assembly Bill 1904 (Block) was enacted in 2012 to require boards and bureaus under the DCA to expedite the licensure process for military spouses and domestic partners of a military member who is on active duty in California. Two years later, Senate Bill 1226 (Correa) was enacted to similarly require boards and bureaus under the DCA to expedite applications from honorably discharged veterans, with the goal of enabling these individuals to quickly transition into civilian employment upon retiring from service.

Statute requires entities under the DCA to annually report the number of applications for expedited licensure that were submitted by veterans and active-duty spouses and partners. For example, in Fiscal Year 2022-23, the MBC received 14 applications from military spouses or partners and 101 applications from honorably discharged veterans subject to expedited processing. In 2023, the federal Servicemembers Civil Relief Act (SCRA) imposed new requirements on states to recognize qualifying out-of-state licenses for service members and their spouses. This new form of enhanced license portability potentially displaces the need for expedited licensure for these applicants.

A decade after the first expedited licensure laws were enacted for military families, the Legislature enacted Assembly Bill 2113 (Low) in 2020 to require licensing entities under the DCA to expedite licensure applications for refugees, asylees, and Special Immigrant Visa holders. The intent of this bill was to address the urgency of allowing those forced to flee their homes to restart their lives upon acceptance into California with refugee status. It is understood that the population of license applicants who have utilized this new expedited licensure program across all DCA entities is, to date, relatively small.

Subsequently in 2022, the Legislature enacted Assembly Bill 657 (Cooper) to add another category of applicants eligible for expedited licensure. This bill required the MBC, OMBC, the BRN, and the PAB to expedite the license application for an applicant who demonstrates that they intend to provide abortions. This bill was passed in the wake of the Supreme Court's decision to overturn *Roe v. Wade*, which led to concerns that with approximately half of all states likely to pursue abortion bans, patients in those states would come to California to receive abortion services, creating a swell in demand for abortion providers. Assembly Bill 657 was passed to ensure that there is an adequate health care provider workforce to provide urgent reproductive care services.

State Efforts to Provide Reparations to Descendants of Slavery. In 2020, the Legislature enacted Assembly Bill 3121 (Weber), which formally 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. The bill's findings and declarations acknowledged that "more than 4,000,000 Africans and their descendants were enslaved in the United States and the colonies that became the United States from 1619 to 1865." The bill further found that as "a result of the historic and continued discrimination, African Americans continue to suffer debilitating economic, educational, and health hardships," including, among other hardships, "an unemployment rate more than twice the current white unemployment rate."

The Task Force created by AB 3121 was given responsibility for studying and developing reparation proposals for African Americans as a result of slavery and numerous subsequent forms of discrimination based on race. The Task Force was then required to recommend appropriate remedies in consideration of its findings, which were submitted as a report to the Legislature on June 29, 2023. The *California Reparations Report*, drafted with staff assistance from the California Department of Justice, totals over a thousand pages and provides a comprehensive history of the numerous past injustices and persistent inequalities and discriminatory practices. The report also includes a number of recommendations for how the state should formally apologize for slavery, provide compensation and restitution, and address the pervasive effects of enslavement and other historical atrocities.

Chapter 10 of the Task Force's report, titled "Stolen Labor and Hindered Opportunity," addresses how African Americans have historically been excluded from occupational licenses. As discussed in the Task Force's report, "state licensure systems worked in parallel to exclusion by unions and professional societies in a way that has been described by scholars as "particularly effective" in excluding Black workers from skilled, higher paid jobs. White craft unions implemented unfair tests, conducted exclusively by white examiners to exclude qualified Black workers."

The report additionally describes how, as the use of licensure to regulate jobs increased beginning in the 1950s, African American workers continued to be excluded from economic opportunity, in large part due to laws disqualifying licenses for applicants with criminal records, which disproportionately impacted African Americans. This specific issue was previously addressed in California through the Legislature's enactment of Assembly Bill 2138 (Chiu/Low) in 2018, which reduced barriers to licensure for individuals with prior criminal histories by limiting the discretion of most regulatory boards to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with nonviolent offenses older than seven years no longer eligible for license denial.

In its discussion of issues relating to professional licensure, the Task Force concludes by stating that "while AB 2138 represents progress, other schemes remain in California which continue to have a racially discriminatory impact." The Task Force then provides several recommendations on how the Legislature could "expand on AB 2138." This includes a recommendation in favor of "prioritizing African American applicants seeking occupational licenses, especially those who are descendants [of slavery]."

On January 31, 2024, the California Legislative Black Caucus announced the introduction of the 2024 Reparations Priority Bill Package, consisting of a series of bills introduced by members of the caucus to implement the recommendations in the Task Force's report. Assembly Bill 2862 (Gipson) was introduced to implement the Task Force's recommendation that boards be required to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. However, this bill ultimately did not pass the Senate Committee on Business, Professions, and Economic Development.

The following year, the California Legislative Black Caucus announced its "Road to Repair 2025 Priority Bill Package," which it described as "not only about acknowledging the past, but also a commitment to build a more just and equitable future by addressing the systemic barriers that Black Californians continue to face." This bill, included as part of that package, is similar to Assembly Bill 2862 from the prior session. However, this bill replaces references to African American applicants with a requirement that boards prioritize "descendants of American slaves."

Because there is currently no established way to prove this status, the bill's requirements are contingent on the Legislature also enacting Senate Bill 518 (Weber Pierson), which would establish a Bureau for Descendants of American Slavery. Once this Bureau has implemented a process for certifying descendants of American slaves, certified applicants would qualify for prioritization under the bill. This requirement would be similar to existing expedited licensure processes for military families, refugee applicants, and abortion providers. While this bill would only represent a single step in what could be considered a long journey toward addressing the malignant consequences of slavery and systemic discrimination, the author believes it would meaningfully address the specific impact those transgressions have had on African Americans seeking licensure in California.

Current Related Legislation. AB 7 (Bryan) would allow higher education institutions in California to grant descendants of American chattel slavery preferential consideration for admission, to the extent that it does not conflict with federal law. *This bill is pending in the Assembly Committee on Higher Education.*

AB 57 (McKinnor) would designate a share of Home Purchase Assistance Funds for first-time home buyers who are descendants of American chattel slavery. *This bill is pending in the Assembly Committee on Judiciary.*

SB 437 (Weber Pierson) would require the California State University to conduct independent research and issue a report on scientific methods for verifying an individual's genealogical connection to enslaved ancestors in the United States. *This bill is pending in the Senate Committee on Judiciary.*

SB 518 (Weber Pierson) would establish the Bureau of Descendants of American Slavery. *This bill is pending in the Senate Committee on Governmental Organization.*

Prior Related Legislation. AB 2862 (Gipson) of 2024 would have required state licensing boards under the (DCA to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. *This bill died in the Senate Committee on Business, Professions, and Economic Development*.

SB 1403 (Bradford) of 2024 would have established a California American Freedmen Affairs Agency. *This bill died on the Assembly Floor inactive file.*

AB 657 (Cooper), Chapter 560, Statutes of 2022 requires specified boards under the DCA to expedite applications from applicants who demonstrate that they intend to provide abortions.

AB 3121 (Weber), Chapter 319, Statutes of 2020 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.

AB 2113 (Low), Chapter 186, Statutes of 2020 requires entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

AB 2138 (Chiu/Low), Chapter 995, Statutes of 2018 reduced barriers to licensure for individuals with prior criminal convictions.

SB 1226 (Correa), Chapter 657, Statutes of 2014 requires entities under the DCA to expedite applications from honorable discharged veterans.

AB 1904 (Block), Chapter 399, Statutes of 2012 requires entities under the DCA to expedite applications from military spouses and partners.

ARGUMENTS IN SUPPORT:

The *Greater Sacramento Urban League* supports this bill, writing: "For generations, Black Californians have faced systemic discrimination in licensing processes, limiting their ability to enter high-demand professions and contribute fully to California's workforce. The historical impacts of racial bias, mass incarceration, and unjust restrictions on licensing have disproportionately affected descendants of enslaved people, creating economic disparities that persist today. AB 742 takes a critical step toward correcting these injustices by ensuring that licensing boards prioritize applications from descendants of enslaved individuals and eliminate arbitrary waiting periods that delay their ability to enter the workforce."

ARGUMENTS IN OPPOSITION:

Pacific Legal Foundation opposes this bill, writing: "As currently drafted, AB 742 does not offer its ostensible race-based eligibility criteria as a remedy to specific instances of discrimination in state licensing. While the Task Force report prompting the legislation references state laws restricting individuals with certain criminal convictions from obtaining licenses that are more likely to impact African American workers, it makes no mention of any laws explicitly excluding or limiting African Americans from receiving a license. The justification for AB 742's race-based licensing thus amounts to addressing societal discrimination, which is insufficient as a compelling interest."

POLICY ISSUE(S) FOR CONSIDERATION:

Creation of Additional Expedited Licensure Processes. When expedited licensure was first established as a process in California, it was intended to address unique issues relating to military families who move frequently and can often not afford to wait to qualify for a new license each time they relocate to a new state. The addition of refugee and asylee applicants was intended to respond to a growing international refugee crisis by providing similar benefits to a small number of applicants whose relocation to California was presumably abrupt and who would need to rebuild their professions. In that same spirit, the extension of expedited licensure to abortion care providers was aimed at preparing for a potential influx of demand for those services in the wake of the Supreme Court's decision to overturn longstanding protections for reproductive rights.

Several pieces of legislation have been subsequently introduced to establish new expedited licensure requirements for additional populations of applicants. Each of these proposals has arguably been meritorious, as were each of the measures previously signed into law. However, there is potentially a cause for concern that as the state contemplates adding more categories of license applicants to the growing list of applications that must be expedited by entities within the DCA, the value of expediting each applicant type becomes diluted and non-expedited applications could become unduly delayed.

If the Legislature intends to extend expedited licensure requirements to new demographics of applicants—which the author of this bill has argued cogently in favor of doing—attention should be paid to the impact that all these proposals ultimately have in their totality. The Legislature should also subsequently revisit the need for expedited licensure requirements that were established in particular contexts and determine if they are still needed, which could be achieved by the addition of sunset clauses. This bill would arguably address this issue by subjecting the provisions of the bill to sunset four years after their effective date.

Constitutionality. In June of 2023, the Supreme Court of the United States issued its ruling in *Students for Fair Admissions v. Harvard*, in which it decided that the Equal Protection Clause of the Fourteenth Amendment prohibits universities from positively considering race as a factor in admissions. This decision strongly suggests an antagonistic position within the current composition of the Supreme Court when reviewing policies that seek to improve equitable access to opportunity or providing redress to representatives of racial groups that have been subjected to discrimination and marginalization. The likelihood of this bill's provisions surviving a strict scrutiny examination by the Supreme Court will be more thoroughly discussed when this bill is re-referred to the Assembly Committee on Judiciary.

REGISTERED SUPPORT:

Greater Sacramento Urban League

REGISTERED OPPOSITION:

California Landscape Contractor's Association
Pacific Legal Foundation
17 Individuals

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(d)(7) 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 and on March 26, 2025, AB 479 was set for first hearing, but was cancelled at the request of author.

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

Introduced by Assembly Member Tangipa

February 10, 2025

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:

SECTION 1. Section 236.15 of the Penal Code is amended to read:

236.15. (a) If a person was arrested for or convicted of any nonviolent offense committed while the person was a victim of intimate partner violence or sexual violence, the person may petition the court for vacatur relief of their convictions, arrests, and adjudications under this section. 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. Upon this ~~showing,~~ *showing and a finding that vacating the conviction is in the best interest of justice as described in subdivision (g),* the court shall find that the person lacked the requisite intent to commit the offense and shall therefore vacate the conviction as invalid due to legal defect at the time of the arrest or conviction.

(b) The petition for relief shall be submitted under penalty of perjury and shall describe all of the available grounds and evidence that the petitioner was a victim of intimate partner violence or sexual violence and the arrest or conviction of a nonviolent offense was the direct result of being a victim of intimate partner violence or sexual violence.

(c) The petition for relief and supporting documentation shall be served on the state or local prosecutorial agency that obtained the conviction for which vacatur is sought or with jurisdiction over charging decisions with regard to the arrest. *If the petitioner holds a license, the petition and supporting documentation shall also be served on the applicable licensing entity.* The state or local prosecutorial ~~agency~~ *agency, and any applicable licensing entity,* shall have 45 days from the date of receipt of service to respond to the petition for relief.

(d) If opposition to the petition is not filed by the applicable state or local prosecutorial agency, *or by an applicable licensing entity,* the court shall deem the petition unopposed and may grant the petition.

(e) The court may, with the agreement of the petitioner and all of the involved state or local prosecutorial agencies, consolidate

into one hearing a petition with multiple convictions from different jurisdictions.

(f) If the petition is opposed or if the court otherwise deems it necessary, the court shall schedule a hearing on the petition. The hearing may consist of the following:

(1) Testimony by the petitioner, which may be required in support of the petition.

(2) Evidence and supporting documentation in support of the petition.

(3) Opposition evidence presented by any of the involved state or local prosecutorial agencies that obtained the ~~conviction.~~ *conviction, and any applicable licensing entity.*

(g) *(1)* After considering the totality of the evidence presented, the court may vacate the conviction and expunge the arrests and issue an order if it finds all of the following:

~~(1)~~

(A) That the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of the qualifying crime.

~~(2)~~

(B) The arrest or conviction of the crime was a direct result of being a victim of intimate partner violence or sexual violence.

~~(3)~~

(C) It is in the best interest of justice.

(2) If the petitioner holds a license and the offense is substantially related to the qualifications, functions, or duties of a licensee, the court shall consider and make findings regarding the impact on the public health, safety, and welfare in its evaluation pursuant to this subdivision.

(h) An order of vacatur shall do all of the following:

(1) 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.

(2) 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.

(3) 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.

(i) Notwithstanding this section, a petitioner shall not be relieved of any financial restitution order that directly benefits the victim of a nonviolent offense unless it has already been paid.

(j) A person who was arrested as, or found to be, a person described in Section 602 of the Welfare and Institutions Code because they committed a qualifying nonviolent offense while they were a victim of intimate partner violence or sexual violence may petition the court for relief under this section. If the petitioner establishes that the arrest or adjudication was the direct result of being a victim of intimate partner violence or sexual violence, the petitioner is entitled to a rebuttable presumption that the requirements for relief have been met.

(k) If the court issues an order as described in subdivision (a) or (j), the court shall also order the law enforcement agency having jurisdiction over the offense, the Department of Justice, and any law enforcement agency that arrested the petitioner or participated in the arrest of the petitioner to seal their records of the arrest and the court order to seal and destroy the records within three years from the date of the arrest or within one year after the court order is granted, whichever occurs later and thereafter to destroy their records of the arrest and the court order to seal and destroy those records. The court shall provide the petitioner a copy of any court order concerning the destruction of the arrest records.

(*l*) A petition pursuant to this section shall be made and heard within a reasonable time after the person has ceased to be a victim of intimate partner violence or sexual violence or within a reasonable time after the petitioner has sought services for being a victim of intimate partner violence or sexual violence, whichever occurs later, subject to reasonable concerns for the safety of the petitioner, family members of the petitioner, or other victims of intimate partner violence or sexual violence who may be jeopardized by the bringing of the application or for other reasons consistent with the purposes of this section.

(m) For the purposes of this section, official documentation of a petitioner’s status as a victim of intimate partner violence or sexual violence may be introduced as evidence that their participation in the offense was the result of their status as a victim of intimate partner violence or sexual violence. For the purposes of this subdivision, “official documentation” means any documentation issued by a federal, state, or local agency that tends

to show the petitioner's status as a victim of intimate partner violence or sexual violence. Official documentation shall not be required for the issuance of an order described in subdivision (a).

(n) A petitioner, or their attorney, may be excused from appearing in person at a hearing for relief pursuant to this section only if the court finds a compelling reason why the petitioner cannot attend the hearing, in which case the petitioner may appear telephonically, via videoconference, or by other electronic means established by the court.

(o) Notwithstanding any other law, a petitioner who has obtained an order pursuant to this section may lawfully deny or refuse to acknowledge an arrest, conviction, or adjudication that is set aside pursuant to the order.

(p) Notwithstanding any other law, the records of the arrest, conviction, or adjudication shall not be distributed to any state licensing board.

(q) The record of a proceeding related to a petition pursuant to this section that is accessible by the public shall not disclose the petitioner's full name.

(r) A court that grants relief pursuant to this section may take additional action as appropriate under the circumstances to carry out the purposes of this section.

(s) If the court denies the application because the evidence is insufficient to establish grounds for vacatur, the denial may be without prejudice. The court may state the reasons for its denial in writing or on the record that is memorialized by transcription, audiotape, or videotape, and if those reasons are based on curable deficiencies in the application, allow the applicant a reasonable time period to cure the deficiencies upon which the court based the denial.

(t) For the purposes of this section, the following terms apply:

(1) "Nonviolent offense" means any offense not listed in subdivision (c) of Section 667.5.

(2) "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 pursuant to this section. The court shall provide the petitioner with a copy of the orders described in subdivisions (a), (j), and (k), as applicable, and inform the petitioner that they may thereafter state

that they were not arrested for the charge, or adjudicated or convicted of the charge, that was vacated.

(3) "License" has the same meaning as in Section 23.7 of the 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.[1] 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"*

---

[1] 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-casebs6bfe570d112b-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.[2] 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."[3]

   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 makes 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

---

[2] https://unicourt.com/case/ca-sca1-casebs6bfe570d112b-224166?init_S=c_relc#dockets

[3] 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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs
SUBJECT	Agenda Item 14(d)(8) Watch Bills – AB 985 (Ahrens) Anesthesiologists assistants

Background

On February 20, 2025, AB 985 was introduced by Assemblymember Patrick 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 title of "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 Text –Weblink
Attachment #2: AB 985 Bill Analysis

AMENDED IN ASSEMBLY MARCH 24, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 985

Introduced by Assembly Member Ahrens

February 20, 2025

~~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:

SECTION 1. Chapter 7.75 (commencing with Section 3550) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 7.75. ANESTHESIOLOGIST ASSISTANT

3550. This chapter shall be known, and may be cited, as the Anesthesiologist Assistant Practice Act.

3551. For purposes of this section, the following definitions shall apply:

(a) "Anesthesiologist" means a physician and surgeon who has successfully completed a training program in anesthesiology

accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or equivalent organizations and is licensed under Chapter 5 (commencing with Section 2000).

(b) "Anesthesiologist assistant" means a person who meets the requirements of Section 3552.

3552. (a) A person shall not hold themselves out as an anesthesiologist assistant unless they meet both of the following requirements:

(1) Have graduated from an anesthesiologist assistant program recognized by the Commission on Accreditation of Allied Health Education Programs or by its successor agency.

(2) Hold an active certification by the National Commission for Certification of Anesthesiologist Assistants.

(b) It is an unfair business practice within the meaning of Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 for any person to use the title "anesthesiologist assistant" or any other term, including, but not limited to, "certified," "licensed," "registered," or "AA," that implies or suggests that the person is certified as an anesthesiologist assistant, if the person does not meet the requirements of subdivision (a).

3553. An anesthesiologist assistant shall work under the direction and supervision of an anesthesiologist. The supervising anesthesiologist shall do both of the following:

(a) Be physically present on the premises and immediately available to the anesthesiologist assistant when medical services are being rendered.

(b) Oversee the activities of, and accept responsibility for, the medical services being rendered by the anesthesiologist assistant.

3554. Notwithstanding any other law, an anesthesiologist assistant under the supervision of an anesthesiologist may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient.

~~SECTION 1. Section 680 of the Business and Professions Code is amended to read:~~

~~680. (a) (1) Except as otherwise provided in this section, a health care practitioner shall disclose, while working, their name and practitioner's license status, as granted by this state, on a name tag in at least 18-point type.~~

~~(2) A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag.~~

~~(3) If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns.~~

~~(4) In the interest of public safety and consumer awareness, it is unlawful for any person to use the title "nurse" in reference to themselves and in any capacity, except for an individual who is a registered nurse or a licensed vocational nurse, or as otherwise provided in Section 2800. This section does not prohibit a certified nurse assistant from using their title.~~

~~(5) It is 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 Section 2054 or any other law.~~

~~(b) Facilities licensed by the State Department of Social Services, the State Department of Public Health, or the State Department of Health Care Services shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Public Health, and the State Department of Health Care Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.~~

~~(c) For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.~~

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Assemblymember Patrick Ahrens	AB 985	
Sponsor:	**Version:** Introduced	
Subject: 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:	
☐ Change in Fee(s) ☐ Affects Licensing Processes ☐ Affects Enforcement Processes	
☐ Urgency Clause ☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	**Full Board Position:**
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14(d)(9) Watch Bills – AB 667 (Solache) Professions and vocations: license examinations: interpreters

Background

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

On March 3, 2025, AB 667 was referred to the Committees on Business and Professions and Health.

On April 1, 2025, the bill was amended to remove the language of “at no cost to the applicant.” Changes also included provisions that that an interpreter shall not assist the applicant with the examination and the Board shall not charge an applicant a fee, penalty, or surcharge for the applicant’s use of an interpreter.

On April 2, 2025, AB 667 was re-referred to the Committee on Business and Professions.

On April 9, 2025, the bill was again amended, specifying that the bill is to be enacted “under the jurisdiction of the Department of Consumer Affairs, as specified in section 101 with the exception of the Boards within Division 2 (commencing with Section 500).

With the current amendments as written, the Board is exempt from permitting LEP applicants who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination.

Action Requested

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

Attachment #1: Bill Text - Weblink
Attachment #2: AB 677 Bill Analysis
Attachment #3: Fact Sheet
Attachment #4: Assembly Floor Analysis

AMENDED IN ASSEMBLY APRIL 9, 2025

AMENDED IN ASSEMBLY APRIL 1, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 667

Introduced by Assembly Member Solache

February 14, 2025

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 amended, 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 certified nurse assistants and home health aides by the State Department of Public Health.~~

This bill would, beginning July 1, 2026, require ~~the State Department of Public Health and~~ *certain* 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 to interpret the English written and oral portions of the license ~~or certification examination, as applicable,~~ *examination* if the applicant meets all other requirements for licensure, as specified.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the ~~examination.~~ *examination, and would prohibit the assistance of an*

interpreter under certain circumstances, including when English language proficiency is required for the license. 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, the examination is not offered in their preferred language, and they meet all other requirements for ~~licensure or certification.~~ *licensure.*

~~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:

SECTION 1. Section 41 is added to the Business and Professions Code, to read:

41. (a) For purposes of this section:

(1) "Board" means any board under the jurisdiction of the Department of Consumer Affairs, as specified in Section ~~101.~~ *101, with the exception of boards within Division 2 (commencing with Section 500).*

(2) "Interpreter" means an individual who satisfies all of the following conditions:

(A) Is fluent in English and in the applicant's preferred language.

(B) Has not acted as an interpreter for the examination within the year preceding the examination date.

(C) Is not licensed and has not been issued the license for which the applicant is taking the examination.

(D) Is not a current or former student in an educational program for the license for which the applicant is taking the examination.

(E) Is not a current or former student in an apprenticeship or training program for the license for which the applicant is taking the examination.

(F) Is not a current or former owner or employee of a school for the license for which the applicant is taking the examination.

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

(1) Permit an applicant to use an interpreter, if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered ~~or contracted~~ license examination to their preferred language, provided the applicant meets all other requirements for licensure.

(A) An interpreter shall not assist the applicant with any ~~section of an examination that is explicitly intended to test an applicant's English language skills.~~ *examination for a license for which English language proficiency is required by law or regulation.*

(B) An interpreter shall not assist the applicant if an examination is offered in the applicant's preferred language.

(C) The board shall not charge an applicant a fee, penalty, or surcharge for the applicant's use of an interpreter.

(2) Post on the board's internet website that an applicant may use an interpreter to interpret a license examination if the applicant cannot read, speak, or write in English and the examination is not offered in their preferred language, provided the applicant meets all other competency requirements for licensure. This notice shall be posted in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic.

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

(c) Beginning July 1, 2027, each board shall conduct an annual review of applicants' language preferences that are collected from license applications.

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

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

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

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

~~1337.25. (a) For purposes of this section, "interpreter" means an individual who satisfies all of the following conditions:~~

~~(1) Is fluent in English and in the applicant's preferred language.~~

~~(2) Has not acted as an interpreter for an examination for certification as a certified nurse assistant within the year preceding the examination date.~~

~~(3) Is not a certified nurse assistant and has not held a state certified nurse assistant certificate.~~

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

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

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

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

~~(1) Permit an applicant to use an interpreter, if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered or contracted certified nurse assistant examination to their preferred language, provided the applicant meets all other requirements for certification.~~

~~(A) An interpreter shall not assist the applicant with any section of an examination that is explicitly intended to test an applicant's English language skills.~~

~~(B) An interpreter shall not assist the applicant if an examination is offered in the applicant's preferred language.~~

~~(C) The board shall not charge an applicant a fee, penalty, or surcharge for the applicant's use of an interpreter.~~

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

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

~~(c) Beginning July 1, 2027, the department shall conduct an annual review of applicants' language preferences collected from applications.~~

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

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

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

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

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

~~(1) Is fluent in English and in the applicant's preferred language.~~

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

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

~~(4) Is not a current or former student in an educational program for certification as a certified home health aide.~~

~~(5) Is not a current or former student in a certified home health aide apprenticeship program.~~

~~(6) Is not a current or former owner or employee of a school for certification as a certified home health aide.~~

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

~~(1) Permit an applicant to use an interpreter if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of the certified home health aide examination to their preferred language, provided the applicant meets all other requirements for certification.~~

~~(A) An interpreter shall not assist the applicant with any section of an examination that is explicitly intended to test an applicant's English language skills.~~

~~(B) An interpreter shall not assist the applicant if an examination is offered in the applicant's preferred language.~~

~~(C) The board shall not charge an applicant a fee, penalty, or surcharge for the applicant's use of an interpreter.~~

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

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

~~(c) Beginning July 1, 2027, the department shall conduct an annual review of applicants' language preferences collected from applications.~~

~~(d) (1) Beginning on January 1, 2029, the department shall annually report to the Senate and Assembly Health Committees on language preference data collected from certified home health aide certification applications.~~

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

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2025 Bill Analysis

Author:	Bill Number:	Related Bills:
Assemblymember Jose Luis Solache	AB 667	
Sponsor:	**Version:** Introduced	
Subject: 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:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☐ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position: ☐ Support ☐ Support if Amended		**Full Board Position:** ☐ Support ☐ Support if Amended	

☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

According to the author, 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 BreEZe system and updates to the BreEZe 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

ASSEMBLYMEMBER
José Luis Solache, Jr.
ASSEMBLY DISTRICT 62

AB 667, Language Access in Professional Licensing

SUMMARY

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

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

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

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

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

FOR MORE INFORMATION

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

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 667 (Solache) – As Amended April 1, 2025

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Health.

SUBJECT: Professions and vocations: license examinations: interpreters.

SUMMARY: Requires licensing boards within the Department of Consumer Affairs (DCA) and specified certification programs within the Department of Public Health (CDPH) to allow applicants who cannot read, speak, or write in English to use an interpreter when taking examinations required for licensure or certification.

EXISTING LAW:

1) Specifies that whenever any notice, report, statement, or record is required by the Business and Professions Code, it shall be made in writing in the English language unless it is otherwise expressly provided. (Business and Professions Code (BPC) § 11)

2) Provides that the term "board" includes "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency." (BPC § 22)

3) Provides that unless otherwise expressly provided, the term "license" means license, certificate, registration, or other means to engage in a business or profession regulated by the Business and Professions Code. (BPC § 23.7)

4) Establishes the DCA within the state Business, Consumer Services, and Housing Agency. (BPC § 100)

5) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA's jurisdiction, including healing arts boards under Division 2. (BPC § 101)

6) States that boards, bureaus, and commissions within the DCA must establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate, upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public. (BPC § 101.6)

7) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for applicants who have been admitted to the United States as a refugee, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or have a special immigrant visa. (BPC § 135.4)

8) Specifies workforce data that must be collected or requested by healing arts boards within the DCA from applicants for license renewal, including data on languages spoken by applicants. (BPC § 502)

9) Requires both the questions and answers for the examination of applicants for a license to practice dentistry in California to be written in the English language. (BPC § 1630)

10) Requires the Dental Board of California, the Dental Hygiene Board of California, the Medical Board of California, and the Osteopathic Medical Board of California to collect specified information from their respective applicants and licensees, including information regarding each applicant's or licensee's cultural background and foreign language proficiency, if reported by the licensee. (BPC § 1715.5; § 1902.2; § 2425.3; § 2455.2)

11) Requires foreign-trained dentists participating in the Licensed Dentists from Mexico Pilot Program to possess a specified English language comprehension and conversational level and requires employers of dentists in the pilot program to ensure that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary. (BPC § 1645.4)

12) Prohibits students from being denied admission to a medical degree program or a healing arts residency program based on the student's citizenship or immigration status. (BPC § 2064.3; § 2064.4)

13) Requires foreign-trained physicians participating in the Licensed Physicians from Mexico Program to successfully complete the Test of English as a Foreign Language (TOEFL). (BPC § 2125)

14) Requires all continuing medical education courses for physicians and surgeons to contain curriculum that includes cultural and linguistic competency in the practice of medicine. (BPC § 2190.1)

15) Defines "cultural and linguistic competency" as cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including direct communication in the patient-client primary language, understanding and applying the roles of culture in health care, and awareness of how health care providers and patients attitudes, values, and beliefs influence and impact professional and patient relations. (BPC § 2198.1)

16) Requires an applicant for licensure as a physical therapist who graduated from an education program outside the United States to successfully complete the TOEFL. (BPC § 2653)

17) Requires all examinations designed to ascertain applicants' fitness to practice the profession of optometry to be conducted in the English language. (BPC § 3053)

18) Requires applicants for licensure under the international medical graduate physician assistant training program to successfully complete the TOEFL. (BPC § 3537.20)

19) Requires the State Board of Barbering and Cosmetology to offer and make available all written materials provided to licensees and applicants in English, Korean, Spanish, and Vietnamese. (BPC § 7312)

20) Requires the Cemetery and Funeral Bureau to examine applicants for a cemetery broker's license on their appropriate knowledge of the English language, including reading, writing, and spelling, and of elementary arithmetic. (BPC § 7651.7)

21) Provides that the first part of the licensing examination for shorthand reporters consists of a section on English. (BPC § 8020.5)

22) Authorizes the Court Reporters Board to examine an applicant for licensure as a shorthand reporter on their knowledge of the English language if the applicant is from a country where the principal language spoken is one other than English. (BPC § 8023.5)

23) Requires the Structural Pest Control Board to examine applicants for licensure on their use and understanding of the English language, including reading and writing. (BPC § 8565)

24) Requires licensed general acute care hospitals to review their policies regarding interpreters for patients with limited-English proficiency and adopt policies for providing language assistance services to patients with language or communication barriers, including procedures for providing the use of an interpreter whenever a language or communication barrier exists. (Health and Safety Code (HSC) § 1259)

25) Requires the CDPH to develop and adopt regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services, including through translation and interpretation for medical services. (HSC § 1367.04)

26) Requires health care service plans to publish provider directories with information on contracting providers that deliver health care services to the plan's enrollees, including disclosures informing enrollees that they are entitled to language interpreter services, at no cost to the enrollee, and how to obtain interpretation services. (HSC § 1367.27)

27) Provides for the certification of nurse assistants by the CDPH. (HSC §§ 1337 *et seq.*)

28) Provides for the certification of home health aides by the CDPH. (HSC §§ 1725 *et seq.*)

29) Requires the Department of Health Care Access and Information (HCAI) to work with the Employment Development Department, state licensing boards, and state higher education entities to collect specified data, including the diversity of the health care workforce, by specialty, including data on race, ethnicity, and languages spoken. (HSC § 128051)

30) Enacts the Dymally-Alatorre Bilingual Services Act, which generally requires state agencies that provide information or services to a substantial number of members of the public who do not speak English to employ bilingual persons to ensure provision of information and services to the public in the language of non-English-speaking members of the public. (Government Code §§ 7290 *et seq.*)

THIS BILL:

1) Defines "board" as inclusive of any board under the jurisdiction of the DCA.

2) Defines "interpreter" as an individual who satisfies all of the following conditions:

    a) Has not acted as an interpreter for the examination within the year preceding the examination date.

b) Is not licensed and has not been issued the license for which the applicant is taking the examination.

c) Is not a current or former student in an educational program for the license for which the applicant is taking the examination.

d) Is not a current or former student in an apprenticeship or training program for the license for which the applicant is taking the examination.

e) Is not a current or former owner or employee of a school for the license for which the applicant is taking the examination.

3) Beginning July 1, 2026, requires each board to permit applicants for licensure to use an interpreter, if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered or contracted license examination to their preferred language, provided the applicant meets all other requirements for licensure.

4) Prohibits an interpreter from assisting an applicant with any section of an examination that is explicitly intended to test an applicant's English language skills.

5) Prohibits an interpreter from assisting an applicant if an examination is offered in the applicant's preferred language.

6) Prohibits boards from charging an applicant any fee, penalty, or surcharge for the applicant's use of an interpreter.

7) Requires boards to publish information on their websites about the ability of applicants to use an interpreter if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered or contracted license examination to their preferred language, provided the applicant meets all other requirements for licensure.

8) Requires the above information to be posted in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic.

9) Requires boards to include an additional section in a license application that asks an applicant to identify their preferred written, spoken, and signed languages.

10) Requires each board to conduct an annual review of applicants' language preferences that are collected from license applications.

11) Requires boards to annually report on that data to the Assembly Business and Professions Committee and the Senate Committee on Business, Professions, and Economic Development.

12) Establishes similar requirements for certification programs under the CDPH for nurse assistants and home health aides.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by the *California Immigrant Policy Center*, *Immigrants Rising*, and the *Economic Mobility for All Coalition*. According to the author:

> For too long, thousands of Californians have had to compromise on their careers and professional goals due to language barriers. Obtaining a professional license is an important entry point for people to work across a wide spectrum of occupations, from health care providers to accountants and engineers to contractors. Professional licenses not only open the door to further professional development and career growth but also create greater access to higher earning potential and wages, helping individuals achieve economic stability. Efforts to expand access to professional licenses for individuals with limited English proficiency, who disproportionately experience difficult economic conditions, currently exist only in very limited and uneven circumstances.

Background.

Department of Consumer Affairs. The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, or otherwise regulating professionals in California. As of March 2023, there are over 3.4 million licensees overseen by programs under the DCA, including health professionals regulated by healing arts boards under Division 2 of the Business and Professions Code. Each licensing program has its own unique requirements, with the governing acts for each profession providing for various prerequisites within the application process, typically including specified education, training, and examination requirements.

Health Care Workforce Inequities. There has long been an acknowledged decline in the number of accessible health care providers, which has disproportionately impacted communities with concentrated populations of immigrant families and people of color. For example, a recent study found that between 2010 and 2019, the number of primary care physicians in proportion to population remained largely unchanged nationally, but counties with a high proportion of minorities saw a decline during that period.[1] Additionally, practitioners who are accessible to immigrant communities often do not possess sufficient cultural or linguistic competence to appropriately treat all patients.

Research cited by the California Health Care Foundation (CHCF) in its 2021 report "Health Workforce Strategies for California: A Review of the Evidence" found that while roughly 40 percent of Californians identified as Latino/x in 2019, only 14 percent of medical school matriculants and 6 percent of active patient care physicians in California were Latino/x.[2] In February 2024, the Assembly Committee on Health held an informational hearing on diversity in California's health care workforce. The background paper for the hearing concluded that "it is well-documented that physicians from minority backgrounds are more likely to practice in Health Profession Shortage Areas and to care for minority, Medicaid, and uninsured people than their counterparts."[3]

---

[1] Liu M, Wadhera RK. *Primary Care Physician Supply by County-Level Characteristics*, 2010-2019.
[2] https://www.chcf.org/publication/health-workforce-strategies-california
[3] https://ahea.assembly.ca.gov/media/1665

A 2018 study published by the Latino Policy & Politics Initiative at the University of California, Los Angeles (UCLA) found that while nearly 44 percent of the California population speaks a language other than English at home, many of the state's most commonly spoken languages are underrepresented within the health care provider workforce. The UCLA report specifically identified Spanish, Filipino, Thai/Lao, and Vietnamese as underrepresented languages. The report recommended placing an emphasis on language ability in medical school admissions. Since 2006, all continuing medical education courses approved by accrediting associations have been required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.[4]

A similar access gap has been associated with the underrepresentation of culturally and linguistically competent dentists. While 40 percent of California's population is Latino/x, research has found that only 8 percent of the state's dentists are identified as Latino/x or Black.[5] The lack of Spanish-speaking dental professionals contributes to persistent access failures for vulnerable communities in California such as farmworkers. The Farmworker Health Survey conducted by researchers at the University of California, Merced found that only 35 percent of farmworkers had visited the dentist in the past year.[6]

Compounding these issues of access is a significant lack of diversity among health care practitioners, with several minority groups remaining persistently underrepresented within the healing arts. A recent study of data from the American Community Survey and the Integrated Postsecondary Education Data System found that Black, Hispanic, and Native American people are nationally represented across 10 different health care professions.[7] As a result, minorities seeking to enter these professions face significant systemic obstacles, and patients who are representative of minority groups or immigrant communities often do not have access to practitioners who possess the cultural or linguistic competence to provide appropriate care.

Access to Occupational Licensure for Non-English Speakers. The DCA includes a number of boards that license occupations other than those within the healing arts. A number of reports in recent years have called for reforms to California's licensure scheme, criticizing the state's regulation of occupations and professions as burdensome and complex. The Little Hoover Commission's *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers* advocated for the state to "review its licensing requirements and determine whether those requirements are overly broad or burdensome to labor market entry or labor mobility."[8] Barriers to entry such as licensing fees, education requirements, examinations, conviction disqualifications, and other prerequisites have all been subjected to scrutiny to ensure they are appropriately tailored to what is needed for consumer protection. As a result, efforts have been

---

[4] https://latino.ucla.edu/wp-content/uploads/2019/08/The_Patient_Perspective-UCLA-LPPI-Final.pdf
[5] UCLA Center for Health Policy Research. *Barriers to Accessing Dental Care for Low-Income Californians*. https://healthpolicy.ucla.edu/newsroom/blog/report-identifies-barriers-accessing-dental-care-low-income-californians
[6] UC Merced, *Farmworker Health Study: Assessing the Health and Well-Being of California's Farmworkers*. February 2023. https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/fwhs_report_2.2.2383.pdf
[7] Salsberg, Edward *et al*. "Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce." *JAMA network open* vol. 4,3 e213789. 1 March 2021.
[8] Little Hoover Commission. (2023). *Jobs for Californians: Strategies to ease occupational licensing barriers.* https://lhc.ca.gov/report/jobs-californians-strategies-ease-occupational-licensing-barriers/

made to increase access to these professions, particularly among representatives of underrepresented communities such as immigrants and minorities.

License Examination and Language Access. Efforts have been specifically made to increase access to a state licensing boards for non-English speakers. The State Board of Barbering and Cosmetology (BBC) complies with the Dymally-Alatorre Bilingual Services Act, which requires state agencies to provide information in languages utilized by the public who accesses information from that particular agency. The BBC translates all its informational materials into Korean, Spanish, and Vietnamese, and the BBC advised during its last sunset review that language access continues to be one of its top priorities. The BBC's licensing unit sends examination admission letters in the applicant's preferred language (English, Korean, Spanish, or Vietnamese). Written examinations are offered in English, Spanish, Vietnamese, and Korean.

Similarly, the Contractors State License Board offers several of its license examinations in Spanish. These include the Law and Business exam, which tests knowledge of regulations and business management, and the B – General Building exam, assessing oversight of construction projects. Trade-specific exams available in Spanish include C-8 – Concrete, C-9 – Drywall, C-15 – Flooring and Floor Covering, C-27 – Landscaping, C-33 – Painting and Decorating, C-54 – Ceramic and Mosaic Tile, C-36 – Plumbing, and C-39 – Roofing.

Not all licensing entities are housed within the DCA. In 2023, the Legislature enacted Assembly Bill 451 (Calderon), which requires the California Department of Insurance to offer the examination for licensure as a life agent, accident and health or sickness agent, property broker-agent, and casualty broker-agent to be provided in English, Spanish, Simplified Chinese, Vietnamese, Korean, and Tagalog. Similarly, the Department of Real Estate offers its examinations for real estate salespersons and brokers in Spanish.

This bill would seek to further expand access to licensure by non-English-speaking applicants by requiring boards under the DCA and specified certification programs under the CDPH to allow for applicants who cannot read, speak, or write in English to utilize an interpreter when taking required examinations. The interpreter would not be allowed to be a student or licensee of the applicable board, and an interpreter would not be allowed to assist applicants on examinations intended to test the applicant's English language skills or examinations offered in the applicant's preferred language. In addition, this bill would require all boards to collect data on each applicant's preferred language, which would then be reported to the appropriate policy committees of the Legislature.

Current Related Legislation. AB 1307 (Ávila Farías) would revise the requirements of the Licensed Dentists from Mexico Pilot Program, including by replacing existing English proficiency requirements with a requirement that applicants successfully complete the TOEFL.

Prior Related Legislation. AB 451 (Calderon), Chapter 136, Statutes of 2023 required the examination for the license for a life agent, accident and health or sickness agent, property broker-agent, and casualty broker-agent to be provided in English, Spanish, Simplified Chinese, Vietnamese, Korean, and Tagalog.

AB 470 (Valencia), Chapter 330, Statutes of 2023 updated continuing medical education standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication.

AB 2113 (Low), Chapter 186, Statutes of 2020 requires entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

ARGUMENTS IN SUPPORT:

A letter signed by 64 members of the *Economic Mobility for All Coalition*, including the sponsors of this bill, includes the following arguments in support: "California is home to the largest and most diverse immigrant population in the country. Immigrants make up one in three workers in California, paying $61.8 billion in state and local taxes annually, employing thousands as entrepreneurs, and driving economic growth across industries. However, despite their contributions, many immigrants and individuals with LEP face significant barriers to obtaining professional licenses—an essential step in securing employment in regulated fields such as healthcare, accounting, contracting, and more." The coalition further argues that "California has made strides in expanding language access, but there is still much work to be done. As the state continues to welcome a diverse immigrant and refugee population, including many whose primary language is neither English nor Spanish, it is crucial that we create equitable pathways for career success. Expanding language access in professional licensing examinations is a necessary and overdue step in fostering economic inclusion, strengthening our workforce, and meeting the needs of our communities."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

POLICY ISSUE(S) FOR CONSIDERATION:

Potential for Examination Subversion. Recent cheating scandals raise legitimate concerns about the risk of interpreters being used to undermine the integrity of license examinations. For example, in July 2019, the California State Board of Pharmacy received credible information that there had been significant public exposure of questions on the California Practice Standards and Jurisprudence Examination for Pharmacists. The test results were invalidated and students were forced to retake the examination. While this bill seeks to address these concerns by prohibiting interpreters from being trained in the profession for which an examination is offered, the author should remain mindful of the need to ensure that there is no risk of applicants subverting license examinations through the use of interpreters.

Interprofessional Communication. As discussed in this analysis, there is an urgent need to increase cultural and linguistic diversity and competence in the health care professions. However, there is the potential for issues to arise if licensed professionals working within the health care system are unable to effectively communicate with one another due to language barriers. Imprecise or unclear communication regarding patient symptoms, medical histories, or treatment plans can lead to misdiagnoses, inappropriate treatments, or even medication errors.

For instance, if, due to language barriers, a nurse misinterprets a physician's prescription instructions, or a pharmacist misunderstands a patient's reported allergy, this could result in administering the wrong medication or dosage, potentially causing harm. Similarly, language barriers could hinder the ability of health care practitioners to effectively communicate with other individuals and entities involved in the delivery of care to patients, such as insurers, regulators, and emergency medical technicians or other first responders. While applicants for healing arts licensure who do not speak English would likely be of significant value to patients

who share the same preferred language, a lack of a common language within the health care workforce has the potential to jeopardize patient safety and quality of care. The author should consider narrowing the bill to exclude license examinations for health care professionals.

Conflict with Existing Language Requirements. This bill would allow interpreters to be used only by applicants for licensure who cannot read, speak, or write in English. However, there are notable examples of practice acts that require English-language proficiency to practice. For example, certain professionals licensed by the Court Reporters Board, the Cemetery and Funeral Bureau, and the Physical Therapy Board are all required to demonstrate a level of comprehension of English if that is not their native language. Similarly, a number of laws allowing for the licensure of foreign-trained professionals require those applicants to pass an examination demonstrating English-language proficiency before allowing them to practice.

This bill would specifically prohibit interpreters from being used on an examination explicitly intended to test an applicant's English language skills. However, this raises questions as to how an applicant who cannot read, speak, or write in English would be pass such an examination but be deemed unable to comprehend English for purposes of other examinations, or how they could comply with existing laws requiring proficiency in English. The author may wish to clarify that the requirements of the bill do not apply to any examination for a license for which English language proficiency is required pursuant to law or regulation.

IMPLEMENTATION ISSUES:

Contracted Examinations. This bill would specifically apply to both state-administered and contracted license examinations. Many licensing examinations are not specific to California, but are administered nationally and are typically required for licensure across the country, which facilitates license portability between states. California does not have control over the content or administration of these examinations.

For example, to become licensed as an optometrist in California, applicants must pass both the California Laws and Regulations Exam and a national examination developed by the National Board of Examiners in Optometry (NBEO). Currently, all 50 states, the District of Columbia, and Puerto Rico all use the NBEO Exam for licensure. Because the NBEO is a private organization, it chooses where to offer its examinations, and Part III of the NBEO has historically been administered exclusively at a testing site located in North Carolina. Under this bill, California applicants who cannot read, speak, or write in English would have the right to use an interpreter on the NBEO Exam, but it is unlikely that California would be able to compel the NBEO to comply with this requirement. This bill should likely clarify that it does not apply to national examinations.

In instances where a license examination is specific to California, it may still be the case that a third party is engaged in administering the examination. For example, one prominent testing organization is PSI Services LLC. PSI administers examinations for several boards under the DCA, including trade exams for the California Contractors State License Board and the California Supplemental Examination for the California Architects Board. Applicants for licensure schedule their examinations directly through PSI's website and the examination is taken at a PSI testing location. Another frequently used vendor is Pearson VUE, which administers examinations such as the California Law and Ethics Examination for licensees under the Board of Behavioral Sciences. While these examinations are specifically developed for purposes of licensure in California, they are administered by a third party who may not be able to

accommodate interpreters or may not agree to adjust the terms of their contract with the state. The author may further wish to provide that this bill does not apply to examinations administered by third parties pursuant to a contract with boards under the DCA.

AMENDMENTS:

1) To narrow the requirements of the bill to exempt licensed professionals working within the health care system, amend the definition of "board" in Section 1 of the bill to exclude healing arts boards within Division 2 of the Business and Professions Code and strike Sections 2 and 3 from the bill to remove references to certification programs under the CDPH.

2) To resolve potential implementation challenges for examinations administered by third parties, strike the words "or contracted" from subdivision (b) in Section 1 of the bill.

3) To avoid conflicts with existing requirements that specified licensees possess a demonstrated level of comprehension of English, further amend subdivision (b) in Section 1 of the bill as follows:

> *(1)(A) An interpreter shall not assist the applicant with any ~~section of an~~ examination ~~that is explicitly intended to test an applicant's English language skills~~ for a license for which English language proficiency is required pursuant to law or regulation.*

REGISTERED SUPPORT:

California Immigrant Policy Center *(Co-Sponsor)*
Economic Mobility for All Coalition *(Co-Sponsor)*
Immigrants Rising *(Co-Sponsor)*
AdvancED Consulting, LLC
Alliance for a Better Community
AltaMed Health Services
Amigos De Guadalupe Center for Justice and Empowerment
APRIL Parker Foundation
Asian Pacific Islander Small Business Collaborative
Bay Area Medical Academy
Bet Tzedek Legal Services
Binational of Central California
Buen Vecino
Building Skills Partnership
California Healthy Nail Salon Collaborative
California Primary Care Association
Canal Alliance
Central Valley Immigration Integration Collaborative
Central Valley Workers Center
Centro Community Hispanic Association
Children's Institute
Chinese for Affirmative Action
City Heights Community Development Corporation
CLEAN Carwash Worker Center
Democracy at Work Institute
Diversity in Health Training Institute

East Bay Sanctuary Covenant
Education and Leadership Foundation
First Gen Empower
First Graduate
Foundation for California Community Colleges
Hmong Innovating Politics
Inclusive Action for the City
Initiating Change in Our Neighborhoods Community Development Corporation
Inland Coalition for Immigrant Justice
Inland Empire Immigrant Youth Collective
Interfaith Refugee & Immigration Service
International Rescue Committee
LA Cocina
Language Access
LISC San Diego
Los Angeles Economic Equity Accelerator and Fellowship
Loyola Law School Sunita Jain Anti-Trafficking Initiative
Moreno Seeds Foundation
Multicultural Institute
National Immigration Law Center
New Mexico Immigrant Law Center
Nile Sisters Development Initiative
O Community Doulas
On the Move
ORALE: Organizing Rooted in Abolition Liberation and Empowerment
Pars Equality Center
Pre-health Dreamers
Robinson HR & Benefits
Second Harvest of Silicon Valley
Slavic Refugee and Immigrant Services Organization
Small Business Majority
Somali Family Service of San Diego
South Asian Network
Southern California College Attainment Network
Survivors of Torture, International
TODEC Legal Center
Trabajadores Unidos Workers United
UNITE-LA
Upvalley Family Centers of Napa County
Upwardly Global
Veggielution
Vision y Compromiso

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

California Board of PSYCHOLOGY
1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	April 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 16 – 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

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

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

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

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 – Implementation of 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

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 sections 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

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.

g) Title 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

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

Production Stage. In 2023, the Board conducted a Barriers to Telehealth survey. The surveys were sent to licensees who provide telehealth services and consumers. As a result of the survey, the Enforcement Committee was asked to review telehealth requirements (including HIPAA, Business and Professions Code Section 2290.5, and California Code of Regulations Section 1396.8) to make sure licensees who are providing telehealth services are in compliance. The Enforcement Committee identified amendments to California Code of Regulations Section 1396.8. At the February 27, 2025, Board Meeting the revised regulatory language was reviewed and approved by the Board. Board staff will make changes to regulatory package and submit to budget and regulatory counsel for review.

Action Requested:

No action required at this time. This is for informational purposes only.