

**TITLE 16. CALIFORNIA BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS**

HEARING DATE: September 30, 2020

SUBJECT MATTER OF PROPOSED REGULATION: Standards of Practice for Telehealth

SECTIONS AFFECTED:

Amend 16 CCR, Section 1396.8

Request for Early Effective Date:

As the provisions of telepsychology are needed now, more than ever, based upon the psychological effect on residents of California due to the ongoing COVID-19 pandemic, the Board requests an effective date upon filing with the Secretary of State. This request is based on the need for increased clarity regarding the Board's laws and regulations pertaining to the practice of telepsychology and to better serve those seeking psychological services, via telehealth, during these trying times.

UPDATED INFORMATION:

The Initial Statement of Reasons is included in the file. The information contained therein is updated as follows:

This package was in the Notice Register on August 14, 2020. The 45-day comment period began on August 14, 2020 and ended on September 29, 2020.

During the 45-day comment period, the Board received comments on August 14, 2020, August 18, 2020, August 19, 2020, August 29, 2020, September 22, 2020, September 25, 2020, September 26, 2020, September 27, 2020, September 28, 2020, September 29, 2020, and October 2, 2020.

The regulatory hearing was held on September 30, 2020. No comments were received at the hearing.

As more fully detailed below, the Board considered all the comments at its meeting on November 19-20, 2020 and voted to adopt the regulation as noticed in the 15-day notice of modified text.

Amend 16 CCR § 1396.8

The following updates to the initial statement of reasons are made:

Subdivision (a) was amended to reflect (a) as an introductory paragraph for the following subdivisions which lays out where the licensee is permitted to provide

psychological healthcare services via telehealth, subject to any laws or the jurisdiction where either the licensee or client is located. This paragraph was amended to make it more concise and to revise the word “state” to “jurisdiction”, at the request of several commenters, since some out-of-state locations are not state regulated, but are regulated by other local public entities.

Subdivision (a)(1) was amended to reflect that a licensee is permitted to provide psychological healthcare services via telehealth to a client when both the psychologist and client are located within this State. This sets up the most expected form of telehealth and is necessary to include as a baseline.

Subdivision (a)(2) was amended to reflect that a licensee is permitted to provide psychological healthcare services via telehealth to a client who has received services in this State and is temporarily outside of this State. This language was moved from (a) to (a)(2) to fit the new format of the regulation language. The language related to the “domicile” was deleted, at the request of the commenters, as this was considered confusing and unnecessary.

Subdivision (a)(3) was added to reflect that a licensee is permitted to provide psychological healthcare services via telehealth to a client who is in this State while the psychologist is temporarily outside of this State. This is necessary to ensure continuity of care when a licensee travels outside the state but the client desires services during that time.

A new subdivision (b) was added to clarify that the term licensee shall refer to any individual who is permitted to provide psychological services under the psychology licensing law which begins with section 2900 of the California Business and Professions Code. This is necessary as some comments expressed the need for clarity as to whether or not this applied to trainees. Section 2911 of the California Business and Professions Code allows for trainees to provide psychological services. The inclusion here is for ease of reading.

Existing Subdivision (b) was amended to (c) due to the new subdivision (b) above.

Subdivision (c)(1) was amended to clarify that an individual who wishes to provide services under subdivision (a) must be allowed to practice psychology, as specified under this section. This is necessary to include the exemption provided in (b). As discussed above regarding new subdivision (b) and in the comments, below, it is appropriate for supervised trainees to provide telehealth services; adding this section for clarification is necessary to avoid confusion and still protect clients.

Subdivision (c)(3)(E) was amended to clarify that any individual working under the supervision of a psychology licensee can only consider providing psychological healthcare services, via telehealth, after first verifying that these services are within their scope of competence.

Subdivision (c)(4) was amended to revise the word “he or she” to nonbinary references and is a nonsubstantive grammatical change. Assembly Concurrent Resolution No. 260 of 2018 (ACR 260) resolved that “state agencies should ... use gender-neutral pronouns and avoid the use of gendered pronouns when drafting policies, regulations, and other guidance.”

Subdivision (c)(6) was amended to reflect the change in (a) which modified the geographical reference from “state” to “jurisdiction”, as these regulations are intended to be utilized by psychologists who wish to provide psychological healthcare services via telehealth to a client anywhere outside of the State of California, as discussed above in subdivision (a).

Existing Subdivision (c) was deleted as unnecessary, at the request of the commenters, as the Board has existing authority to discipline a licensee for unprofessional conduct should the licensee fail to comply with these regulations under California Business and Professions Code section 2960.6.

The references were amended to include reference to 2960.6, as noted above.

The Board issued a 15-day notice of modified text on December 7, 2020. The comment period ended on December 22, 2020.

During the 15-day extended comment period, the Board received a comment on December 7, 2020.

As detailed below, the Board considered the comment at its meeting on February 18-19, 2021 and voted to reject the comment as the comment was not germane and outside the scope of the modified text.

Additionally, non-substantive changes were made to change “California” to “this State”, as well as capitalizations of “this state” to “this State” for consistency.

LOCAL MANDATE: A mandate is not imposed on local agencies or school districts.

SMALL BUSINESS IMPACT:

This regulation will not have a significant adverse economic impact on businesses. This determination is based upon the fact that this proposal establishes guidelines for licensed California psychologists and individuals authorized to provide psychological services, for providing psychological services via telehealth in California, including to clients who are located outside of California. Telehealth services have long been provided at the discretion of the licensee, and requires no new fees or business investment. In addition, it will not reduce, and may actually increase, a licensee's ability to provide services.

CONSIDERATION OF ALTERNATIVES:

No reasonable alternative which was considered or that has otherwise been identified and brought to the attention of the Board would be more effective in carrying out the purpose for which it was proposed or would be as effective and less burdensome to affected private persons than the adopted regulation or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

SUMMARY OF OBJECTIONS OR RECOMMENDATIONS / RESPONSES:

During the 45-day public comment period from August 14, 2020, to September 29, 2020, the Board received several comments. All comments were provided in the meeting materials for the November 19-20, 2020, Board meeting, and were reviewed and considered by the Board. After consideration of the comments, the Board adopted the text as noticed in the 15-day Notice of Modified Text.

Comments to the Board of Psychology on Telehealth Regulations				
Commenters	Company/ Organization/Lic. #	Summary of Comments	Date Submitted	Response
Michael Donner	PSY13166	1) Confirmation of Residency outside of practice of psychology. 2) Confusing language re: trainees and licensee is contradictory. Separate section for trainees would be appropriate.	9/27/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Gary Buck	PSY27298	1) Remove restriction on state residency of client due to negative effects. 2) Negative effects of restricting interns from practicing telepsychology and three negative consequences: a) few cases for interns to serve due to online b/c of CVD-19; b) face to face b/c of CVD is unsafe for client and clinician; and c) interns will miss out of opportunities to treat as TP grows in future.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Dr. Brian S. Sedgeley	Bay Psychology Group PSY27612	Term "resident" is problematic since a lot of students, etc., are not CA residents "will result in a restriction of access to interjurisdictional telehealth services."	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
David Aronson, Ph.D.		The current "resident" access restrictions would prohibit young adults, who are insured under their parents insurance policies, but are attending college out of state and thus in an inter jurisdictional telehealth service.	9/27/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Amir Ramezani, Ph.D.		Requests the proposed changes to BOP Telehealth Guidelines as outlined by the California Psychology Association. Letter	9/25/2020	The Board greatly appreciates your comments and the

Comments to the Board of Psychology on Telehealth Regulations

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		Attached urging deletion of residency requirement; allowance for trainees or other supervised individuals performing telehealth services.		proposed text has been revised to meet your concerns.
Ed Howard	Ed Howard, CAI Senior Counsel	Attached letter from Children's Advocacy Institute - USD School of Law. Discusses legal issues of jurisdictional issues with respect to civil and administrative cases in two sections entitled: A. The Proposed Regulations Unlawfully Subordinate California Law To The Laws Of Other States When Applied To California Psychologists And California Residents; and B. The Board Does Not Have The Discretion To Prohibit Its California Licensees From Temporarily Offering Services To Out-of-state California Residents; and provides a proposed amendment to the text to resolve the concern.	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to address your concerns. In so doing, the Board is cognizant of other jurisdiction's temporary practice laws and believes that it is the duty of each licensee under this section to determine the laws of the other jurisdictions, where either the licensee or their clients may be located during a telehealth visit, and for the licensee to ensure that they are not violating the other jurisdiction's laws or practice acts. If another jurisdiction takes legal action against a licensee that is practicing under this section, the Board reserves its right to take action against the licensee for unprofessional conduct for a violation of this section. In addition, the licensee shall remain liable for any other unprofessional conduct, etc., that they may commit during a telehealth visit, regardless of whether or not the other jurisdiction

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				takes action against them.
Bert Epstein	Santa Rosa Junior College	As coordinator of mental health services at college, notes that "virtually all therapy for students is provided by trainees under supervision of licensed psychologist." Would need to eliminate almost all services under proposed language. In light of CVD pandemic, those aged 17-24 are feeling suicidal and this is not time to limit their therapy in CA.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Marie C. Dumas, Psy.D.	PSY24081 (Inactive)	1) Suggest that there be maximum flexibility in the wording of the originating site of the provider; 2) Suggest a wording change to "state or locality" or simply to "locality" to allow for more flexibility to provide services when a provider is outside of the U.S. or in a "district", while still retaining all of the same responsibilities to make sure that we are being compliant with both the laws of the California consumer (resident or temporary non-resident), and the locality where we are originating services. 3) Any provider, regardless of location, would be subject to the laws of practice in the originating site, and the locality of the client, and could have their license sanctioned or revoked if there are problems.	8/14/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Angus Strachan, Ph.D.	PSY8929	Urges Expansion of Regulations. Two glaring problems with psychologists who work across state lines: 1) I do mediation, co-parenting therapy and conduct custody evaluations which often involve parents who live in different states. In order to help them, I am required to get temporary licensing in the other state as well as California. This is sometimes possible; sometimes not, depending on the state. Children would be better served if I could speak to both parents in this situation. 2) Organizational consulting. When I have done such projects with large companies, it usually involves my talking to people in multiple states. I need temporary permission to speak to all members of a team I am working with.	8/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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Carolyn Anderson, Ph.D.	PSY#14244	<p>1) I am concerned about the term "resident" of California, as some of my patients are college students from a local university, who are legally still residents of other states. It sounds like this requirement would preclude me from seeing them via while they are out of state, for example for summers at home. Removing the requirement of "resident" from the regulations would solve this. Residency status doesn't matter for in-person services. Why should it matter for telehealth? 2) I am also concerned about the term "resident" in terms of how it might affect undocumented persons and DACA recipients.</p> <p>3) I believe that trainees and supervisees should also be allowed to provide services via telehealth, with appropriate supervision. I want to be sure that the language of the regulations continues to support this.</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Christie Schueler, Ph.D.	PSY28170	<p>1) The language seems a bit unclear regarding whether or not trainees are permitted to provide telehealth services. I would recommend making that language clearer. As a psychologist working in the training department at a large community mental health center, it is important to me that we continue to be able to offer training opportunities for students and pre-doctoral interns in the field. In order to protect the health of our staff and the public, we are only offering remote services via telehealth, and any restrictions on provision of telehealth by trainees would greatly impede their training experience and reduce access to services for the public. 2) I am concerned about the language regarding resident status. Some of the clients served by my agency are undocumented, and may be put off by questions regarding legal residence.</p>	9/22/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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Tiffany Sickler	PSY30322	<p>1) Concern regarding the well-being of CA college students and their ability to receive needed mental health services while living here to attend school (while their legal residence remains in another state). Young adults are under a tremendous amount of pressure already, and now with the added burden of restrictions related to Covid, many are isolated and depressed. I feel it is our responsibility to ensure the greatest access to services as possible, for their safety and the safety of other students. The "legal residency" requirement is prohibitive and unnecessary.</p> <p>2) Trainees should be allowed to provide services via telehealth as long as they are under the appropriate supervision. This is another scenario that seems prohibitive we should be seeking ways to serve as many people as need our support as possible.</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Marc Schoen	UCLA Geffen School of Medicine	<p>1) Consider changing the use of the term "resident" in your regulations since it significantly impacts a number of the students and athletes I treat or manage at UCLA. For example, I work with students and athletes that are not legal residents of California. In particular, there are athletes I manage who travel out of state for games.</p> <p>2) A situation arises with business men/women who come to California for an extended assignment, and then are on travel and need some continuation of treatment while they are gone, and return a couple weeks later to California for an extended assignment their primary residence may be in another state other than California. A similar situation occurs with students who are not athletes who go home for Spring or Winter Break.</p>	9/27/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

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J.D. Daniels, Ph.D.	jddanielsph d.com	<p>1) [T]he proposed guidelines for use of TeleHealth services by California Psychologists is limited to in State only. This does make sense on several levels. First, during the Pandemic, patients are often traveling out of State to work in more remote locations as a way to help preserve their mental health, but they are still in need of Psychotherapy. It does not make sense for them to stop working with their preferred Therapist, who already knows their story, and has established goals and a great working relationship, to try to find someone else to work with in a brand new State with no references or direction. This would harm patients!</p> <p>2) TeleHealth allows for well trained California Psychologists like myself to have the potential to work with patients through the Country. This will allow patients who would normally have a hard time finding great services, to have access to fantastic care. And, given that it is TeleHealth, the patient could be next door, or 1,000 miles away -- it's still the same high quality session. Now, one might argue that a remote Therapist would not know as much about the local emergency services or other potentially beneficial services (such as support groups, PHP programs, etc.). However, finding out that information is incredibly easy in the era of the internet.</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Annice Ormiston, PsyD		<p>1) I have concern about the focus on the term "resident" in the proposed regulationsI believe focusing on "resident" in the regulations would unnecessarily and unjustly limit their access to interjurisdictional care.</p> <p>2) The language of the proposed regulations could be construed so as to limit telehealth services provided by trainees. I believe this is problematic in how it would potentially disrupt the continuity of care with trainees and patients currently pursuing treatment together as well as future treatments. Trainees provide some of the most needed services to some of the most at risk and under resourced patients in our communities. Limiting this access would be very problematic and unfortunate for</p>	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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		in need and trainees needing to complete their requirements to pursue licensure.		
VeLora J. Lilly PhD		<p>1) I concur with concern that a requirement that clients/patients must be "residents" of California could limit access to persons who might not meet that criteria though entitled to being served by a clinician.</p> <p>2) I would suggest that the term "licensee" to describe a provider of care would prevent clinicians in training under supervision to provide needed care to clients and would interrupt their opportunity to receive clinical training as interns in approved clinical settings.</p> <p>I trust the BOP will incorporate the recommendations of the CPA regarding language changes to the proposed regulations.</p>	9/26/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Alex Graves	Vice President for Government Relations, AICCU	The Association of Independent California Colleges and Universities (AICCU) supports of the comments and suggestions provided by the University of California Office of the President (UCOP) regarding clarification for discipline and deletion of residency requirement. AICCU is concerned that students who are residents of other states or countries be able to access services. [UCOP Letter comments discussed separately.]	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to address your concerns. In so doing, the Board is cognizant of other jurisdiction's temporary practice laws and believes that it is the duty of each licensee under this section to determine the laws of the other jurisdictions, where either the licensee or their clients may be located during a telehealth visit, and for the licensee to ensure that they are not violating the other jurisdiction's laws or practice acts. If another jurisdiction takes legal action against a licensee that is practicing under this section,

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				the Board reserves its right to take action against the licensee for unprofessional conduct for a violation of this section. In addition, the licensee shall remain liable for any other unprofessional conduct, etc., that they may commit during a telehealth visit, regardless of whether or not the other jurisdiction takes action against them.
Melissa J Johnson, PhD	PSY13102 - Institute for Girls' Development, A Psychological Corporation	<p>1) Interjurisdictional telehealth services: As also noted by CPA (see their letter for a broader discussion of this), the term “residents” of California appears to preclude access to interjurisdictional telehealth services to anyone who is not a “resident” of California.</p> <p>2) Licensee requirement: The text of the proposed regulation states in the first sentence that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth.</p>	9/26/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Emily Semow, Psy.D.		<p>1) I am concerned by the statement that California licensed psychologists can only use telehealth with legal residents of California. I have had patients in the past who live in California but do not have legal residency as they are immigrants or out-of-state students studying in California. I fear this law would prohibit them from receiving services. I am also concerned that given the recent transition to remote communications during the Covid-19 pandemic, there will be a large wave of migration across state lines.</p> <p>2) I also have concern about the first sentence in the proposed regulation that states that a “licensee” is permitted to provide health care services via telehealth. This may prohibit trainees from continuing to provide telehealth services when</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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		supervised. As we know, the only way for trainees and their clients to continue safely working together during the pandemic has been through telehealth services. It would be hugely damaging to the trainees' career plans as well as to their clients' care if trainees were prohibited from telehealth.		
Anne Dinkelspiel, Ph.D.	PSY14393	I am in agreement with the CPA's concerns regarding the proposed telehealth regulations. I'm particularly concerned about the "resident" requirement as so many people have moved because of the pandemic, the fires, etc. and to interrupt the continuity of care at this time seems unwise. I would propose that telehealth continue to be available to patients who initially began treatment while residents of California.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Oriana McGee	SBCPA Student Representative PsyD Doctoral Candidate	1) As a member of the California Psychological Association and a current student working toward a doctorate degree in psychology, I would like to echo the CPA's concerns regarding the proposed regulations on standards of practice for telehealth.... Restricting telehealth services to registered California residents, and requiring a license to practice telehealth, directly impacts thousands of trainees like myself and our clients. Please do not narrow the availability of much needed mental health services in our state.	9/27/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Elizabeth Winkelman, JD, PhD	Director of Professional Affairs - California Psychological Association	See Association letter attached separately, below.	9/22/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Jo Linder-Crow, PhD	Chief Executive Officer California Psychological Association	See Attached Letter.	9/22/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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Zoe Barnow, Psy.D.	PSY29665	<p>1) I believe it is important that as CA psychologists we have as much freedom as possible to work remotely with anyone in California (resident or not) so that we can be serving undocumented folks, people with disabilities, in rural communities and with limited means to arrive at a therapist's office.</p> <p>2) I also believe it is essential that these rights be extended to trainees and interns, in addition to supervisors so that we can continue to safely and ethically provide training.</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Mandeep K. Tumber-Bhela, Ph.D.	North Valley Practicum Program Director, Kaiser Permanente Northern California Mental Health Training Programs	<p>1) I received the BOP email below and am VERY concerned about the implications of the law on my license. This is a slippery slope when working with suicidal or homicidal patients (any risky patients) as we may not be familiar with the laws outside the state we reside in. I do not feel comfortable with this proposal and wish to share my concern.</p>	8/14/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns. The revisions include requirements to ensure that the practitioner both know and comply with the laws and practice acts of the other jurisdictions in which they will be practicing and have a working knowledge of the resources available where the client is located in order to provide emergency services to the client in case they are required.
Barbara Kirsch, Ph.D.	Licensed Psychologist	<p>1) I have provided in person services to some clients who did not meet the criteria of legal residents. As this is not a requirement for in person provision of services, I don't think it should be included in Telehealth Requirements. If the clients I am thinking of should return and request services, I would not be able to provide it based on the proposed regulations, plus, I have no way of generally knowing someone's legal status, unless they volunteer that. I have also treated graduate students, who may now have moved out of the area because of distance learning, and thus are not current legal</p>	9/26/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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		residents. 2) I am concerned that it be clear in the regulations that appropriately supervised trainees are able to provide telehealth services. I recently attended a meeting where several graduate students discussed that they are not be able to provide services on-site, and are doing this by telehealth. I support the suggested modifications from CPA”		
Allen Kanner, Ph.D.		<p>I am particularly concerned about the proposed limits on interjurisdictional telehealth. Specifically, this would mean that students who left the state to go home as a result of COVID-19 would have to cease working with their therapist at a time when they are already struggling with the loss of campus life, a key part of the college experience which includes social activities that are essential to mental health. Why add this additional and unnecessary loss during these already traumatic times? Non-students who have “gone home” due to the virus, perhaps because they have lost their jobs, would be subject to the same unnecessary loss. I urge you eliminate this provision.</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to address your concerns. In so doing, the Board is cognizant of other jurisdiction's temporary practice laws and believes that it is the duty of each licensee under this section to determine the laws of the other jurisdictions, where either the licensee or their clients may be located during a telehealth visit, and for the licensee to ensure that they are not violating the other jurisdiction's laws or practice acts. If another jurisdiction takes legal action against a licensee that is practicing under this section, the Board reserves its right to take action against the licensee for unprofessional conduct for a violation of this section. In addition,

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				the licensee shall remain liable for any other unprofessional conduct, etc., that they may commit during a telehealth visit, regardless of whether or not the other jurisdiction takes action against them.
Marilyn Foley, PH		I support the California Psychological Associations [CPA] suggested changes for TeleHealth. In his [sic] age of COVID with the high incidents of Depression Suicide and Anxiety it is CREUL (sic) to impose limits on THEAPY. Can you cite a case where a non resident was harmed by continued treatment by a California psychologist. We need generosity from officials, not more cruelty, we have enough.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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Daniel Reed, Psy.D.	Counselor- Faculty Personal Growth & Counseling Center California State University - Monterey Bay	<p>It has come to my attention through the California Psychological Association that proposed regulations on the standards of practice for telehealth are currently under review and as a professional psychologist working towards licensure here in the State of California, I can make comments and express concerns prior to the BOP meeting on Nov. 20, 2020. I am concerned that the proposed regulations could restrict access to telehealth services. Specifically, the current language appears to prohibit clients who are not legal “residents” of California from receiving inter-jurisdictional telehealth services. I am also concerned that, as currently written, the proposed regulations could restrict the provision of telehealth services by students and trainees. This would have a significant impact on our education and training community. I work at California State University Monterey Bay as a pre-licensed psychologist in the counseling center. Our center consists of myself and 3 other full-time counselors, 1 part-time counselor, 2 doctoral interns, and 2 MSW interns. Our center serves the entire approximately 7,000 students enrolled at CSUMB. Our center serves undocumented and international students enrolled at the university and these proposed changes can severely impact our ability to provide the necessary and appropriate mental health services to our student population. The proposed changes would also devastate our campus community which is working remotely due to COVID-19, student and faculty safety concerns, as well as a directive ordered by the Chancellor of CSU, who has determined that the 2020-2021 academic year will remain remote. With the proposed changes, I will be without a job until I have completed my requirements for licensure in this state and will be forced to return back to my family home in Indiana. This would also severely impact our campus community, preventing trainees, interns, and post-doctoral residents from completing their training requirements. I implore you to reconsider these proposed changes and</p>	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

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		<p>expand the accessibility for both the peoples residing in the State of California and the psychology interns, trainees, and postdoctoral residents who seek to reside and expand the accessibility, quality, and economy of the great State of California.</p>		
<p>Lucille Q. Ferranti, Psy.D.</p>	<p>PSY18293</p>	<p>I am writing to support changes in the proposed regulations on the standards of practice for telehealth as outlined in the California Psychological Association's letter to members of the Board of Psychology. The terms "resident of California" and "domiciled in California" have the potential to restrict access to mental health services by many individuals as stated in the CPA's letter. In particular, many college students who live in California temporarily during the academic year are neither legal residents nor domiciled in the state. There is a tremendous need for these students to have access to mental health services, not only while they are living in California, but also when they travel to their home states during holidays, school breaks, and internships. I encourage the Board to consider how</p>	<p>9/29/2020</p>	<p>The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.</p>

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		these regulations, as currently written, will impact college students and to amend the regulations as outlined by the California Psychological Association.		
Lucia Milburn, PhD	PSY14411	I support the California Psychological Association's concerns and comments about the proposed Telehealth guidelines. I urge you to make the changes that they suggest.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Mary Jane Weatherbee, PsyD		1) I'd like to ask that the Board consider making changes to the term "resident" as this language appears to preclude access to interjurisdictional telehealth services to anyone who is not a "resident" of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California, DACA participants and undocumented immigrants, among others. Such a limitation could be potentially harmful and discriminatory. 2) I would also request that you consider changing the regulations so that trainees are specifically included and allowed to practice telehealth.	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Scott Taney Young	Registered Psychologi cal Assistant Registratio n #: PSB 94025552	As a member of the American Psychological Association (APA) and a current student working toward licensure as a psychologist in the state of California, I would like to echo the CPA's concerns regarding the proposed regulations on standards of practice for telehealth. Restricting telehealth services to California residents and requiring individuals to possess a license in order to practice telehealth directly impacts thousands of trainees like myself and all of our clients. Please do what you can to ensure that access to mental health services in our state are not unduly restricted. In the midst of COVID, these services are needed now more than ever before.	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
Paige Leopold, Ph.D.	Secretary, Contra Costa Psychologi cal Association	<p>1) I appreciate the Board of Psychology’s work in developing standards of practice for the provision of psychological services via telehealth. Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. We also note that individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas may particularly benefit from robust access to telehealth services.</p> <p>2) I have serious concerns about the potential implications of some of the language in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services and does not clearly allow for the provision of telehealth services by students and trainees. I am concerned about the focus on the term “resident” in the proposed regulations, believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These problems could be avoided by modifying subdivision (a) to remove the references to residency status.</p> <p>3) Suggested edits: “A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is a resident of California who is temporarily located 3 outside of this State, subject to the laws and regulations of the other state jurisdiction where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.”</p> <p>4) Trainees: The text of the proposed regulation states in the first sentence</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations				
Commenters	Company/ Organization/Lic. #	Summary of Comments	Date Submitted	Response
		<p>that a “licensee” is permitted to provide health care services via telehealth. This could be interpreted as prohibiting trainees from continuing to provide services via telehealth. I do not believe it is the Board's intention to cut off trainees' ability to provide telehealth services. The Board's Regulation Notice and Statement of Reasons both clearly state that the proposed regulations are intended to establish standards of practice for both licensed psychologists and trainees who provide services via telehealth. This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees.</p>		
Jane Weisbin, Psy.D.		<p>I very much applaud the Board's action in proposing the expansion of our ability to provide care, especially in a lock-down situation. We would all like to be able to continue to care for our patients who have sheltered in place with family in other states, who have returned to school in other states, and who are sheltering here though may be legal residents of another state. Thank you so much.</p>	8/19/2020	<p>The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.</p>
Leonard N Matheson, PhD	<p>PSY 9294 - EPIC Neurorehabilitation & Psychology Services, Inc.</p>	<p>The proposed wording is unnecessarily professionally restrictive and therapeutically counterproductive, for three reasons. 1) The proposed wording does not reflect the importance of established psychotherapeutic relationships, nor collaborative relationships on an interdisciplinary team basis when California licensees move about the country, as academic faculty members, research project officers, and for other reasons must establish residency in another state. 2) Second, the proposed wording also does not address the issue of permanent dislocation of victims from California disasters such as the Camp Fire. Many people in Butte County relocated to</p>	9/25/2020	<p>The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.</p>

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
		<p>other states without clarity as to whether or not this would be a case of a person who "is temporarily located outside of the state".</p> <p>3) The proposed wording does not address the provision of family therapy services on a telehealth basis when members of the family are located in different states. This occurs even without the catastrophic dislocations that have taken place in the last few years, which have accelerated family separations involving residencies in other states. One of the real advantages of telehealth services is in reuniting family members and reestablishing communication. The proposed wording does not allow this.</p> <p>In order to address these shortcomings of the proposed wording, I would like to propose that the following be added: <i>A licensee also is permitted to provide psychological health care services via telehealth to a client who is a resident of another state, subject to the laws and regulations of the other state where either the licensee or the client is located.</i> This would have the effect of maintaining public safety through licensing in any state in which either the client resides or the California licensee is also licensed. It would be incumbent on the California licensee to confirm that temporary services, up to a certain number of days per year, are permitted by the state in which the client is residing.</p>		

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
Devon Berkheiser, Psy.D.	Counseling & Psychological Services San Diego State University	<p>I am writing to express concern about some of the language in the proposed telehealth regulation. I am specifically referring to the proposed addition of Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the CA Code of Regulations, which proposes to restrict licensees to provide services to "residents" of California.</p> <p>I work in a college counseling center (San Diego State University), which at times means that I serve students who are NOT residents of California, except temporarily when they are enrolled in the university. Their permanent homes may be in other states, and even other countries. Some of those students are choosing to remain in their permanent homes in other states with their families during the pandemic, for a variety of reasons including their own physical safety, the need to care for family members, and financial considerations.</p> <p>This new proposed language could prevent me from providing mental health services to them, even though they are paying for those services as part of their tuition and fees. It seems like this language should include an exception for students who are enrolled in a university in California but are temporarily living elsewhere due to the global pandemic. Let me be very clear.... limiting access to mental health services during a global pandemic is unwise, dangerous, and just plain cruel. We should be doing everything in our power to expand access to affordable mental health care, now more than ever. I will assume that the proposed language suggesting an overly narrow definition of a "resident" was just an oversight. I hope that the Board will consider the unintended effects of this proposed language, and will do everything in its power to ensure that licensees are allowed to continue providing care to those communities whom they have already been serving in their line of duty.</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
Diane Harnish		<p>I am writing to express my concern about the focus on the term “resident” in the proposed regulations. I believe that use of that term will result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California. Subdivision (a) currently states: “A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State... as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.” This language appears to preclude access to interjurisdictional telehealth services to anyone who is not a “resident” of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. We see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, we firmly believe that residency should have no bearing on access to telehealth services, and we certainly do not think psychologists should be required to determine the residency status of their clients.</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
Carl H. Shubs, Ph.D.	Psychologi st; License: PSY8912 (2/4/85) Marriage, Family and Child Counselor; License: MFC16629 (10/9/81).	I agree with the concerns expressed in CPA's September 22, 2020, letter of comments concerning the Proposed Regulations on the Standards of Practice for Telehealth. I urge you to follow their recommendations.	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Kirk Schneider, Ph.D.	President of the Existential- Humanistic Institute: ehinstitute. org; Candidate for President of the APA; Adjunct Faculty, Saybrook University and Teachers College, Columbia University.	I am concerned that the proposed telehealth regulations do not account for the many gaps that would be created when clients move temporarily or are not permanent residents in the State of CA. I support the CPA's comments in this regard.	9/27/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Christine A. Baser, R.N., Ph.D.	PSY9695	As I understand it, the language of the regulations could be interpreted to exclude students and trainees from providing telehealth. It may not have been intended as such, but a possible exclusion of unlicensed providers, which would include students and trainees, would greatly impact clinical training. As a member of the California Psychological Association I received information about the proposed regulations in an email. It is my concern that language in the regulations be changed to specifically include students/interns/trainees as being able to provide telehealth services. Just trying to make sure this point is not misconstrued and students are not overlooked. If these supervised, but unlicensed, individuals are not included in the mix of providers who can use telehealth, then their training and	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizational/ Lic. #	Summary of Comments	Date Submitted	Response
		<p>education essentially stops. <u>As long as the trainee is supervised, the platform of telehealth should not be restricted to licensed providers only.</u></p>		
Michael F. Jacques, Ph.D.	PSY31817	<p>I am a recent psychologist licensee in CA, having relocated here from MA in 2019. I practiced in MA beginning in 1991 and founded and managed the largest private behavioral health group practice in the state at that time. As I look forward to continuing my professional career in CA in a time of global pandemic when access to behavioral health care is needed at least as much if not more than before, CA's actions to allow for and support consumers' ability to access care via Telehealth has been a model of caring and responsibility.</p> <p>I am in agreement with the two suggested changes to the proposed regulations made by the California Psychological Association in its letter of September 22, 2020: that residential status not be a requirement for receipt of Telehealth services, and that trainees/supervisees be explicitly included consistently and without confusion, as providers of Telehealth services under proper supervision.</p>	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Kendra Nickerson	Associate Director/Training Director Counseling and Psychological Services Division of Student Affairs Mount Saint Mary's University	<p>There are several concerns I have with how the proposal is currently written and how it would impact the ability of college and university counseling centers to serve our student clients during times of crisis or quarantine, and in the future as therapy over electronic means evolves. <u>Specifically, 1) the current language appears to restrict access to interjurisdictional telehealth services and 2) does not clearly allow for the provision of telehealth services by students and trainees.</u></p> <p>The main problem with the proposed language is in subdivision (a). According to the Regulation Notice: "Subdivision (a) states that licensed California psychologists, registrants, and psychology trainees may provide psychological health care services via telehealth..." However, this is inconsistent with the actual language of</p>	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
		<p>the proposed regulation, which states in subdivision (a): “A licensee is permitted to provide psychological health care services via telehealth...”</p> <p>This problem could be fixed by adding language to subdivision (a) and subparagraph (b)(3)(E) to clarify that all properly supervised individuals otherwise entitled to provide psychological services under California law can provide such services via telehealth. This would include students, post-doctoral fellows, registered psychologists, psychological assistants, and exempt employees.</p> <ul style="list-style-type: none"> • Without this clarification, if supervised trainees were not allowed to provide therapy by Telehealth, then the practicums, internship and postdoctoral fellowships that are currently occurring would not be allowed to permit their trainees to gain hour or experience. • Often the underserved populations in California are served by sites that utilize interns etc. to help provide services to those that cannot afford private practice psychotherapists. Changing the wording would ensure access to care for the underserved, which is a matter of social justice. 		
Sarah Burdge, PhD	Licensed Psychologi st, Clinical Director Adolescent Counseling Service	<p>This comment is in response to the current regulations under review that speak to provision of services by licensed professionals. I just want to advocate that unlicensed clinicians can also provide services with proper training and supervision.</p> <p>I am the Clinical Director of Adolescent Counseling Service in Redwood City. We are a non-profit that provides mental health services to thousands of adolescents in San Mateo and Santa Clara County. All of our services are provided by clinicians in training; either as pre-degree MFT or PHD students or as post-degree fellows or interns. At the moment, due to COVID safety concerns, all our services are provided via TeleTherapy. All of our interns are adequately training on the provision of services for minors via TeleTherapy.</p>	9/29/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
Alice LoCicero, Ph.D.	Clinical Faculty, The Wright Institute; President- elect, Alameda County Psychologi cal Association	As a California licensed psychologist and a Board Certified Clinical Psychologist I would like to comment on the proposed section. First I want to thank the board for taking on this topic and providing guidance, which is much needed. I am especially grateful for the clarification that for patients' temporary trips out of state--such as happens from time to time--the therapist may continue to be available, subject to the rules of that state's rules. Some suggested additions: 1. The section does not seem to make any reference to trainees working under supervision 2. The section does not mention the importance of telehealth in situations of mass disasters, pandemics, and/or other large scale conditions that make traveling to offices difficult or impossible. 3. The section does not mention the specific needs of therapists who may--for example--have temporary mobility problems, or be at high risk of illness, and may themselves be unable to provide in person therapy for a period of time, but who determine that for continuity of care it is in the interest of some patients to have the option of seeing them via telehealth.	9/28/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.
Cheryl Arutt, Psy.D.	Clinical and Forensic Psychologi st	I think adding Section 1396.8 to Title 16 of the California Code of Regulations is an excellent idea. It is good for patients and for psychologists, and will help people access appropriate care when they need it.	8/18/2020	The Board greatly appreciates your comments and thanks you for you them.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
Karen A. Schwarz, Ph.D.		<p>Access to appropriate telehealth services is an extremely important issue for California consumers, especially since the outbreak of COVID. Individuals who are elderly or disabled, who cannot leave work for mental health appointments, or who live in rural or remote areas will particularly benefit from robust access to telehealth services.</p> <p>Providing guidance to psychologists about appropriate provision of telehealth services is a valuable and timely goal. I heartily support and encourage your efforts.</p> <p>I do have a concern about the potential implications of some of the language used in the current proposal. Specifically, the current language appears to restrict access to interjurisdictional telehealth services. I respectfully offer the following comments and suggested changes for your consideration, and I urge you to modify the regulations to address this concern. The proposed regulation uses the term “resident” and I am afraid that the use of this term will result in a restriction of access to interjurisdictional telehealth services. It would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California. Subdivision (a) currently states: “A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of the other state where either the licensee or the client is located. (1) Resident means any individual who is or has been present in California for other than a temporary or transitory purpose, or who is domiciled in California. (2) Domicile means the place where an individual voluntarily establishes themselves and their family, not merely for a special or limited purpose, but with a present intention of making it their true, fixed, permanent home and principal establishment.”</p> <p>This language appears to preclude</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
		<p>access to interjurisdictional telehealth services to anyone who is not a “resident” of California. Individuals who may not meet the definition of resident include out-of-state students, individuals temporarily employed in California (including H-1B visa holders), DACA participants, and undocumented immigrants, among others. I see no compelling reason for limiting interjurisdictional services to residents of California. I believe that such a limitation would be potentially harmful and discriminatory. As legal residency has no bearing on the provision of in-person services, I don’t think that residency should have any bearing on access to telehealth services. Also, I do not think psychologists should be put in the position of having to determine the residency status of their clients.</p> <p>According to my research, no other state has implemented laws or regulations that consider the legal residency status of clients in determining the appropriateness of telehealth services. Typically, rules regarding interjurisdictional telehealth are based on the physical locations of the psychologist and the client when services are provided. For example, as of today, if a psychologist in Los Angeles and wants to provide a telehealth psychotherapy session to a client in Boston, the psychologist should be licensed or legally authorized to practice in both California and Massachusetts. All of these problems could be avoided by modifying your subdivision (a) to remove the references to residency status. In addition, “other state” should be changed to “other jurisdiction” to allow for services when the client is in another country.</p>		

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
Marlene M. Maheu, Ph.D.	Executive Director TBH Consultation, Staffing & Credentialing & Professional Training Offering CME & CE Credit Hours	<p>1) [We support telehealth in CA.]</p> <p>2) "...we are alarmed to see your definition of telehealth being limited to people in remote areas, have mobility problems, or those seeking help in between in-person sessions. As has been made apparent by COVID, almost everyone can benefit from telehealth, regardless of their location or capacity. The literature in this area is replete with examples from every corner of the globe supporting telehealth for all people in all settings, provided they are safe."</p> <p>"As can be seen with COVID times, many people simply prefer telehealth. Study after study has clearly shown that when conducted by a professional who has learned the required competencies and a proposer screening has been conducted, telehealth can be just as effective as in-person care."</p> <p>3) Secondly, especially viewed from the lens of COVID, the statement of not having an impact on jobs is incorrect. There are many professionals who are currently unable to go to the office but are able to work through telehealth. COVID has allowed them to continue delivering services and thereby keep their jobs w-- and serve the needs of an increasingly distraught community. In non-COVID times, many professionals who may have retired could be allowed to work from the comfort and ease of their home. By working from home, where their brick-and-mortar office expense is eliminated, or from another home in another state, many professionals could extend their working years to stay connected to the people who have come to rely on them through the years if they desire. Likewise, the young mom, the spouse of a disabled adult, the caregiver of an aging parent, --all these professionals could extend their work hours and availability to citizens of CA if you allow those who choose to use telehealth do so freely, without defining who can and cannot. Furthermore, if telehealth was to be allowed by professionals without definitional restrictions by the board, it is reasonable to assume that job expansion will ensue. After all, Silicon Valley is here on CA soil. There</p>	9/26/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
		<p>are many jobs for psychologists in technology if only the profession would get out of its own way and untie a psychologist's hands. We encourage you to remove undue restrictions and go a step further, actively encourage psychologists to be leaders with technology, and set the pace for other behavioral professions. Let them practice as only they can to improve human welfare, as long as they follow basic laws and work within the confines of our ethics code. who have come to rely on them through the years if they desire. Likewise, the young mom, the spouse of a disabled adult, the caregiver of an aging parent, --all these professionals could extend their work hours and availability to citizens of CA if you allow those who choose to use telehealth do so freely, without defining who can and cannot."</p> <p>4) "Third, the issue of providing services to people who are in CA but not legal residents of CA is unclear in your writing: It is necessary to establish a residency requirement because California law governs the provision of services by California licensees to Californians. Business and Professions Code section 2290.5 could conceivably cover the provision of telehealth services to nonresidents, but the Board believes that the proper scope and focus of services should be California residents. Why? If people are in CA and want help from a CA physician, they will not be denied care. Why must psychology deny care to everyone on CA soil? Whatever precedent exists, it is time it is changed. In 2020 and beyond, people cannot be expected to go back home to get help.</p> <p>5) "Fourth, for obvious reasons, this statement also needs to be reviewed in light of COVID. This regulatory proposal does not affect worker safety because the proposed regulations are not relative to workers' safety."</p> <p>6) Sixth, we at TBHI are also concerned that the BOP unnecessarily restricts services by students and trainees. They could be allowed the same freedoms as allowed with in-person care. Training materials are available specifically for them to learn telehealth under proper supervision:</p>		

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
		<p>https://www.amazon.com/Telebehavioral-Health-Foundations-Practice-Graduate/dp/1516530594/ref=sr_1_1?dclid=1&keywords=maheu%2C+telebehavioral&qid=1601183371&sr=8-1 Furthermore, the board is invited to consider the repercussions of restricting telehealth for learners. Your decisions can have a significant impact on our education and training community. They could prevent students and trainees from an essential skill-set that they undoubtedly will need in their futures as psychologists. BOP is encouraged to consider the fact that psychology is a shrinking profession when compared to social work and counseling. For projections, please visit the US Bureau of Labor Statistics to see that none of the behavioral professions are projected to be in the fastest growing areas of healthcare: https://www.bls.gov/ooh/healthcare/home.htm Perhaps more importantly for psychologists, we may all want to stop for a moment to consider the role of psychology in the workforce between now and 2026 before putting any of our best and brightest at a workforce disadvantage when compared to counselors and social workers, who are embracing telehealth wholeheartedly. See Chart 5. Most new jobs - Graduate degree https://www.bls.gov/careeroutlook/2017/article/occupational-projections-charts.htm"</p>		
<p>Gary M. Yontef, Ph.D., ABPP</p>		<p>"I want to register my support for the well articulated comments by the California Psychological Association on the proposed regulation of Telehealth services. I think the resident requirement should be eliminated! It is an unnecessary and undesirable complication."</p>	<p>9/25/2020</p>	<p>The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.</p>

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
Amanda Han, Psy.D.	Clinical Psychologist (PSY 20782)	<p>"It came to my attention that the current language in the proposed regulations on the standards of practice for telehealth potentially limits access for some California consumers, during the outbreak of COVID. Subdivision (a) currently states: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State...as well as to a client who is a resident of California who is temporarily located outside of this State, subject to the laws and regulations of another state where either the licensee or the client is located. The term "resident" in the proposed regulations is likely to result in a restriction of access to interjurisdictional telehealth services. These limitations would prohibit the provision of clinically appropriate services and would have a disproportionately negative impact on individuals who are not legal residents of California. Here are some suggested edits for your consideration: "A licensee is permitted to provide psychological health care services via telehealth to a client at an originating site in this State, as defined in section 2290.5 of the Code, as well as to a client who is located outside of this State, subject to the laws and regulations of the other jurisdiction where either the licensee or the client is located."</p>	9/25/2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

Comments to the Board of Psychology on Telehealth Regulations

Commenters	Company/ Organizati on/Lic. #	Summary of Comments	Date Submitted	Response
<p>Margia Corner as cover letter for Genie Kim, MPP DSW.</p>	<p>Principal Counsel, Health Affairs & Technology Law University of California, Office of the General Counsel provided a letter from UC System Director of Student Mental Health & Well-being Graduate, Undergrad uate and Equity Affairs University of California, Office of the President</p>	<p>Please find attached letter and comments on behalf of the University of California regarding the Board of Psychology's Proposed Regulations for Standards of Practice for Telehealth - attached letter at pages 97 to 99. The letter addresses the psychological services rendered to UC students by University Counseling Center psychologists and trainees, especially during COVID-19 and the need for telehealth across the nation during this time. "The COVID-19 public health emergency has highlighted, and likely exacerbated, the significant nationwide shortage of providers of mental health services for students at all levels. Being able to offer psychological services via telehealth is an important step to helping improve access to psychological services, especially for those clients who are located in areas where services are scarce." The points raised concern 1) the meaning and scope of resident addressed in the text; and 2) whether the licensee is or would be subject to the laws of the other jurisdiction where either the licensee or client would be located.</p>	<p>9/29/2020</p>	<p>The Board greatly appreciates your comments and the proposed text has been revised to address your concerns. In so doing, the Board is cognizant of other jurisdiction's temporary practice laws and believes that it is the duty of each licensee under this section to determine the laws of the other jurisdictions, where either the licensee or their clients may be located during a telehealth visit, and for the licensee to ensure that they are not violating the other jurisdiction's laws or practice acts. If another jurisdiction takes legal action against a licensee that is practicing under this section, the Board reserves its right to take action against the licensee for unprofessional conduct for a violation of this section. In addition, the licensee shall remain liable for any other unprofessional conduct, etc., that they may commit during a telehealth visit, regardless of whether or not the other jurisdiction takes action against them.</p>

Comments to the Board of Psychology on Telehealth Regulations				
Commenters	Company/ Organization/ Lic. #	Summary of Comments	Date Submitted	Response
Marybeth Viglione PhD		The proposed regulations on the Standards of Practice for Telehealth could restrict access to telehealth services. Specifically, the current language appears to prohibit clients who are not legal “residents” of California from receiving interjurisdictional telehealth services. I see no compelling reason for limiting interjurisdictional services to residents of California and believe that such a limitation would be potentially harmful and discriminatory. It should be noted that legal residency has no bearing on the provision of in-person services. Similarly, I firmly believe that residency should have no bearing on access to telehealth services, and I certainly do not think psychologists should be required to determine the residency status of their clients.	October 2, 2020	The Board greatly appreciates your comments and the proposed text has been revised to meet your concerns.

During the 15-day public comment period from December 7, 2020, to December 22, 2020, the Board received one comment. The comment was provided in the meeting materials for the February 18-19, 2021 Board meeting, and was reviewed and considered by the Board. After consideration of the comment, the Board rejected the comment and adopted the text as noticed in the 15-day Notice of Modified Text.

Commenter	Summary of Comment	Board Determination	Response
Todd Brown, PhD	Commenter requested further clarification on what can be deemed temporary under 1396(a)(2) and (3).	Reject	This comment was rejected as the comment was not germane and outside the scope of the modified text.

Nonduplication Statement - 1 CCR § 12:

The proposed regulations partially duplicate or overlap a state or federal statute or regulation which is cited as “authority” and “reference” for the proposed regulations and the duplication or overlap is necessary to satisfy the “clarity” standard of Government Code section 11349.1(a)(3).