



Board of Behavioral Sciences

1625 North Market Blvd. Suite S-200 Sacramento, CA 95834 (916) 574-7830 TDD (800) 326-2297 Fax (916) 574-8625 www.bbs.ca.gov

BOARD MEETING NOTICE May 11-12, 2017

DoubleTree Suites by Hilton Anaheim Resort 2085 S. Harbor Blvd. Anaheim, CA 92802

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location.

AGENDA Thursday, May 11, 2017 8:30 a.m.

FULL BOARD OPEN SESSION

- I. Call to Order and Establishment of Quorum
II. Petition for Modification of Probation for Srbui Ovsepyan, LMFT 77648
III. Petition for Modification of Probation for Scott Yettman, LMFT 38255
IV. Petition for Early Termination of Probation for Wayne Cottle, LCSW 65128
V. Petition for Early Termination of Probation for Robert Heath, LMFT 47413
VI. Petition for Reinstatement of License for Eileen Kelly, LMFT 30191
VII. Public Comment for Items not on the Agenda
Note: The Board may not discuss or take any action on any item 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, 1125.7(a))
VIII. Suggestions for Future Agenda Items



Governor Edmund G. Brown Jr. State of California Business, Consumer Services and Housing Agency Department of Consumer Affairs

### **FULL BOARD CLOSED SESSION**

- IX. Pursuant to Section 11126(c)(3) of the Government Code, the Board will meet in Closed Session for discussion and to take action on disciplinary matters, including the above Petitions. The Board will also, pursuant to Section 11126(a)(1) of the Government Code, meet in Closed Session to evaluate the performance of the Executive Officer.

### **FULL BOARD RECONVENE TO OPEN SESSION**

- X. Recess Until 8:30 a.m. on Friday May 12, 2017.

**AGENDA**  
**Friday May 12, 2017**  
**8:30 a.m.**

- XI. Call to Order and Establishment of Quorum
- XII. Introductions\*
- XIII. Chair Report
  - a. Board Member Activities
- XIV. 2017 Election of Officers
- XV. Presentation Regarding Treatment and Needs of Transyouths – Dr. Johanna Olson-Kennedy, MD
- XVI. Presentation Regarding Marriage and Family Therapist Trainees Paying for Their Supervision – Dr. Benjamin Caldwell
- XVII. Executive Officer’s Report
  - a. Budget Report
  - b. Operations Report
  - c. Personnel Report
  - d. Strategic Plan Update
- XVIII. Policy and Advocacy Committee Recommendations
  - a. Recommendation #1 - Support Assembly Bill 191 (Wood), Mental Health: Involuntary Treatment
  - b. Recommendation #2 – Defer to Board for Discussion and Possible Action Regarding Assembly Bill 456 (Thurmond) Healing Arts: Associate Clinical Social Workers
  - c. Recommendation #3 - Support Assembly Bill 508 (Santiago), Health Care Practitioners: Student Loans
  - d. Recommendation #4 - Support Assembly Bill 703 (Flora), Professions and Vocations: Licenses: Fee Waivers
  - e. Recommendation #5 - Support if Amended Assembly Bill 767 (Quirk-Silva), Master Business License Act
  - f. Recommendation #6 – Defer to Board for Discussion and Possible Action Regarding Assembly Bill 1116 (Grayson), Peer Support and Crisis Referral Services Act
  - g. Recommendation #7 - Support if Amended Assembly Bill 1188 (Nazarian), Health Professions Development: Loan Repayment
  - h. Recommendation #7 – Remain Neutral Regarding Assembly Bill 89 (Levine), Psychologists: Suicide Prevention Training

- i. Recommendation #8 - Support Assembly Bill 1372 (Levine), Crisis Stabilization Unit: Psychiatric Patients
  - j. Recommendation #9 – Support Assembly Bill 1591 (Berman), Medi-Cal: Federally Qualified Health Centers and Rural Health Centers: Licensed Professional Clinical Counselors
  - k. Recommendation #10 - Defer to Board for Discussion and Possible Action Regarding Senate Bill 27 (Morrell), Professions and Vocations: Licenses: Military Service
  - l. Recommendation #11 – Support Senate Bill 244 (Lara), Privacy: Agencies: Personal Information
  - m. Recommendation #12 - Support Senate Bill 374 (Newman), Health Insurance: Discriminatory Practices: Mental Health
  - n. Recommendation #13 – Take No Position on Senate Bill 399 (Portantino), Health Care Coverage: PDD or Autism
  - o. Recommendation #14 - Oppose Senate Bill 572 (Stone), Healing Arts Licenses: Violations: Grace Period
  - p. Recommendation #15 – Oppose Unless Amended Senate Bill 636 (Bradford), Addiction: Treatment: Advertising: Payment
- XIX. Discussion and Possible Action Regarding Assembly Bill 1005 (Calderon), Professions and Vocations: Fines: Relief
- XX. Discussion and Possible Action Regarding Senate Bill 762 (Hernandez), Healing Arts Licensee: License Activation Fee: Waiver
- XXI. Discussion and Possible Action Regarding Senate Bill 800: 2017 Board-Sponsored Omnibus Bill – Additional Amendment to Business and Professions Code Section 4999.120: Delete Obsolete Fee
- XXII. Discussion and Possible Action Regarding Assembly Bill 700 (Jones-Sawyer), Public Health: Alcoholism or Drug Abuse Recovery: Substance Use Disorder Counseling
- XXIII. Discussion and Possible Action Regarding Senate Bill 715 (Newman) Department of Consumer Affairs: Regulatory Boards: Removal of Board Members
- XXIV. Status on Board-Sponsored Legislation
- a. Assembly Bill 93 (Medina) - Healing Arts: Marriage and Family Therapists, Clinical Social Workers, Professional Clinical Counselors: Required Experience and Supervision
  - b. Senate Bill 800 - Proposed Technical and Non-Substantive Amendments to Business and Professions Code Sections 801, 801.1, 802, 4980.09, 4999.12.5, 4980.44, 4984.7, 4999.32, 4999.42, 4999.53, 4999.62, 4999.63, 4999.120, 4984.4, 4984.7, 4996.3, 4996.6, 4999.32, 4999.33, 4999.60, 4999.61, 4984.9, 4992.8, 4989.46, 4999.18, 4980.72, 4996.17, 4999.53; Evidence Code Section 1010(f)(o); and Penal Code Section 11165.7(a)(25)and (a)(40)
- XXV. Status of Board Rulemaking Proposals

- a. English as a Second Language: Additional Examination Time: Add Title 16. California Code of Regulations Section 1805.2
- b. Supervision: Amend Title 16, California Code of Regulations Sections 1820, 1821, 1833, 1833.1, 1833.2, 1870 and 1870.1; Add Sections 1821.1, 1821.2, 1821.3, 1833.1.5, 1834, 1869, 1870.5 and 1871; Repeal Sections 1822 and 1874
- c. Enforcement: Amend Title 16, California Code of Regulations Sections 1823, 1845, 1858, 1881, 1886.40, 1888 and Uniform Standards Related to Substance Abuse and Disciplinary Guidelines
- d. Application Processing Times and Registrant Advertising: Amend Title 16. California Code of Regulations, Sections 1805.1 and 1811
- e. Contact Information; Application Requirements; Incapacitated Supervisors: Amend Title 16. California Code of Regulations, Sections 1804, 1805 and 1820.7; Add Section 1815.8

XXVI. Suggestions For Future Agenda Items

XXVII. Public Comment for Items Not on the Agenda

*Note: The Board may not discuss or take any action on any item 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, 1125.7(a))*

XXVIII. Adjournment

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*\*Introductions are voluntary for members of the public.*

*Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Times and order of items are approximate and subject to change. Action may be taken on any item listed on the Agenda.*

*This agenda as well as Board meeting minutes can be found on the Board of Behavioral Sciences website at [www.bbs.ca.gov](http://www.bbs.ca.gov).*

*NOTICE: The meeting is accessible to persons with disabilities. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Christina Kitamura at (916) 574-7835 or send a written request to Board of Behavioral Sciences, 1625 N. Market Blvd., Suite S-200, Sacramento, CA 95834. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*

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**To:** Board Members **Date:** April 27, 2017  
**From:** Kim Madsen **Telephone:** (916) 574-7841  
 Executive Officer  
**Subject:** Election of Officers

Business and Professions Code section 4990 requires the Board to elect a Chair and Vice-Chair prior to June 1 of each year. Currently, Deborah Brown serves as the Board Chair, and Patricia Lock-Dawson is the Vice-Chair. In order to comply with existing law, the Board members should elect both a chair and a vice-chair at this meeting for 2017-2018.

Below is a list of board members and the date on which their term will expire.

Board Member	Type	Authority	Date Appointed	Reappointed	Term Expires	Grace Expires
Dr. Christine Wietlisbach	Public	Senate	2/4/2010	7/16/2015	6/1/2019	6/1/2020
Samara Ashley	Public	Governor	1/21/2010	7/12/2013	6/1/2017	8/1/2017
Betty Connolly	LEP	Governor	8/22/2012	6/9/2016	6/1/2020	8/1/2020
Sarita Kohli	LMFT	Governor	6/7/2011	6/13/2014	6/1/2018	8/1/2018
Patricia Lock-Dawson	Public	Governor	1/13/2010	7/12/2013	6/1/2017	8/1/2017
Renee Lonner	LCSW	Governor	1/17/2007	7/25/2014	6/1/2018	8/1/2018
Karen Pines	LMFT	Governor	4/5/2011	7/2/2013	6/1/2017	8/1/2017
Christina Wong	LCSW	Governor	5/18/2011	7/2/2013	6/1/2017	8/1/2017
Dr. Leah Brew	LPCC	Governor	8/28/2012	6/6/2016	6/1/2020	8/1/2020
Deborah Brown	Public	Governor	8/23/2012	7/2/2013	6/1/2017	8/1/2017
Vacant	Public	Governor	9/11/2014		6/1/2018	8/1/2018
Dr. Peter Chiu	Public	Governor	10/30/2013	6/3/2015	6/1/2019	8/1/2019
Max Disposti	Public	Assembly	3/8/2016		6/1/2019	6/1/2020

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**To:** Board Members

**Date:** April 27, 2017

**From:** Kim Madsen  
Executive Officer

**Telephone:** (916) 574-7841

**Subject:** Presentation Regarding Treatment and Needs of Transyouth

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Dr. Johanna Olson-Kennedy will discuss the treatment of Transyouth. Dr. Olson-Kennedy is an American physician who specializes in the care of transgender youth, non-conforming youth, gender variant children, and youth with HIV and chronic pain. She is board-certified in pediatrics and adolescent medicine and is the medical director of the Center for Transyouth Health and Development at Children's Hospital Los Angeles. She has provided medical care for more than 400 patients, ages 4 through 25.

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**To:** Board Members

**Date:** April 27, 2017

**From:** Kim Madsen  
Executive Officer

**Telephone:** (916) 574-7841

**Subject:** Presentation Regarding Marriage and Family Therapist Trainees Paying for Their Supervision

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Dr. Benjamin Caldwell, LMFT will discuss the issue of LMFT Trainees paying for their supervision.

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## Trainee fees

Benjamin E. Caldwell, PsyD, LMFT

May 21, 2017

ben@bencaldwell.com

Several practicum sites  
in Los Angeles are now charging  
**significant fees to trainees.**

## Sites charging trainees to volunteer

- \* Valley Community Health Care - **\$720**
- \* Counseling West - **\$750 up front**
- \* Southern California Counseling Center - **\$840**
- \* Open Paths - **\$900\***
- \* Maple Center - **\$900**
- \* Airport Marina Counseling - **\$1,000 up front**
- \* Family Service Agency (Burbank) - **\$1,200**
- \* Center for Individual and Family Counseling - **\$1,200**

*\* Fees waived if trainee meets client threshold.*

*All fees shown are per year unless otherwise noted. Fees verified through agency web sites, other agency documentation, or multiple independent sources. Fees shown apply to all trainees; many sites (including some of these) also charge fees for individual supervision.*

## Uniquely a Los Angeles problem

- \* At least one Bay Area university charges students to work in their university-owned clinics, but that's different
- \* Across the rest of the state and across the nation, sites that are independent of universities simply don't charge trainees to work there
- \* **Fees appear to be very small part of agencies' operating budgets**

## A national trend: Charging volunteers

- Nonprofits struggle with **high costs of recruiting, training, and supervising volunteers**
- Requiring volunteers to pay is seen as a method of recouping costs and ensuring commitment
- In 2011, the San Diego branch of Habitat for Humanity rescinded a policy of charging volunteers \$100 each after negative publicity

## Arguments in support of trainee fees

- **Some trainees don't mind and may like paying fees** if they believe it will support quality training
  - "Worth every penny"
- **Agencies use fees to pay supervisors**, and to provide additional training opportunities
- Some sites may argue **they would need to stop using trainees if they could not collect fees**

## Trainee fees are, in most cases, probably legal

"Trainees who are volunteers [...] can lawfully be charged for supervision and other training."

*- Jasper, S. (2013 July/August). Charging trainee and intern employees for supervision: Part 1. The Therapist magazine.*

Charging significant fees to trainees **puts supervisors at risk for ethics complaints.**



## 2015 AAMFT Code of Ethics

### **4.8 Payment for Supervision**

Marriage and family therapists providing clinical supervision **shall not enter into financial arrangements with supervisees through deceptive or exploitative practices**, nor shall marriage and family therapists providing clinical supervision exert **undue influence** over supervisees when establishing supervision fees.

## 2014 ACA Code of Ethics

### **C.6.d. Exploitation of Others**

Counselors do not exploit others in their professional relationships.

## 2008 NASW Code of Ethics

### **1.06(b). Conflicts of Interest**

Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

## Trainee fees are troubling and potentially exploitive

- \* **Students cannot get financial aid**
- \* **Students are not told of site fees when entering degree programs**
- \* Policies for fee waivers may be rarely used
- \* Fees are not negotiable, and trainees are in no position to fight them

## Trainee fees are troubling and potentially exploitive

"I work full-time, [and] I was barely making the \$4,000 semester payments. I couldn't imagine paying another additional thousand dollars **and still being able to pay rent/bills.**"

- Greg, MFT Trainee

"To think that students can easily avoid [traineeships that charge fees] (and obtain the necessary hours to graduate) is incredibly short-sighted. **And misinformed.**"

- Via social media

This issue can be best resolved by **prohibiting direct payments from trainees to their sites** for training or supervision required as part of practicum.

## Training fees charged by universities

- ✓ Sites could (as they can now) negotiate placement contracts directly with universities, where the university pays the training fee
- ✓ Alters the power dynamic in fee discussions
- ✓ **Increases likelihood that sites would directly address perceived deficiencies with universities**
- ✓ Sites' financial models would not be disrupted

Requiring trainee fees to be paid by graduate programs, rather than trainees themselves, **supports transparency** without endangering placement sites.

Unlike fees charged by sites, those charged by universities:

- ✓ **Qualify for financial aid** and are used in calculations of expenses
- ✓ **Are disclosed to incoming and prospective students at the beginning of the program**

Other potential solutions include legislation to define ***entering into or participating in an exploitive relationship with a supervisee*** as unprofessional conduct.

## Shine a light

**“We are currently making an effort to reduce or eliminate the program fees. If we succeed in doing so, funds would have to be raised and designated to replace the loss in income. We wouldn’t consider going to the schools or taking fewer counselors.**

**Our goal is to eliminate barriers to participation [...] because that supports a diverse counselor population.”**

*- Letter from Southern California Counseling Center*

**2016/2017 Budget**

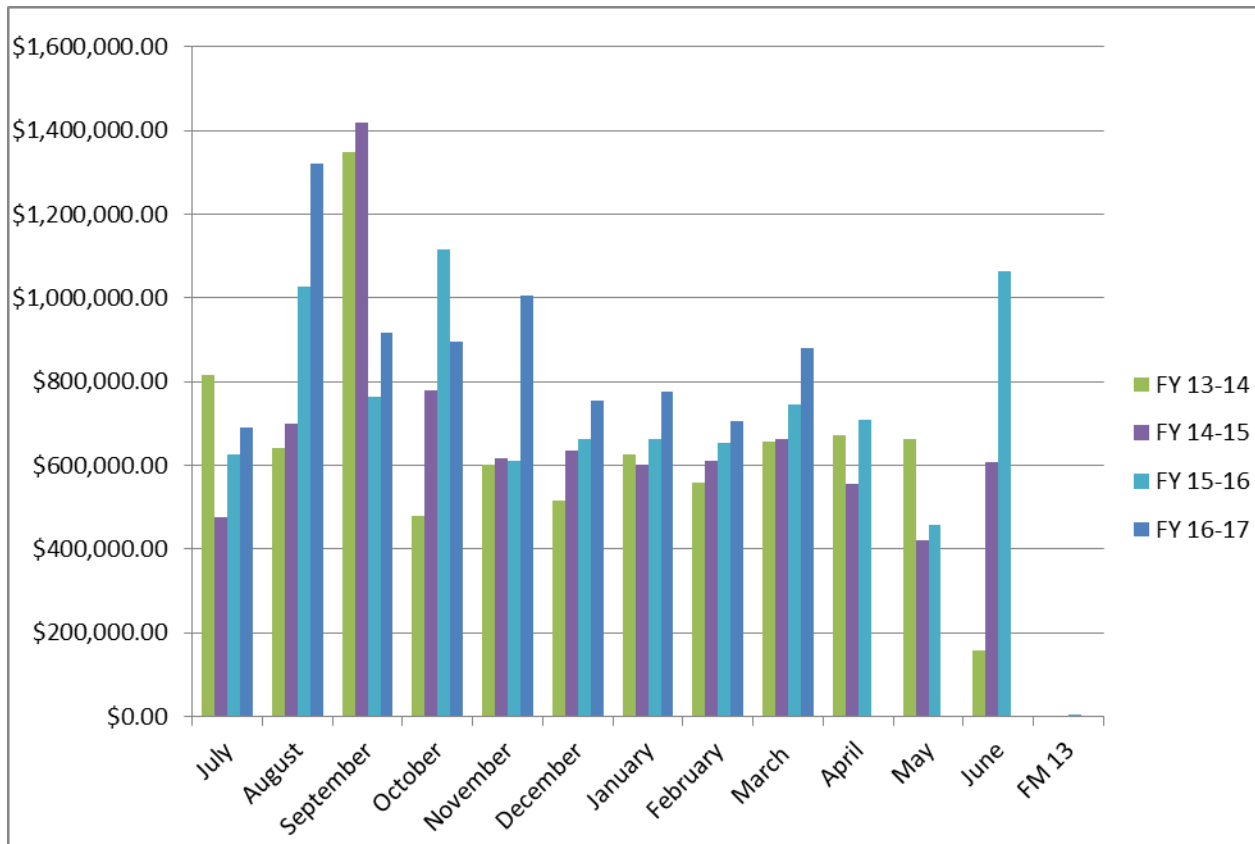
The Board’s budget for Fiscal Year (FY) 2016/2017 is \$12,377,000. FY 2016/2017 expenditures received as of March 31, 2017 total \$8,141,192 (66%) of the Board’s budget. The chart below provides a breakdown of expense categories and percentages.

Expense Category	Amount	Percentage
Personnel	\$ 3,412,074	28%
OE&E	\$3,382,788	27%
Enforcement	\$1,219,141	10%
Minor Equipment <i>Includes LPCC exp</i>	\$127,189	1%
<b>Total Expenses</b>	<b>\$8,141,192</b>	<b>66%</b>

As of March 31, 2017, the Board had collected \$ 7,949,205 in total revenue.

Month	FY 13-14	FY 14-15	FY 15-16	FY 16-17
July	\$817,394.34	\$475,567.98	\$627,284.68	\$691,292.92
August	\$641,178.70	\$698,635.93	\$1,026,917.57	\$1,321,577.19
September	\$1,349,479.66	\$1,419,736.29	\$764,549.24	\$916,505.75
October	\$480,531.87	\$779,134.95	\$1,114,396.16	\$896,007.33
November	\$600,316.56	\$617,891.41	\$610,736.93	\$1,004,896.40
December	\$516,264.24	\$635,199.34	\$662,114.82	\$755,886.33
January	\$625,528.05	\$601,512.09	\$662,285.92	\$775,725.53
February	\$559,755.55	\$612,208.93	\$652,365.63	\$705,866.02
March	\$655,619.38	\$662,167.83	\$746,672.27	\$881,447.09
April	\$670,839.44	\$554,415.62	\$708,087.20	
May	\$663,732.55	\$420,330.14	\$456,671.84	
June	\$158,802.68	\$606,750.69	\$1,065,058.82	
FM 13	\$388.71	\$2,096.87	\$3,745.78	

The chart below provides a fiscal year comparison of the Board's monthly revenue.



**Board Fund Condition**

The Board's Fund Condition for FY 2016/2017 reflects a 4.2 month reserve.

**General Fund Loans**

The Board's Fund Condition report also reflects a \$6.3 million dollar loan repayment in fiscal year 2017/2018.



**BBS EXPENDITURE REPORT FY 2016/17**

OBJECT DESCRIPTION	FY 2015/16	FY 2016/2017			
	ACTUAL EXPENDITURES	BUDGET ALLOTMENT	CURRENT AS OF 3/31/2017	PROJECTIONS	UNENCUMBERED BALANCE
<b>PERSONAL SERVICES</b>					
Salary & Wages (Civ Svc Perm)	2,373,473	2,997,000	2,036,819	2,905,000	92,000
Salary & Wages (Stat Exempt)	104,976	91,000	77,334	103,365	(12,365)
Temp Help (907)(Seasonals)	86,694	0	50,207	69,100	(69,100)
Temp Help (915)(Proctors)	0	0	0	0	0
Board Memb (Per Diem)	21,700	13,000	7,500	20,000	(7,000)
Overtime	9,363	2,000	2,911	7,000	(5,000)
Totals Staff Benefits	1,390,036	1,787,000	1,237,303	1,614,000	173,000
Salary Savings					
<b>TOTALS, PERSONAL SERVICES</b>	<b>3,986,242</b>	<b>4,890,000</b>	<b>3,412,074</b>	<b>4,718,465</b>	<b>171,535</b>
<b>OPERATING EXP &amp; EQUIP</b>					
Fingerprint Reports	18,080	15,000	10,936	16,000	(1,000)
General Expense	97,365	63,000	68,165	100,000	(37,000)
<b>Printing</b>	<b>112,756</b>	<b>27,000</b>	<b>58,973</b>	<b>95,000</b>	<b>(68,000)</b>
Communication	13,377	19,000	6,771	10,000	9,000
Insurance	0	1,000	0	0	1,000
<b>Postage</b>	<b>46,787</b>	<b>70,000</b>	<b>27,778</b>	<b>43,000</b>	<b>27,000</b>
<b>Travel, In State</b>	<b>96,831</b>	<b>59,000</b>	<b>66,265</b>	<b>90,000</b>	<b>(31,000)</b>
Travel, Out-of-State	0	72,000	0	0	72,000
<b>Training</b>	<b>2,525</b>	<b>27,000</b>	<b>1,450</b>	<b>4,000</b>	<b>23,000</b>
Facilities Operations	226,567	228,000	478,231	540,000	(312,000)
Utilities	0	4,000	0	0	4,000
C&P Services - Interdept.	0	15,000	0	0	15,000
<b>C&amp;P Services-External Contracts</b>	<b>22,408</b>	<b>1,762,000</b>	<b>19,122</b>	<b>25,000</b>	<b>1,737,000</b>
<b>DEPARTMENTAL PRORATA</b>					
DP Billing (424.03)	1,575,138	1,470,000	1,102,500	1,470,000	0
Indirect Distribution Costs (427)	644,320	736,000	540,747	736,000	0
Public Affairs (427.34)	42,000	95,000	71,253	95,000	0
D of I Prorata (427.30)	15,730	22,000	16,497	22,000	0
Consumer Relations Division (427.35)	0	6,000	4,500	6,000	0
OPP Support Services (427.01)	0	1,000	0	1,000	0
Interagency Services (OPES IACs)	270,674	325,000	152,367	231,140	93,860
Consolidated Data Services (428)	262	30,000	7	100	29,900
Information Technology (431)	35,603	14,000	3,604	15,000	(1,000)
Statewide Pro Rata (438)	409,928	0	0	0	0
<b>EXAM EXPENSES</b>					
Exam Site Rental (Four Points)	65,504	100,000	0	0	100,000
Exam Contract (PSI) (404.00)	534,955	359,000	586,973	1,000,000	(641,000)
C/P Svs - Expert Examiners (404.01)	0	45,000	0	0	45,000
C/P Svs - External Subj Matter (404.03)	201,553	365,000	166,649	270,000	95,000
<b>ENFORCEMENT</b>					
Attorney General	907,022	839,000	784,305	1,000,000	(161,000)
Office of Admin. Hearing	249,975	155,000	107,849	195,000	(40,000)
Court Reporters	22,125	0	8,048	20,000	(20,000)
Evidence/Witness Fees	87,303	95,000	21,192	60,000	35,000
Division of Investigation	82,608	397,000	297,747	369,000	28,000
<i>LPCC</i>	<i>532,624</i>		<i>58,847</i>	<i>70,000</i>	<i>(70,000)</i>
<b>Minor Equipment (226)</b>	<b>29,123</b>	<b>28,000</b>	<b>30,248</b>	<b>35,000</b>	<b>(7,000)</b>
<b>Equipment, Replacement (452)</b>	<b>3,362</b>	<b>0</b>	<b>38,094</b>	<b>40,000</b>	<b>(40,000)</b>
<b>Equipment, Additional (472)</b>	<b>0</b>	<b>24,000</b>	<b>0</b>	<b>0</b>	<b>24,000</b>
<b>Vehicle Operations</b>	<b>0</b>	<b>19,000</b>	<b>0</b>	<b>0</b>	<b>19,000</b>
<b>TOTAL, OE&amp;E</b>	<b>6,346,505</b>	<b>7,487,000</b>	<b>4,729,118</b>	<b>6,558,240</b>	<b>928,760</b>
<b>TOTAL EXPENDITURES</b>	<b>\$10,332,747</b>	<b>\$12,377,000</b>	<b>\$8,141,192</b>	<b>\$11,276,705</b>	<b>\$1,100,295</b>

	FY 15/16	Budget	Current
Reimbursements	FM 13	Alotment	as of 3/31/2017
Fingerprints	(17,155)	(24,000)	(10,824)
Other Reimbursements	(150,928)	(26,000)	(122,772)
Unscheduled Reimbursements			
<b>Total Reimbursements</b>	<b>(168,083)</b>	<b>(50,000)</b>	<b>(133,596)</b>

BLUE PRINT INDICATES THE ITEMS ARE SOMEWHAT DISCRETIONARY.

# 0773 - Behavioral Science Analysis of Fund Condition

(Dollars in Thousands)

## 2017-18 Governor's budget

	<b>ACTUAL 2015-16</b>	<b>Budget Act CY 2016-17</b>	<b>BY 2017-18</b>
<b>BEGINNING BALANCE</b>	\$ 3,958	\$ 7,691	\$ 4,172
Prior Year Adjustment	\$ 86	\$	\$
Adjusted Beginning Balance	<u>\$ 4,044</u>	<u>\$ 7,691</u>	<u>\$ 4,172</u>
 <b>REVENUES AND TRANSFERS</b>			
Revenues :			
1256 00 Other regulatory fees	\$ 117	\$ 59	\$ 60
125700 Other regulatory licenses and permits	\$ 3,462	\$ 3,850	\$ 3,751
125800 Renewal fees	\$ 5,242	\$ 5,304	\$ 5,448
125900 Delinquent fees	\$ 86	\$ 88	\$ 90
141200 Sales of documents	\$	\$	\$
142500 Miscellaneous services to the public	\$	\$	\$
150300 Income from surplus money Investments	\$ 18	\$	\$
150500 Interest interest from Interfund loans	\$ 1,248	\$	\$
160100 Attorney General Proceeds of Anti-Trust	\$	\$	\$
160400 Sale of fixed assets	\$	\$	\$
161000 Escheat of unclaimed checks and warrants	\$ 4	\$	\$
161400 Miscellaneous revenues	\$ 4	\$ 8	\$ 8
Totals, Revenues	<u>\$ 10,181</u>	<u>\$ 9,309</u>	<u>\$ 9,357</u>
Transfers from Other Funds			
F00001 GF loan repayment per item 1170-011-0773 BA of 2002	\$ 3,600	\$	\$
F00001 GF loan repayment per item 1110-011-0773 BA of 2008	\$	\$	\$ 3,000
F00001 GF loan repayment per item 1110-011-0773 BA of 2011	\$	\$	\$ 3,300
Totals, Revenues and Transfers	<u>\$ 13,781</u>	<u>\$ 9,309</u>	<u>\$ 15,657</u>
Totals, Resources	<u>\$ 17,825</u>	<u>\$ 17,000</u>	<u>\$ 19,829</u>
 <b>EXPENDITURES</b>			
Disbursements:			
8860 FSCU (State Operations)	\$	\$	\$
8880 Financial Information System for California	\$ 17	\$ 13	\$ 15
1110 Program Expenditures (State Operations)	\$ 10,117	\$	\$
1111 Program Expenditures (State Operations)	\$	\$ 12,327	\$ 11,238
9900 Statewide Pro Rata	\$	\$ 488	\$ 692
Total Disbursements	<u>\$ 10,134</u>	<u>\$ 12,828</u>	<u>\$ 11,945</u>
 <b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 7,691	\$ 4,172	\$ 7,884
 <b>Months in Reserve</b>	7.2	4.2	7.8

**Board Statistics**

Attached for your review are the quarterly performance statistics for the third quarter of FY 2016/2017.

**Licensing Program**

Overall, application volumes decreased in the third quarter of FY 2016/2017 by 7%. Additionally, the Board’s Processing Times continue to be under 30 days.

**Application Volumes**

Application Type	3 <sup>rd</sup> Quarter 1/1/17-3/31/17	2 <sup>nd</sup> Quarter 10/1/16- 12/31/16	Difference
MFT Intern	637	1213	-47%
MFT Examination	874	552	+58%
ASW Registration	357	433	-18%
LCSW Examination	512	438	17%
LEP Examination	36	26	+38%
LPCC Intern	245	212	+16%
LPCC Examination	40	31	+29%
<b>Total Applications</b>	<b>2701</b>	<b>2905</b>	<b>- 7%</b>

**Days to Process Application**

License Type	3 <sup>rd</sup> Quarter FY 16/17	2 <sup>nd</sup> Quarter FY 16/17	Difference
MFT Intern	17 days	17 days	No Change
MFT Examination	29 days	27 days	+ 2 days
ASW Registrant	19 days	18 days	+ 1 day
LCSW Examination	38 days	26 days	+ 12 days
LEP Examination	13 days	14 days	-1 day
LPCC Intern	21 days	26 days	- 5 days
LPCC Examination	20 days	24 days	- 4 days

A total of 1,291 initial licenses were issued in the third quarter. As of April 20, 2017, the Board has 107,681 licensees and registrants. This figure includes all licenses that have been issued that are current and/or eligible to renew.

<b>LICENSE POPULATION (As of 4/20/17)</b>				
<b>License Type</b>	<b>Active</b>	<b>Current In-Active</b>	<b>Delinquent</b>	<b>Total Population</b>
<b>Registrants</b>				
MFTI	13,938	N/A	5,226	19,164
ASW	11,051	N/A	4,472	15,523
PCI	1,933	N/A	668	2,601
<b>Total Registrant</b>	26,922	N/A	10,366	37,288
<b>Licensees</b>				
LMFT	34,535	4,475	2,556	41,566
LCSW	21,334	2,545	1,402	25,281
LEP	1,328	448	284	2,060
LPCC	1,363	86	37	1,486
<b>Total Licensee</b>	58,560	7,554	14,645	70,393
<b>Total Population</b>	85,482	7,554	14,645	<b>107,681</b>

**Examination Program**

Attached for your review are the 2016 year end examination statistics, which includes the school examination results. Examination statistics for 2017 are also provided. A total 5,784 examinations were administered in the third quarter of fiscal year 2016/2017.

	3rd Qtr		2nd Qtr		1st Qtr	
	1/1/17-3/31-17		10/1/16-12/31/16		7/1/16-9/30/16	
	Total Exams	Pass %	Total Exams	Pass %	Total Exams	Pass %
<b>LMFT L/E*</b>	2187	65%	2954	69%	3679	71%
<b>LMFT Clinical*</b>	983	54%	1246	71%	1026	73%
<b>LCSW L/E*</b>	1613	71%	2403	67%	3386	72%
<b>LCSW ASWB</b>	689	77%	860	80%	572	81%
<b>LPCC L/E*</b>	252	67%	323	59%	312	76%
<b>LPCC NCMHCE</b>	28	86%	39	74%	26	65%
<b>LEP*</b>	32	72%	36	56%	53	51%

*\*Board developed examination*

Twelve (12) examination development workshops were conducted from January through March.

In March 2017 Subject Matter Expert (SME) recruitment was initiated and is ongoing. To date 217 applications have been received. Additional Licensed Professional Clinical Counselor’s (LPCC) and Licensed Educational Psychologist’s (LEP) are needed. Interested licensees are encouraged to apply via the Board’s website.

A contract was initiated for hotel accommodations for our SME’s that participate in examination development workshops. The contract is expected to be effective May 5, 2017. This will reduce the out of pocket travel expenses that require our SME’s to wait for reimbursement.

New contracts initiated in March 2017 for all existing SME’s are now complete.

**Administration Program**

The Board received 10,232 applications in the third quarter, a 5% increase since last quarter. This figure does not include renewal applications. The chart below reflects the total renewal activity for the first quarter.

<b>RENEWAL ACTIVITY</b>		
	<b>Number of Renewals</b>	<b>Percentage</b>
DCA Processed	7238	59%
BBS Processed	461	4%
Online Renewal	4611	37%
<b>Total</b>	<b>12,310</b>	

### **Enforcement Program**

The Enforcement staff received 340 consumer complaints and 247 criminal convictions in the third quarter. 602 cases were closed and 37 cases were referred to the Attorney General's office for formal discipline. 26 Accusations and 12 Statement of Issues were filed this quarter. The number of final citations for the second quarter is 25.

The average number of days to complete Formal Discipline was 785 days. This statistic is measured from the date the Board receives the complaint to the date the discipline becomes effective. The average number of days the case is with the Attorney General's Office is 462. This statistic is measured from the date the Board refers the matter to the Attorney General's to the date the case is complete. The average number of days to complete all Board investigations is 166 days.

On June 21, 2017 the Enforcement Unit will conduct training for Enforcement Subject Matter Experts (SME). Current SMEs and new applicants are welcome to attend this daylong session.

### **Continuing Education Audits**

Below are the results for the February audit. The March audit is in process.

#### **February 2017 Audit Results**

<b>License Type</b>	<b>Total number of notices sent</b>	<b># OF PASS</b>	<b># OF FAIL</b>	<b>% OF PASS</b>	<b>% OF FAIL</b>
LCSW	20	15	5	75%	25%
LEP	5	1	4	20%	80%
LMFT	52	39	13	75%	25%
LPCC	4	4	0	100%	0%
<b>Total</b>	<b>81</b>	<b>59</b>	<b>22</b>	<b>73%</b>	<b>27%</b>

The reasons a licensee fails the Continuing Education Audit remains consistent.

- Failure to complete the required law and ethics coursework
- Failure to complete the required number of continuing education units within the renewal period
- Completing continuing education courses from unapproved providers.

All licensees who fail the Continuing Education Audit are referred to the Board's Enforcement Unit for issuance of a citation and fine.

## **Outreach Activity**

Board staff either physically attended the following events or participated via a phone conference.

### **January 2017**

- January 18, 2017 Orange County MFT Consortium Meeting
- January 27, 2017 San Francisco MFT Consortium Meeting

### **February 2017**

- February 25, 2017 Orange County CAMFT Trainee Job Faire

### **March 2017**

- March 10, 2017 Sacramento MFT Consortium: Central Valley MFT Consortium: Los Angeles MFT Consortium
- March 11-12, 2017 NASW Lobby Days
- March 16-18, 2017 ACA Conference and Expo (LPCC)
- March 13, 2017 Central Coast MFT Consortium
- March 15, 2017 Orange County MFT Consortium
- March 17, 2017 San Diego/Imperial Valley MFT Consortium
- March 30, 2017 USC School of Social Work Webinar

### **April 2017**

- April 7, 2017 Sacramento CAMFT Chapter
- April 21, 2017 CAMFT Trainee Job Faire – Long Beach
- April 23, 2017 CSCSW Chapter Meeting – Los Angeles
- April 26, 2017 Alliant University – San Francisco
- April 27, 2017 Behavioral Health Workforce Summit – San Jose
- April 28-29, 2017 CALPCC Conference

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**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
EXAMINATION STATISTICS 2016**

<b>LICENSED MARRIAGE FAMILY THERAPIST California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	1127	850	75	277	25	1126	849	75
<b>April 1, 2016 to June 30, 2016</b>	2159	1778	82	381	18	2110	1732	82
<b>July 1, 2016 to September 30, 2016</b>	3679	2606	71	1073	29	3513	2483	71
<b>October 1, 2016 to December 31, 2016</b>	2954	2029	69	925	31	2724	1861	68

<b>LICENSED MARRIAGE FAMILY THERAPIST Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	234	213	91	21	9	234	213	91
<b>April 1, 2016 to June 30, 2016</b>	703	565	80	138	20	697	560	80
<b>July 1, 2016 to September 30, 2016</b>	1026	752	73	274	27	1013	745	74
<b>October 1, 2016 to December 31, 2016</b>	1246	879	71	367	29	1152	826	72

<b>LICENSED CLINICAL SOCIAL WORKER California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	865	699	81	166	19	865	699	81
<b>April 1, 2016 to June 30, 2016</b>	1637	1373	84	264	16	1610	1351	84
<b>July 1, 2016 to September 30, 2016</b>	3386	2423	72	963	28	3287	2364	72
<b>October 1, 2016 to December 31, 2016</b>	2403	1620	67	783	33	2230	1502	67

<b>LICENSED CLINICAL SOCIAL WORKER Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	184	166	90	18	10	183	165	90
<b>April 1, 2016 to June 30, 2016</b>	395	339	86	56	14	391	339	87
<b>July 1, 2016 to September 30, 2016</b>	572	463	81	109	19	565	457	81
<b>October 1, 2016 to December 31, 2016</b>	860	684	80	176	20	808	659	82

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
EXAMINATION STATISTICS 2016**

<b>LICENSED PROFESSIONAL CLINICAL COUNSELORS California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	40	32	80	8	20	37	29	78
<b>April 1, 2016 to June 30, 2016</b>	122	102	84	20	16	113	93	82
<b>July 1, 2016 to September 30, 2016</b>	312	236	76	76	24	303	230	76
<b>October 1, 2016 to December 31, 2016</b>	323	192	59	131	41	304	174	57

<b>LICENSED PROFESSIONAL CLINICAL COUNSELORS Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	20	19	95	1	5	19	18	95
<b>April 1, 2016 to June 30, 2016</b>	16	14	88	2	13	15	14	93
<b>July 1, 2016 to September 30, 2016</b>	26	17	65	9	35	23	15	65
<b>October 1, 2016 to December 31, 2016</b>	39	29	74	10	26	34	26	76

<b>LICENSED EDUCATIONAL PSYCHOLOGIST Standard Written Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2016 to March 31, 2016</b>	42	20	48	22	52	33	16	48
<b>April 1, 2016 to June 30, 2016</b>	22	9	41	13	59	17	8	47
<b>July 1, 2016 to September 30, 2016</b>	53	27	51	26	49	37	23	62
<b>October 1, 2016 to December 31, 2016</b>	36	20	56	16	44	21	17	81

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
EXAMINATION STATISTICS 2017**

<b>LICENSED MARRIAGE FAMILY THERAPIST California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	2187	1422	65	765	35	1851	1205	65
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

<b>LICENSED MARRIAGE FAMILY THERAPIST Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	983	529	54	454	46	802	465	58
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

<b>LICENSED CLINICAL SOCIAL WORKER California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	1613	1139	71	474	29	1348	945	70
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

<b>LICENSED CLINICAL SOCIAL WORKER Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	689	529	77	160	23	596	484	81
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
EXAMINATION STATISTICS 2017**

<b>LICENSED PROFESSIONAL CLINICAL COUNSELORS California Law &amp; Ethics Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	252	170	67	82	33	230	152	66
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

<b>LICENSED PROFESSIONAL CLINICAL COUNSELORS Clinical Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	28	24	86	4	14	23	19	83
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

<b>LICENSED EDUCATIONAL PSYCHOLOGIST Standard Written Examination</b>								
	<b>TOTAL EXAMINEES</b>	<b>PASSED</b>	<b>%PASS</b>	<b>FAIL</b>	<b>%FAIL</b>	<b>FIRST ATTEMPT</b>	<b>PASSED</b>	<b>%PASS</b>
<b>January 1, 2017 to March 31, 2017</b>	32	23	72	9	28	20	18	90
<b>April 1, 2017 to June 30, 2017</b>								
<b>July 1, 2017 to September 30, 2017</b>								
<b>October 1, 2017 to December 31, 2017</b>								

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**



**DEPARTMENT OF CONSUMER AFFAIRS**



**License Type: LCSW (Clinical Exam (ASWB))**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Azusa Pacific University, Azusa	103	26	22	85%	6	19%	26	21	81%	5	19%
California State University, Bakersfield	002	48	34	71%	17	29%	48	34	71%	14	29%
California State University, Chico	003	42	37	88%	8	17%	42	35	83%	7	17%
California State University, Dominguez Hills	004	25	19	76%	6	24%	25	19	76%	6	24%
California State University, Fresno	005	37	23	62%	18	46%	37	21	57%	16	43%
California State University, Fullerton	006	19	18	95%	3	16%	19	16	84%	3	16%
California State University, Hayward	007	54	43	80%	14	24%	54	41	76%	13	24%
California State University, Long Beach	008	157	121	77%	42	25%	156	117	75%	39	25%
California State University, Los Angeles	009	71	60	85%	12	15%	71	60	85%	11	15%
California State University, Northridge	010	67	60	90%	9	12%	67	59	88%	8	12%
California State University, Sacramento	011	115	90	78%	29	24%	115	87	76%	28	24%
California State University, San Bernardino	012	55	45	82%	13	22%	55	43	78%	12	22%
California State University, Stanislaus	013	52	42	81%	13	19%	52	42	81%	10	19%
Humboldt State University, Arcata	014	17	16	94%	1	6%	17	16	94%	1	6%
Loma Linda University, Orinda	125	30	20	67%	11	37%	30	19	63%	11	37%
OUT-OF-COUNTRY	400	10	5	50%	6	50%	10	5	50%	5	50%
Out-of-State	300	331	302	91%	34	9%	331	300	91%	31	9%
San Diego State University	015	88	79	90%	10	11%	88	78	89%	10	11%
San Francisco State University	016	51	41	80%	12	22%	51	40	78%	11	22%
San Jose State University	017	121	97	80%	27	21%	121	95	79%	26	21%
UC, Berkeley	050	85	79	93%	7	7%	85	79	93%	6	7%
UC, Los Angeles	052	85	83	98%	2	2%	85	83	98%	2	2%
University of Southern California, Los Angeles	145	359	313	87%	59	14%	359	307	86%	52	14%
<b>Exam: LCSWCE Total:</b>		<b>2,008</b>	<b>1,649</b>	<b>82%</b>	<b>359</b>	<b>18%</b>	<b>1,944</b>	<b>1,617</b>	<b>83%</b>	<b>327</b>	<b>17%</b>

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

<b>License Type: LCSW (Law and Ethics)</b>											
Azusa Pacific University, Azusa	103	95	73	77%	29	28%	95	68	72%	27	28%
California State University, Bakersfield	002	165	118	72%	51	30%	165	116	70%	49	30%
California State University, Chico	003	152	104	68%	54	34%	152	101	66%	51	34%
California State University, Dominguez Hills	004	168	111	66%	68	38%	168	104	62%	64	38%
California State University, Fresno	005	204	134	66%	82	37%	204	128	63%	76	37%
California State University, Fullerton	006	154	125	81%	31	20%	154	123	80%	31	20%
California State University, Hayward	007	293	219	75%	84	27%	293	214	73%	79	27%
California State University, Long Beach	008	669	496	74%	206	29%	669	473	71%	196	29%
California State University, Los Angeles	009	339	242	71%	120	32%	340	230	68%	110	32%
California State University, Northridge	010	322	233	72%	102	30%	322	224	70%	98	30%
California State University, Sacramento	011	430	338	79%	111	24%	430	325	76%	105	24%
California State University, San Bernardino	012	210	159	76%	56	26%	210	155	74%	55	26%
California State University, Stanislaus	013	191	137	72%	65	31%	191	131	69%	60	31%
Humboldt State University, Arcata	014	65	41	63%	30	38%	65	40	62%	25	38%
Loma Linda University, Orinda	125	126	99	79%	34	25%	126	95	75%	31	25%
Monterey Bay State University	018	3	3	100%	0	0%	3	3	100%	0	0%
OUT-OF-COUNTRY	400	88	57	65%	36	39%	88	54	61%	34	39%
Out-of-State	300	1,244	1,002	81%	294	22%	1,244	965	78%	279	22%
San Diego State University	015	297	246	83%	62	20%	297	237	80%	60	20%
San Francisco State University	016	185	117	63%	74	38%	185	114	62%	71	38%
San Jose State University	017	447	341	76%	121	26%	446	330	74%	116	26%
UC, Berkeley	050	294	265	90%	31	11%	294	263	89%	31	11%
UC, Los Angeles	052	278	245	88%	38	14%	278	240	86%	38	14%
University of Southern California, Los Angeles	145	1,576	1,210	77%	400	25%	1,576	1,183	75%	393	25%
<b>Exam: LCSW L+E Total:</b>		<b>8,294</b>	<b>6,115</b>	<b>74%</b>	<b>2,179</b>	<b>26%</b>	<b>7,995</b>	<b>5,916</b>	<b>74%</b>	<b>2,079</b>	<b>26%</b>

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Clinical Exam)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Alliant International University (aka CSPP)	112	1	1	100%	0	0%	1	1	100%	0	0%
Alliant International University (aka US International)	139	81	73	90%	10	11%	81	72	89%	9	11%
American Behavioral Studies Institute	235	1	0	0%	1	100%	1	0	0%	1	100%
Antioch University, Los Angeles	241	179	150	84%	36	18%	179	147	82%	32	18%
Antioch University, Santa Barbara	243	50	45	90%	5	10%	50	45	90%	5	10%
Argosy University (aka American School of Prof. Psych.	204	139	99	71%	47	32%	139	94	68%	45	32%
Azusa Pacific University, Azusa	103	58	47	81%	15	22%	58	45	78%	13	22%
Bethany College	157	5	4	80%	1	20%	5	4	80%	1	20%
Bethel Theological Seminary	152	17	14	82%	4	24%	17	14	82%	3	18%
Brandman University	253	54	36	67%	20	33%	54	36	67%	18	33%
Calif. Polytechnic State University, San Luis Obispo - Cal Poly	001	16	16	100%	0	0%	16	16	100%	0	0%
California Baptist University, Riverside	105	71	52	73%	23	31%	71	49	69%	22	31%
California Graduate Institute, Los Angeles	203	7	3	43%	5	71%	7	2	29%	5	71%
California Institute of Integral Studies, S.F.	107	114	105	92%	15	12%	114	100	88%	14	12%
California Lutheran University, Thousand Oaks	108	45	34	76%	13	29%	45	32	71%	13	29%
California Southern University	246	6	5	83%	1	17%	6	5	83%	1	17%
California State Polytechnic University, Pomona	019	10	10	100%	0	0%	10	10	100%	0	0%
California State University, Bakersfield	002	7	7	100%	0	0%	7	7	100%	0	0%
California State University, Chico	003	11	6	55%	5	45%	11	6	55%	5	45%
California State University, Dominguez Hills	004	32	19	59%	14	41%	32	19	59%	13	41%
California State University, Fresno	005	51	36	71%	16	29%	51	36	71%	15	29%
California State University, Fullerton	006	61	45	74%	20	31%	61	42	69%	19	31%
California State University, Hayward	007	32	26	81%	8	22%	32	25	78%	7	22%
California State University, Long Beach	008	37	32	86%	5	14%	37	32	86%	5	14%
California State University, Los Angeles	009	29	20	69%	9	31%	29	20	69%	9	31%
California State University, Northridge	010	85	61	72%	28	29%	85	60	71%	25	29%
California State University, Sacramento	011	51	42	82%	11	22%	51	40	78%	11	22%
California State University, San Bernardino	012	8	7	88%	1	13%	8	7	88%	1	13%
California State University, Stanislaus	013	5	5	100%	0	0%	5	5	100%	0	0%
Chapman University, Orange	113	89	66	74%	32	31%	89	61	69%	28	31%
Dominican University of California	117	31	25	81%	6	19%	31	25	81%	6	19%

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Clinical Exam)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Eisner Institute for Professional Studies	250	1	1	100%	0	0%	1	1	100%	0	0%
Fresno Pacific Biblical Seminary, Fresno	127	10	8	80%	3	20%	10	8	80%	2	20%
Fuller Theological Seminary, Pasadena	119	35	31	89%	5	14%	35	30	86%	5	14%
Golden Gate University	151	8	5	63%	4	38%	8	5	63%	3	38%
HIS University	247	2	0	0%	2	100%	2	0	0%	2	100%
Holy Names University, Oakland	122	6	6	100%	0	0%	6	6	100%	0	0%
Hope International University	131	21	13	62%	8	38%	21	13	62%	8	38%
Humboldt State University, Arcata	014	5	4	80%	1	20%	5	4	80%	1	20%
John F. Kennedy University, Orinda	124	134	110	82%	29	20%	134	107	80%	27	20%
Loma Linda University, Orinda	125	21	19	90%	2	10%	21	19	90%	2	10%
Loyola Marymount University, Los Angeles	126	26	16	62%	10	38%	26	16	62%	10	38%
Meridian University	231	5	5	100%	0	0%	5	5	100%	0	0%
Mount St. Mary's College, Los Angeles	128	17	12	71%	5	29%	17	12	71%	5	29%
National University	129	159	116	73%	50	31%	159	109	69%	50	31%
New College of California, San Francisco	130	4	3	75%	1	25%	4	3	75%	1	25%
Northcentral University	256	1	0	0%	2	100%	1	0	0%	1	100%
Notre Dame de Namur University	116	48	40	83%	9	19%	48	39	81%	9	19%
OUT-OF-COUNTRY	400	8	7	88%	3	25%	8	6	75%	2	25%
Out-of-State	300	81	61	75%	22	26%	81	60	74%	21	26%
Pacific Oaks College, Pasadena	133	28	12	43%	17	57%	27	11	41%	16	59%
Pacifica Graduate Institute, Carpinteria	154	67	63	94%	5	7%	67	62	93%	5	7%
Palo Alto University	258	1	1	100%	0	0%	1	1	100%	0	0%
Pepperdine University, Malibu	135	167	139	83%	33	18%	167	137	82%	30	18%
Phillips Graduate Institute	106	97	66	68%	33	33%	97	65	67%	32	33%
Ryokan College, Los Angeles	216	3	3	100%	0	0%	3	3	100%	0	0%
San Diego State University	015	34	27	79%	9	26%	34	25	74%	9	26%
San Diego University for Integrative Studies	244	2	1	50%	1	50%	2	1	50%	1	50%
San Francisco State University	016	42	32	76%	11	24%	42	32	76%	10	24%
San Jose State University	017	8	6	75%	2	25%	8	6	75%	2	25%
Santa Barbara Graduate Institute	245	5	4	80%	1	20%	5	4	80%	1	20%
Santa Clara University	144	47	39	83%	8	17%	47	39	83%	8	17%
Saybrook University	137	4	4	100%	0	0%	4	4	100%	0	0%
Simpson University	254	7	5	71%	3	43%	7	4	57%	3	43%
Sofia University, San Jose	155	35	27	77%	10	26%	35	26	74%	9	26%
Sonoma State University	018	19	17	89%	3	16%	18	15	83%	3	17%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	8	4	50%	4	50%	8	4	50%	4	50%



**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Clinical Exam)**

----- SCHOOL -----		----- APPLICANTS -----					----- FIRST TIMER -----				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
St. Mary's College of CA, Moraga	136	26	21	81%	6	19%	26	21	81%	5	19%
The Chicago School of Professional Psychology at Los Angeles	251	42	34	81%	8	19%	42	34	81%	8	19%
Trinity College of Graduate Studies, Orange	201	1	0	0%	1	100%	1	0	0%	1	100%
University of La Verne, La Verne	140	26	18	69%	11	35%	26	17	65%	9	35%
University of Phoenix, Sacramento	238	13	10	77%	4	31%	12	8	67%	4	33%
University of Phoenix, San Diego	236	170	106	62%	68	39%	170	104	61%	66	39%
University of San Diego, San Diego	142	39	36	92%	4	10%	39	35	90%	4	10%
University of San Francisco, San Francisco	143	122	94	77%	30	23%	122	94	77%	28	23%
University of Santa Monica	240	6	5	83%	1	17%	6	5	83%	1	17%
University of Southern California, Los Angeles	145	40	35	88%	5	13%	40	35	88%	5	13%
University of the West	255	2	1	50%	1	50%	2	1	50%	1	50%
Vanguard University of Southern California	156	15	12	80%	4	20%	15	12	80%	3	20%
Webster University	248	1	0	0%	1	100%	1	0	0%	1	100%
Western Seminary (Western Conservative Baptist Seminary)	232	24	18	75%	6	25%	24	18	75%	6	25%
World University of America	226	1	0	0%	2	100%	1	0	0%	1	100%
Wright Institute, Berkeley	150	21	21	100%	0	0%	21	21	100%	0	0%
<b>Exam: LMFT CE Total:</b>		<b>3,208</b>	<b>2,409</b>	<b>75%</b>	<b>799</b>	<b>25%</b>	<b>3,095</b>	<b>2,344</b>	<b>76%</b>	<b>751</b>	<b>24%</b>

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Law and Ethics)**

----- SCHOOL -----			----- APPLICANTS -----					----- FIRST TIMER -----				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	
Alliant International University (aka CSPP)	112	3	2	67%	1	33%	3	2	67%	1	33%	
Alliant International University (aka US International)	139	249	209	84%	46	18%	249	205	82%	44	18%	
American Behavioral Studies Institute	235	3	2	67%	2	67%	3	1	33%	2	67%	
Antioch University, Los Angeles	241	495	401	81%	114	22%	495	385	78%	110	22%	
Antioch University, Santa Barbara	243	134	101	75%	41	28%	134	96	72%	38	28%	
Argosy University (aka American School of Prof. Psych.	204	458	325	71%	169	34%	458	300	66%	158	34%	
Azusa Pacific University, Azusa	103	200	163	82%	46	23%	200	155	78%	45	23%	
Bethany College	157	12	8	67%	4	33%	12	8	67%	4	33%	
Bethel Theological Seminary	152	50	44	88%	10	18%	50	41	82%	9	18%	
Brandman University	253	258	196	76%	79	28%	258	187	72%	71	28%	
Calif. Polytechnic State University, San Luis Obispo - Cal Poly	001	36	35	97%	1	3%	36	35	97%	1	3%	
California Baptist University, Riverside	105	237	175	74%	70	29%	237	169	71%	68	29%	
California Graduate Institute, Los Angeles	203	22	15	68%	9	36%	22	14	64%	8	36%	
California Institute of Integral Studies, S.F.	107	358	301	84%	62	17%	358	297	83%	61	17%	
California Lutheran University, Thousand Oaks	108	129	112	87%	26	19%	129	105	81%	24	19%	
California Southern University	246	25	21	84%	7	24%	25	19	76%	6	24%	
California State Polytechnic University, Pomona	019	40	34	85%	6	15%	40	34	85%	6	15%	
California State University, Bakersfield	002	26	24	92%	5	19%	26	21	81%	5	19%	
California State University, Chico	003	57	42	74%	16	28%	57	41	72%	16	28%	
California State University, Dominguez Hills	004	99	64	65%	48	45%	99	54	55%	45	45%	
California State University, Fresno	005	169	121	72%	56	33%	169	113	67%	56	33%	
California State University, Fullerton	006	163	126	77%	45	26%	163	121	74%	42	26%	
California State University, Hayward	007	110	84	76%	32	27%	110	80	73%	30	27%	
California State University, Long Beach	008	73	63	86%	12	16%	73	61	84%	12	16%	
California State University, Los Angeles	009	83	62	75%	24	27%	83	61	73%	22	27%	
California State University, Northridge	010	212	182	86%	43	20%	212	170	80%	42	20%	
California State University, Sacramento	011	122	94	77%	33	26%	122	90	74%	32	26%	
California State University, San Bernardino	012	30	25	83%	5	17%	30	25	83%	5	17%	
California State University, Stanislaus	013	32	28	88%	5	16%	32	27	84%	5	16%	
Capella University	260	2	2	100%	0	0%	2	2	100%	0	0%	
Chapman University, Orange	113	184	138	75%	54	28%	184	132	72%	52	28%	
Dominican University of California	117	56	46	82%	12	21%	56	44	79%	12	21%	

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Law and Ethics)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Eisner Institute for Professional Studies	250	3	3	100%	1	33%	3	2	67%	1	33%
Fresno Pacific Biblical Seminary, Fresno	127	33	29	88%	7	18%	33	27	82%	6	18%
Fresno Pacific University	153	2	2	100%	0	0%	2	2	100%	0	0%
Fuller Theological Seminary, Pasadena	119	105	94	90%	13	12%	105	92	88%	13	12%
Golden Gate University	151	31	25	81%	10	26%	31	23	74%	8	26%
HIS University	247	5	3	60%	4	80%	5	1	20%	4	80%
Holy Names University, Oakland	122	36	20	56%	18	50%	36	18	50%	18	50%
Hope International University	131	103	72	70%	38	34%	103	68	66%	35	34%
Humboldt State University, Arcata	014	19	14	74%	5	26%	19	14	74%	5	26%
Immaculate Heart College, Los Angeles	123	1	0	0%	1	100%	1	0	0%	1	100%
John F. Kennedy University, Orinda	124	382	316	83%	87	21%	382	300	79%	82	21%
Loma Linda University, Orinda	125	68	56	82%	14	19%	68	55	81%	13	19%
Loyola Marymount University, Los Angeles	126	65	55	85%	14	20%	65	52	80%	13	20%
Meridian University	231	8	6	75%	2	25%	8	6	75%	2	25%
Mount St. Mary's College, Los Angeles	128	95	62	65%	39	39%	95	58	61%	37	39%
National University	129	563	379	67%	214	36%	563	360	64%	203	36%
New College of California, San Francisco	130	19	10	53%	10	53%	19	9	47%	10	53%
Northcentral University	256	6	4	67%	2	33%	6	4	67%	2	33%
Notre Dame de Namur University	116	126	88	70%	44	34%	126	83	66%	43	34%
OUT-OF-COUNTRY	400	29	22	76%	11	28%	29	21	72%	8	28%
Out-of-State	300	262	211	81%	61	23%	262	201	77%	61	23%
Pacific Oaks College, Pasadena	133	171	97	57%	78	46%	171	93	54%	78	46%
Pacifica Graduate Institute, Carpinteria	154	146	118	81%	32	21%	146	115	79%	31	21%
Palo Alto University	258	27	22	81%	5	19%	27	22	81%	5	19%
Pepperdine University, Malibu	135	422	341	81%	103	24%	422	321	76%	101	24%
Phillips Graduate Institute	106	323	239	74%	95	28%	323	231	72%	92	28%
Professional School of Psychology, Sacramento	214	3	2	67%	1	33%	3	2	67%	1	33%
Remington College (Aka- Edu. Amercia Univ.)	239	1	0	0%	1	100%	1	0	0%	1	100%
Ryokan College, Los Angeles	216	14	7	50%	8	50%	14	7	50%	7	50%
San Diego State University	015	86	72	84%	18	21%	86	68	79%	18	21%
San Diego University for Integrative Studies	244	6	4	67%	2	33%	6	4	67%	2	33%
San Francisco State University	016	112	96	86%	21	19%	112	91	81%	21	19%
San Jose State University	017	15	13	87%	2	13%	15	13	87%	2	13%
Santa Barbara Graduate Institute	245	8	6	75%	3	38%	8	5	63%	3	38%
Santa Clara University	144	173	150	87%	28	16%	173	145	84%	28	16%
Saybrook University	137	4	3	75%	2	50%	4	2	50%	2	50%

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LMFT (Law and Ethics)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Sierra University/A University Without Walls	217	1	0	0%	1	100%	1	0	0%	1	100%
Simpson University	254	63	44	70%	20	32%	63	43	68%	20	32%
Sofia University, San Jose	155	85	66	78%	22	26%	85	63	74%	22	26%
Sonoma State University	018	47	42	89%	5	11%	47	42	89%	5	11%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	16	9	56%	8	50%	16	8	50%	8	50%
St. Mary's College of CA, Moraga	136	68	51	75%	19	26%	68	50	74%	18	26%
TOURO UNIVERSITY	262	2	1	50%	1	50%	2	1	50%	1	50%
The Chicago School of Professional Psychology at Los Angeles	251	128	101	79%	32	24%	128	97	76%	31	24%
Trinity College of Graduate Studies, Orange	201	1	0	0%	1	100%	1	0	0%	1	100%
University for Humanistic Studies, San Diego	218	1	0	0%	1	100%	1	0	0%	1	100%
University of La Verne, La Verne	140	67	54	81%	17	24%	67	51	76%	16	24%
University of Phoenix, Sacramento	238	47	26	55%	22	47%	47	25	53%	22	47%
University of Phoenix, San Diego	236	658	388	59%	314	45%	658	360	55%	298	45%
University of San Diego, San Diego	142	82	76	93%	8	10%	82	74	90%	8	10%
University of San Francisco, San Francisco	143	277	235	85%	50	18%	277	227	82%	50	18%
University of Santa Monica	240	6	5	83%	1	17%	6	5	83%	1	17%
University of Southern California, Los Angeles	145	106	96	91%	13	12%	106	93	88%	13	12%
University of the West	255	10	8	80%	2	20%	10	8	80%	2	20%
Vanguard University of Southern California	156	54	44	81%	12	22%	54	42	78%	12	22%
Webster University	248	8	5	63%	3	38%	8	5	63%	3	38%
Western Institute for Social Research, Berkeley	220	1	0	0%	1	100%	1	0	0%	1	100%
Western Seminary (Western Conservative Baptist Seminary)	232	57	45	79%	14	23%	57	44	77%	13	23%
World University of America	226	1	1	100%	0	0%	1	1	100%	0	0%
Wright Institute, Berkeley	150	88	79	90%	13	15%	88	75	85%	13	15%
<b>Exam: LMFT L+E Total:</b>		<b>9,919</b>	<b>7,262</b>	<b>73%</b>	<b>2,657</b>	<b>27%</b>	<b>9,473</b>	<b>6,924</b>	<b>73%</b>	<b>2,549</b>	<b>27%</b>

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LPCC (Law and Ethics)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Alliant International University (aka CSPP)	112	10	7	70%	4	40%	10	6	60%	4	40%
Alliant International University (aka US International)	139	4	1	25%	3	75%	4	1	25%	3	75%
Antioch University, Los Angeles	241	1	1	100%	0	0%	1	1	100%	0	0%
Argosy University (aka American School of Prof. Psych.	204	13	6	46%	7	54%	13	6	46%	7	54%
Azusa Pacific University,	20	1	1	100%	0	0%	1	1	100%	0	0%
Azusa Pacific University, Azusa	103	32	19	59%	15	44%	32	18	56%	14	44%
Brandman University	253	12	8	67%	4	33%	12	8	67%	4	33%
California Baptist University, Riverside	105	22	14	64%	8	36%	22	14	64%	8	36%
California Institute of Integral Studies, S.F.	107	2	2	100%	0	0%	2	2	100%	0	0%
California Southern University	246	2	1	50%	1	50%	2	1	50%	1	50%
California State University, Bakersfield	002	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Dominguez Hills	004	2	2	100%	0	0%	2	2	100%	0	0%
California State University, Fresno	005	15	12	80%	4	27%	15	11	73%	4	27%
California State University, Fullerton	006	17	13	76%	4	24%	17	13	76%	4	24%
California State University, Hayward	007	4	3	75%	1	25%	4	3	75%	1	25%
California State University, Los Angeles	009	1	0	0%	1	100%	1	0	0%	1	100%
California State University, Northridge	010	2	2	100%	1	50%	2	1	50%	1	50%
California State University, Sacramento	011	39	25	64%	15	38%	39	24	62%	15	38%
California State University, San Bernardino	012	15	6	40%	9	60%	15	6	40%	9	60%
California State University, Stanislaus	013	7	4	57%	3	43%	7	4	57%	3	43%
Capella University	260	3	1	33%	2	67%	3	1	33%	2	67%
Chapman University, Orange	113	5	3	60%	2	40%	5	3	60%	2	40%
Dominican University of California	117	3	3	100%	0	0%	3	3	100%	0	0%
Eisner Institute for Professional Studies	250	1	1	100%	0	0%	1	1	100%	0	0%
Fuller Theological Seminary, Pasadena	119	4	4	100%	0	0%	4	4	100%	0	0%
GRAND CANYON UNIVERSITY	264	3	1	33%	2	67%	3	1	33%	2	67%
Holy Names University, Oakland	122	2	0	0%	2	100%	2	0	0%	2	100%
John F. Kennedy University, Orinda	124	15	13	87%	3	20%	15	12	80%	3	20%
Loma Linda University, Orinda	125	13	7	54%	6	46%	13	7	54%	6	46%
Loyola Marymount University, Los Angeles	126	12	10	83%	2	17%	12	10	83%	2	17%
Mount St. Mary's College, Los Angeles	128	1	1	100%	0	0%	1	1	100%	0	0%
National University	129	17	11	65%	6	35%	17	11	65%	6	35%

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LPCC (Law and Ethics)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Notre Dame de Namur University	116	7	7	100%	0	0%	7	7	100%	0	0%
OUT-OF-COUNTRY	400	6	5	83%	1	17%	6	5	83%	1	17%
Out-of-State	300	289	213	74%	94	31%	277	186	67%	91	33%
Pacific Graduate School of Psychology, Palo Alto	149	4	3	75%	1	25%	4	3	75%	1	25%
Pacific Oaks College, Pasadena	133	1	1	100%	0	0%	1	1	100%	0	0%
Pacifica Graduate Institute, Carpinteria	154	2	2	100%	0	0%	2	2	100%	0	0%
Palo Alto University	258	3	3	100%	0	0%	3	3	100%	0	0%
Pepperdine University, Malibu	135	27	25	93%	2	7%	27	25	93%	2	7%
San Diego State University	015	3	3	100%	1	33%	3	2	67%	1	33%
San Francisco State University	016	10	7	70%	3	30%	10	7	70%	3	30%
San Jose State University	017	9	4	44%	5	56%	9	4	44%	5	56%
Santa Clara University	144	10	10	100%	0	0%	10	10	100%	0	0%
Saybrook University	137	2	2	100%	0	0%	2	2	100%	0	0%
Sofia University, San Jose	155	4	3	75%	1	25%	4	3	75%	1	25%
Sonoma State University	018	14	13	93%	1	7%	14	13	93%	1	7%
Southern California Seminary (aka Southern CA Bible College and Seminary)	237	1	1	100%	0	0%	1	1	100%	0	0%
St. Mary's College of CA, Moraga	136	11	11	100%	0	0%	11	11	100%	0	0%
The Chicago School of Professional Psychology at Los Angeles	251	4	1	25%	3	75%	4	1	25%	3	75%
UC, San Diego	054	1	1	100%	0	0%	1	1	100%	0	0%
UC, San Francisco	055	3	3	100%	0	0%	3	3	100%	0	0%
University of La Verne, La Verne	140	3	1	33%	2	67%	3	1	33%	2	67%
University of Redlands	259	12	8	67%	4	33%	12	8	67%	4	33%
University of San Diego, San Diego	142	29	23	79%	8	28%	29	21	72%	8	28%
University of San Francisco, San Francisco	143	17	16	94%	1	6%	17	16	94%	1	6%
University of Southern California, Los Angeles	145	2	1	50%	1	50%	2	1	50%	1	50%
Western Institute for Social Research, Berkeley	220	1	1	100%	0	0%	1	1	100%	0	0%
Western Seminary (Western Conservative Baptist Seminary)	232	8	7	88%	1	13%	8	7	88%	1	13%
Wright Institute, Berkeley	150	5	4	80%	1	20%	5	4	80%	1	20%
<b>Exam: LPCC L+E Total:</b>		<b>797</b>	<b>562</b>	<b>71%</b>	<b>235</b>	<b>29%</b>	<b>757</b>	<b>526</b>	<b>69%</b>	<b>231</b>	<b>31%</b>

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LPCC (NCMHCE Exam)**

----- SCHOOL -----		----- APPLICANTS -----					----- FIRST TIMER -----				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Alliant International University (aka CSPP)	112	1	1	100%	1	100%	1	0	0%	1	100%
Antioch University, Los Angeles	241	1	1	100%	0	0%	1	1	100%	0	0%
California Baptist University, Riverside	105	1	1	100%	0	0%	1	1	100%	0	0%
California Southern University	246	1	0	0%	2	100%	1	0	0%	1	100%
California State University, Fresno	005	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Northridge	010	2	2	100%	0	0%	2	2	100%	0	0%
California State University, Sacramento	011	1	1	100%	0	0%	0	0	0%	0	0%
Fuller Theological Seminary, Pasadena	119	1	1	100%	0	0%	1	1	100%	0	0%
Loma Linda University, Orinda	125	2	1	50%	1	50%	2	1	50%	1	50%
Loyola Marymount University, Los Angeles	126	2	2	100%	1	50%	2	1	50%	1	50%
National University	129	1	1	100%	0	0%	1	1	100%	0	0%
Notre Dame de Namur University	116	1	1	100%	0	0%	1	1	100%	0	0%
OUT-OF-COUNTRY	400	2	1	50%	1	50%	2	1	50%	1	50%
Out-of-State	300	63	53	84%	12	19%	62	51	82%	11	18%
Pepperdine University, Malibu	135	1	1	100%	0	0%	1	1	100%	0	0%
San Diego State University	015	1	1	100%	0	0%	1	1	100%	0	0%
San Francisco State University	016	1	1	100%	0	0%	1	1	100%	0	0%
San Jose State University	017	1	1	100%	0	0%	1	1	100%	0	0%
Saybrook University	137	1	1	100%	0	0%	1	1	100%	0	0%
University of La Verne, La Verne	140	1	1	100%	0	0%	1	1	100%	0	0%
University of San Diego, San Diego	142	8	6	75%	4	38%	7	5	71%	2	29%
<b>Exam: NCMHCE Total:</b>		101	79	78%	22	22%	91	73	80%	18	20%

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES  
SCHOOL EXAM RESULTS  
EXAM DATES: 1/1/2016 THRU 12/31/2016**

**License Type: LEP (Standard Written Exam)**

SCHOOL		APPLICANTS					FIRST TIMER				
Name	Code	Taking Exam	Passed	Pass Percent	Failed	Failed Percent	Taking Exam	Passed	Pass Percent	Failed	Failed Percent
Alliant International University (aka CSPP)	112	1	1	100%	0	0%	1	1	100%	0	0%
Alliant International University (aka US International)	139	1	1	100%	0	0%	1	1	100%	0	0%
American Behavioral Studies Institute	235	1	1	100%	0	0%	1	1	100%	0	0%
Azusa Pacific University, Azusa	103	7	2	29%	6	71%	3	1	33%	2	67%
California Baptist University, Riverside	105	1	1	100%	0	0%	1	1	100%	0	0%
California State University, Chico	003	2	2	100%	0	0%	1	1	100%	0	0%
California State University, Dominguez Hills	004	3	1	33%	2	67%	2	1	50%	1	50%
California State University, Fresno	005	2	2	100%	0	0%	1	1	100%	0	0%
California State University, Hayward	007	2	2	100%	0	0%	2	2	100%	0	0%
California State University, Long Beach	008	2	1	50%	1	50%	2	1	50%	1	50%
California State University, Los Angeles	009	3	2	67%	1	33%	3	2	67%	1	33%
California State University, Northridge	010	9	5	56%	4	44%	6	3	50%	3	50%
California State University, Sacramento	011	13	10	77%	3	23%	10	8	80%	2	20%
California State University, San Bernardino	012	1	0	0%	1	100%	1	0	0%	1	100%
Chapman University, Orange	113	16	7	44%	12	63%	15	6	40%	9	60%
Humboldt State University, Arcata	014	5	3	60%	2	40%	4	3	75%	1	25%
Loyola Marymount University, Los Angeles	126	6	2	33%	5	67%	4	2	50%	2	50%
National University	129	21	10	48%	12	57%	12	8	67%	4	33%
OUT-OF-COUNTRY	400	1	0	0%	1	100%	0	0	0%	0	0%
Out-of-State	300	15	10	67%	6	33%	13	9	69%	4	31%
Pepperdine University, Malibu	135	1	0	0%	1	100%	1	0	0%	1	100%
Phillips Graduate Institute	106	3	0	0%	4	100%	3	0	0%	3	100%
San Diego State University	015	4	0	0%	5	100%	4	0	0%	4	100%
San Francisco State University	016	7	3	43%	4	57%	4	2	50%	2	50%
San Jose State University	017	1	0	0%	1	100%	0	0	0%	0	0%
UC, Berkeley	050	5	4	80%	1	20%	4	4	100%	0	0%
UC, Davis	051	1	1	100%	0	0%	1	1	100%	0	0%
UC, Riverside	053	3	3	100%	0	0%	3	3	100%	0	0%
UC, Santa Barbara	056	2	2	100%	0	0%	2	2	100%	0	0%
University of La Verne, La Verne	140	3	0	0%	3	100%	2	0	0%	2	100%
University of Southern California, Los Angeles	145	1	0	0%	1	100%	0	0	0%	0	0%
University of the Pacific, Stockton	146	1	0	0%	1	100%	1	0	0%	1	100%
<b>Exam: LEPSW Total:</b>		153	76	50%	77	50%	108	64	59%	44	41%





## QUARTERLY STATISTICAL REPORT FY 2016-2017

This report provides statistical information relating to various aspects of the Board's business processes. Statistics are grouped by unit.

### CASHIERING

Renewals Processed In-House	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	153	210	194	171	138	143	167	109	185				1470
Closed	176	194	178	193	183	152	189	186	174				1625

Renewals Processed By DCA Central Cashiering	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Received	2689	3439	2566	2968	2112	2615	2317	2338	2583				23627
Closed	2360	3317	2716	2514	2398	2431	2103	2538	2274				22651

Online Transactions	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
Online Renewals	1371	2181	1624	1722	1623	1438	1665	1340	1606				14570
Online Cert Reorder	79	91	132	114	132	100	140	134	155				1077
Address Changes	548	644	691	711	587	547	719	568	657				5672
<b>TOTAL</b>	1998	2916	2447	2547	2342	2085	2524	2042	2418				21319

Application Payments Processed In-House**	16-Jul	16-Aug	16-Sep	16-Oct	16-Nov	16-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	17-Jun	YTD
	3993	4727	3761	3869	3048	2839	3300	3264	3668				32469
Closed	3974	3844	4086	4236	3495	3119	3227	2510	4270				32761

\*\*These totals represent all other applications and do not include renewal applications

## LICENSING

The Board's Licensing Unit evaluates applications for registration and examination eligibility. This involves verifying educational and experience qualifications to ensure they meet requirements defined in statute and regulation.

<b>LMFT Law &amp; Ethics Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	999	940	1194	875	662	551	685	576	649				7131
Approved	806	1159	903	801	612	507	716	351	898				6753
<b>LCSW Law &amp; Ethics Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	910	806	1066	678	487	414	486	482	611				5940
Approved	774	975	784	624	434	389	530	245	820				5575
<b>LPCC Law &amp; Ethics Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	86	117	142	103	90	87	86	82	90				883
Approved	82	138	96	119	81	71	79	49	138				853
<b>TOTAL Law &amp; Ethics Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	1995	1863	2402	1656	1239	1052	1257	1140	1350				13954
Approved	1662	2272	1783	1544	1127	967	1325	645	1856				13181
<b>LMFT Licensure &amp; Exam Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	216	234	210	191	170	191	282	252	340				2086
Approved	199	296	236	241	245	239	331	374	311				2472
Process Time	19	24	28	25	27	28	28	26	32				26
<b>LCSW Licensure &amp; Exam Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	132	140	130	152	150	136	148	167	197				1352
Approved	68	290	186	134	134	111	123	166	182				1394
Process Time	28	21	22	21	27	29	36	39	40				29
<b>LPCC Licensure &amp; Exam Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	12	11	18	13	8	10	8	20	12				112
Approved	8	12	9	19	20	9	9	10	16				112
Process Time	17	18	23	25	24	22	19	20	20				21

<b>LEP Examination Eligibility Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	8	10	6	5	10	11	9	13	14				86
Approved	16	8	9	8	5	8	8	8	16				86
Process Time	9	15	11	14	15	13	15	9	14				13
<b>TOTAL Licensure &amp; Exam Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	368	395	364	361	338	348	447	452	563				3636
Approved	291	606	440	402	404	367	471	558	525				4064
Avg, Process Time	18	20	21	21	23	23	25	24	27				22
<b>LMFT Intern Registration Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	459	432	343	298	274	121	216	251	170				2564
Approved	376	406	343	421	345	169	198	249	230				2737
Process Time	9	14	18	16	18	17	17	15	19				16
<b>ASW Registration Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	526	318	256	187	126	120	118	107	132				1890
Approved	541	366	328	226	181	183	94	125	130				2174
Process Time	13	17	16	17	19	17	22	17	19				17
<b>LPC Intern Registration Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	106	140	96	90	72	50	86	81	78				799
Approved	75	100	123	109	75	77	58	69	55				741
Process Time	21	23	27	29	25	24	14	20	28				23
<b>TOTAL Registration Applications</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Received	1091	890	695	575	472	291	420	439	380				5253
Approved	992	872	794	756	601	429	350	443	415				5652
Avg. Process Time	14	18	20	21	21	19	18	17	22				19

**EXAMINATION**

The Board's Examination Unit processes complaints and performs other administrative functions relating to the Board's examination processes.

<b>Examinations Administered</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
LCSW L&E	1077	1220	1046	915	835	706	491	540	582				<b>7412</b>
LMFT L&E	1138	1229	1216	1124	1046	989	679	697	811				<b>8929</b>
LPCC L&E	94	115	97	124	107	110	70	90	91				<b>898</b>
<b>TOTAL L &amp; E</b>	<b>2309</b>	<b>2564</b>	<b>2359</b>	<b>2163</b>	<b>1988</b>	<b>1805</b>	<b>1240</b>	<b>1327</b>	<b>1484</b>				<b>17239</b>
ASWB Clinical	147	203	166	252	336	244	205	210	274				<b>2037</b>
LMFT Clinical	450	235	296	407	630	324	230	324	429				<b>3325</b>
LPCC NCMHCE	7	10	8	7	16	7	5	13	10				<b>83</b>
LEP	23	15	15	13	15	9	8	10	12				<b>120</b>
<b>Total Exams Administered</b>	<b>2936</b>	<b>3027</b>	<b>2844</b>	<b>2842</b>	<b>2985</b>	<b>2389</b>	<b>1688</b>	<b>1884</b>	<b>2209</b>				<b>22804</b>
<b>Examination Workshops</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>3</b>				<b>30</b>
<b>Initial Licenses Issued</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
LMFT	192	325	28	432	297	339	95	145	393				<b>2246</b>
LCSW	134	138	201	187	222	262	232	126	239				<b>1741</b>
LEP	5	7	12	8	6	5	10	4	9				<b>66</b>
LPCC	6	6	13	8	8	10	15	9	14				<b>89</b>
<b>TOTAL</b>	<b>337</b>	<b>476</b>	<b>254</b>	<b>635</b>	<b>533</b>	<b>616</b>	<b>352</b>	<b>284</b>	<b>655</b>				<b>4142</b>

## ENFORCEMENT

The Board's Enforcement Unit investigates consumer complaints and reviews prior and subsequent arrest reports for registrants and licensees. The pending total is a snapshot of all pending items at the close of a quarter.

<b>Complaints (Complaint Intake*)</b>	<b>16- Jul</b>	<b>16- Aug</b>	<b>16- Sep</b>	<b>16- Oct</b>	<b>16- Nov</b>	<b>16- Dec</b>	<b>17- Jan</b>	<b>17- Feb</b>	<b>17- Mar</b>	<b>17- Apr</b>	<b>17- May</b>	<b>17- Jun</b>	<b>YTD</b>
Received	72	121	92	113	81	97	111	94	135				916
Closed without Assignment for Investigation	20	34	31	35	28	24	36	42	33				283
Assigned for Investigation	44	94	49	74	78	44	81	79	86				629
Average Days to Close or Assigned for Investigation	5	6	6	6	6	6	9	8	5				6
Intake Pending	15	8	21	24	3	32	29	7	23				162
<b>Convictions/Arrest Reports</b>	<b>16- Jul</b>	<b>16- Aug</b>	<b>16- Sep</b>	<b>16- Oct</b>	<b>16- Nov</b>	<b>16- Dec</b>	<b>17- Jan</b>	<b>17- Feb</b>	<b>17- Mar</b>	<b>17- Apr</b>	<b>17- May</b>	<b>17- Jun</b>	<b>YTD</b>
Received	96	149	113	109	83	79	98	61	88				876
Closed / Assigned for Investigation	0	0	0	0	0	0	0	0	0				0
Assigned for Investigation	91	163	117	108	93	85	99	60	90				906
Average Days to Close	2	2	3	2	1	4	3	1	1				2
Intake Pending	8	2	1	4	4	1	1	1	0				22

**Complaint Intake \*** Complaints Received by the Program

<b>INVESTIGATION**</b>													
<b>Desk Investigation</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Assigned	132	264	176	193	169	139	179	164	203				1619
Closed	153	178	196	179	184	185	171	186	219				1651
Average Days to Close	89	86	92	73	72	89	117	71	89				86
Pending	413	495	477	489	498	461	471	448	439				
<b>Field Investigation (Non-Sworn)</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Assigned	6	1	2	13	1	1	10	3	5				42
Closed	2	4	9	4	3	9	5	3	8				47
Average Days to Close	46	141	141	161	194	141	223	62	175				143
Pending	29	28	21	29	27	19	23	24	21				
<b>Field Investigation (Sworn)</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
Assigned	3	0	2	0	0	0	1	1	2				9
Closed	0	4	4	1	2	0	4	4	2				21
Average Days to Close	NA	174	286	152	398	0	368	399	456				279
Pending	26	22	20	19	17	17	15	12	12				
<b>All Investigations</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
First Assignments	141	265	180	206	170	140	189	167	208				1666
Closed	155	186	209	184	189	194	180	193	229				1719
Average Days to Close	68	134	173	129	221	115	236	177	240				166
Pending	442	523	498	518	525	480	494	472	460				

**Investigations \*\***

Complaints investigated by the program whether by desk investigation or by field investigation.

Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.

If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation.

If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

<b>Enforcement Actions</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>YTD</b>
AG Cases Initiated	21	13	8	12	27	10	10	12	15				128
AG Cases Pending	180	181	186	174	182	181	173	180	187				
SOIs Filed	2	1	0	1	3	1	6	4	2				20
Accusations Filed	11	15	4	5	6	9	12	10	4				76
Proposed/Default Decisions Adopted	0	1	4	3	3	2	4	3	3				23
Stipulations Adopted	10	4	3	9	4	12	6	14	6				68
<b>Disciplinary Orders</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	
Final Orders (Proposed Decisions Adopted, Default Decisions, Stipulations)	10	5	7	14	9	23	15	22	13				118
Average Days to Complete***	877	686	791	734	860	1010	979	848	1067				785
<b>AG Cycle Time</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	<b>Average</b>
AG Transmittal	757	615	798	704	531	698	879	873	645				722
Post AG Transmittal	486	340	458	462	350	405	611	648	399				462
<b>Citations</b>	<b>16-Jul</b>	<b>16-Aug</b>	<b>16-Sep</b>	<b>16-Oct</b>	<b>16-Nov</b>	<b>16-Dec</b>	<b>17-Jan</b>	<b>17-Feb</b>	<b>17-Mar</b>	<b>17-Apr</b>	<b>17-May</b>	<b>17-Jun</b>	
Final Citations	8	21	14	1	14	9	10	12	3				92
Average Days to Complete****	204	35	61	379	13	80	208	59	190				

**Disciplinary Orders Average Days to Complete \*\*\***

Measured by the date the complaint is received to the date the order became effective.

**Citations \*\*\*\***

Measured by the date the complaint is received to the date the citation was issued.

**AG Transmittal**

Average number of days to complete the Enforcement Process for cases investigated and transmitted to the AG for formal discipline within the referenced period.

**Post AG Transmittal**

The average number of days from the date the case is transmitted to the AG to the date of the case outcome or formal discipline effective date.

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Sacramento, CA 95834  
(916) 574-7830, (916) 574-8625 Fax  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

**To:** Board Members

**Date:** April 27, 2017

**From:** Laurie Williams  
Human Resources Liaison

**Telephone:** (916) 574-7850

**Subject: Personnel Update**

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### **New Employees**

Office Technician (OT) / Licensing – Ashly Henderson has accepted our offer of employment and her effective date will be May 15, 2017. Ashly is transferring to the Board from the Employment Development Department. This position provides clerical support to the Licensing Unit and is responsible as the Licensing File Coordinator.

### **Departures**

Leontyne Lyles accepted a promotion to a Staff Services Analyst with the Dental Board of California. Her last day with the Board was March 24, 2017.

Shelly Maniaci separated from State Service effective March 28, 2017.

### **Vacancies**

The Board currently has five vacancies. Recruitment efforts to fill these vacancies are underway.

Office Technician / Enforcement – This position receives and completes the initial review of subsequent arrest notifications and provides clerical support to the Criminal Conviction & Probation Unit / Enforcement. The hiring manager did not find a successful candidate from the applications received and has decided to re-advertise for this vacancy.

Office Technician / Enforcement – This position functions as the Board's Fingerprint Technician to the Criminal Conviction & Probation Unit. The hiring manager is currently holding interviews for this vacancy.

Management Services Technician / Examination – This is a limited-term position that will review and approve applications for examination and/or re-examination for compliance. In addition, this position will respond to examination inquiries from licensee and registrants. The

hiring manager has made a tentative offer to the selected candidate and the Board is awaiting fingerprint clearance.

Management Services Technician (MST) / Licensing – This position will perform the duties related to Licensed Marriage and Family Therapist (LMFT) as a Licensing Evaluator. The hiring manager has scheduled interviews for first week in May 2017.

Office Technician (OT) / Cashiering – This position functions as a cashier for the Board. The Request for Position Action (RPA) has been approved by the Office of Human Resources for and the final filing date for this vacancy is May 5, 2017.

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**To:** Board Members

**Date:** April 27, 2017

**From:** Kim Madsen  
Executive Officer

**Telephone:** (916) 574-7841

**Subject: Strategic Plan Update**

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Attached for your review is the quarterly update of the Board's Strategic Plan.

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<b>Licensing</b>	<b>DUE DATE</b>	<b>STATUS</b>
<b><i>Establish licensing standards to protect consumers and allow reasonable and timely access to the profession.</i></b>		
<b>1.1</b> Identify and implement improvements to the licensing process to decrease application processing times.	<b>Q1 2015</b>	<b>Completed.</b> Application processing times are now less than the parameters set forth in Regulation. All applications are processed under 45 days.
<b>1.2</b> Complete the processing of Licensed Professional Clinical Counselor grandfathered licensing application.	<b>Q1 2014</b>	<b>Completed</b> October 1, 2013
<b>1.3</b> Review the current eligibility process for Licensed Marriage and Family Therapists and Licensed Professional Clinical Counselors to identify and reduce barriers and implement process improvements.	<b>Q4 2018</b>	<b>Completed.</b> SB 620, the “Buckets” legislation, was signed by the Governor in September 2015.
<b>1.4</b> Explore development of uniform clinical supervision standards to ensure consistent supervision of registrants and trainees.	<b>Q4 2015</b>	<b>Completed.</b> AB 93 (Medina) was introduced on January 9, 2017
<b>1.5</b> Investigate the use of technology for record keeping and therapeutic services and its effects on patient safety and confidentiality and establish best practices for licensees.	<b>Q4 2016</b>	<b>Completed.</b> Telehealth regulations became effective July 1, 2016.
<b>1.6</b> Determine feasibility of license portability and pursue legislation if needed.	<b>Q3 2020</b>	Effective January 1, 2016 implemented use of national exam for LCSWs and revisions to modify the out-of-state requirements for LMFTs and LPCCs. Review of national MFT exam in 2018.

**1.8**  
Evaluate the feasibility of online application submission through the Breeze system and implement if possible.

**Q2 2016**

The Board now has three transactions available on Breeze: renewals, address changes and replacement documents. The Board continues to explore the future use of the online capabilities.

<b>Examinations</b> <i>Administer fair, valid, comprehensive, and relevant licensing examinations.</i>	<b>DUE DATE</b>	<b>STATUS</b>
<b>2.1</b> Implement recommendations made by the Exam Program Review Committee to restructure the examination process and promulgate regulations as necessary.	<b>Q1 2016</b>	<b>Completed.</b> Exam Restructure implemented on January 1, 2016.
<b>2.2</b> Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for examination development.	<b>Q2 2016</b>	<b>Completed</b> Spring 2015
<b>2.3</b> Create a process for evaluating the performance of Subject Matter Experts assisting with exam development.	<b>Q4 2015</b>	Currently OPES provides informal feedback to Examination Unit staff.

**CALIFORNIA BOARD OF BEHAVIORAL SCIENCES – STRATEGIC PLAN UPDATE**  
February 2017

<b>Enforcement</b> <i>Protect the health and safety of consumers through the enforcement of laws and regulations.</i>	<b>DUE DATE</b>	<b>STATUS</b>
<b>3.1</b> Establish a recruitment process for Subject Matter Experts to ensure a diverse pool on which to draw for case evaluations.	<b>Q4 2014</b>	<b>Completed</b> Spring 2015
<b>3.2</b> Develop a training program, including uniform standards for reports and evaluations, for all enforcement Subject Matter Experts.	<b>Q1 2015</b>	<b>Completed.</b> Staff conducted an all-day training session on July 30, 2015. A second training session will be scheduled.
<b>3.3</b> Improve internal process to regularly consult with the Attorney General's office to advance pending disciplinary cases.	<b>Q4 2014</b>	<b>Completed.</b> Staff member is assigned to monitor progress of all cases referred to the AG Office.
<b>3.4</b> Establish uniform standards and templates for reports and evaluations submitted to the Board related to disciplinary matters.	<b>Q2 2015</b>	Committee met on January 8, 2016. Board staff developed draft documents to present to the full Board at March 2016 meeting. 2016 May Board Meeting identified additional area to address. Committee will meet to discuss outstanding areas.
<b>3.5</b> Create a process for evaluating the performance of Subject Matter Experts assisting on enforcement cases.	<b>Q2 2015</b>	<b>Completed</b> May 2015.
<b>3.6</b> Identify and implement improvements to the investigation process to decrease enforcement processing times.	<b>Q1 2015</b>	On an ongoing basis Board Management continues review existing processes to identify areas for improvement.



<b>Legislation and Regulation</b> <i>Ensure that statutes, regulations, policies, and procedures strengthen and support the Board's mandate and mission.</i>	<b>DUE DATE</b>	<b>STATUS</b>
<b>4.1</b> Adopt regulations to incorporate <u>Uniform Standards for Substance Abusing Licensees</u> to align with other healing arts boards.	<b>Q2 2015</b>	<b>Completed</b> October 1, 2015
<b>4.2</b> Modify regulations to shift oversight of continuing education providers to Approval Agencies.	<b>Q4 2014</b>	<b>Completed</b> January 1, 2015
<b>4.3</b> Pursue legislation to implement the recommendations of the Out of State Education Review Committee to ensure parity with California educational requirements.	<b>Q4 2014</b>	<b>Completed.</b> Legislation became effective 1/1/16.
<b>4.4</b> Pursue legislation to resolve the conflict in law that prohibits the Board's access to information necessary for investigations regarding child custody reports.	<b>Q4 2014</b>	<b>Completed.</b> Legislation became effective on 1/1/15.
<b>4.5</b> Review regulatory parameters for exempt settings and modify, if necessary, to ensure adequate public protection.	<b>Q4 2017</b>	Committee held its second meeting on March 24, 2017.

<b>Organizational Effectiveness</b> <i>Build an excellent organization through proper Board governance, effective leadership, and responsible management.</i>	<b>DUE DATE</b>	<b>STATUS</b>
<b>5.1</b> Pursue adequate staffing levels across all functional areas within the Board.	<b>Q3 2015</b>	<b>Completed.</b> The Board’s requests for additional staffing resources since FY 14/15 have successful. Board staff will continue to evaluate its resources and submit requests for additional staff as needed.
<b>5.2</b> Evaluate internal procedures to identify areas for improvement to ensure prompt and efficient work processes.	<b>Q1 2016</b>	On an ongoing basis, Board management continues to evaluate internal processes to identify areas for improvement and revise as appropriate.
<b>5.3</b> Enhance Board employee recognition program to reward exceptional performance and service.	<b>Q4 2014</b>	Board staff is recognized for years of service at quarterly Board Meetings. Board staff is recognized in internal newsletter for outstanding customer service.
<b>5.4</b> Implement an internal training and education program for all Board staff to enhance skills and abilities for professional development.	<b>Q3 2015</b>	Board management meets one on one with individuals who desire further information regarding the Board and upcoming interviews.
<b>5.5</b> Establish standing Board committees that align with the Board’s strategic goal areas.	<b>Q4 2014</b>	Board will revisit this topic in 2016.

<b>Outreach and Education</b> <i>Engage stakeholders through continuous communication about the practice and regulation of the professions.</i>	<b>DUE DATE</b>	<b>STATUS</b>
<b>6.1</b> Implement cost-effective ways to educate applicants and licensees on current requirements.	<b>Q1 2015</b>	BBS newsletters include information regarding current requirements. Staff attends professional association events and quarterly MFT Consortium Meetings.
<b>6.2</b> Enhance the Board’s outreach program by redesigning publications and the Board’s website, leveraging new technologies and exploring the use of social media.	<b>Q3 2015</b>	BBS newsletter is published three times a year. BBS utilizes its FACEBOOK and Twitter accounts to disseminate information in addition to its website.
<b>6.3</b> Partner with the Office of Statewide Planning Health and Development and other external stakeholder groups to encourage more diversity within the mental health professions.	<b>Q4 2019</b>	2016 Summer Fall BBS Newsletter included information regarding OSHPD loan repayment program. Loan information was posted on Board website.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 191                      **VERSION:** INTRODUCED JANUARY 19, 2017

**AUTHOR:** WOOD                              **SPONSOR:** CALIFORNIA ASSOCIATION OF  
MARRIAGE AND FAMILY THERAPISTS  
(CAMFT)

**RECOMMENDED POSITION:** SUPPORT

**SUBJECT:** MENTAL HEALTH: INVOLUNTARY TREATMENT

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### **Summary:**

This bill add licensed marriage and family therapists and licensed professional clinical counselors to the list of professionals who are authorized to be the secondary signatory to extend involuntary commitments, under certain circumstances.

### **Existing Law:**

- 1) Allows a person to be taken into custody for up to 72 hours for assessment, evaluation, and crisis intervention, when that person is deemed a danger to oneself or others due to a mental health disorder. (Welfare & Institutions Code (WIC) §5150)
- 2) Allows a person on a 72 hour detention to be certified for up to 14 days of intensive treatment related to a mental health disorder or impairment by chronic alcoholism if the person is found to be a danger to self or others and is not willing or able to accept voluntary treatment. (WIC §5250)
  - a. Requires the notice of certification to be signed by the following two people (WIC §5251):
    1. The professional person, or his or her designee, in charge of the agency or facility providing evaluation services. A designee must be a physician or licensed psychologist with at least 5 years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders; and
    2. A physician or psychologist who participated in the evaluation. However, if the professional person in charge or the designee is the physician who performed the medical evaluation or a psychologist, then the second person may be another physician or psychologist, or if one is not available, then it may be a licensed clinical social worker or registered nurse who participated in the evaluation.

- 3) Upon the expiration of the 14 days of intensive treatment, allows further confinement for intensive treatment for another 14 days if the person was suicidal during the previous intensive treatment. (WIC §5260)
  - a. Requires the certification to be signed by the following two people (WIC §5261):
    1. The person in charge of the facility providing the 14-day treatment; and
    2. A physician or licensed psychologist with at least 5 years postgraduate experience in the diagnosis and treatment of emotional and mental disorders. This person must have participated in the evaluation. However, if the person in charge of the facility is the physician who performed the evaluation or a psychologist, the second person to sign may be another physician or psychologist, or if one is not available, it may be a social worker or registered nurse who participated in the evaluation.
- 4) Allows that upon completion of the 14 day period of intensive treatment per WIC §5250, a person may be certified for an additional period of up to 30 days of intensive treatment if both of the following conditions are met (WIC §5270.15):
  - a. The professional staff of the treating entity finds the person remains gravely disabled as a result of a mental disorder or chronic alcoholism; and
  - b. The person remains unwilling or unable to accept treatment voluntarily.
    1. This type of certification must be signed by the following two people (WIC §5270.20):
      - i. The professional person in charge of the facility providing the treatment; and
      - ii. A physician or a licensed psychologist with at least 5 years postgraduate experience in the diagnosis and treatment of emotional and mental disorders. This person must have participated in the evaluation. However, if the professional person in charge is the physician who performed the evaluation or a psychologist, the second person to sign may be another physician or psychologist, or if one is not available, it may be a social worker or registered nurse who participated in the evaluation.

**This Bill:**

- 1) Would allow, if a physician or psychologist is not available, the second person who signs off on the certification for involuntary intensive treatment to be a licensed

marriage and family therapist or a licensed professional clinical counselor. (WIC §§5251(b), 5261(b), 5270.20(b))

### **Comments:**

- 1) **Author's Intent.** The author's office notes that currently, if a physician or psychologist is not available, the second person to sign an involuntary treatment certification may be a social worker or registered nurse.

The author points out that it is not uncommon for LMFTs or LPCCs to be part of involuntary hold treatment teams, but they are currently not able to provide the second required signature. If a social worker or registered nurse is not available, this can lead to a person being held longer than authorized by law, or it can cause continuity of care issues, because the treating LMFT or LPCC is unable to sign the certification.

- 2) **Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended that the Board consider taking a "support" position on this bill.

### **3) Support and Opposition.**

#### Support:

- California Association of Marriage and Family Therapists (CAMFT) (Sponsor)
- California Association for Licensed Professional Clinical Counselors (CALPCC)
- California Hospital Association
- Doctors Behavioral Health Center

#### Oppose:

- California Psychological Association

### **4) History**

#### **2017**

03/30/17	In Senate. Read first time. To Com. on RLS. for assignment.
03/30/17	Read third time. Passed. Ordered to the Senate. (Ayes 75. Noes 0.)
03/23/17	Read second time. Ordered to third reading.
03/22/17	From committee: Do pass. (Ayes 15. Noes 0.) (March 21).
01/30/17	Referred to Com. on HEALTH.
01/20/17	From printer. May be heard in committee February 19.
01/19/17	Read first time. To print.

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**Introduced by Assembly Member Wood**

January 19, 2017

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An act to amend Sections 5251, 5261, and 5270.20 of the Welfare and Institutions Code, relating to mental health.

legislative counsel's digest

AB 191, as introduced, Wood. Mental health: involuntary treatment.

Under existing law, the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Existing law authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Existing law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Existing law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation.

This bill would include a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

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

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

1 SECTION 1. Section 5251 of the Welfare and Institutions Code  
 2 is amended to read:

3 5251. (a) For a person to be certified under this article, a notice  
 4 of certification shall be signed by two people. ~~The~~

5 (1) *The* first person shall be the professional person, or his or  
 6 her designee, in charge of the agency or facility providing  
 7 evaluation services. A designee of the professional person in charge  
 8 of the agency or facility shall be a physician or a licensed  
 9 psychologist who has a doctoral degree in psychology and at least  
 10 five years of postgraduate experience in the diagnosis and treatment  
 11 of emotional and mental disorders.

12 ~~The~~

13 (2) *The* second person shall be a physician or psychologist who  
 14 participated in the evaluation. The physician shall be, if possible,  
 15 a board certified psychiatrist. The psychologist shall be licensed  
 16 and have at least five years of postgraduate experience in the  
 17 diagnosis and treatment of emotional and mental disorders.

18 ~~If~~

19 (b) *If* the professional person in charge, or his or her designee,  
 20 is the physician who performed the medical evaluation or a  
 21 psychologist, the second person to sign may be another physician  
 22 or psychologist unless one is not available, in which case a licensed  
 23 clinical social ~~worker~~ *worker, licensed marriage and family*  
 24 *therapist, licensed professional clinical counselor, or a registered*  
 25 nurse who participated in the evaluation shall sign the notice of  
 26 certification.

27 SEC. 2. Section 5261 of the Welfare and Institutions Code is  
 28 amended to read:

29 5261. (a) For a person to be certified under this article, a  
 30 second notice of certification ~~must~~ *shall* be signed by the  
 31 professional person in charge of the facility providing *the* 14-day  
 32 intensive treatment under Article 4 (commencing with Section

1 5250) to the person and by a physician, if possible a board-qualified  
 2 ~~psychiatrist~~ *psychiatrist*, or a licensed psychologist who has a  
 3 doctoral degree in psychology and at least five years of  
 4 postgraduate experience in the diagnosis and treatment of emotional  
 5 and mental disorders. The physician or psychologist who signs  
 6 shall have participated in the evaluation and finding referred to in  
 7 subdivision (a) of Section 5260.

8 If

9 (b) *If* the professional person in charge is the physician who  
 10 performed the medical evaluation and ~~finding~~ *finding*, or a  
 11 psychologist, the second person to sign may be another physician  
 12 or psychologist unless one is not available, in which case a social  
 13 ~~worker~~ *worker*, *licensed marriage and family therapist*, *licensed*  
 14 *professional clinical counselor*, or ~~a~~ registered nurse who  
 15 participated in ~~such~~ *the* evaluation and finding shall sign the notice  
 16 of certification.

17 SEC. 3. Section 5270.20 of the Welfare and Institutions Code  
 18 is amended to read:

19 5270.20. (a) For a person to be certified under this article, a  
 20 second notice of certification shall be signed by the professional  
 21 person in charge of the facility providing intensive treatment to  
 22 the person and by either a physician who shall, if possible, be a  
 23 board-qualified psychiatrist, or a licensed psychologist who has a  
 24 doctoral degree in psychology and at least five years of  
 25 postgraduate experience in the diagnosis and treatment of emotional  
 26 and mental disorders. The physician or psychologist who signs  
 27 shall have participated in the evaluation and finding referred to in  
 28 subdivision (a) of Section 5270.15.

29 If

30 (b) *If* the professional person in charge is the physician who  
 31 performed the medical evaluation and finding, or a psychologist,  
 32 the second person to sign may be another physician or ~~psychologist~~,  
 33 *psychologist* unless one is not available, in which case a social  
 34 ~~worker~~ *worker*, *licensed marriage and family therapist*, *licensed*  
 35 *professional clinical counselor*, or ~~a~~ registered nurse who  
 36 participated in the evaluation and finding shall sign the notice of  
 37 certification.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 456                      **VERSION:** AMENDED MARCH 27, 2017

**AUTHOR:** THURMOND                      **SPONSOR:**

- SENECA FAMILY OF AGENCIES
- LINCOLN FAMILIES

**RECOMMENDED POSITION:** NONE

**SUBJECT:** HEALING ARTS: ASSOCIATE CLINICAL SOCIAL WORKERS

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**Summary:** This bill would extend the Board’s “90-day rule” to applicants for registration as an associate clinical social worker (ASW). Currently, the 90-day rule allows applicants for registration as a marriage and family therapist intern or a professional clinical counselor intern to count postdegree hours of supervised experience before receiving a registration number, as long as they apply for their intern registration within 90 days of the granting of their qualifying degree.

### **Existing Law:**

- 1) Requires all persons seeking licensure as a marriage and family therapist to register with the Board as an intern in order to be credited with postdegree supervised experience toward licensure. (Business and Professions Code (BPC) §4980.43(g))
- 2) Allows an exception to the requirement to register as an MFT intern to be credited with postdegree supervised experience, if the applicant applies for the intern registration within 90 days of the granting of the qualifying degree, and is thereafter granted the intern registration by the Board. (BPC §4980.43(g), (h))
- 3) Prohibits an LMFT applicant from being employed or volunteering in a private practice until registered as an intern. (BPC §4980.43(h))
- 4) Requires an applicant seeking licensure as a professional clinical counselor to register with the Board as in inter to be credited with postdegree supervised experience toward licensure. (BPC §4999.46(d))
- 5) Allows an exception to the requirement to register as a PCC intern to be credited with postdegree supervised experience, if the applicant applies for the intern registration within 90 days of the granting of the qualifying degree, and is thereafter granted the intern registration by the Board. (BPC §4999.46(d))
- 6) Prohibits an LPCC applicant from being employed or volunteering in a private practice until registered as an intern. (BPC §4999.46(d))

## **This Bill:**

- 1) Allows an applicant seeking licensure as a clinical social worker to be credited with postdegree hours of experience toward licensure as long as the Board receives the application for the associate registration within 90 days of the granting of the qualifying degree, and the applicant is thereafter granted the associate registration by the Board. Prohibits the applicant from being employed or volunteering in private practice until registered as an associate. (BPC §4996.18(j))
- 2) Allows the 90-day rule to also apply to an applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. (BPC §4996.18(c))

## **Comments:**

- 1) **Background.** The 90-day rule has been included in LMFT licensing law for many years. When the LPCC licensure act was created, it was modeled after LMFT law and included the 90-day rule. LCSW law does not contain the 90-day rule.

Historically, the purpose of the rule has been to assist recent graduates in obtaining some of their supervised experience hours during the time they are waiting for their registration number. Currently, the Board strives to keep its registration processing times to under 30 days. However, in the past due to high seasonal application volumes, budget constraints, or furloughs, processing times were higher. In addition, before fingerprint processing was done electronically, there could be up to a 3 month wait for the FBI and Department of Justice to perform their required background checks. (With electronic fingerprints today, that wait time has been reduced to approximately 3 to 7 days.)

- 2) **Author's Intent.** The author's office states that the delay between graduation and receipt of a registration number creates a hiring barrier for ASW applicants, and also creates an unnecessary inequity between ASW applicants, who cannot utilize the 90-day rule, and MFT and PCC intern applicants, who can. They note that removal of barriers for the public mental health workforce has been recognized as a major priority of both the California Office of Statewide Health Planning and Development (OSHPD) and the Mental Health Services Act (MHSA).
- 3) **Previous Board Position on 90-Day Rule.** In 2012, the Board pursued legislation to eliminate the 90-day rule for LMFT and LPCC applicants. This was due to concerns that the 90-day rule could potentially be used to practice unlicensed and outside the Board's jurisdiction while temporarily bypassing the Board's enforcement process.

One concern was if a consumer or a supervisor were to file a complaint against an applicant who was not yet registered but was using the 90-day rule to gain hours, the Board would have no jurisdiction to investigate the complaint and take action.

The other concern was that using the 90-day rule, an applicant with a previous conviction would be able to submit an application after graduation and begin working under the 90 day rule. They would then have up to one year to submit their conviction records (which would be considered a deficiency if not submitted up front; deficient applicants have one year to provide the missing information.) Although most applicants with deficiencies typically submit the missing information quickly in order to obtain their registration as soon as possible, occasionally an applicant with a serious conviction will delay, taking their full one year period.

However, although they are gaining hours in this period, if after reviewing the application the Board imposes supervised practice or other restrictions on their supervised experience as a condition of their registration due to the conviction, the hours gained without the imposed restrictions would not count. In addition, the law explicitly states that applicants utilizing the 90 day rule to gain hours cannot work in a private practice until the registration is issued.

Ultimately, the Board was unable to find an author for the proposal to eliminate the 90 day rule, due to stakeholder opposition and a lack of specific cases where such a situation compromised consumer protection. The Board is no longer pursuing this proposal. However, the concerns cited above remain a possibility.

- 4) **AB 93: Reorganization of Affected Codes.** The Board is sponsoring AB 93 (Medina) which makes amendments to several of the Board's statutes related to supervised experience. As part of this effort, several of these statutes are being reorganized or re-numbered.

Both code sections amended by AB 456, BPC sections 4996.18 and 4996.23, are also affected by AB 93, as follows:

- AB 93 makes some renumbering changes to section 4996.18, so the amendment in AB 456 adding a subsection (j) will likely need to be renumbered.
- AB 93 rearranges some of the provisions of section 4996.23. Therefore, the amendment in AB 456 being made to subsection 4996.23(g) would likely need to instead be made to section 4996.23(a) in AB 93.

These issues could be resolved using double-joining language toward the end of the legislative session.

- 5) **Consistency with Pending Amendments.** The Board is in the process of requesting an amendment to the 90-day rule language for LMFT and LPCC statute via AB 93. In LMFT statute, the amendment will appear as follows:

*“Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the associate registration and the board receives the application within 90 days of the granting of the qualifying degree and he or she is thereafter granted the associate registration by the board.*”

The purpose of requesting the underlined language is to clarify that date of receipt by the Board must be within the 90 days. This is due to recent situations where it was unclear when the applicant sent the application.

In order to be consistent with the proposed LMFT and LPCC language, the sponsor has accepted the language proposed above for this bill as well. However, one minor correction is needed. The first sentence of BPC Section 4996.18(j) should be amended to include a comma for clarity purposes, as follows:

*4996.18 (j) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the associate clinical social worker registration, the board receives the application within 90 days of the granting of the qualifying master's or doctoral degree and the applicant is thereafter granted the associate clinical social worker registration by the board...*

- 6) Discussion at Policy and Advocacy Committee.** At its April 21, 2017 meeting, the Policy and Advocacy Committee discussed AB 456. The Committee decided that further discussion was needed, and decided not to recommend a position on the bill.

The Committee discussed consumer protection concerns related to the 90-day rule, and asked staff to look into whether it had raised any significant enforcement issues.

Aside from the concerns raised above, staff is still unable to identify any significant enforcement cases involving the 90-day rule.

One possible solution would be to examine placing a cap on the amount of time an applicant can gain hours using the 90-day rule. Current law allows up to one year to remediate any application deficiencies (this may include coursework, transcripts, syllabi, or documents requested by the Board's enforcement unit) before the application is abandoned. If the Board determines that one year of an applicant counting hours under the 90-day rule is excessive, it could then pursue legislation allowing a shorter timeframe for all three license types.

## **7) Support and Opposition.**

### **Support:**

- Seneca Family of Agencies (Sponsor)
- Lincoln Families (Sponsor)
- California Access Coalition
- National Association of Social Workers – California Chapter

### **Opposition:**

- None at this time.



## 8) History

### 2017

04/04/17 From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 4). Re-referred to Com. on APPR.

03/28/17 Re-referred to Com. on B. & P.

03/27/17 From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.

02/27/17 Referred to Com. on B. & P.

02/14/17 From printer. May be heard in committee March 16.

02/13/17 Read first time. To print.

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**Introduced by Assembly Member Thurmond**

February 13, 2017

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An act to amend Sections 4996.18 and 4996.23 of the Business and Professions Code, relating to healing arts.

legislative counsel's digest

AB 456, as amended, Thurmond. Healing arts: associate clinical social workers.

Existing law provides for the licensure and regulation of clinical social workers by the Board of Behavioral Sciences, which is within the Department of Consumer Affairs. Existing law requires an applicant for licensure to comply with specified educational and experience requirements and requires a person who wishes to be credited with experience toward licensure to register with the board as an associate clinical social worker prior to obtaining that experience.

This bill would authorize postgraduate hours of experience to be credited toward licensure so long as the person applies for registration as an associate clinical social worker *the board receives the application* within 90 days of the granting of the qualifying master's degree or doctoral degree and *the applicant* is granted registration by the board. *The bill would prohibit an applicant from being employed or volunteering in a private practice until the applicant is granted registration by the board.*

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

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

1 SECTION 1. Section 4996.18 of the Business and Professions  
 2 Code is amended to read:  
 3 4996.18. (a) A person who wishes to be credited with  
 4 experience toward licensure requirements shall register with the  
 5 board as an associate clinical social worker prior to obtaining that  
 6 experience, except as provided in subdivision (j). The application  
 7 shall be made on a form prescribed by the board.  
 8 (b) An applicant for registration shall satisfy the following  
 9 requirements:  
 10 (1) Possess a master’s degree from an accredited school or  
 11 department of social work.  
 12 (2) Have committed no crimes or acts constituting grounds for  
 13 denial of licensure under Section 480.  
 14 (3) Commencing January 1, 2014, have completed training or  
 15 coursework, which may be embedded within more than one course,  
 16 in California law and professional ethics for clinical social workers,  
 17 including instruction in all of the following areas of study:  
 18 (A) Contemporary professional ethics and statutes, regulations,  
 19 and court decisions that delineate the scope of practice of clinical  
 20 social work.  
 21 (B) The therapeutic, clinical, and practical considerations  
 22 involved in the legal and ethical practice of clinical social work,  
 23 including, but not limited to, family law.  
 24 (C) The current legal patterns and trends in the mental health  
 25 professions.  
 26 (D) The psychotherapist-patient privilege, confidentiality,  
 27 dangerous patients, and the treatment of minors with and without  
 28 parental consent.  
 29 (E) A recognition and exploration of the relationship between  
 30 a practitioner’s sense of self and human values, and his or her  
 31 professional behavior and ethics.  
 32 (F) Differences in legal and ethical standards for different types  
 33 of work settings.  
 34 (G) Licensing law and process.  
 35 (c) ~~Except as provided in subdivision (j), an~~ An applicant who  
 36 possesses a master’s degree from a school or department of social  
 37 work that is a candidate for accreditation by the Commission on  
 38 Accreditation of the Council on Social Work Education shall be

1 eligible, and shall be required, *except as provided in subdivision*  
2 *(j)*, to register as an associate clinical social worker in order to gain  
3 experience toward licensure if the applicant has not committed  
4 any crimes or acts that constitute grounds for denial of licensure  
5 under Section 480. That applicant shall not, however, be eligible  
6 to take the clinical examination until the school or department of  
7 social work has received accreditation by the Commission on  
8 Accreditation of the Council on Social Work Education.

9 (d) All applicants and registrants shall be at all times under the  
10 supervision of a supervisor who shall be responsible for ensuring  
11 that the extent, kind, and quality of counseling performed is  
12 consistent with the training and experience of the person being  
13 supervised, and who shall be responsible to the board for  
14 compliance with all laws, rules, and regulations governing the  
15 practice of clinical social work.

16 (e) Any experience obtained under the supervision of a spouse  
17 or relative by blood or marriage shall not be credited toward the  
18 required hours of supervised experience. Any experience obtained  
19 under the supervision of a supervisor with whom the applicant has  
20 a personal relationship that undermines the authority or  
21 effectiveness of the supervision shall not be credited toward the  
22 required hours of supervised experience.

23 (f) An applicant who possesses a master's degree from an  
24 accredited school or department of social work shall be able to  
25 apply experience the applicant obtained during the time the  
26 accredited school or department was in candidacy status by the  
27 Commission on Accreditation of the Council on Social Work  
28 Education toward the licensure requirements, if the experience  
29 meets the requirements of Section 4996.23. This subdivision shall  
30 apply retroactively to persons who possess a master's degree from  
31 an accredited school or department of social work and who  
32 obtained experience during the time the accredited school or  
33 department was in candidacy status by the Commission on  
34 Accreditation of the Council on Social Work Education.

35 (g) An applicant for registration or licensure trained in an  
36 educational institution outside the United States shall demonstrate  
37 to the satisfaction of the board that he or she possesses a master's  
38 of social work degree that is equivalent to a master's degree issued  
39 from a school or department of social work that is accredited by  
40 the Commission on Accreditation of the Council on Social Work

1 Education. These applicants shall provide the board with a  
2 comprehensive evaluation of the degree and shall provide any  
3 other documentation the board deems necessary. The board has  
4 the authority to make the final determination as to whether a degree  
5 meets all requirements, including, but not limited to, course  
6 requirements regardless of evaluation or accreditation.

7 (h) A registrant shall not provide clinical social work services  
8 to the public for a fee, monetary or otherwise, except as an  
9 employee.

10 (i) A registrant shall inform each client or patient prior to  
11 performing any professional services that he or she is unlicensed  
12 and is under the supervision of a licensed professional.

13 (j) Postdegree hours of experience shall be credited toward  
14 licensure so long as the applicant applies for the associate clinical  
15 social worker registration *the board receives the application* within  
16 90 days of the granting of the qualifying master's or doctoral  
17 degree and *the applicant* is thereafter granted the associate clinical  
18 social worker registration by the board. *An applicant shall not be*  
19 *employed or volunteer in a private practice until registered as an*  
20 *associate clinical social worker by the board.*

21 SEC. 2. Section 4996.23 of the Business and Professions Code  
22 is amended to read:

23 4996.23. (a) To qualify for licensure as specified in Section  
24 4996.2, each applicant shall complete 3,200 hours of post-master's  
25 degree supervised experience related to the practice of clinical  
26 social work. The experience shall comply with the following:

27 (1) At least 1,700 hours shall be gained under the supervision  
28 of a licensed clinical social worker. The remaining required  
29 supervised experience may be gained under the supervision of a  
30 licensed mental health professional acceptable to the board as  
31 defined by a regulation adopted by the board.

32 (2) A minimum of 2,000 hours in clinical psychosocial  
33 diagnosis, assessment, and treatment, including psychotherapy or  
34 counseling.

35 (3) A maximum of 1,200 hours in client centered advocacy,  
36 consultation, evaluation, research, direct supervisor contact, and  
37 workshops, seminars, training sessions, or conferences directly  
38 related to clinical social work that have been approved by the  
39 applicant's supervisor.

1 (4) Of the 2,000 clinical hours required in paragraph (2), no less  
2 than 750 hours shall be face-to-face individual or group  
3 psychotherapy provided to clients in the context of clinical social  
4 work services.

5 (5) A minimum of two years of supervised experience is required  
6 to be obtained over a period of not less than 104 weeks and shall  
7 have been gained within the six years immediately preceding the  
8 date on which the application for licensure was filed.

9 (6) Experience shall not be credited for more than 40 hours in  
10 any week.

11 (b) An individual who submits an application for examination  
12 eligibility between January 1, 2016, and December 31, 2020, may  
13 alternatively qualify under the experience requirements that were  
14 in place on January 1, 2015.

15 (c) “Supervision” means responsibility for, and control of, the  
16 quality of clinical social work services being provided.  
17 Consultation or peer discussion shall not be considered to be  
18 supervision.

19 (d) (1) Prior to the commencement of supervision, a supervisor  
20 shall comply with all requirements enumerated in Section 1870 of  
21 Title 16 of the California Code of Regulations and shall sign under  
22 penalty of perjury the “Responsibility Statement for Supervisors  
23 of an Associate Clinical Social Worker” form.

24 (2) Supervised experience shall include at least one hour of  
25 direct supervisor contact for a minimum of 104 weeks. For  
26 purposes of this subdivision, “one hour of direct supervisor contact”  
27 means one hour per week of face-to-face contact on an individual  
28 basis or two hours of face-to-face contact in a group conducted  
29 within the same week as the hours claimed.

30 (3) An associate shall receive at least one additional hour of  
31 direct supervisor contact for every week in which more than 10  
32 hours of face-to-face psychotherapy is performed in each setting  
33 in which experience is gained. No more than six hours of  
34 supervision, whether individual or group, shall be credited during  
35 any single week.

36 (4) Supervision shall include at least one hour of direct  
37 supervisor contact during each week for which experience is gained  
38 in each work setting. Supervision is not required for experience  
39 gained attending workshops, seminars, training sessions, or  
40 conferences as described in paragraph (3) of subdivision (a).

1 (5) The six hours of supervision that may be credited during  
2 any single week pursuant to paragraph (3) shall apply only to  
3 supervision hours gained on or after January 1, 2010.

4 (6) Group supervision shall be provided in a group of not more  
5 than eight supervisees and shall be provided in segments lasting  
6 no less than one continuous hour.

7 (7) Of the 104 weeks of required supervision, 52 weeks shall  
8 be individual supervision, and of the 52 weeks of required  
9 individual supervision, not less than 13 weeks shall be supervised  
10 by a licensed clinical social worker.

11 (8) Notwithstanding paragraph (2), an associate clinical social  
12 worker working for a governmental entity, school, college, or  
13 university, or an institution that is both a nonprofit and charitable  
14 institution, may obtain the required weekly direct supervisor  
15 contact via live two-way videoconferencing. The supervisor shall  
16 be responsible for ensuring that client confidentiality is preserved.

17 (e) The supervisor and the associate shall develop a supervisory  
18 plan that describes the goals and objectives of supervision. These  
19 goals shall include the ongoing assessment of strengths and  
20 limitations and the assurance of practice in accordance with the  
21 laws and regulations. The associate shall submit to the board the  
22 initial original supervisory plan upon application for licensure.

23 (f) Experience shall only be gained in a setting that meets both  
24 of the following:

25 (1) Lawfully and regularly provides clinical social work, mental  
26 health counseling, or psychotherapy.

27 (2) Provides oversight to ensure that the associate's work at the  
28 setting meets the experience and supervision requirements set forth  
29 in this chapter and is within the scope of practice for the profession  
30 as defined in Section 4996.9.

31 (g) Except as provided in subdivision (j) of Section 4996.18,  
32 experience shall not be gained until the applicant has been  
33 registered as an associate clinical social worker.

34 (h) Employment in a private practice as defined in subdivision  
35 (i) shall not commence until the applicant has been registered as  
36 an associate clinical social worker.

37 (i) A private practice setting is a setting that is owned by a  
38 licensed clinical social worker, a licensed marriage and family  
39 therapist, a licensed psychologist, a licensed professional clinical



1 counselor, a licensed physician and surgeon, or a professional  
2 corporation of any of those licensed professions.

3 (j) Associates shall not be employed as independent contractors,  
4 and shall not gain experience for work performed as an independent  
5 contractor, reported on an IRS Form 1099, or both.

6 (k) If volunteering, the associate shall provide the board with a  
7 letter from his or her employer verifying his or her voluntary status  
8 upon application for licensure.

9 (l) If employed, the associate shall provide the board with copies  
10 of his or her W-2 tax forms for each year of experience claimed  
11 upon application for licensure.

12 (m) While an associate may be either a paid employee or  
13 volunteer, employers are encouraged to provide fair remuneration  
14 to associates.

15 (n) An associate shall not do any of the following:

16 (1) Receive any remuneration from patients or clients and shall  
17 only be paid by his or her employer.

18 (2) Have any proprietary interest in the employer's business.

19 (3) Lease or rent space, pay for furnishings, equipment, or  
20 supplies, or in any other way pay for the obligations of his or her  
21 employer.

22 (o) An associate, whether employed or volunteering, may obtain  
23 supervision from a person not employed by the associate's  
24 employer if that person has signed a written agreement with the  
25 employer to take supervisory responsibility for the associate's  
26 social work services.

27 (p) Notwithstanding any other law, associates and applicants  
28 for examination shall receive a minimum of one hour of supervision  
29 per week for each setting in which he or she is working.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 508                      **VERSION:** INTRODUCED FEBRUARY 13, 2017

**AUTHOR:** SANTIAGO                      **SPONSOR:** AUTHOR

**RECOMMENDED POSITION:** SUPPORT

**SUBJECT:** HEALTH CARE PRACTITIONERS: STUDENT LOANS

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### **Summary**

This bill would remove a healing art board's ability to issue a citation and fine and its ability to deny an application for a license or renewal of a license due to the licensee or applicant being in default on a U.S. Department of Health and Human Services education loan.

### **Existing Law:**

- 1) Allows a healing arts board under the Department of Consumer Affairs (DCA) to issue a citation and fine to a licensee who is in default on a U.S. Department of Health and Human Services education loan, including a Health Education Assistance Loan. (Business and Professions Code (BPC) §685(a))
- 2) Allows a DCA healing arts board to deny an application for a license or a renewal of a license if the person is in default on one of the loans listed above, until either the default is cleared, or satisfactory repayment arrangements have been made. (BPC §685(b))
- 3) Requires the board to consider the following when deciding whether to issue disciplinary action for a loan default (BPC §685(c))
  - a) The population served by the health care practitioner; and
  - b) The practitioner's economic status.

### **This Bill:**

- 1) Removes a healing arts board's ability to cite and fine or deny a license application or renewal for default on U.S. Department of Health and Human Services education loan, including a Health Education Assistance Loan.

## **Comments:**

1) **Author's Intent.** The author's office is seeking to protect the professional licenses of people who have defaulted on their federal student loan debt, arguing that by removing a person's ability to practice their profession, they remove their ability to repay their loans and other bills. The author notes that at least 20 states have laws allowing disciplinary action against student loan defaulters, such as loss of driver's licenses or professional licenses, but that most of these laws were passed before the student loan debt bubble grew. They cite the following data as evidence of the problem:

- Data from the Department of Education showing that nearly 1/3 of student debtors with federal loans are behind on their bills;
- Data from the Association of American Medical Colleges showing that 86% of the class of 2013 graduated with debt, and 40% of them owed at least \$200,000.

In 2015, the state of Montana passed a bill removing the ability to revoke licenses for defaulting on student loans. (See **Attachment A** and **Attachment B**)

2) **Board Enforcement Actions and Fiscal Impact.** The Board's Enforcement Unit has not issued any citations or fines for a student loan default. Therefore, this bill would have no fiscal impact to the Board in terms of lost revenue from fines.

3) **Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended that the Board consider taking a "support" position on this bill.

## **Support and Opposition.**

### **Support:**

- California Chapter of the American College of Emergency Physicians
- California Health+ Advocates
- California Optometric Association
- Service Employees International Union SEIU Local 1000

### **Opposition:**

- None at this time.

## **History.**

### **2017**

04/19/17 From committee: Do pass and re-refer to Com. on APPR. (Ayes 12. Noes 0.) (April 18). Re-referred to Com. on APPR.

04/04/17 From committee: Do pass and re-refer to Com. on HIGHER ED. (Ayes 14. Noes 0.) (April 4). Re-referred to Com. on HIGHER ED.

02/27/17 Referred to Coms. on B. & P. and HIGHER ED.

02/14/17 From printer. May be heard in committee March 16.  
02/13/17 Read first time. To print.

**Attachments.**

**Attachment A:** “States Review Laws Revoking Licenses for Student Loan Defaults,” Whitney, Eric. NPR. 8 April 2015.

<http://www.npr.org/2015/04/08/398037156/states-review-laws-revoking-licenses-for-student-loan-defaults>

**Attachment B:** “These States Will Take Your License for not Paying Student Loans,” Kitroeff, Natalie. Bloomberg. 15 March 2015.

<https://www.bloomberg.com/news/articles/2015-03-25/these-states-will-take-your-license-for-not-paying-student-loans>

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# Attachment A



## EDUCATION

# States Review Laws Revoking Licenses For Student Loan Defaults

Listen 3:51 [Queue](#) [Download](#)  
[Transcript](#)

April 8, 2015 3:48 AM ET  
Heard on Morning Edition

ERIC WHITNEY

FROM  Montana  
Public Radio



In 22 states, people who default on their student loans can have professional licenses suspended or revoked. The percentage of Americans who default on student loans has more than doubled since 2003.

*Butch Dill/AP*

Clementine Lindley says she had a great college experience, but if she had it to do over again, she probably wouldn't pick an expensive private school.

"I could actually buy a small home in Helena, Mont., with the amount of debt that I

graduated with," she says.

“

"Removing my driver's license, you just created one more barrier for me being a productive citizen in my community."

Clementine Lindley, Montana resident

Fresh out of school, Lindley says there were times when she had to decide whether to pay rent, buy food or make her student loan payments.

"There was a time where I defaulted on my student loans enough that I never was sent to collections, but just long enough to, honestly, ruin my credit."

That was motivation enough for Lindley to figure out ways to make her payments. But had she defaulted longer, the state of Montana could have revoked her driver's license.

In 22 states, defaulters can have the professional licenses they need to do their jobs suspended or revoked if they fall behind in their student loan payments, licenses for things like nursing or engineering. The percentage of Americans defaulting on their student loans has more than doubled since 2003. That's putting a lot of people's livelihoods at risk.

But Montana, where Lindley lives, is rolling those sanctions back.

When Democratic State Rep. Moffie Funk learned that that was a potential consequence, she says she felt embarrassed.

"I think it is demeaning," she says. "I think it is unnecessarily punitive."

Not to mention, she says, counterproductive. If the goal is to get people to make loan payments, taking away their ability to drive to work just makes it harder for them to make money, especially in rural states.

"There isn't public transportation, or very little," Funk says. "You know people need cars in Montana."

So Funk wrote a bill ending the state's right to revoke professional or driver's licenses because of student loan defaults.





**NPR ED**  
Activists Stop  
Paying Their  
Student Loans



**THE HOWARD  
PROJECT**  
Education May Be  
Priceless, But A  
College Degree  
Isn't



**THE TWO-WAY**  
Student Tuition  
Now Outweighs  
State Funding At  
Public Colleges

Dustin Weeden, a policy analyst at the National Conference of State Legislatures, says a lot of states passed license revocation laws for student loan defaulters in the 1990s and early 2000s, back before the federal government started taking on a bigger role in lending to students.

"Because states were essentially the direct lenders to students, many states had large loan portfolios," he says.

Weeden adds that tying student loans to licenses, which often have to be renewed every couple of years, created a process to find people when they defaulted.

"The state loan authorities would report anybody who had defaulted on loans to all the licensing entities around the state," he says. "Then it's a way for a state to identify that person and really help them get into repayment."

But some policymakers want to retain consequences for defaulting. Like Republican State Sen. Dee Brown.

"I think that this is one of the sticks that we can use over a kid who is not paying their student loans," she says. "It's a stick to get their attention. And what a better way than their driver's license?"

There are plenty of sticks already, like having your wages garnisheed and your credit ruined, says Lindley. "Removing my driver's license," she adds, "you just created one more barrier for me being a productive citizen in my community."

The Montana bill to take away license revocation as a consequence for student loan default passed with bipartisan support. That wasn't the case in Iowa. An attempt to repeal a similar law there failed earlier this year.

driver's license   student loans   student loan debt   montana   debt

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## Attachment B

# These States Will Take Your License for Not Paying Student Loans

**Legislators are fighting such rules in several states**

by **Natalie Kitroeff**  
March 25, 2015, 8:49 AM PDT



*Photographer: Getty Images*

Legislators in two states are trying to repeal laws that let authorities revoke driver's licenses or professional licenses when people fall severely behind on their student loan payments.

The Montana senate is considering a bill [http://laws.leg.mt.gov/legprd/LAW0210W\\$BSIV.ActionQuery?P\\_BILL\\_NOI=363&P\\_BLTP\\_BILL\\_TYP\\_CD=HB&Z\\_ACTION=Find&P\\_SESS=20151](http://laws.leg.mt.gov/legprd/LAW0210W$BSIV.ActionQuery?P_BILL_NOI=363&P_BLTP_BILL_TYP_CD=HB&Z_ACTION=Find&P_SESS=20151), which passed the state's house in March, that would repeal a statute that made it possible for student debtors to lose their occupational and driver's licenses if they defaulted on their student loans—meaning they had not made payments in at least 270 days. Iowa legislators introduced a similar bill in February <http://coolice.legis.iowa.gov/Cool-ICE/default.asp?Category=BillInfo&Service=Billbook&ga=86&hbill=HF196>, but it stalled in the state senate this month because of a procedural obstacle.

The little-known laws exist in at least 22 states <http://www.jwj.org/wp-content/uploads/2015/02/State-Laws-and-Statutes-That-Suspend-Professional-Licenses-and-Certificates.pdf> and have been on the books in some states since as far back as 1990. Advocates for repealing them say they have real consequences for people who cannot make a dent in their student debt.

"It's the most inappropriate consequence, because you are taking away their ability to eventually pay [their loans] back," says Moffie Funk, the Montana state representative who sponsored the bill. In Montana, where there is little public transportation to speak of, driving is the only way most people can get to the jobs they need to repay their debt, Funk says.

Since 2007, Montana has suspended the driver's licenses of 92 people for defaulting on their student loans, according to John Barnes, a spokesman for the Montana attorney general's office. By 2012, Iowa had suspended more than 900 licenses because the license holders could not repay their student debt, according to Geoffrey Greenwood, a spokesman at the Iowa attorney general's office. Those suspensions were reversed two years ago but not because the policy changed. The Iowa College Student Aid Commission, which once collected federal loans in the state, reserved the suspensions and stopped revoking licenses in 2012, because the commission transferred its student loan portfolio to the Great Lakes Higher Education Corporation, a Wisconsin guaranty agency.

Debt collectors say that the laws have been valuable tools for extracting long overdue payments and that they often stop short of issuing the most severe consequences for borrowers. "It's more of a deterrent than something that goes all the way to license suspension," says Cheryl Poelman-Allen, who works in default prevention at the Montana Guaranteed Student Loan Program, a guaranty agency that collects federal student loans in the state. Poelman-Allen says the program tries to get borrowers to enroll in repayment plans that tie

payments to their income level, before threatening them with the loss of their license. In a [fiscal note <http://leg.mt.gov/bills/2015/FNPDF/HB0363\\_1.pdf>](http://leg.mt.gov/bills/2015/FNPDF/HB0363_1.pdf) explaining the cost of repealing the law, the agency said that the ability to revoke professional or driver's licenses helped generate more than \$200,000 in debt collections per year.

"This law has saved taxpayers money," says Poelman-Allen.

The law has also been effective as leverage against debtors in Iowa. "Once we served a written notice that we were going to revoke a license, we generally got some action from a borrower," says Julie Leeper, the executive officer of the Iowa College Student Aid Commission.

Records from states that publicly track suspensions of professional licenses suggest that hundreds of people have lost their right to work for not paying back student debt.

In Tennessee, for example, the state's student loan guaranty agency, the Tennessee Student Assistance Corporation, [has suspended more than 1,500 professional licenses <http://www.tn.gov/tsac/About\\_Us/board\\_meetings\\_new/sept13/II%20E%20-%20License%20Update.pdf>](http://www.tn.gov/tsac/About_Us/board_meetings_new/sept13/II%20E%20-%20License%20Update.pdf) held by people who defaulted on their student loans. Nurses aides, teachers, and emergency medical personnel have been among the most likely to lose their licenses.

Funk, the Montana State Representative, says that even if the laws are used sparingly, they should not be a part of states' approach to struggling student borrowers. "You're making criminals out of people who, for a multitude of reasons, have defaulted on their student loans," says Funk. "It's so punitive and so demeaning."

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**Introduced by Assembly Member Santiago**

February 13, 2017

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An act to repeal Section 685 of the Business and Professions Code, relating to healing arts.

legislative counsel's digest

AB 508, as introduced, Santiago. Health care practitioners: student loans.

Existing law authorizes a board, defined as a licensing board or agency having jurisdiction over a licensee, as specified, to cite and fine a licensed health care practitioner who is in default on a United States Department of Health and Human Services education loan, including a Health Education Assistance Loan. Existing law authorizes the board to deny a license to an applicant to become a health care practitioner or deny renewal of a license if he or she is in default on a loan until the default is cleared or until the applicant or licensee makes satisfactory repayment arrangements. Existing law requires a board, prior to taking these actions, to take into consideration the population served by the health care practitioner and his or her economic status. Existing law requires that each board that issues citations and imposes fines retain the money from these fines for deposit into its appropriate fund.

This bill would repeal these provisions.

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

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

1 SECTION 1. Section 685 of the Business and Professions Code  
 2 is repealed.  
 3 ~~685. (a) (1) A board may cite and fine a currently licensed~~  
 4 ~~health care practitioner if he or she is in default on a United States~~  
 5 ~~Department of Health and Human Services education loan,~~  
 6 ~~including a Health Education Assistance Loan.~~  
 7 ~~(2) Each board that issues citations and imposes fines shall retain~~  
 8 ~~the money from these fines for deposit into its appropriate fund.~~  
 9 ~~(b) The board may deny a license to an applicant to be a health~~  
 10 ~~care practitioner or deny renewal of a license if he or she is in~~  
 11 ~~default on a United States Department of Health and Human~~  
 12 ~~Services education loan, including a Health Education Assistance~~  
 13 ~~Loan, until the default is cleared or until the applicant or licensee~~  
 14 ~~has made satisfactory repayment arrangements.~~  
 15 ~~(c) In determining whether to issue a citation and the amount~~  
 16 ~~of the fine to a health care practitioner or to deny a license to an~~  
 17 ~~applicant to be a health care practitioner or to deny the renewal of~~  
 18 ~~a license, a board shall take into consideration the following:~~  
 19 ~~(1) The population served by the health care practitioner.~~  
 20 ~~(2) The health care practitioner's economic status.~~  
 21 ~~(d) For purposes of this section, the following terms shall have~~  
 22 ~~the following meanings:~~  
 23 ~~(1) "Board" means a licensing board or agency having~~  
 24 ~~jurisdiction of a licensee, but does not include the Board of~~  
 25 ~~Chiropractic Examiners.~~  
 26 ~~(2) "Health care practitioner" means a person licensed or~~  
 27 ~~certified pursuant to this division or licensed pursuant to the~~  
 28 ~~Osteopathic Initiative Act.~~  
 29 ~~(e) This section shall become operative on July 1, 2003.~~

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1625 North Market Blvd., Suite S-200  
Sacramento, CA 95834  
(916) 574-7830, (916) 574-8625 Fax  
[www.bbs.ca.gov](http://www.bbs.ca.gov)

**To:** Board Members

**Date:** May 2, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** **AB 703**

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Assembly Bill 703 is now a two-year bill. It is expected to be reintroduced in 2018.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 767                      **VERSION:** INTRODUCED FEBRUARY 15, 2017

**AUTHOR:** QUIRK-SILVA                      **SPONSOR:** COMMITTEE ON JOBS, ECONOMIC DEVELOPMENT, AND THE ECONOMY

**RECOMMENDED POSITION:** SUPPORT IF AMENDED

**SUBJECT:** MASTER BUSINESS LICENSE ACT

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**Summary:** This bill creates a master business license system under the Governor's Office of Business and Economic Development. It would allow a person who needs to apply for more than one business license to submit a single master application through GO-Biz, which would then distribute the application information to the various relevant licensing entities.

### **Existing Law:**

- 1) Establishes the Governor's Office of Business and Economic Development (GO-Biz). (Government Code (GC) §12096.2)
- 2) States that the purpose of GO-Biz is to serve the Governor as the lead entity for economic strategy and marketing of California on issues related to business development, private sector investment, and economic growth. (GC §12096.3)
- 3) Outlines the duties of GO-Biz as including, among other tasks, marketing the business and investment opportunities available in California by partnering with other government and private entities to encourage business development and investment in the state. This may include assisting with obtaining state and local permits. (GC §12096.3(c))
- 4) Establishes the Permit Assistance Program within GO-Biz to provide permit and regulatory compliance assistance to businesses, and requires the agency to post licensing, permitting, and registration requirements of state agencies on its web site to assist individuals with identifying the types of applications or forms they may need to apply for various licenses and permits. (GC §§12097, 12097.1)

### **This Bill:**

- 1) Establishes the Master Business License Act, and creates a business license center under GO-Biz that is tasked with the following (GC §§15930, 15932):
  - a) Developing and administering a computerized one-stop master business license system capable of storing, retrieving, and exchanging license information.

- b) Providing a license information service detailing requirements to engage in business in the state.
  - c) Identifying types of licenses appropriate for inclusion in the master business license system.
  - d) Incorporating licenses into the master business license system.
- 2) Requires each state agency to cooperate and provide reasonable assistance to GO-Biz in implementing the Master Business License Act. (GC §15934)
  - 3) Allows any person that applies for two or more business licenses that are in GO-Biz's master business license system to submit a master application to GO-Biz to request the issuance of the licenses. (GC §15935(a))
  - 4) Requires GO-Biz to develop an internet-based platform that allows businesses to electronically submit their master application, along with the payment of every fee required to obtain each requested license and a master application fee. (GC §15935(a))
  - 5) Requires the fees collected under the master business license system to be allocated to the relevant respective licensing agencies. (GC §15937)
  - 6) Defines a "license" to mean any state agency permit, license, certificate, approval, registration, charter, or any form or permission required by law, including by regulation, to engage in any activity. (GC §15931(d))

**Comments:**

- 1) **Author's Intent.** The author's office states that the most common form of business in California are sole proprietorships, citing that 3.1 million of the 4 million firms in California have no employees. They note that these small businesses face regulatory hurdles when starting or expanding.

GO-Biz has already built a California Business Portal website, through which businesses can identify which permits and licenses are required. If a business uses this website, it can follow the individual links to apply for each required license. The goal of this bill is to take the existing website to the next level, by creating a single online interface to use for numerous application processes.

- 2) **Cal-Gold.** Go-Biz's current business portal for permitting and licensing assistance is called Cal-Gold. The portal allows an individual to enter the city or county that they are located in, and their type of business. The database will return a list of required permits or licenses needed for their business.

Permitting and licensing information for licensees of this Board is not currently included in the database. To get an idea of the type of information provided, staff did a search for requirements for an optometry business located in the city and county of Sacramento. **Attachment A** shows the results. It includes information such as business license information (city jurisdiction), fire inspection information

(city jurisdiction), air tank permit information (state jurisdiction), corporation filing information (state jurisdiction), facility licensing information (state jurisdiction), and licensing information (state (DCA) jurisdiction), among others. The site includes links to each of these entity's websites where an applicant can go for further information.

- 3) Effect on Board Applicants.** There can be a number of permits that a business owner needs to obtain in order to operate in a city or county, depending on the profession. Having a database that can compile this information into a master list in one place may be very helpful for a potential business owner.

However, applicants for this Board's license types go to college specifically to obtain a Master's degree toward licensure with the Board. The educational institution helps prepare these students to apply for licensure, and by the end of their respective graduate programs, they are aware that the Board of Behavioral Sciences is their licensing entity.

Obtaining a license with the Board is typically a process, with an applicant first becoming a registrant and gaining experience hours, applying for exam eligibility, and finally obtaining a license once the required examinations are passed. Having an entity that is not familiar with the details of the process for each license type accepting applications could add an unnecessary level of complexity to the licensure process.

It also may be unreasonable to assume that an outlying agency can take on the task of tracking the licensing requirements for each of the Department of Consumer Affairs' (DCAs') many boards and bureaus, and keeping that information up-to-date. For example, Cal-Gold directs registered dispensing opticians to the Medical Board of California for licensing. However, according to the Medical Board's website, the Optometry Board assumed responsibility for registering and regulating dispensing opticians effective January 1, 2016.

- 4) Board Acceptance of Online Applications.** Aside from renewal applications, the Board does not currently accept online applications. The Board hopes to be able to build this capability into the Breeze system over the next several years.
- 5) Fiscal Impact.** The fiscal impact for each DCA board or bureau has not been calculated at this time. However, the department has estimated an IT cost of \$4.9 million spread over two fiscal years for the entire department (113 license types). This cost would cover modifications to the Board's primary license database systems: Breeze, CAS, and ATS. It also assumes GO-Biz and DCA will need to securely transmit business application and license, address, and fee information on a daily basis.
- 6) Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended that the Board consider a "support if amended" position on this bill, and ask for the Board to be exempted from its provisions.

## **Support and Opposition.**

Support:

- Assembly Committee on Jobs, Economic Development, and the Economy (Sponsor)
- California Association for Health Services at Home

Oppose:

- None at this time.

## **History**

### **2017**

03/02/17 Referred to Com. on J., E.D., & E.  
02/16/17 From printer. May be heard in committee March 18.  
02/15/17 Read first time. To print.

## **Attachment**

**Attachment A:** GO-Biz Cal Gold Database Search Result: Business Permits and Other Requirements for Optometry in the City of Sacramento

# ATTACHMENT A

## CALGOLD SEARCH RESULT

### Search Results OPTOMETRY: SACRAMENTO CITY/COUNTY

#### Business permits and other requirements in the (Sacramento County) for business types:

- Optometry

[Permits & Licenses](#)
[Resources Available to Help You](#)
[Print List](#)

#### Business License - Business Tax Certificate

city

Required for all entities doing business within city limits. See "County Unincorporated" for businesses located outside of city limits.

#### City of Sacramento

City Finance, Revenue Department  
Business License

915 I Street, 5th Floor  
Sacramento, CA, 95814  
Phone: 916-808-5845

[website](#)  
(<http://portal.cityofsacramento.org/Finance/Revenue/Business-Operation-Tax/Apply-for-a-Business-Operation-Tax-Account>)

#### applies to:

Optometry

#### Fire Prevention Information/Inspection

city

Businesses may be subject to a yearly inspection of facility - annual fee may be charged.

#### City of Sacramento

City Fire Department  
5770 Freeport Blvd, Suite 200  
Sacramento, CA, 95822  
Phone: 916-808-1300

[website](#) (<http://www.sacfire.org/prevention-safety/fire-prevention/>)

#### applies to:

Optometry

#### Land Use Permit/Zoning Clearance

city

Example: zone change, variance, conditional use permit. Required if business located within incorporated city limits.

#### City of Sacramento

City Planning Services  
Planning Services  
300 Richards Boulevard, 3rd Floor  
Sacramento, CA, 95814  
Phone: 916-264-5011

[website](#)  
(<http://portal.cityofsacramento.org/Economic-Development/Business-Resources/Permitting-Zoning>)

#### applies to:

Optometry

#### Police Regulations/Public Safety Issues

city

Some city police departments offer business crime prevention programs and may also issue permits for certain activities i.e. burglar alarm, solicitors etc. - requirements vary from city to city.

#### City of Sacramento

Police Department  
5770 Freeport Blvd, Suite 100  
Sacramento, CA, 95822  
Phone: 916-808-1300  
Fax: 916-808-1629

[website](#) (<http://www.sacpd.org/faq/permits/>)

#### applies to:

Optometry

## Business Property Statement

Businesses are required to report all equipment, fixtures, supplies, and leasehold improvements held for business use at each location.

### agency note:

Property Statements are due January 1 of each year

### applies to:

Optometry

county

### County of Sacramento

Assessor's Office  
 © 2017 Governor's Office of Business and Economic Development  
 3701 Power Inn Road, Suite 3000  
 Sacramento, CA, 95826  
 Phone: 916-875-0730  
[website  
 \(http://www.assessor.saccounty.net/Pages/Forms-BusinessPersonalProperty.aspx\)](http://www.assessor.saccounty.net/Pages/Forms-BusinessPersonalProperty.aspx)

## Fictitious Business Name - Doing Business As Statement

A Fictitious Business Name (FBN) or Doing Business As (DBA) statement is required when the business name does not include the surname of the individual owner(s) and each of the partners; or the business name suggests the existence of additional owners; or the nature of the business is not clearly evident by the name of the business. For example Bill Smith and Sons Plumbing would require a FBN because the name implies additional owners, Bill Smith Plumbing does not require a FBN. Bill Smith Industries would require a FBN because it does not identify the nature of the business.

### applies to:

Optometry

county

### County of Sacramento

Treasurer Tax Collector's Office  
 Fictitious Business Name  
 700 H Street, Room 1710  
 PO Box 508  
 Sacramento, CA, 95814  
 Phone: 916-874-6644  
 Fax: 916-874-8909  
[website \(http://www.finance.saccounty.net/Tax/Pages/BusLicForms.aspx\)](http://www.finance.saccounty.net/Tax/Pages/BusLicForms.aspx)

## Air Tanks Permit

Required of all businesses using (1) pressurized tanks with a volume greater than 1.5 cubic feet and containing greater than 150 PSI (pounds per square inch) of air; (2) Steam boilers over 15 PSI; or (3) retail stationary propane tanks.

### agency note:

"To apply for a "Permit to Operate" for an air tank, liquefied petroleum tank or a boiler, click on the link Pressure Vessel Inspection Request Form."

### applies to:

Optometry

state

### Department of Industrial Relations

Pressure Vessel Unit-North  
 1515 Clay Street, Suite 1302  
 Oakland, CA, 94612  
 Phone: 510-622-3066  
 Fax: 510-622-3063  
[website \(http://www.dir.ca.gov/dosh/pressure.html\)](http://www.dir.ca.gov/dosh/pressure.html)

## Corporation, Company or Partnership Filings

If you are considering becoming a corporation, (either stock or nonprofit), a limited liability company or a partnership (limited, or limited liability), you must file with the Secretary of State's Office.

### agency note:

Also, if you are conducting business as one of the following, you must file a bond with the Secretary of State's Office: immigration consultant, credit services organization, dance studio, discount buying organization, employment agency, employment counseling service, invention developer, job listing service, nurses registry, or auctioneer or auction company.

### applies to:

Optometry

state

### Secretary of State

California Business Portal  
 1500 11th Street  
 Sacramento, CA, 95814  
 Phone: 916-657-5448  
[website \(http://www.sos.ca.gov/business/be/forms.htm\)](http://www.sos.ca.gov/business/be/forms.htm)



## Discrimination Law

Harassment or discrimination in employment is prohibited if it is based on a person's race, ancestry, national origin, color, sex (including pregnancy), sexual orientation, religion, physical disability (including AIDS), mental disability, marital status, medical condition (cured cancer), and refusal of family care leave. Discrimination in housing, public services and accommodations is also prohibited.

### agency note:

Employers must post the Harassment or Discrimination in Employment notice (DFEH 162) and provide their employees with a copy of the DFEH's information sheet on sexual harassment (DFEH 185) or a statement that contains equivalent information. Employers must also provide notice of an employee's right to request pregnancy disability leave or transfer, as well as notice to request a family or medical care leave (CFRA). Employers with 5 or more employees must maintain all personnel records for a minimum of 2 years.

### applies to:

Optometry

state

### Department of Fair Employment and Housing

2218 Kausen Drive, Suite 100  
Elk Grove, CA, 95758  
Phone: 800-884-1684  
[website \(http://www.dfeh.ca.gov/files/2016/09/DFEH-162-2015.pdf\)](http://www.dfeh.ca.gov/files/2016/09/DFEH-162-2015.pdf)

## Facility Licensing and Certification

Licensing and certification of health care facilities and providers such as General Acute Care Hospitals, Skilled Nursing Facilities, Home Health Agencies, and Clinics.

### agency note:

Licenses different types of health care facilities and providers so they can legally do business in California. Certifies to the federal government health care facilities and providers that are eligible for payments under the Medicare and Medicaid (Medi-Cal) programs

### applies to:

Optometry

state

### Department of Public Health

Licensing and Certification Program  
12440 E. Imperial Highway, Room 522  
Norwalk, CA, 90650  
Phone: 562-345-6884  
Fax: 562-409-5096  
[website \(http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx\)](http://www.cdph.ca.gov/programs/LnC/Pages/LnCContact.aspx)  
[For more information... \(http://www.cdph.ca.gov/certific/facilities/Pages/LCDistrictOffices.aspx\)](http://www.cdph.ca.gov/certific/facilities/Pages/LCDistrictOffices.aspx)

## Medical Waste Generator Registration and Treatment/Transfer Station Permitting

Medical wastes include sharps and biohazardous waste from the diagnosis, treatment, immunization, or research of human beings or animals, the production or testing of biologicals, or regulated waste from a trauma scene waste management practitioner

### agency note:

Large quantity generators (LQGs) (>200 lbs./mo) and small quantity generators (SQGs) (<200 lbs./mo) of medical wastes are registered with the Department. Facilities treating medical waste or serving as medical waste or transfer station are registered and permitted by the Department. Medical waste haulers are DTSC-registered hazardous waste transporters which must also register with the Department. Click on Medical Waste Management Program's web site to locate the enforcing agency for medical waste management program in your area.

### applies to:

Optometry

state

### Department of Public Health

Medical Waste Management Program  
PO Box 997377, MS 0500  
Sacramento, CA, 95899  
Phone: 916-558-1784  
[website \(http://www.dhs.ca.gov/ps/ddwem/environmental/Med\\_Waste/default.htm\)](http://www.dhs.ca.gov/ps/ddwem/environmental/Med_Waste/default.htm)

## Occupational Safety and Health Information

Businesses with employees must prepare an Injury and Illness Prevention Plan. The state provides a no-fee consultation service to assist employers with preventing unsafe working conditions and workplace hazards.

### agency note:

Certain permits/licenses/certifications may be required for compliance with Health & Safety Standards, General Industry Safety Order, Carcinogen regulations and Construction Safety orders i.e. excavation/trenching, asbestos related work, crane/derrick operation, air/liquid petroleum gas tanks, etc.

### applies to:

Optometry

state

### Department of Industrial Relations

Cal/OSHA Consultation Services  
2424 Arden Way, Ste. 300  
Sacramento, CA, 95825  
Phone: 916-263-2803  
Fax: 916-263-2824  
[website \(http://www.dir.ca.gov/occupational\\_safety.html\)](http://www.dir.ca.gov/occupational_safety.html)

## Radiation Source Registration

Those possessing radiation-emitting machines or devices containing radioactive material. Examples include physicians, dentists, hospitals, and industrial plants.

**agency note:**

Mailing address: P.O. Box 997414, MS 7610 Sacramento, CA 95899

**applies to:**

Optometry

state

**Department of Public Health**

Radiologic Health Branch  
PO Box 997377, MS 0500  
Sacramento, CA, 95899  
Phone: 916-558-1784  
[website \(http://www.cdph.ca.gov/pubsforms/forms/Pages/RHBLicensingForms.aspx \)](http://www.cdph.ca.gov/pubsforms/forms/Pages/RHBLicensingForms.aspx)

## Registered Contact Lens Dispenser

Persons who fit, adjust and dispense contact lenses with prescription are required to be registered

**applies to:**

Optometry

state

**Department of Consumer Affairs**

Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA, 95815  
Phone: 916-263-2380  
Fax: 916-263-2944  
[website \(http://www.dca.ca.gov/proflc/medicalbd.shtml\)](http://www.dca.ca.gov/proflc/medicalbd.shtml)

## Registered Dispensing Optician

Optician stores that fit, adjust, and dispense eyeglass and contact lens prescriptions must obtain this certificate

**applies to:**

Optometry

state

**Department of Consumer Affairs**

Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA, 95815  
Phone: 916-263-2380  
Fax: 916-263-2944  
[website \(http://www.dca.ca.gov/proflc/medicalbd.shtml\)](http://www.dca.ca.gov/proflc/medicalbd.shtml)

## Registered Spectacle Lens Dispenser

Persons who fill, adjust, and dispense eyeglass lenses with prescription must be registered.

**applies to:**

Optometry

state

**Department of Consumer Affairs**

Medical Board of California  
2005 Evergreen Street, Suite 1200  
Sacramento, CA, 95815  
Phone: 916-263-2380  
Fax: 916-263-2944  
[website \(http://www.dca.ca.gov/proflc/medicalbd.shtml\)](http://www.dca.ca.gov/proflc/medicalbd.shtml)

## Registration Form for Employers

Required to file a registration form within 15 days after paying more than \$100.00 in wages to one or more employees. No distinction is made between full-time and part-time or permanent and temporary employees in meeting this requirement.

**applies to:**

Optometry

state

**Employment Development Department**

Employment Tax Customer Service Office  
P.O. Box 2068  
Rancho Cordova, CA, 95741  
Phone: 888-745-3886  
[website \(http://www.edd.ca.gov/payroll\\_taxes/am\\_i\\_required\\_to\\_register\\_as\\_an\\_emplo](http://www.edd.ca.gov/payroll_taxes/am_i_required_to_register_as_an_emplo)  
[For more information... \(http://www.edd.ca.gov/Office\\_Locator/ \)](http://www.edd.ca.gov/Office_Locator/)

## Sales & Use Permit (Seller's Permit)

state

All businesses selling or leasing tangible property must obtain a Seller's Permit.

### agency note:

For Additional information about RESALE CERTIFICATE go to this website: [www.boe.ca.gov/sutax/faqresale.htm](http://www.boe.ca.gov/sutax/faqresale.htm)

### applies to:

Optometry

**State Board of Equalization**  
Sales/Use Tax Division  
PO Box 942879  
Sacramento, CA, 94279  
Phone: 800-400-7115  
[website \(http://www.boe.ca.gov/info/reg.htm\)](http://www.boe.ca.gov/info/reg.htm)  
[For more information... \(http://www.boe.ca.gov/info/phone.htm\)](http://www.boe.ca.gov/info/phone.htm)

## State EPA Identification Number

state

Required of businesses that generate, surrender to be transported, transport, treat, or dispose of hazardous waste.

### agency note:

DTSC issues State Generator EPA ID Numbers. You may be referred to Federal EPA if you generate over 100 kg per month of RCRA waste (1-415-495-8895) or 1 \*800) 6186942 or outside California (916) 255=1136

### applies to:

Optometry

**Department of Toxic Substances Control**  
Generator Information Services  
1001 I Street  
Sacramento, CA, 95814  
Phone: 800-728-6942  
[website \(http://www.dtsc.ca.gov/contactDTSC/regulatory-assistance-officers.cfm\)](http://www.dtsc.ca.gov/contactDTSC/regulatory-assistance-officers.cfm)

## State Income Tax Information

state

Businesses should obtain the appropriate State income tax forms from the Franchise Tax Board.

### agency note:

All businesses are required to submit a Business Income Tax statement annually.

### applies to:

Optometry

**Franchise Tax Board**  
Business Entities Division  
PO Box 1468  
Sacramento, CA, 95812  
Phone: 800-338-0505  
[website \(https://www.ftb.ca.gov/businesses/index.shtml?WT.mc\\_id=Global\\_Business\)](https://www.ftb.ca.gov/businesses/index.shtml?WT.mc_id=Global_Business)

## Wage/Hour Laws

state

Businesses with employees must comply with laws establishing minimum standards for wages, hours and working conditions.

### applies to:

Optometry

**Department of Industrial Relations**  
Labor Commissioner's Office  
1515 Clay Street, STE 401, Oakland, CA, 94612  
Oakland, CA, 94612  
Phone: 510-285-3502  
Fax: 510-286-1366  
[website \(http://www.dir.ca.gov/DLSE/dlse.html\)](http://www.dir.ca.gov/DLSE/dlse.html)

## Workers' Compensation Information

state

Businesses with employees must maintain Workers' Compensation Insurance coverage on either a self-insured basis, or provided through a commercial carrier, or the State Workers' Compensation Insurance Fund.

### applies to:

Optometry

**Department of Industrial Relations**  
Division of Workers' Compensation  
160 Promenade Circle, Suite 300  
Sacramento, CA, 95834  
Phone: 916-928-3101  
[website \(http://www.dir.ca.gov/DWC/dwc\\_home\\_page.htm\)](http://www.dir.ca.gov/DWC/dwc_home_page.htm)

## Employer Identification Number (EIN or SSN)

federal

Employers with employees, business partnerships, and corporations, must obtain an Employer Identification Number from the I.R.S. Businesses can obtain appropriate Federal income tax forms from this location.

**agency note:**

Additional office locations: <http://www.irs.gov/uac/Contact-My-Local-Office-in-California>

**applies to:**

Optometry

**U.S. Department of Treasury**

Internal Revenue Service

4330 Watt Avenue

Sacramento, CA, 95821

Phone: 800-829-4933

[website \(http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-\(EIN\)-Online\)](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Apply-for-an-Employer-Identification-Number-(EIN)-Online)

## Proof of Residency Requirement

federal

Employees hired after November 6, 1986 must provide proof of eligibility to work in the United States.

**applies to:**

Optometry

**U.S. Immigration and Naturalization Service**

Sacramento Field Office

650 Capitol Mall

Sacramento, CA, 95814

Phone: 800-375-5283

[website \(http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a75/?vgnextoid=84c267ee5cb38210VgnVCM/vgnextchannel=84c267ee5cb38210VgnV](http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a75/?vgnextoid=84c267ee5cb38210VgnVCM/vgnextchannel=84c267ee5cb38210VgnV)

**Introduced by Assembly Member Quirk-Silva**

February 15, 2017

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An act to add Part 12. 5 (commencing with Section 15930) to Division 3 of Title 2 of the Government Code, relating to economic development.

legislative counsel's digest

AB 767, as introduced, Quirk-Silva. Master Business License Act.

Existing law authorizes various state agencies to issue permits and licenses in accordance with specified requirements to conduct business within this state. Existing law establishes the Governor's Office of Business and Economic Development to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth. Existing law creates within the Governor's Office of Business and Economic Development the Office of Small Business Advocate to advocate for the causes of small business and to provide small businesses with the information they need to survive in the marketplace.

This bill would create within the Governor's Office of Business and Economic Development, or its successor, a business license center to develop and administer a computerized master business license system to simplify the process of engaging in business in this state. The bill would set forth the duties and responsibilities of the business license center. The bill would require each state agency to cooperate and provide reasonable assistance to the office to implement these provisions.

This bill would authorize a person that applies for 2 or more business licenses that have been incorporated into the master business license

system to submit a master application to the office requesting the issuance of the licenses. The bill would require the office to develop and adopt an Internet-based platform that allows the business to electronically submit the master application to the office, as well as the payment of every fee required to obtain each requested license and a master application fee, which would be deposited into the Master License Fund, which would be created by the bill. The bill would authorize moneys in the fund, upon appropriation, to be expended only to administer this bill or be transferred to the appropriate licensing agencies. The bill would also require, upon issuance of the license or licenses, the office to transfer the fees, except for the master license fee, to the appropriate accounts under the applicable statutes for those regulatory agencies' licenses.

The bill would require the office to establish a reasonable fee for each master license application and to collect those fees for deposit into the Master License Fund established by this bill. Funds derived from the master license application fees would be expended to administer the master business license program upon appropriation by the Legislature. The bill would require the license fees of the regulatory agencies deposited into the fund to be transferred to the appropriate accounts of the regulatory agencies, as provided.

The bill would require the office, in consultation with other regulatory agencies, to establish a uniform business identification number for each business that would be recognized by all affected state agencies and used to facilitate the information sharing between state agencies and to improve customer service to businesses.

The bill would also require the Director of Small Business Advocate to work with small business owners and all regulatory agencies to ensure the state's implementation of a consolidated business license and permit system.

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

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

- 1 SECTION 1. Part 12.5 (commencing with Section 15930) is
- 2 added to Division 3 of Title 2 of the Government Code, to read:

1 PART 12.5. MASTER BUSINESS LICENSE ACT

2  
3 Chapter 1. General Provisions

4  
5 15930. This part may be known, and may be cited as, the  
6 Master Business Licence Act.

7 15931. As used in this part, the following words shall have the  
8 following meanings:

9 (a) “Business license center” means the business registration  
10 and licensing center established by this part and located in and  
11 under the administrative control of the office.

12 (b) “Director” means the Director of the Governor’s Office of  
13 Business and Economic Development.

14 (c) “License information packet” means a collection of  
15 information about licensing requirements and application  
16 procedures custom assembled for each request.

17 (d) “License” means the whole or part of any state agency  
18 permit, license, certificate, approval, registration, charter, or any  
19 form or permission required by law, including agency regulation,  
20 to engage in any activity.

21 (e) “Master application” means a document incorporating  
22 pertinent data from existing applications for licenses covered under  
23 this part.

24 (f) “Master business license system” or “system” means the  
25 mechanism by which licenses are issued, license and regulatory  
26 information is disseminated, and account data is exchanged by  
27 state agencies.

28 (g) “Office” means the Governor’s Office of Business and  
29 Economic Development or its successor.

30 (h) “Person” means any individual, sole proprietorship,  
31 partnership, association, cooperative, corporation, nonprofit  
32 organization, state or local government agency, and any other  
33 organization required to register with the state to do business in  
34 the state and to obtain one or more licenses from the state or any  
35 of its agencies.

36 (i) “Regulatory” means all licensing and other governmental or  
37 statutory requirements pertaining to business activities.

38 (j) “Regulatory agency” means any state agency, board,  
39 commission, or division that regulates one or more industries,  
40 businesses, or activities.

Chapter 2. Business License Center

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15932. (a) There is created within the office a business license center.

(b) The duties of the center shall include, but not be limited to, all of the following:

(1) Developing and administering a computerized onestop master business license system capable of storing, retrieving, and exchanging license information with due regard to privacy statutes.

(2) Providing a license information service detailing requirements to establish or engage in business in this state.

(3) Identifying types of licenses appropriate for inclusion in the master business license system.

(4) Recommending in reports to the Governor and the Legislature the elimination, consolidation, or other modification of duplicative, ineffective, or inefficient licensing or inspection requirements.

(5) Incorporating licenses into the master business license system.

15933. (a) The director may adopt regulations as may be necessary to effectuate the purposes of this part.

(b) The director shall encourage state entities to participate in the online master business license system.

15934. Each state agency shall cooperate and provide reasonable assistance to the office in the implementation of this part.

Chapter 3. Master License

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15935. (a) Any person that applies for two or more business licenses that have been incorporated into the master business license system may submit a master application to the office requesting the issuance of the licenses. The office shall develop and adopt an Internet-based platform that allows the business to electronically submit the master application to the office, as well as the payment of every fee required to obtain each requested license and a master application fee established pursuant to Section 15936.

(b) Irrespective of any authority delegated to the office to implement this part, the authority for approving the issuance and



1 renewal of any requested license that requires a prelicensing or  
2 renewal investigation, inspection, testing, or other judgmental  
3 review by the regulatory agency otherwise legally authorized to  
4 issue the license shall remain with that agency.

5 (c) Upon receipt of the application and proper fee payment for  
6 any license for which issuance is subject to regulatory agency  
7 action under subdivision (a), the office shall immediately notify  
8 the business of receipt of the application and fees.

9 15936. The office shall establish a fee for each master  
10 application that does exceed the reasonable costs of administering  
11 this part and collect that fee.

12 15937. All fees collected under the master business license  
13 system, including the master license application fee and the fees  
14 of the regulatory agencies, shall be deposited into the Master  
15 License Fund, which is hereby created in the State Treasury.  
16 Moneys in the fund from master application fees may, upon  
17 appropriation by the Legislature, be expended only to administer  
18 this part or be transferred to the appropriate licensing agencies.  
19 Moneys in the fund from other fees shall be transferred to the  
20 appropriate accounts under the applicable statutes for those  
21 regulatory agencies' licenses.

22  
23 Chapter 4. Uniform Business Identification Number  
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25 15940. (a) The office, in consultation with other regulatory  
26 agencies, shall establish a uniform business identification number  
27 for each business. The uniform business identification number  
28 shall be recognized by all affected state agencies and shall be used  
29 by state agencies to facilitate information sharing between state  
30 agencies and to improve customer service to businesses.

31 (b) It is the intent of the Legislature that the uniform business  
32 number would permit the office to do both of the following:

33 (1) Register a business with multiple state agencies electronically  
34 as licenses and permits are processed.

35 (2) Input and update information regarding a business once,  
36 thereby reducing the number of duplicate or conflicting records  
37 from one state agency to another.

Chapter 5. Oversight

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15945. The Director of Small Business Advocate from the Governor's Office of Planning and Research shall work with small business owners and all regulatory agencies to ensure the state's implementation of a consolidated business license and permit system under this part.

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**CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES**  
**BILL ANALYSIS**

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**BILL NUMBER: AB 1116**

**VERSION: AMENDED APRIL 20, 2017**

**AUTHOR: GRAYSON**

**SPONSOR:**

- **CALIFORNIA PROFESSIONAL FIREFIGHTERS**
- **CALIFORNIA CORRECTIONAL PEACE OFFICERS ASSOCIATION**

**RECOMMENDED POSITION: NONE**

**SUBJECT: PEER SUPPORT AND CRISIS REFERRAL SERVICES ACT**

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**Summary:** This bill establishes that a communication between an emergency service personnel worker and a peer support team member, crisis hotline staffer, or a crisis referral service staffer is privileged for a noncriminal proceeding to the same extent and limitations as a communication between a patient and a psychotherapist.

**Existing Law:**

- 1) Establishes that a patient has privilege to refuse to disclose and to prevent another from disclosing a confidential communication between the patient and a psychotherapist under certain circumstances. (Evidence Code (EC) §1014)
- 2) Defines “confidential communication between patient and psychotherapist” as information, including that obtained by examination of the patient, transmitted between the patient and the psychotherapist in the course of that relationship and in confidence by a means which, so far as the patient is aware, discloses the information to not third persons other than those who further the interest of the patient. It includes the diagnosis made and advice given by the psychotherapist. (EC §1012)
- 3) Defines a “psychotherapist” as including the following persons (EC §1010):
  - A person authorized to practice medicine who practices psychiatry;
  - A licensed psychologist;
  - A licensed clinical social worker;
  - A credentialed school psychologist;
  - A licensed marriage and family therapist;

- A registered psychological assistant;
  - A marriage and family therapist intern;
  - An associate clinical social worker;
  - A registered psychologist;
  - A psychological intern;
  - An MFT trainee;
  - A registered nurse listed as a psychiatric-mental health nurse;
  - An advanced practice registered nurse certified as a clinical nurse specialist, who participates in expert clinical practice in the specialty of psychiatric-mental health nursing;
  - A person rendering mental health treatment or counseling services authorized by §6924 of the Family Code. (This section specifies the professional persons who may provide mental health treatment or counseling to a consenting minor age 12 or older.)
  - A licensed professional clinical counselor;
  - A clinical counselor intern;
  - A clinical counselor trainee.
- 4) Allows a communication between a patient and a licensed educational psychologist to be privileged to the same extent as a communication with a psychotherapist. (EC §1010.5)

**This Bill:**

- 1) Establishes the “Peer Support and Crisis Referral Services Act.” (Government Code (GC) §8669 et seq.)
- 2) Specifies that a communication made by emergency service personnel to a peer support team member, crisis hotline or crisis referral service is confidential and cannot be disclosed in a civil or administrative proceeding. In addition, a record kept by a peer support team member related to providing peer support services is confidential and not subject to subpoena, discovery, or introduction into evidence in a civil or administrative proceeding. However, a communication or record is not confidential if revealing it may prevent reasonably certain death, substantial bodily harm, or commission of a crime. (GC §§8669.2, 8669.5)
- 3) Establishes that communication between an individual employed as emergency service personnel and a peer support team member or a person or volunteer staffing

a crisis hotline or crisis referral service for emergency service personnel is privileged for purposes of a noncriminal proceeding to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist as described in Evidence Code Section 1010. (EC §1029)

### Definitions

- 4) Defines “emergency service personnel” as a person who provides emergency response services, including a law enforcement officer, correctional officer, firefighter, paramedic, emergency medical technician, dispatcher, emergency response communication employee, or rescue service personnel. (GC §8669.1(d))
- 5) Defines “peer support services” to include services provided by a peer support team or team member to emergency service personnel affected by a critical incident or accumulation of multiple incidents. They include the following (GC §8669.1(e)):
  - Precrisis education;
  - Critical incident stress defusings and debriefings;
  - On-scene support services;
  - One-on-one support services;
  - Consultation;
  - Referral services;
  - Confidentiality obligations
  - The impact of toxic stress on health and well-being;
  - Grief support
  - Substance abuse identification and approaches; and
  - Active listening skills.
- 6) Defines a “peer support team” as a local critical incident response team composed of individuals from emergency service professions, emergency medical services, hospital staff, clergy, educators, and mental health professionals who have completed a peer support training course developed by the Office of Emergency Services, California Firefighter Joint Apprenticeship Committee, or the Commission on Correctional Peace Officer Standards and Training. (GC §8669.1(f))
- 7) Defines a “peer support team member” as an individual who is specially trained to provide peer support services as a member of a peer support team. (GC §8669.1(g))

## **Comments:**

1) **Intent.** The author states it is critical to provide first responders and law enforcement officials with an opportunity to address critical incidents of stress through peer support and other means to ensure they receive the help they need. Often, these emergency personnel do not discuss the post-traumatic incidents they experience, due to concern it may result in adverse job action. The goal of this bill is to increase the availability of peer support by developing peer support training courses, and to allow peer support communication to be kept confidential.

2) **Policy and Advocacy Committee Discussion.** A previous version of this bill added staffers of a crisis hotline or crisis referral service for emergency service personnel to the definition of “psychotherapists” and granted them the psychotherapist-patient privilege under Article 7 of Chapter 4 of Division 8 of the Evidence Code (which commences with section 1010) for purposes of a noncriminal proceeding. This caused concern among stakeholders, as well as the Policy and Advocacy Committee, about unintended consequences of adding unlicensed individuals to the definition of a “psychotherapist.”

However, the bill was amended the day before the Policy and Advocacy Committee to remove that provision, and the Committee deferred action to the Board meeting so that the bill could be re-analyzed.

3) **Recent Amendments.** The bill no longer adds crisis hotline or crisis referral service staffers to the definition of a “psychotherapist” under Evidence Code Section 1010. Instead, it protects communication between an individual employed as emergency service personnel and a peer support team member or a person or volunteer staffing a crisis hotline or crisis referral service for emergency service personnel as privileged for purposes of a noncriminal proceeding to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist. However, it does not include them in the definition of a psychotherapist.

## 4) **Previous Legislation.**

- **AB 1629 (Bonta, Chapter 535, Statutes of 2014)** made costs incurred for certain services provided by violence peer counselors reimbursable to crime victims through the California Victim Compensation Board.
- **AB 1140 (Bonta, Chapter 569, Statutes of 2015)** made some additional amendments to the language of the previous year’s AB 1629, at the request of this Board. The amendments clarified that a violence peer counselor may not perform services that fall under the scope of practice of any of the professions that the Board regulates, unless those services take place in an exempt setting.

## 5) **Support and Opposition.**

### **Support:**

- California Professional Firefighters (Co-Sponsor)
- California Correctional Peace Officers Association (Co-Sponsor)
- American Red Cross
- Los Angeles County Professional Peace Officers Association
- Peace Officers Research Association of California (PORAC)

**Opposition:**

- None at this time.

**6) History**

**2017**

- 04/24/17 Re-referred to Com. on APPR.
- 04/20/17 Read second time and amended.
- 04/19/17 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 18).
- 04/05/17 From committee: Do pass and re-refer to Com. on JUD. (Ayes 14. Noes 0.) (April 4). Re-referred to Com. on JUD.
- 03/30/17 Re-referred to Com. on HEALTH.
- 03/29/17 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
- 03/09/17 Referred to Coms. on HEALTH and JUD.
- 02/19/17 From printer. May be heard in committee March 21.
- 02/17/17 Read first time. To print.

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AMENDED IN ASSEMBLY APRIL 20, 2017  
AMENDED IN ASSEMBLY MARCH 29, 2017  
california legislature—2017–18 regular session

**ASSEMBLY BILL**

**No. 1116**

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**Introduced by Assembly Member Grayson  
(Coauthors: Assembly Members Rodriguez and Wood)**

February 17, 2017

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An act to ~~amend Section 1010~~ add Article 7.5 (commencing with Section 1029) to Chapter 4 of Division 8 of the Evidence Code, and to add Article 21 (commencing with Section 8669) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to emergency services.

legislative counsel's digest

AB 1116, as amended, Grayson. Peer Support and Crisis Referral Services Act.

Under existing law, the California Emergency Services Act, the Governor is authorized to proclaim a state of emergency, as defined, under specified circumstances. The California Emergency Services Act also authorizes the governing body of a city, county, city and county, or an official designated by ordinance adopted by that governing body, to proclaim a local emergency, as defined.

This bill would create the Peer Support and Crisis Referral Services Act. The bill would, for purposes of the act, define a “peer support team” as a local critical incident response team ~~comprised~~ *composed* of individuals from emergency services professions, emergency medical services, hospital staff, clergy, educators, and mental health professionals who have completed a peer support training course developed by the Office of Emergency Services, the California Firefighter Joint

Apprenticeship Committee, or the Commission on Correctional Peace Officer Standards and Training, as specified. The bill would provide that a communication made by emergency service personnel to a peer support team member while the emergency service personnel receives peer support services, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified. The bill would also provide that, except for an action for medical malpractice, a peer support team or a peer support team member providing peer support services is not liable for damages, as specified, relating to the team's or team member's act, error, or omission in performing peer support services, unless the act, error, or omission constitutes wanton, willful, or intentional misconduct. The bill would provide that a communication made by emergency service personnel to a crisis hotline or crisis referral service, as defined, is confidential and shall not be disclosed in a civil or administrative proceeding, except as specified.

Existing law provides that a person has a privilege to refuse to disclose, and prevent another from disclosing, a confidential communication with a ~~psychotherapist~~, *specified persons*, except in specified circumstances.

~~This bill would expand the definition of psychotherapist, for the purposes of the privilege described above in a noncriminal proceeding, to include a person or volunteer staffing a crisis hotline or crisis referral service for emergency service personnel.~~ *establish a privilege for a communication between an individual employed as emergency service personnel and a peer support team member or a person or volunteer staffing a crisis hotline or crisis referral service for emergency service personnel for the purposes of a noncriminal proceeding, as specified.*

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) Emergency service personnel frequently respond to traumatic
- 4 incidents and dangerous circumstances, including, but not limited
- 5 to, fires, stabbings, gun battles and shootings, domestic violence,
- 6 terrorist acts, riots, automobile accidents, airplane crashes, and
- 7 earthquakes. They are exposed to harmful substances, such as

1 blood, urine, and vomit. They witness grave injuries, death, and  
2 grief. They are frequently placed in harm's way, with significant  
3 risk of bodily harm or physical assault while performing the duties  
4 of their jobs.

5 (b) The traumatic and unpredictable nature of emergency  
6 services results in a high-stress working environment that can take  
7 an overwhelming mental, emotional, and physical toll on personnel.  
8 Chronic exposure to traumatic events and critical incidents  
9 increases the risk for post-traumatic stress and other stress-induced  
10 symptoms.

11 (c) While most emergency service personnel survive the traumas  
12 of their jobs, sadly, many experience the impacts of occupational  
13 stressors when off duty. The psychological and emotional stress  
14 of their professions can have a detrimental impact long after their  
15 shift is over.

16 (d) Such trauma-related injuries can become overwhelming,  
17 manifesting in post-traumatic stress, substance abuse, and even,  
18 tragically, suicide. The fire service, as an example, is four times  
19 more likely to experience a suicide than a "traditional" death in  
20 the line of duty in any year.

21 (e) Similar to military personnel, California's emergency service  
22 personnel and first responders face unique and uniquely dangerous  
23 risks in their mission to keep the public safe. These professionals  
24 rely on each other for survival while placing their lives on the line  
25 every day to protect the communities they serve.

26 (f) The culture of emergency services has often inhibited its  
27 personnel from asking for assistance in battling their psychological  
28 stress for fear it will cause ridicule, shame, or adverse job action.

29 (g) California has a responsibility to ensure that its emergency  
30 service and public safety agencies are equipped with the tools  
31 necessary for assisting emergency service personnel in mitigating  
32 the occupational stress that they incur as a result of performing  
33 their job duties and protecting the public.

34 (h) It is, therefore, the intent of the Legislature in enacting this  
35 act to enable critically needed, confidential peer support and crisis  
36 referral services for California's emergency service personnel.

37 ~~SEC. 2. Section 1010 of the Evidence Code is amended to read:~~  
38 ~~1010. As used in this article, "psychotherapist" means a person~~  
39 ~~who is, or is reasonably believed by the patient to be:~~

- 1 ~~(a) A person authorized to practice medicine in any state or~~  
2 ~~nation who devotes, or is reasonably believed by the patient to~~  
3 ~~devote, a substantial portion of his or her time to the practice of~~  
4 ~~psychiatry.~~
- 5 ~~(b) A person licensed as a psychologist under Chapter 6.6~~  
6 ~~(commencing with Section 2900) of Division 2 of the Business~~  
7 ~~and Professions Code.~~
- 8 ~~(c) A person licensed as a clinical social worker under Article~~  
9 ~~4 (commencing with Section 4996) of Chapter 14 of Division 2~~  
10 ~~of the Business and Professions Code, when he or she is engaged~~  
11 ~~in applied psychotherapy of a nonmedical nature.~~
- 12 ~~(d) A person who is serving as a school psychologist and holds~~  
13 ~~a credential authorizing that service issued by the state.~~
- 14 ~~(e) A person licensed as a marriage and family therapist under~~  
15 ~~Chapter 13 (commencing with Section 4980) of Division 2 of the~~  
16 ~~Business and Professions Code.~~
- 17 ~~(f) A person registered as a psychological assistant who is under~~  
18 ~~the supervision of a licensed psychologist or board certified~~  
19 ~~psychiatrist as required by Section 2913 of the Business and~~  
20 ~~Professions Code, or a person registered as a marriage and family~~  
21 ~~therapist intern who is under the supervision of a licensed marriage~~  
22 ~~and family therapist, a licensed clinical social worker, a licensed~~  
23 ~~psychologist, or a licensed physician and surgeon certified in~~  
24 ~~psychiatry, as specified in Section 4980.44 of the Business and~~  
25 ~~Professions Code.~~
- 26 ~~(g) A person registered as an associate clinical social worker~~  
27 ~~who is under supervision as specified in Section 4996.23 of the~~  
28 ~~Business and Professions Code.~~
- 29 ~~(h) A person registered with the Board of Psychology as a~~  
30 ~~registered psychologist who is under the supervision of a licensed~~  
31 ~~psychologist or board certified psychiatrist.~~
- 32 ~~(i) A psychological intern as defined in Section 2911 of the~~  
33 ~~Business and Professions Code who is under the supervision of a~~  
34 ~~licensed psychologist or board certified psychiatrist.~~
- 35 ~~(j) A trainee, as defined in subdivision (e) of Section 4980.03~~  
36 ~~of the Business and Professions Code, who is fulfilling his or her~~  
37 ~~supervised practicum required by subparagraph (B) of paragraph~~  
38 ~~(1) of subdivision (d) of Section 4980.36 of, or subdivision (e) of~~  
39 ~~Section 4980.37 of, the Business and Professions Code and is~~  
40 ~~supervised by a licensed psychologist, a board certified psychiatrist,~~

1 a licensed clinical social worker, a licensed marriage and family  
2 therapist, or a licensed professional clinical counselor.

3 ~~(k) A person licensed as a registered nurse pursuant to Chapter  
4 6 (commencing with Section 2700) of Division 2 of the Business  
5 and Professions Code, who possesses a master’s degree in  
6 psychiatric-mental health nursing and is listed as a  
7 psychiatric-mental health nurse by the Board of Registered  
8 Nursing.~~

9 ~~(l) An advanced practice registered nurse who is certified as a  
10 clinical nurse specialist pursuant to Article 9 (commencing with  
11 Section 2838) of Chapter 6 of Division 2 of the Business and  
12 Professions Code and who participates in expert clinical practice  
13 in the specialty of psychiatric-mental health nursing.~~

14 ~~(m) A person rendering mental health treatment or counseling  
15 services as authorized pursuant to Section 6924 of the Family  
16 Code.~~

17 ~~(n) A person licensed as a professional clinical counselor under  
18 Chapter 16 (commencing with Section 4999.10) of Division 2 of  
19 the Business and Professions Code.~~

20 ~~(o) A person registered as a clinical counselor intern who is  
21 under the supervision of a licensed professional clinical counselor,  
22 a licensed marriage and family therapist, a licensed clinical social  
23 worker, a licensed psychologist, or a licensed physician and  
24 surgeon certified in psychiatry, as specified in Sections 4999.42  
25 to 4999.46, inclusive, of the Business and Professions Code.~~

26 ~~(p) A clinical counselor trainee, as defined in subdivision (g)  
27 of Section 4999.12 of the Business and Professions Code, who is  
28 fulfilling his or her supervised practicum required by paragraph  
29 (3) of subdivision (e) of Section 4999.32 of, or paragraph (3) of  
30 subdivision (e) of Section 4999.33 of, the Business and Professions  
31 Code, and is supervised by a licensed psychologist, a  
32 board-certified psychiatrist, a licensed clinical social worker, a  
33 licensed marriage and family therapist, or a licensed professional  
34 clinical counselor.~~

35 ~~(q) For purposes of a noncriminal proceeding only, a person or  
36 volunteer staffing a crisis hotline or crisis referral service for  
37 emergency service personnel, as described in subdivision (e) of  
38 Section 8669.5 of the Government Code.~~

39 *SEC. 2. Article 7.5 (commencing with Section 1029) is added*  
40 *to Chapter 4 of Division 8 of the Evidence Code, to read:*

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*Article 7.5. Emergency Service Personnel Privilege*

*1029. (a) A communication between an individual employed as emergency service personnel, as defined in subdivision (d) of Section 8669 of the Government Code, and a peer support team member, as defined in subdivision (g) of Section 8669 of the Government Code, shall be privileged for purposes of a noncriminal proceeding to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist described in subdivisions (b), (d), and (e) of Section 1010.*

*(b) A communication between an individual employed as emergency service personnel, as defined in subdivision (d) of Section 8669 of the Government Code, and a person or volunteer staffing a crisis hotline or crisis referral service for emergency service personnel pursuant to Section 8669.5 of the Government Code shall be privileged for purposes of a noncriminal proceeding to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist described in subdivisions (b), (d), and (e) of Section 1010.*

SEC. 3. Article 21 (commencing with Section 8669) is added to Chapter 7 of Division 1 of Title 2 of the Government Code, to read:

**Article 21. Peer Support and Crisis Referral Services Act**

8669. This article shall be known, and may be cited, as the Peer Support and Crisis Referral Services Act.

8669.1. For purposes of this article, the following terms have the following meanings:

(a) “Crisis referral services” include all public or private organizations that advise employees and volunteers of agencies employing emergency service personnel about consultation and treatment sources for personal problems, including mental health issues, chemical dependency, domestic violence, gambling, financial problems, and other personal crises.

(b) “Critical incident” means an actual or perceived event or situation that involves crisis, disaster, trauma, or emergency.

1 (c) “Critical incident stress” means the acute or cumulative  
2 psychological stress or trauma that emergency service personnel  
3 may experience in providing emergency services in response to a  
4 critical incident. The stress or trauma is an unusually strong  
5 emotional, cognitive, behavioral, or physical reaction that may  
6 interfere with normal functioning, including, but not limited to,  
7 one or more of the following:

- 8 (1) Physical and emotional illness.
- 9 (2) Failure of usual coping mechanisms.
- 10 (3) Loss of interest in the job or normal life activities.
- 11 (4) Personality changes.
- 12 (5) Loss of ability to function.
- 13 (6) Psychological disruption of personal life, including his or  
14 her relationship with a spouse, child, or friend.

15 (d) “Emergency service personnel” means an individual who  
16 provides emergency response services, including a law enforcement  
17 officer, correctional officer, firefighter, paramedic, emergency  
18 medical technician, dispatcher, emergency response communication  
19 employee, or rescue service personnel.

20 (e) “Peer support services” include services provided by a peer  
21 support team or a peer support team member to emergency service  
22 personnel affected by a critical incident or the accumulation of  
23 witnessing multiple incidents. Peer support services assist  
24 emergency service personnel affected by a critical incident in  
25 coping with critical incident stress or mitigating reactions to critical  
26 incident stress. Peer support services include one or more of the  
27 following:

- 28 (1) Precrisis education.
- 29 (2) Critical incident stress defusings.
- 30 (3) Critical incident stress debriefings.
- 31 (4) On-scene support services.
- 32 (5) One-on-one support services.
- 33 (6) Consultation.
- 34 (7) Referral services.
- 35 (8) Confidentiality obligations.
- 36 (9) The impact of toxic stress on health and well-being.
- 37 (10) Grief support.
- 38 (11) Substance abuse identification and approaches.
- 39 (12) Active listening skills.

1 (f) “Peer support team” means a local critical incident response  
2 team ~~comprised~~ *composed* of individuals from emergency services  
3 professions, emergency medical services, hospital staff, clergy,  
4 educators, and mental health professionals who have completed a  
5 peer support training course developed by the Office of Emergency  
6 Services, the California Firefighter Joint Apprenticeship  
7 Committee, or the Commission on Correctional Peace Officer  
8 Standards and Training, as described in Section 8669.4.

9 (g) “Peer support team member” means an individual who is  
10 specially trained to provide peer support services as a member of  
11 a peer support team.

12 8669.2. (a) Except as otherwise provided in this section, a  
13 communication made by emergency service personnel to a peer  
14 support team member while the emergency service personnel  
15 receives peer support services is confidential and shall not be  
16 disclosed in a civil or administrative proceeding. A record kept by  
17 a peer support team member relating to the provision of peer  
18 support services to emergency service personnel by the peer support  
19 team or a peer support team member is confidential and is not  
20 subject to subpoena, discovery, or introduction into evidence in a  
21 civil or administrative proceeding.

22 (b) A communication or record described in subdivision (a) is  
23 not confidential if any of the following circumstances exist:

24 (1) The peer support team member reasonably must make an  
25 appropriate referral of the emergency service personnel to, or  
26 consult about the emergency service personnel with, another  
27 member of the peer support team or an appropriate professional  
28 associated with the peer support team.

29 (2) Revealing the communication by the emergency service  
30 personnel may prevent reasonably certain death, substantial bodily  
31 harm, or commission of a crime.

32 (3) The emergency service personnel or the legal representative  
33 of the emergency service personnel expressly agrees in writing  
34 that the emergency service personnel communication is not  
35 confidential.

36 (c) If the confidentiality of a communication is removed under  
37 paragraph (1) or (2) of subdivision (b), the peer support team  
38 member shall notify the emergency service personnel of the  
39 removal in writing.



1 8669.3. (a) Except as otherwise provided in subdivision (b),  
2 ~~a peer support team or a peer support team member providing peer~~  
3 ~~support services is not~~ *emergency service personnel who provide*  
4 *peer support services and have completed a training course*  
5 *described in Section 8669.4 shall not be liable for damages,*  
6 *including personal injury, wrongful death, property damage, or*  
7 *other loss related to the peer support team's or peer support team*  
8 *member's an act, error, or omission in performing peer support*  
9 *services, unless the act, error, or omission constitutes* ~~wanton,~~  
10 ~~willful,~~ *gross negligence or intentional misconduct.*

11 (b) Subdivision (a) does not apply to an action for medical  
12 malpractice.

13 8669.4. (a) The Office of Emergency Services shall develop  
14 a peer support training course that each peer support team member  
15 must complete to be eligible for the protections of this article.

16 (b) (1) Notwithstanding subdivision (a), the Office of  
17 Emergency Services shall contract with the California Firefighter  
18 Joint Apprenticeship Committee to develop and deliver a fire  
19 service-specific peer support training course for a peer support  
20 team member who will provide peer support services for  
21 firefighters and other fire service emergency response personnel.

22 (2) This fire service-specific peer support training course shall  
23 be developed by the California Firefighter Joint Apprenticeship  
24 Committee in consultation with individuals knowledgeable about  
25 fire service first responder peer support services. The course shall  
26 include topics on peer support and stress management, including,  
27 but not limited to, all of the following:

- 28 (A) Precrisis education.
- 29 (B) Critical incident stress defusings.
- 30 (C) Critical incident stress debriefings.
- 31 (D) On-scene support services.
- 32 (E) One-on-one support services.
- 33 (F) Consultation.
- 34 (G) Referral services.
- 35 (H) Confidentiality obligations.
- 36 (I) The impact of toxic stress on health and well-being.
- 37 (J) Grief support.
- 38 (K) Substance abuse identification and approaches.
- 39 (L) Active listening skills.

1 (3) The contract shall provide for the delivery of training by the  
2 California Firefighter Joint Apprenticeship Committee through  
3 contracts with state, local, and regional public fire agencies.

4 (c) (1) Notwithstanding subdivision (a), the Commission on  
5 Correctional Peace Officer Standards and Trainings shall develop  
6 and deliver a peer support training course for a peer support team  
7 member who will be operating in correctional facilities such as  
8 the state prison or a county jail.

9 (2) This peer support training course shall include topics on  
10 peer support and stress management, including, but not limited to,  
11 all of the following:

- 12 (A) Precrisis education.
- 13 (B) Critical incident stress defusings.
- 14 (C) Critical incident stress debriefings.
- 15 (D) On-scene support services.
- 16 (E) One-on-one support services.
- 17 (F) Consultation.
- 18 (G) Referral services.
- 19 (H) Confidentiality obligations.
- 20 (I) The impact of toxic stress on health and well-being.
- 21 (J) Grief support.
- 22 (K) Substance abuse identification and approaches.
- 23 (L) Active listening skills.

24 8669.5. (a) Except as otherwise provided in this section, a  
25 communication made by emergency service personnel to a crisis  
26 hotline or crisis referral service is confidential and shall not be  
27 disclosed in a civil or administrative proceeding.

28 (b) A crisis hotline or crisis referral service may reveal  
29 information communicated by emergency service personnel to  
30 prevent reasonably certain death, substantial bodily harm, or  
31 commission of a crime.

32 ~~(c) A person or volunteer staffing a crisis hotline or crisis referral~~  
33 ~~service for emergency service personnel is a "psychotherapist,"~~  
34 ~~as described in subdivision (q) of Section 1010 of the Evidence~~  
35 ~~Code, for purposes of Article 7 (commencing with Section 1010)~~  
36 ~~of Chapter 4 of Division 8 of the Evidence Code, for purposes of~~  
37 ~~a noncriminal proceeding.~~

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 1188

**VERSION:** AMENDED APRIL 5, 2017

**AUTHOR:** NAZARIAN

**SPONSOR:**

- CALIFORNIA ASSOCIATION FOR LICENSED PROFESSIONAL CLINICAL COUNSELORS (CALPCC)
- NATIONAL ASSOCIATION OF SOCIAL WORKERS – CALIFORNIA CHAPTER (NASW-CA)

**RECOMMENDED POSITION:** SUPPORT IF AMENDED

**SUBJECT:** HEALTH PROFESSIONS DEVELOPMENT: LOAN REPAYMENT

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**Summary:** This bill would increase the Mental Health Practitioner Education Fund fee that licensed marriage and family therapists and licensed clinical social workers pay upon license renewal from \$10 to \$20. It would also require LPCCs to pay a \$20 fee into the fund upon renewal, and would allow LPCCs and PCC interns to apply for the loan repayment grant if they work in a mental health professional shortage area.

### **Existing Law:**

- 1) Establishes a maximum biennial renewal fee that LMFT, LCSW, and LPCC licensees must pay in order to renew a license. (Business and Professions Code (BPC) §§4984, 4984.7, 4996.3, 4996.6, 4999.102, 4999.120)
- 2) Sets the amount for the LMFT renewal fee at \$130 (California Code of Regulations (CCR) Title 16, Section 1816(d)).
- 3) Sets the amount for the LCSW renewal fee at \$100 (16 CCR §1816(f)).
- 4) Sets the amount for the LPCC renewal fee at \$175 (16 CCR §1816(g))
- 5) Requires that in addition to the regular biennial license renewal fee, LMFTs and LCSWs must pay an additional \$10 biennial fee at renewal, which shall be deposited in the Mental Health Practitioner Education Fund. (BPC §§4984.75, 4996.65)
- 6) Creates the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation. Funds from this program are administered by the Office of Statewide Health Planning and Development (OSHPD). (Health and Safety Code (HSC) §§128454(a), 128458)
- 7) Allows any licensed mental health service provider who provides direct patient care in a publicly funded facility or a mental health professional shortage area to apply for

grants under this program to reimburse educational loans related to a career as a licensed mental health service provider. (HSC §128454(c))

- 8) Defines a “licensed mental health service provider” to include several types of licensed mental health professionals, including marriage and family therapists, MFT interns, licensed clinical social workers, and associate clinical social workers. (HSC §128454(b))
- 9) Defines a “mental health professional shortage area” as an area given this designation by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. (HSC §128454(b))
- 10) Requires the Health Professions Education Foundation to develop the grant program, and allows it to make recommendations to the director of OSHPD regarding the following (HSC §128454(d) and (e)):
  - The length of the contract that a grant recipient must sign obligating him or her to work in a mental health professional shortage area (the law requires it to be at least one year);
  - The maximum allowable total grant per person and the maximum annual grant per person;
- 11) Requires a recipient of a loan repayment grant to provide service for 24 months for no less than 32 hours per week. (22 CCR §97930.8(a))

**This Bill:**

- 1) Increases the biennial Mental Health Practitioner Education Fund Fee charged to LMFTs and LCSWs at license renewal from \$10 to \$20. (BPC §§4984.75, 4996.65)
- 2) Requires LPCCs to pay a biennial Mental Health Practitioner Education Fund Fee of \$20 upon license renewal. (BPC §4999.121)
- 3) Allows LPCCs and PCC interns to be eligible to apply for grants to reimburse educational loans under the Licensed Mental Health Service Provider Education Program if they are providing direct patient care in a publicly funded facility or a mental health professional shortage area. (HSC §128454)

**Comment:**

- 1) **Author’s Intent.** The purpose of this bill is to increase the number of mental health professionals willing to work in medically underserved areas by making LPCCs eligible for educational loan reimbursements through the Licensed Mental Health Services Provider Education Program.
- 2) **Change “Intern” titles to “Associate.”** The MFT and PCC intern titles will be changing to “associate MFT” and “associate PCC” on January 1, 2018 (SB 1478, Chapter 489, Statutes of 2016). Therefore, the “intern” references in HSC §128484 should be changed accordingly.

**3) Minor Reference Correction in BPC Sections 4996.65 and 4999.121**

**Recommended.** Staff recommends that minor technical amendments be made to BPC §§4996.65 (LCSW statute) and 4999.121(LPCC statute) in order to reference both the biennial renewal fee and the authority for the biennial renewal fee. This is consistent with how LMFT statute (BPC §4984.75) is already written. The suggested amendments would read as follows (shown in highlight):

BPC §4996.65

*In addition to the fees charged pursuant to Section ~~4996.6~~4996.3 for the biennial renewal of a license pursuant to Section 4996.6, the board shall collect an additional fee of ~~ten~~ twenty dollars ~~(\$10)~~ (\$20) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.*

BPC §4999.121.

*In addition to the fees charged pursuant to Section 4999.120 for the biennial renewal of a license pursuant to Section 4999.102, the board shall collect an additional fee of twenty dollars (\$20) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund.*

**4) Fee Comparison.** Below is a chart comparing the current biennial renewal fee for each license type with what the biennial renewal fee would be if this bill became law.

License Type	Current Renewal Fee			Proposed Renewal Fee		
	Renewal Fee	MHP Edu. Fund Fee	Total Fee	Renewal Fee	MHP Edu. Fund Fee	Total Fee
LMFT	\$130	\$10	<b>\$140</b>	\$130	\$20	<b>\$150</b>
LCSW	\$100	\$10	<b>\$110</b>	\$100	\$20	<b>\$120</b>
LPCC	\$175	\$0	<b>\$175</b>	\$175	\$20	<b>\$195</b>

**5) Fiscal Impact and Revenue Generated.** If this bill became law, each LMFT and LCSW would pay an extra \$10 every other year. LPCC licensees would pay an extra \$20 every other year.

As of January 1, 2017, the Board’s total population of LMFTs, LCSWs, and LPCCs is approximately 67,000. Board staff estimates that the proposed increase in the Mental Health Practitioner Education Fund Fee would generate approximately an extra \$342,000 per year.

On its website, OSHPD states that the grant award can be up to \$15,000 (but it can be less). Therefore, the extra revenue generated could fund several new awards.

**6) Delayed Implementation Needed.** This bill is an urgency measure, meaning it becomes effective immediately upon signing by the Governor. However, implementation of this bill will require new fee codes to be established in the Breeze

database system. In addition, staff will need to update renewal forms for each license type to reflect the new fee amount. Based on discussions with DCA's Office of Information Services, which oversees programming of the Department's Breeze system, delaying implementation until July 1, 2018 would allow sufficient time to make the needed changes. Therefore, staff recommends that the Board consider asking for this delayed implementation date.

**7) Recommended Position.** At its meeting on April 21, 2017, the Policy and Advocacy Committee recommended the Board consider taking a "support if amended" position on AB 1188, and ask for delayed implementation until July 1, 2018 in order to allow changes to be made to the Breeze system and to the appropriate renewal forms.

## **8) Support and Opposition.**

### Support:

- California Association for Licensed Professional Clinical Counselors (co-sponsor)
- National Association of Social Workers – California Chapter (co-sponsor)
- American Association for Marriage and Family Therapy, California Division
- California Access Coalition
- California Council of Community Behavioral Health Agencies
- California Psychological Association
- Mental Health America of Los Angeles

### Opposition:

- None at this time.

## **9) History**

### **2017**

04/19/17 From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 0.) (April 18). Re-referred to Com. on APPR.

04/06/17 Re-referred to Com. on HEALTH.

04/05/17 Read second time and amended.

04/04/17 From committee: Amend, and do pass as amended and re-refer to Com. on HEALTH. (Ayes 14. Noes 0.) (April 4).

03/09/17 Referred to Coms. on B. & P. and HEALTH.

02/19/17 From printer. May be heard in committee March 21.

02/17/17 Read first time. To print.

AMENDED IN ASSEMBLY APRIL 5, 2017  
california legislature—2017–18 regular session

**ASSEMBLY BILL**

**No. 1188**

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**Introduced by Assembly Member Nazarian**

February 17, 2017

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An act to amend Sections 2987.2, 4984.75, and 4996.65 of, and to add Section 4999.121 to, the Business and Professions Code, and to amend Section 128454 of the Health and Safety Code, relating to health professions development, and declaring the urgency thereof, to take effect immediately.

legislative counsel's digest

AB 1188, as amended, Nazarian. Health professions development: loan repayment.

(1) Existing law authorizes any licensed mental health service provider, as defined, including a mental health service provider who is employed at a publicly funded mental health facility or a public or nonprofit private mental health facility that contracts with a county mental health entity or facility to provide mental health services, and who provides direct patient care in a publicly funded facility or a mental health professional shortage area, to apply for grants under the Licensed Mental Health Service Provider Education Program to reimburse his or her educational loans related to a career as a licensed mental health service provider, as specified. Existing law establishes the Mental Health Practitioner Education Fund and provides that moneys in that fund are available, upon appropriation, for purposes of the Licensed Mental Health Service Provider Education Program.

This bill would add licensed professional clinical counselors *and licensed professional clinical counselor interns* to those licensed mental

health service providers eligible for grants to reimburse educational loans.

(2) The Psychology Licensing Law establishes the Board of Psychology to license and regulate the practice of psychology. That law establishes a biennial license renewal fee and also requires the board to collect an additional fee of \$10 at the time of renewal and directs the deposit of that fee into the Mental Health Practitioner Education Fund.

This bill would increase that additional fee to \$20.

(3) The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act make the Board of Behavioral Sciences responsible for the licensure and regulation of marriage and family therapists, clinical social workers, and professional clinical counselors, respectively. Those acts require the board to establish and assess biennial license renewal fees, as specified. The Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act also require the board to collect an additional fee of \$10 at the time of license renewal and directs the deposit of these additional fees into the Mental Health Practitioner Education Fund.

This bill would increase those existing additional fees under the Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act from \$10 to \$20, and would amend the Licensed Professional Clinical Counselor Act to require the Board of Behavioral Sciences to collect an additional \$20 fee at the time of renewal of a license for a professional clinical counselor for deposit in the Mental Health Practitioner Education Fund.

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

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

State-mandated local program: no.

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

- 1 SECTION 1. Section 2987.2 of the Business and Professions
- 2 Code is amended to read:
- 3 2987.2. In addition to the fees charged pursuant to Section
- 4 2987 for the biennial renewal of a license, the board shall collect
- 5 an additional fee of twenty dollars (\$20) at the time of renewal.
- 6 The board shall transfer this amount to the Controller who shall
- 7 deposit the funds in the Mental Health Practitioner Education Fund.



1 SEC. 2. Section 4984.75 of the Business and Professions Code  
2 is amended to read:

3 4984.75. In addition to the fees charged pursuant to Section  
4 4984.7 for the biennial renewal of a license pursuant to Section  
5 4984, the board shall collect an additional fee of twenty dollars  
6 (\$20) at the time of renewal. The board shall transfer this amount  
7 to the Controller who shall deposit the funds in the Mental Health  
8 Practitioner Education Fund.

9 SEC. 3. Section 4996.65 of the Business and Professions Code  
10 is amended to read:

11 4996.65. In addition to the fees charged pursuant to Section  
12 4996.6 for the biennial renewal of a license, the board shall collect  
13 an additional fee of twenty dollars (\$20) at the time of renewal.  
14 The board shall transfer this amount to the Controller who shall  
15 deposit the funds in the Mental Health Practitioner Education Fund.

16 SEC. 4. Section 4999.121 is added to the Business and  
17 Professions Code, to read:

18 4999.121. In addition to the fees charged pursuant to Section  
19 4999.120 for the biennial renewal of a license, the board shall  
20 collect an additional fee of twenty dollars (\$20) at the time of  
21 renewal. The board shall transfer this amount to the Controller  
22 who shall deposit the funds in the Mental Health Practitioner  
23 Education Fund.

24 SEC. 5. Section 128454 of the Health and Safety Code is  
25 amended to read:

26 128454. (a) There is hereby created the Licensed Mental Health  
27 Service Provider Education Program within the Health Professions  
28 Education Foundation.

29 (b) For purposes of this article, the following definitions shall  
30 apply:

31 (1) "Licensed mental health service provider" means a  
32 psychologist licensed by the Board of Psychology, registered  
33 psychologist, postdoctoral psychological assistant, postdoctoral  
34 psychology trainee employed in an exempt setting pursuant to  
35 Section 2910 of the Business and Professions Code, or employed  
36 pursuant to a State Department of Health Care Services waiver  
37 pursuant to Section 5751.2 of the Welfare and Institutions Code,  
38 marriage and family therapist, marriage and family therapist intern,  
39 licensed clinical social worker, associate clinical social worker,

1 ~~and~~ licensed professional clinical ~~counselor~~. *counselor*, and  
2 *licensed professional clinical counselor intern*.

3 (2) “Mental health professional shortage area” means an area  
4 designated as such by the Health Resources and Services  
5 Administration (HRSA) of the United States Department of Health  
6 and Human Services.

7 (c) Commencing January 1, 2005, any licensed mental health  
8 service provider, including a mental health service provider who  
9 is employed at a publicly funded mental health facility or a public  
10 or nonprofit private mental health facility that contracts with a  
11 county mental health entity or facility to provide mental health  
12 services, who provides direct patient care in a publicly funded  
13 facility or a mental health professional shortage area may apply  
14 for grants under the program to reimburse his or her educational  
15 loans related to a career as a licensed mental health service  
16 provider.

17 (d) The Health Professions Education Foundation shall make  
18 recommendations to the director of the office concerning all of the  
19 following:

20 (1) A standard contractual agreement to be signed by the director  
21 and any licensed mental health service provider who is serving in  
22 a publicly funded facility or a mental health professional shortage  
23 area that would require the licensed mental health service provider  
24 who receives a grant under the program to work in the publicly  
25 funded facility or a mental health professional shortage area for  
26 at least one year.

27 (2) The maximum allowable total grant amount per individual  
28 licensed mental health service provider.

29 (3) The maximum allowable annual grant amount per individual  
30 licensed mental health service provider.

31 (e) The Health Professions Education Foundation shall develop  
32 the program, which shall comply with all of the following  
33 requirements:

34 (1) The total amount of grants under the program per individual  
35 licensed mental health service provider shall not exceed the amount  
36 of educational loans related to a career as a licensed mental health  
37 service provider incurred by that provider.

38 (2) The program shall keep the fees from the different licensed  
39 providers separate to ensure that all grants are funded by those  
40 fees collected from the corresponding licensed provider groups.

1 (3) A loan forgiveness grant may be provided in installments  
2 proportionate to the amount of the service obligation that has been  
3 completed.

4 (4) The number of persons who may be considered for the  
5 program shall be limited by the funds made available pursuant to  
6 Section 128458.

7 SEC. 6. This act is an urgency statute necessary for the  
8 immediate preservation of the public peace, health, or safety within  
9 the meaning of Article IV of the California Constitution and shall  
10 go into immediate effect. The facts constituting the necessity are:

11 In order to address the urgent need for licensed mental health  
12 practitioners in medically underserved areas, it is necessary that  
13 this act take effect immediately.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 89                      **VERSION:** INTRODUCED JANUARY 9, 2017

**AUTHOR:** LEVINE                      **SPONSOR:** CALIFORNIA BOARD OF  
PSYCHOLOGY

**RECOMMENDED POSITION:** NEUTRAL

**SUBJECT:** PSYCHOLOGISTS: SUICIDE PREVENTION TRAINING

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### **Overview:**

This bill would require, beginning January 1, 2020, an applicant for licensure as a psychologist, or a licensed psychologists, upon renewal of his or her license, to demonstrate completion of at least six hours of coursework or supervised experience in suicide risk assessment and intervention.

### **Existing Law:**

- 1) Requires the director of the Department of Consumer Affairs to establish, by regulation, guidelines to prescribe components for mandatory continuing education programs administered by any board within the department. The guidelines shall be developed to ensure that mandatory continuing education is used as a means to create a more competent licensing population, thereby enhancing public protection. (Business and Professions Code (BPC §166))
- 2) Requires a licensed psychologist to show completion of 36 hours of approved continuing professional development upon the biennial renewal of his or her license. (BPC §2915(a))

### **This Bill:**

- 1) Beginning January 1, 2020, requires an applicant for licensure as a psychologist to demonstrate completion of at least six hours of coursework or applied supervised experience in suicide risk assessment and intervention. The coursework or experience must be gained via one of the following methods (BPC §2915.4(a)):
  - a) It was obtained as part of the qualifying degree. The applicant must provide a written certification from the registrar or training director of the educational institution or program stating the coursework was included; or
  - b) It was obtained as part of the applicant's applied experience via practicum, internship, formal doctoral placement, or other supervised experience. The applicant must submit a written certification from the director of training for the program, or from the primary supervisor, stating the required training was included; or
  - c) It was obtained via a continuing education course specified as acceptable by the Board of Psychology. The applicant must submit a certificate of course completion.

- 2) Beginning January 1, 2020, requires a licensee, upon his or her license renewal, reactivation, or reinstatement, to have completed at least six hours of coursework or applied supervised experience in suicide risk assessment and intervention, as a one-time requirement. Proof of compliance must be certified under penalty of perjury, and must have been gained via one of the methods described in Item 1 above. (BPC §2915.4(b))

### **Comments:**

- 1) **Author's Intent.** The purpose of this bill is to establish a baseline requirement for all licensed psychologists in suicide risk assessment and intervention. According to the author's office, suicide is the 11<sup>th</sup> leading cause of death. They state that national research has shown that 77% of those who die by suicide have had contact with their primary care provider in the year before their death, and approximately 33% have had contact with a mental health professional within a year of their death.

The author states that the Board of Psychology conducted two surveys of its graduate programs, internship programs, and post-doctoral training programs. These surveys found that the majority of survey respondents provided some education and training on suicide risk assessment and intervention. However, the amount of education and training varied widely.

- 2) **Previous Legislation and Governor's Directive.** During the 2013-2014 Legislative Session, AB 2198 (Levine) was introduced in an effort to ensure that licensed mental health professionals were receiving adequate training in suicide assessment, treatment, and management. The bill would have required licensees of the Board of Behavioral Sciences (Board) and the Board of Psychology to complete a six hour training course in the subject. New applicants for licensure would have been required to complete a 15 hour course in the subject.

While the Board shared the author's concerns that some health care professionals may lack training in suicide assessment, treatment and management, it indicated that it did not believe the bill, as written, would accomplish its objective. At its May 2014 meeting, the Board took an "oppose unless amended" position on the bill, and asked that it be amended to instead form a task force to include members of the Board, stakeholders, the Board of Psychology, county mental health officials, and university educators. However, the bill was not amended per the Board's request.

The Governor vetoed AB 2198 in September 2014 (**Attachment A**). In his veto message, he asked that the licensing boards evaluate the issues the bill raised, and take any needed actions.

- 3) **BBS Response to Governor's Directive.** In response to the Governor's veto message, the Board designed a survey for schools in California offering a degree program intended to lead to Board licensure. The purpose of the survey was to determine the extent of exposure to the topics of suicide assessment, treatment, and management for students enrolled in these degree programs. These programs were asked to report courses required by the program covering these topics, and the number of hours or units devoted to the subject.

A total of 28 Master's degree programs responded to the survey. In spring of 2015, the Board released the survey findings. The Board found that schools commonly integrate the topic of suicide assessment across a variety of courses, including in practicum. In addition, several schools offered additional elective coursework for students wanting further specialization on this topic.

As a result of these findings, the Board concluded that mandating a specific number of hours of suicide assessment coursework is unlikely to be effective in reducing suicides, because degree programs are already providing coverage of the topic. It offered alternative solutions as follows:

- Ensuring front-line health care professionals, such as nurses, physicians assistants, and unlicensed school and county mental health workers, have adequate training on the topic;
- Formation of a task force to discuss the latest research in suicidality and to develop a model curriculum;
- Assess resources at the county mental health level to determine if there is an adequate level of support for suicidal individuals; and
- Increase public awareness through media campaigns to reduce stigma of seeking mental health services, and to identify available local resources.

**Attachment B** contains the letter written by Board staff to the Department of Consumer Affairs' (DCA's) Division of Legislative and Regulatory Review summarizing the survey findings. **Attachment C** summarizes the survey responses.

**4) Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended the Board consider taking a "neutral" position on this bill.

#### **5) Support and Opposition.**

Support:

- Board of Psychology (sponsor)
- California Professional Firefighters
- California State Sheriffs' Association
- Children Now
- County Behavioral Health Directors Association of California
- Didi Hirsch Mental Health Services
- National Alliance on Mental Illness
- Three individuals

Opposition:

- California Psychological Association

#### **6) History.**

##### **2017**

04/20/17 In Senate. Read first time. To Com. on RLS. for assignment.

04/20/17 Read third time. Passed. Ordered to the Senate.

04/06/17 Read second time. Ordered to third reading.

04/05/17 From committee: Do pass. (Ayes 17. Noes 0.) (April 5).

03/28/17 From committee: Do pass and re-refer to Com. on APPR. (Ayes 14. Noes 1.) (March 28). Re-referred to Com. on APPR.

03/22/17 Coauthors revised.

01/19/17 Referred to Com. on B. & P.

01/10/17 From printer. May be heard in committee February 9.

01/09/17 Read first time. To print.

**7) Attachments.**

- **Attachment A:** Governor's Veto Message: AB 2198
- **Attachment B:** BBS Letter to DCA Division of Legislative and Regulatory Review (Summarizing Survey Findings), March 3, 2015
- **Attachment C:** BBS Master's Degree Program Survey Results: Coverage of Suicide Assessment, Treatment, and Management (March 2015)



# ATTACHMENT A

BILL NUMBER: AB 2198  
VETOED DATE: 09/18/2014

To the Members of the California State Assembly:

I am returning Assembly Bill 2198 without my signature. This bill would require certain mental health professionals to complete a training program in "suicide assessment, treatment, and management."

California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed.

Sincerely,

Edmund G. Brown Jr.

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1625 North Market Blvd., Suite S-200  
Sacramento, CA 95834  
(916) 574-7830, (916) 574-8625 Fax  
www.bbs.ca.gov

**To:** Justin Paddock  
Assistant Deputy Director Legislation Regulatory  
Review

**Date:** March 3, 2015

**From:** Kim Madsen  
Executive Officer

**Telephone:** (916) 574-7841

**Subject: Mental Health Professionals: Suicide Prevention Training**

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**Background**

During the 2013-2014 Legislative Session, AB 2198 (Levine) was introduced in an effort to ensure that licensed mental health professionals were receiving adequate training in suicide assessment, treatment, and management. The bill would have required licensees of the Board of Behavioral Sciences (Board) and the Board of Psychology to complete a six-hour training course in suicide assessment, treatment, and management. Applicants for licensure would have been required to complete a 15-hour course in this subject area.

While the Board shared the author's concerns that some health care professionals may lack training in suicide assessment, treatment, and management, it did not believe that the bill, in its current form, would accomplish its objective.

Upon veto of the bill, the Governor asked the licensing boards to evaluate the issues raised and take any needed actions.

**Survey of Master's Degree Programs**

The Board wanted to determine the extent of exposure to the topics of suicide assessment, treatment, and management, for a student enrolled in a Master's degree program intended to lead to licensure. In order to assess this, the Board designed a survey for schools in California offering a degree program leading to Board licensure. The Board conducted outreach to both stakeholder groups and mental health educator consortiums, in order to emphasize the importance of the topic and encourage participation in the survey.

Degree programs were asked to report the following:

- Courses required by the degree which cover the topic of suicide assessment, treatment, and management;
- Number of units or hours each required course spends on these topics;

- A description of the topics or methods covered by each required course; and
- Additional relevant courses offered as electives in the degree program.

A total of 28 Master's degree programs responded to the survey.

### **Survey Findings**

The survey results strongly indicate that schools are providing adequate training of suicide assessment, treatment, and management:

- The data support the claim by the schools that they commonly integrate the topic across a variety of courses, discussing it as it is relevant to the particular focus of a course.
- Many schools also indicated that the topics in question are discussed in practicum, where the students are doing the most hands-on portion of their learning.
- Several schools offer additional elective coursework on the topic, for students seeking further specialization.
- Schools consistently reported teachings of a wide range of aspects of suicidality, including legal and ethical issues, crisis intervention, assessment instruments for suicide risk factors, and role playing activities.

### **Conclusion**

Mandating a specific number of hours of suicide coursework in a degree program is unlikely to be effective in reducing suicides in the general population, because the degree programs are already providing coverage of the topic. Some of the following solutions may be more effective in addressing the treatment of suicidal individuals:

- Ensuring front-line health care professionals (such as registered and vocational nurses, physician's assistants, and unlicensed school and county mental health care or medical care workers) have adequate training in suicide assessment, treatment, and management.
- Formation of a task force among mental health educators and suicide experts to discuss the latest research in suicidology, and to develop model curriculum so that educators can ensure they are covering the latest suicide assessment techniques and concepts in their programs.
- Assessment of resources at the county mental health care level to determine if there is an adequate level of support for suicidal individuals. Consider seeking additional funding to adequately staff county mental health facilities.
- Increase public awareness through various media campaigns in an effort to reduce the stigma of seeking mental health services and to identify available local resources.

**Attachment C**  
**BBS Master's Degree Programs Survey Results**  
**Coverage of Suicide Assessment, Treatment, and Management (Spring 2015)**

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered	Additional Elective Courses (Not Required)
<b>Alliant International University - Couple and Family Therapy Program [1]</b>			
PSY 6310 Law & Ethics	3 hours	Patient rights and responsibilities when patient is danger to self.	
PSY 6325 Crisis & Trauma	3 hours	Voluntary and involuntary hospitalization (5150 holds). Principles & processes of crisis intervention and treatment.	
PSY 6322 MFT Theory and Technique II	2 hours	Clinical management and treatment of suicidality.	
PSY 6323 MFT Theory and Technique II Lab	2 hours	Clinical assessment of suicidality. Students role-play to practice skills at clinical assessment and intervention in	
PSY 6360 Preparation for Community Practice	3 hours	Community resources for suicidal clients.	
PSY 7314 MFT Assessment	2 hours	Assessment instruments for depression and suicide risk.	
<b>Azusa Pacific University - Master of Social Work Program</b>			
SOCW 514 Practice I - Interviewing and Assessment	5 hours	Students trained using Applied Suicide Intervention Skills Training model as a framework for suicide intervention. Discussion of risk factors, signs. Role playing.	
SOCW 550 Intermediate Praxis	2 hours	Review of risk assessment and intervention	
SOCW 513 Micro Theory and Human Development	3 hours	Suicidality and risk across the life course	
SOCW 534/544 Field Seminar III & IV	3 hours	Risk assessment and intervention reviewed as part of internship training.	-SOCW 536 Advanced Practice I: Adult Mental Health (2 hours); Suicide risk associated with various mental health conditions. -SOCW Child and Adolescents (2 hours); Suicide risk & assessment unique to children/adolescents.
<b>California Southern University - MA in Psychology w/ Emphasis in Marriage and Family Therapy</b>			
PSY86502 Counseling Theories and Strategies			
MFT 86504 Ethical Issues in Marriage Family and Child Therapy			
PSY 86506 Psychopathology			
MFT 86510 Child and Adolescent Therapy			
PSY 86511 Alcoholism/Chemical Dependency Detection and Treatment	Approx. 18 hours total	Risk assessment, suicidality, reporting, treatment, and prevention.	
PSY 86512 Group Psychology			
PSY 86517 Psychology of Aging			
MFT 86700 Psychopharmacology			
PSY 87519 Psychology of Trauma			
PSY 87534 Dual Diagnosis			
<b>California State University, Bakersfield - MS in Counseling Psychology</b>			
CPSY 535 Domestic Violence			
CPSY 630 Clinical Ethics			
CPSY 631 Legal & Professional Issues in MFT			Suicide assessment, treatment & management is also highlighted in all 3 practicum and traineeships in reference to specific client situations.
<b>California State University, Dominguez Hills - Masters of Science in Marital &amp; Family Therapy</b>			
MFT 530 Community Mental Health Practicum	Approx. 6 hours	-Legal and ethical courses talk about therapist's responsibilities when making clinical decision on suicide.	
MFT 584 Laws and Ethics	Approx. 6 hours		
MFT 511, 521, 531, 541 Fieldwork Practice	Approx. 6 hours		
MFT 566 Psychopathology in MFT	Approx. 6 hours	-Suicidality among specific populations (does not look the same for each gender, culture, or ages)	
MFT 588 Treatment of Trauma	Approx. 6 hours	-Clinical assessments, paperwork, documentation/reporting when conducting a suicide assessment.	

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered	Additional Elective Courses (Not Required)
<b>California State University, Fullerton - Clinical Psychology Program</b>			
501 Professional & Legal Issues	3 hours	Duty to warn and danger to self.	
561 Advanced Psychological Assessment	1.5 hours	Assessment of suicide risk.	
545 Advanced Psychopathology	.5 hours	General assessment and hospitalization.	
549 Marriage, Family, and Child Therapy	2-3 hours	Topic addressed generally in this course in the context of addiction.	
<b>California State University, Fullerton - MS in Counseling</b>			
COUN 511 Pre-Practicum	2 hours	Assessment & suicide prevention (reading, lecture & role plays)	
COUN 522 Techniques in Brief Treatment and Assessment	2 hours	Assessment & intervention management (reading, lecture & role plays)	
COUN 526 Professional, Ethical and Legal Issues in Counseling	1 hour	Ethical issues in suicide assessment, management & prevention (reading, lecture & case scenarios)	
COUN 538 Crisis and Trauma Counseling	2 hours	Suicide intervention & management (reading & role plays)	
COUN 530 Beginning Practicum	2-4 hours	Discussion of suicide assessment, management, and intervention	
COUN 534 Advanced Practicum	2-4 hours	Discussion of suicide assessment, management, and intervention	
<b>California State University, Humboldt - Counseling Masters of Arts</b>			
PSY 660 Law and Ethics in Psychology	2 hours	Assessment, voluntary & involuntary hospitalization.	
PSY 630 Advanced Psychopathology	1 hour	Adjustment w/ depression and disorders w/ suicide risk factors.	
PSY 653 Advanced Psychopathology with Children & Families	16 hours	Understanding suicidal ideation & behavior; understanding prevention practices; Suicide Intervention Model (Snyder) (connect, understand, assist), safe plan options, attitudes toward intervention.	
<b>California State University, Northridge - MS in Counseling - MFT [1]</b>			
659B - Practicum	Approx. 3 hours	These courses cover examples, case studies, intervention techniques, and warning signs.	
672 - Diagnosis	Approx. 3 hours		
<b>California State University, Sacramento - MS in Counseling; specializations in Career Counseling (CC), Marriage &amp; Family Therapy (MFT), School Counseling (SC)</b>			
EDC 212 Gender Roles & Sexuality (required all specializations)	2 hours	law & ethics, 5150/harm to self, LBGTO risk factors, domestic violence, child abuse, and terminal illness prevalence/risk factors for suicide.	
EDC 216 Counseling Theory (required all specializations)	1 hour	Limits of confidentiality, 5150 harm to self, law & ethics regarding suicide, brief overview of assessment of suicidality.	
EDC 218 Assessment in Counseling (required all specializations)	6 hours	Assessment models of suicide/self-harm, assessment tools for evaluating risk factors, review of legal & ethical	
EDC 231 Diagnosis & Treatment Planning (required all specializations)	6 hours	Discussion of risk factors & their treatment.	
EDC 233 Substance Abuse and the Family (required all specializations)	6 hours	Discussion of risk factors associated with substance abuse & their treatment.	
EDC 242 Play and Art Therapy (Required SC, elective for MFT)	1 hour	Suicidality in young children, treatment of children who have attempted suicide/self harm.	
EDC 244 Trauma & Crisis Counseling (Required CC & MFT, elective for)	6 hours	Coping strategies to prevent suicide, assessment for risk factors.	
EDC 252 Legal & Ethical Issues in Prof. Counseling (req'd all specializat	6 hours	In depth discussion of legal/ethical responsibilities, analysis of case studies, assessment/evaluation, community resources.	
EDC 254 Counseling & Psychotropic Medicine (Req'd MFT, elective SC and C	3 hours	prevalence by age group, risk increase for prescription use, increased suicidality as side effect of prescription use, suicide safety contracts, co-occurring conditions	
EDC 268 Career/Job Search (Required for CC)	3 hours	that increase risk Impact of unemployment /job loss risk factors	

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered	Additional Elective Courses (Not Required)
EDC 272 Counseling Children & Youth (Required MFT and SC)	6 hours	Suicide assessment in children/adolescents, assessment & treatment of risk factors, legal/ethical responsibilities, community resources.	
EDC 274 Guidance & Consultation in School Counseling (Required for S	3 hours	Prevention of suicide through assessment and treatment of risk factors; explore community resources.	
EDC 475 Practicum in Counseling (Required all specializations)	3 hours min.	Discuss practicum cases, review of assessment, treatment, risk factors, legal/ethical responsibilities, discussion of self harm assessment/treatment.	
EDC 480 Field Study in Counseling (Required all specializations)	3 hours min.	Discussion of internship cases, review of assessment techniques, risk factors, treatment protocol for those who have attempted suicide, legal/ethical responsibilities.	
<b>California State University, San Francisco - Master of Science in Marriage, Family &amp; Child Counseling</b>			
COUN 706 Practicum & Counseling Process	3 hours	dangerousness (suicide/homicide) assessment & treatment. Readings, demonstration, role playing, case study.	
COUN 715 Assessment in Counseling	2 assignments	Two homework assignments: identification of psychological tests & reviews that assess suicide/homicide potential.	
COUN 857 Law and Ethics in Counseling	3 hours	Development of an instrument to measure counselor competence in managing crisis (suicide/homicide).	
COUN 858 Couple and Family Counseling		Dangerousness (suicide/homicide) assessment & management.	
COUN 705, 736, 890, 891 Counseling Practicum and Internship		Impact of suicidality within context of families, including prevention strategies. Practicum/internship training program must have an agency crisis protocol, where trainees receive training in assessing/managing suicidal clients.	
<b>California State University, San Jose - MS in Clinical Psychology</b>			
PSY 203A Assessment	3 unit course	Lecture on suicide assessment.	
PSYC 228 Ethics	3 unit course	Discussion of the topic.	
PSYC 211 Child Psychopathology	3 unit course	Topic repeatedly discussed.	
PSYC 260 Crisis and Trauma Counseling	3 unit course	Topic is a focus of a section of the course.	
<b>Chapman University - Master of Arts in Marriage and Family Therapy</b>			
MFT 516 Assessment of Individuals and Families	Approx. 2 hours	Suicide risk assessment methods	
MFT 573 Crisis Management and Clinical Process	6 hours	Suicide assessment & management (handouts & lectures)	
MFT 578 Ethics and Professional Issues for MFTs	1.5 hours	Suicide assessment, relevant CA laws/regulations, ethical code, resources	
<b>The Chicago School of Professional Psychology - Masters in Clinical Psychology w/ Marital &amp; Family Therapy Specialization</b>			
MM520 Adult Psychopathology	6 hours	mental status exams, risk factors associated with suicide and aggressive	
MM 511 Law and Professional Ethics	6 hours	Danger to self, danger to others, Tarasoff & Ewing ruling	
<b>Fuller Theological Seminary - Master of Science in Marital and Family Therapy</b>			
FT 530B Clinical Foundations II	3.5 hours		
FT 522 Assessment of Individuals/Couples/Families	2.5 hours		
FT 502 Legal & Ethical Issues in Family Practice	2 hours		
FT 549 Psychopharmacology	0.5 to 1 hour	The use of anti-depressants and their risk of suicidal tendencies in consumers.	
<b>Holy Names University - MA in Counseling Psychology/Dual Counseling and Forensic Psychology</b>			
CPSY 200	1.5 hours	Assessment	
CPSY 215	3 hours	Legal/ethical./reporting/therapeutic approaches: treatment and management	
CPSY 220	3 hours	Human development research on suicidality across lifespan: assessment	
CPSY 271	4 hours	Working with families of traumatic event; management and treatment	
			-CPSY 270 Trauma Types and Transformation: Assessment; Management

Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered	Additional Elective Courses (Not Required)
<b>Hope International University - MA in Marriage &amp; Family Therapy</b>			
PSY 5240 Disaster Trauma & Abuse Response	2 units	Courses cover suicide assessment via vignettes and readings from text.	
PSY 5230 Family Violence	2 units		
PSY 6800 Practicum Course	2 units		
PSY 8120 Professional Ethics & Law	2 units		
<b>Northcentral University; School of Marriage and Family Sciences - MA in Marriage and Family Therapy</b>			
MFT 6201 California Law and Professional Ethics	5 hours	Legal/ethical responsibilities of therapist facing a client expressing suicidal	
MFT 5103 Systemic Evaluation and Case Management	15 hours	Methods of client risk assessment/assessing issues of safety; case management in crisis situation	
MFT 6106 Families in Crisis	8 hours	Adolescent self harm, suicidal ideations and behaviors, suicide in the elderly, assessment and etiology of suicide.	
<b>Phillips Graduate Institute - MA in Psychology, Emphasis Marriage and Family Therapy [2]</b>			
PSY 520A Abnormal Psychology	2 unit course	Suicidal gestures, self harming behavior, and aggression. Crisis intervention and other levels of counseling intervention are discussed.	
PSY 503 Developmental Psychology	3 unit course	Suicide risk covered with developmental issues.	
PSY 539 Legal, Ethical, & Professional Issues	3 unit course	Managing confidentiality when clients are dangerous to themselves.	
PSY 531A and 531B Applied Therapeutic Methodology	1 unit each	Common clinical emergencies, including assessment and treatment of suicidality and self-harm.	
PSY 533A and 533B Practicum	2 units each	Case discussions, which usually involve experience with crisis situation such as suicide	
<b>Saybrook University - Marriage and Family Therapy License Program</b>			
MFT 2562 (CO) Crisis and Trauma Intervention	Approx. 6 hours	Stages of assessment and intervention; emphasizes interventions for crisis and trauma.	
<b>Touro University Worldwide - Masters of Arts in Marriage and Family Therapy</b>			
MFT 611 Foundation of Psychopathology	5 hours	Covers suicide assessment, treatment, and management	
<b>University of La Verne - Marriage and Family Therapy MS</b>			
PSY 512 Clinical Psychopathology	6 hours	Suicide assessment for high risk diagnostic categories	
PSY 544 Trauma Focused Treatment	2 hours	Trauma response and harm assessment, hospitalization, collaboration of care	
PSY 509 Psychological Testing	3 hours	Suicide assessment/interview techniques	
PSY 550 Community Mental Health Counseling	2 hours	Disaster/trauma response. Harm assessment.	
PSY 580 Fieldwork I	6 hours	Discussion of clinical cases, suicide assessment techniques/steps needed when clients require hospitalization	
PSY 581 Fieldwork II	6 hours		
<b>University of Phoenix (Southern California Campus) - MSC/MFCT</b>			
Legal and Ethical Issues in MFT	3 hours	Duty to warn/protect in cases of danger to self and others	
Introduction to Clinical Assessment	4 hours	Prevalence of suicidal behavior in individuals with mental disorders, evaluation criteria, assessment techniques and strategies for suicidal clients, interventions with suicidal clients.	
Pre-practicum	2 hours	Suicide prevention; strategies of risk assessment of self harm.	Students can take additional seminars that are offered on MFT related topics. One of these is a 4 hour suicide assessment workshop.
<b>University of San Diego - MA in Marital and Family Therapy</b>			
MFTS 528 Psychopathology	1 hour	Video and discussion on suicide assessment.	
MFTS 529 Ethical and Legal Issues in Family Therapy	2 hours	interviewing techniques for suicidal clients, assessment, risk factors, and treatment options.	
EDU 704i Treatment of Severe Mental Illness	5 hours	Suicide risk assessment, treatment, and intervention. Final assignment is treatment plan based on vignette for suicidal patient.	



Required Courses in Degree Covering Topic	Units or Hours Courses Spend on Topic	Topic Areas Covered	Additional Elective Courses (Not Required)
<b>USC - Masters in Marriage and Family Therapy</b>			
EDUC 507 Professional Identity and Law and Ethics for Counselors	3 hours	Duties around suicide assessment, suicide assessment practices, suicidal ideation intervention	
EDUC 644 Practicum in Counseling	3 hours		
Other: Fieldwork A and B	Approx. 9 hours	Suicidality discussed throughout fieldwork; hours shown is an estimate.	
<b>USC School of Social Work - Master of Social Work</b>			
SOWK 543 Social Work Practice With Individuals	4 hours	Assessing suicide across the lifespan. Suicide viewed from a micro, mezzo and macro level.	-SOWK 631 Advanced Theories and Clinical Interventions in Health Care (Approx. 1 hr. covering suicide ideation, assessment, & resources) -SOWK 612 Psychopathology and Diagnosis of Mental Disorders (Approx. 4 hrs.) -SOWK 615 Brief Therapy and Crisis Intervention (Approx. 4 hrs.) -SOWK 617 Substance Abuse w/ Consideration of Other Addictive Disorders (Approx. 4 hrs.) -SOWK 618 Systems of Recovery from Mental Illness in Adults (Approx. 4 hrs ) -SOWK 645 Clinical Practice in Mental Health Settings (Approx. 4 hrs.)
<b>Vanguard University - Graduate Program in Clinical Psychology</b>			
PSYG 601, 603, 604, 626, 724, and 726	Lectured in these courses, but no required number of hours. Also discussed in clinical work in practicum course.		PSYG 618 - This course changes each semester, but one offering of this course is specifically on suicide assessment, treatment, and management.
<b>Western Seminary (Sacramento Campus) - Master of Arts in Marriage and Family Therapy</b>			
Tests and Measurements	2 hours	Uses a book teaching clinical and legal standards of care for suicidal patients; students learn instruments for assessment of suicidal clients.	
Psychopathology	5 hours	Studies the dangers of suicide with mentally ill clients, students develop a treatment plan regarding suicide and	
Legal and Ethical Issues	3 hours	Studies legal and ethical issues around a suicide crisis, breaking confidentiality, reporting, & hospitalization when patient is a danger to themselves.	
Counseling for Addictions	3 hours	Discussion of drugs & alcohol use/abuse/addiction as risk factors for suicide.	
Emergency Preparedness: Crisis Management	12 hours	Suicide crisis, assessment, prevention, and treatment. Text is focused on developing clinical skills in these areas.	

[1] These programs note that the topic is covered in other elective courses as well, for example, suicidality in specific populations.

[2] This program also offers an emphasis in Art Therapy and School Counseling along with the Marriage and Family Therapy emphasis. All of these programs are required to complete the courses shown.

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**Introduced by Assembly Member Levine**  
***(Coauthor: Assembly Member Berman)***

January 9, 2017

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An act to add Section 2915.4 to the Business and Professions Code, relating to psychologists.

legislative counsel's digest

AB 89, as introduced, Levine. Psychologists: suicide prevention training.

Existing law, the Psychology Licensing Law, provides for the licensing and regulation of psychologists and requires a person applying for licensure as a psychologist to have completed specified coursework or training. Existing law also requires licensed psychologists to participate in continuing professional development as a prerequisite for renewing their licenses. Existing law requires a person applying for relicensure or for reinstatement to an active license status to certify under penalty of perjury that he or she has fulfilled the continuing professional development requirements. Existing law defines “continuing professional development” as certain continuing education learning activities and provides requirements for continuing education courses approved to meet the continuing professional development requirements.

This bill, effective January 1, 2020, would require an applicant for licensure as a psychologist to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill would also require, effective January 1, 2020, as a one-time requirement, a licensed psychologist to

have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. The bill would also require, effective January 1, 2020, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement. The bill would require that proof of compliance with this provision be certified under penalty of perjury that he or she is in compliance with this provision and be retained for submission to the board upon request. By expanding the crime of perjury, 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.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Section 2915.4 is added to the Business and  
2 Professions Code, to read:

3 2915.4. (a) Effective January 1, 2020, an applicant for licensure  
4 as a psychologist shall show, as part of the application, that he or  
5 she has completed a minimum of six hours of coursework or  
6 applied experience under supervision in suicide risk assessment  
7 and intervention. This requirement shall be met in one of the  
8 following ways:

9 (1) Obtained as part of his or her qualifying graduate degree  
10 program. To satisfy this requirement, the applicant shall submit  
11 to the board a written certification from the registrar or training  
12 director of the educational institution or program from which the  
13 applicant graduated stating that the coursework required by this  
14 section is included within the institution's curriculum required for  
15 graduation at the time the applicant graduated, or within the  
16 coursework that was completed by the applicant.

17 (2) Obtained as part of his or her applied experience. Applied  
18 experience can be met in any of the following settings: practicum,  
19 internship, or formal postdoctoral placement that meets the  
20 requirement of Section 2911, or other qualifying supervised  
21 professional experience. To satisfy this requirement, the applicant

1 shall submit to the board a written certification from the director  
2 of training for the program or primary supervisor where the  
3 qualifying experience has occurred stating that the training required  
4 by this section is included within the applied experience.

5 (3) By taking a continuing education course that meets the  
6 requirements of subdivision (e) or (f) of Section 2915 and that  
7 qualifies as a continuing education learning activity category  
8 specified in paragraph (2) or (3) of subdivision (c) of Section 2915.

9 To satisfy this requirement, the applicant shall submit to the board  
10 a certification of completion.

11 (b) Effective January 1, 2020, as a one-time requirement, a  
12 licensee prior to the time of his or her first renewal after the  
13 operative date of this section, or an applicant for reactivation or  
14 reinstatement to an active license status, shall have completed a  
15 minimum of six hours of coursework or applied experience under  
16 supervision in suicide risk assessment and intervention, as specified  
17 in subdivision (a). Proof of compliance with this section shall be  
18 certified under penalty of perjury that he or she is in compliance  
19 with this section and shall be retained for submission to the board  
20 upon request.

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

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32 REVISIONS:

33 Heading—Line 2.

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**CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES**

**BILL ANALYSIS**

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**BILL NUMBER: AB 1372**

**VERSION: AMENDED APRIL 19, 2017**

**AUTHOR: LEVINE**

**SPONSOR: COUNTY BEHAVIORAL HEALTH  
DIRECTORS ASSOCIATION OF  
CALIFORNIA**

**RECOMMENDED POSITION: SUPPORT**

**SUBJECT: CRISIS STABILIZATION UNITS: PSYCHIATRIC PATIENTS**

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**Summary:** This bill allows a certified crisis stabilization unit that provides specialty mental health services, at its discretion, to provide medically necessary crisis stabilization services to individuals beyond the allowable treatment time of 24 hours under certain circumstances.

**Existing Law:**

- 1) Establishes standardized guidelines to govern the provisions of Medi-Cal specialty mental health services that are provided at the local level. These guidelines are also required to be consistent with federal Medicaid requirements to ensure federal reimbursement. (Welfare and Institutions Code (WIC) §14680)
- 2) Designates the state's Department of Health Care Services (DHCS) as the state agency that is responsible for overseeing mental health plans for Medi-Cal beneficiaries. (WIC §14682.1)
- 3) Sets guidelines to govern public and privately administered mental health plans, including that Medi-Cal covered mental health services shall be provided in the beneficiary's home community, or as close as possible to it. (WIC §14684)
- 4) Defines "specialty mental health services," under the Department of Mental Health Medi-Cal specialty mental health services regulations, as rehabilitative mental health services, which include, among other things, crisis intervention and crisis stabilization. (California Code of Regulations (CCR) Title 9 §1810.247)
- 5) Defines "crisis stabilization," under the Department of Mental Health Medi-Cal specialty mental health services regulations, as a service lasting less than 24 hours for a condition that requires a more timely response than a regularly scheduled visit. This can include, but is not limited to assessment, collateral, and therapy. (9 CCR §1810.210)
- 6) Sets the following requirements for crisis stabilization services (9 CCR §1840.338):

- a) Services must be provided on site at a licensed 24-hour health care facility, hospital based outpatient program, or a department-certified site to perform crisis stabilization;
- b) Medical backup services must be available and medications must be available on an as-needed basis; and
- c) Beneficiaries of crisis stabilization must receive an assessment of their physical and mental health.

7) Specifies staffing requirements for crisis stabilization services (9 CCR §1840.348).

**This Bill:**

- 1) Permits a certified crisis stabilization unit designated by a mental health plan that provides Medi-Cal specialty mental health services, under the discretion of the plan, to provide medically necessary crisis stabilization services to individuals beyond the allowable service time of 24 hours under the following circumstances (WIC §14724(a)):
  - a) The individual needs inpatient or outpatient psychiatric care; and
  - b) Crisis stabilization beds or outpatient services are not reasonably available.
- 2) Requires that if the person is placed under a 72-hour 5150 hold, he or she must be credited for the time detained at the crisis stabilization unit. (WIC §14724(b))
- 3) Requires each mental health plan to establish treatment protocols, documentation standards and administrative procedures that a crisis stabilization unit must follow for individuals who are provided crisis stabilization services for more than 24 hours. The established protocols, standards, and procedures must be consistent with best practices and must be evidence-based. (WIC §14724(c))

**Comment:**

- 1) **Author’s Intent.** According to the author’s office, “AB 1372 would give Crisis Stabilization Units more flexibility in caring for emotionally distressed individuals by allowing them to continue to care for patients beyond the current 24 hour limitation.”

Currently, crisis stabilization units may provide services to a patient for up to 24 hours. When a patient comes in, they work to stabilize the crisis and determine if a referral to outpatient or inpatient treatment is needed. Some of these patients are treated voluntarily, and others are involuntary “5150” holds. However, if the patient needs continued service but there are no continuing services available to refer them to, the units are forced to release the patient when the 24 hours is up.

The author states that this bill would allow extra time for a crisis stabilization unit to find inpatient psychiatric care or outpatient care for someone who needs it beyond the 24 hours they are allowed to treat for.



## 2) Previous Legislation.

- **SB 82 (Chapter 34, Statutes of 2013)** This bill, titled the “Investment in Mental Health Wellness Act of 2013,” appropriated funds to be made available to selected counties to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.
- **AB 2198 (Levine, 2014)** This bill proposed requiring licensees of this Board and the Board of Psychology to complete a six-hour training course in suicide assessment, treatment, and management. It would also have required new applicants who began graduate study after January 1, 2016 to take a 15-hour course in this subject area.

While the Board noted that it shared the author’s concerns regarding the prevalence of suicide, it did not believe AB 2198 would accomplish its objective. Therefore, the Board took an “oppose unless amended” position on the bill. A copy of the Board’s position letter to the Governor, which includes alternative suggested actions, is shown in **Attachment A**.

AB 2198 was vetoed by the Governor. In his veto message, the Governor asked the licensing boards to evaluate the issues raised and take any needed actions. The Board responded to this request by conducting a survey of Master’s degree programs intended to lead to Board licensure, to determine if degree programs were providing coursework in suicide assessment. It determined that schools were providing coverage of the topic.

- 3) **Consistency with Previous Board Recommendation.** It appears that one goal of AB 1372 is to help ensure that a suicidal patient needing treatment is not required to be released in a situation where the crisis stabilization unit’s 24 treatment hours are up, but there are no available inpatient beds or outpatient services to help the patient before that time is up. This bill provides the treating crisis stabilization unit with an option, if it so chooses, to have extra time to find the person the care he or she needs before being released.

The Board discussed the issue of suicide prevention and treatment extensively during its consideration of AB 2198 (Levine) in 2014. When considering that bill, the Board noted that it shared the author’s concern about deficiencies in suicide assessment, treatment, and management training for professionals who may encounter suicidal individuals. It did not believe the course of action in AB 2198 would accomplish its objective, but instead recommended the formation of a task force of experts who would examine the issue further.

One of the issues the Board identified in its position letter to the Governor (shown in **Attachment A** and dated August 20, 2014) was the need for further discussion regarding lack of resources at the county mental health care level which may be

impeding treatment for those who need it. AB 1372 may be a step toward addressing the Board's suggestion.

**4) Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee meeting recommended that the Board consider taking a "support" position on this bill.

**5) Support and Opposition.**

**Support:**

- California Behavioral Health Directors Association (sponsor)
- National Alliance on Mental Illness
- Marin County Commission on Aging
- Urban Counties of California

**Opposition:**

- None at this time.

**6) History.**

**2017**

04/20/17	Re-referred to Com. on HEALTH.
04/19/17	From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
04/03/17	Re-referred to Com. on HEALTH.
03/30/17	From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
03/30/17	Referred to Com. on HEALTH.
02/19/17	From printer. May be heard in committee March 21.
02/17/17	Read first time. To print.

**7) Attachments.**

**Attachment A:** BBS Position Letter to the Governor: AB 2198 (August 20, 2014)



1625 North Market Blvd., Suite S-200, Sacramento, CA 95834  
(916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax  
www.bbs.ca.gov

Governor Edmund G. Brown Jr.  
State of California  
Business, Consumer Services and Housing Agency  
Department of Consumer Affairs

August 20, 2014

Governor Jerry Brown  
State Capitol  
Sacramento, CA 95814

RE: AB 2198 - Oppose

Dear Governor Brown:

At its May 22, 2014 meeting, the Board of Behavioral Sciences (Board) discussed and took a position of "oppose unless amended" on AB 2198 (Levine) (As Amended April 21, 2014).

The Board shared the author's concerns regarding the need to address deficiencies in suicide assessment, treatment, and management training for professionals who may encounter suicidal individuals. However, it did not believe that the bill, in its current form, would accomplish this objective.

Instead, the Board recommended the bill be amended to form a task force to include members of this Board, its stakeholders, the Board of Psychology, county mental health officials, and university educators. This group should discuss the following areas of concern to determine the best course of action:

1. Current coverage of the topic of suicide assessment, treatment, and management in Master's level mental health degree programs, including identifying courses that typically include the topic, aspects of the topic that are already being addressed, and aspects of the topic where improved training is needed.
2. Whether college campus mental health care workers and others who are likely to encounter suicidal individuals are likely to be licensed mental health care professionals, and if not, how to address their training needs; and
3. Lack of resources at the county mental health care level which may be impeding treatment for those who need it.

This bill was not amended to create such a task force, and therefore the Board is in opposition to this bill, in its current form.

It is the Board's hope that through a future series of stakeholder meetings, a model "Best Practice" training curriculum can be developed for Master's level mental health programs, and effective training for non-licensed workers encountering suicidal individuals can be developed as well.

Please feel free to contact my Legislative Analyst, Rosanne Helms, at (916) 574-7897 if you have any questions.



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Governor Edmund G. Brown Jr.  
State of California  
Business, Consumer Services and Housing Agency  
Department of Consumer Affairs

Sincerely,

Steve Sodergren  
Acting Executive Officer

CC: Division of Legislative and Policy Review, Department of Consumer Affairs

AMENDED IN ASSEMBLY APRIL 19, 2017  
AMENDED IN ASSEMBLY MARCH 30, 2017  
california legislature—2017–18 regular session

**ASSEMBLY BILL**

**No. 1372**

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**Introduced by Assembly Member Levine**

February 17, 2017

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An act to add Section 14724 to the Welfare and Institutions Code, relating to Medi-Cal.

legislative counsel's digest

AB 1372, as amended, Levine. Crisis stabilization units: psychiatric patients.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid—~~Program~~ *program* provisions. Under existing law, the department and counties provide specialty mental health services for Medi-Cal beneficiaries through mental health managed care plans, as specified. Under existing law, these services may include crisis stabilization services and inpatient psychiatric care.

This bill would authorize a *certified* crisis stabilization unit designated by a mental health managed care plan, at the discretion of the mental health managed care plan, to provide medically necessary crisis stabilization services to individuals beyond the service time of 24 hours in those cases in which the individual needs inpatient psychiatric care or outpatient care and crisis stabilization beds or outpatient services are not reasonably available. ~~The bill would require a mental health plan~~

~~that elects to provide crisis stabilization services as described in these provisions to amend its mental health plan contract to include a provision authorizing the provision of crisis stabilization services for more than 24 hours. The bill would require a person who is placed under, or who is already under, a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, to be credited for the time detained at a certified crisis stabilization unit. The bill would require the department to amend its contract with a mental health plan to include a provision authorizing the provision of crisis stabilization services for more than 24 hours if the mental health plan elects to provide crisis stabilization services under these provisions. The bill would require the department to require these mental health plans to establish treatment protocols, documentation standards, and administrative procedures, consistent with best practices and other evidence-based medicine, to be followed by a *certified* crisis stabilization unit for appropriate treatment to individuals who are provided crisis stabilization services for more than 24 hours. The bill would require the department to seek any state plan amendments or waivers, or amendments to existing waivers, that are necessary to implement these provisions.~~

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

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

1 SECTION 1. Section 14724 is added to the Welfare and  
2 Institutions Code, to read:  
3 14724. (a) A *certified* crisis stabilization unit designated by a  
4 mental health plan under Article 5 (commencing with Section  
5 14680) or this chapter, and authorized pursuant to Sections  
6 14021.4, 14680, and 14684, may, at the discretion of the mental  
7 health plan, provide medically necessary crisis stabilization services  
8 to individuals beyond the service time of 24 hours in those cases  
9 in which the individual needs inpatient psychiatric care or  
10 outpatient care and crisis stabilization beds or outpatient services  
11 are not reasonably available. ~~A mental health plan that elects to  
12 provide crisis stabilization services as described in this section  
13 shall amend its mental health plan contract entered into pursuant  
14 to this chapter to include a provision authorizing the provision of~~

1 ~~crisis stabilization services as described in this section.~~ *If a person*  
2 *is placed under, or is already under, a 72-hour hold pursuant to*  
3 *Section 5150, he or she shall be credited for the time detained at*  
4 *a certified crisis stabilization unit addressed by this section.*  
5 *Nothing in this section shall be construed to encourage the*  
6 *placement of a 72-hour hold pursuant to Section 5150 for an*  
7 *individual who is at a certified crisis stabilization unit on a*  
8 *voluntary basis.*

9 *(b) The department shall amend its contract with a mental health*  
10 *plan to include a provision authorizing the provision of crisis*  
11 *stabilization services as described in this section if the mental*  
12 *health plan elects to provide crisis stabilization services pursuant*  
13 *to this section.*

14 ~~(b)~~

15 *(c) The department shall require each mental health plan to*  
16 *establish treatment protocols, documentation standards, and*  
17 *administrative procedures, consistent with best practices and other*  
18 *evidence-based medicine, to be followed by a certified crisis*  
19 *stabilization unit for appropriate treatment to individuals who are*  
20 *provided crisis stabilization services for more than 24 hours.*

21 ~~(e)~~

22 *(d) The department shall seek any state plan amendments or*  
23 *waivers, or amendments to existing waivers, that are necessary to*  
24 *implement this section.*

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER: AB 1591**

**VERSION: AMENDED MARCH 28, 2017**

**AUTHOR: BERMAN**

**SPONSOR: CALIFORNIA ASSOCIATION FOR  
LICENSED PROFESSIONAL CLINICAL  
COUNSELORS**

**RECOMMENDED POSITION: SUPPORT**

**SUBJECT: MEDI-CAL: FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH  
CENTERS: LICENSED PROFESSIONAL CLINICAL COUNSELOR**

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### **Summary:**

This bill would allow Medi-Cal reimbursement for covered mental health services provided by a licensed professional clinical counselor employed by a federally qualified health center or a rural health clinic.

### **Existing Law:**

- 1) Establishes that federally qualified health center services (FQHCs) and rural health clinic (RHC) services are covered Medi-Cal benefits that are reimbursed on a per-visit basis. (Welfare and Institutions Code (WIC) §14132.100(c))
- 2) Allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services that it provides. (WIC §14132.100(e))
- 3) Defines a FQHC or RHC “visit” as a face-to-face encounter between an FQHC or RHC patient and one of the following (WIC §14132.100(g)):
  - A physician;
  - A physician assistant;
  - A nurse practitioner;
  - A certified nurse-midwife;
  - A clinical psychologist;
  - A licensed clinical social worker;
  - A visiting nurse;
  - A dental hygienist; or
  - A marriage and family therapist.

### **This Bill:**

- 1) Adds a licensed professional clinical counselor to the list of health care professionals included in the definition of a visit to a FQHC or RHC that is eligible for Medi-Cal reimbursement. (WIC §14132.100(g)(2)(A))
- 2) Describes technical procedures for how an FQHC or RHC that employs licensed professional clinical counselors can apply for a rate adjustment and bill for services. (WIC §14132.100(g)(2)(B) and (C))

### **Comments:**

- 1) **Background.** Currently, there are approximately 600 FQHCs and 350 RHCs in California. These clinics serve the uninsured and underinsured, and are reimbursed by Medi-Cal on a “per visit” basis. Generally, the cost of a visit is calculated by the Department of Health Care Services for each clinic, by determining the annual cost of care provided by the clinic, divided by the annual number of visits to the clinic.
- 2) **Intent.** The intent of this legislation is to allow FQHCs and RHCs to be able to hire a licensed professional clinical counselor and be reimbursed through Medi-Cal for covered mental health services. Under current law, only clinical psychologists, licensed clinical social workers, or marriage and family therapists may receive Medi-Cal reimbursement for covered services in such settings.

Marriage and family therapists are the most recent addition to the list of mental health providers whose services may be reimbursed. AB 1863 (Chapter 610, Statutes of 2016) was signed into law in 2016. At that time, the bill’s author and sponsors argued that the inability of marriage and family therapists to receive Medi-Cal reimbursement served as a disincentive for a FQHC or a RHC to consider hiring them, and that allowing services provided by LMFTs to be reimbursed would maximize the availability of mental health services in rural areas.

### **3) Previous Legislation.**

- A bill was run as AB 1785 (B. Lowenthal) in 2012, and proposed to add marriage and family therapists to the list of health care professionals that are able to provide Medi-Cal reimbursable services for an FQHC or RHC visit. The Board took a “support” position on AB 1785. However, the bill died in the Assembly Appropriations Committee.
- The bill was run again as AB 690 (Wood) in 2015. The Board took a “support” position on the bill; however, it died when it was held in committee. Its provisions were amended into AB 858 (Wood), also in 2015. AB 858 was part of a series of six Medi-Cal related bills that were all vetoed by the Governor. In a combined veto message for all six bills, the Governor stated that the bills would require expansion or development of new benefits and procedures in the Medi-Cal program, and that he could not support any of them until the fiscal outlook for Medi-Cal is stabilized.

- As mentioned above, the bill was again run in 2016 as AB 1863 (Wood). The Board took a “support” position on the bill. AB 1863 was signed into law; however, LPCCs were not included on the list of reimbursable providers.

**4) Recommended Position.** At its meeting on April 21, 2017, the Policy and Advocacy Committee recommended a “support” position on this legislation.

**5) Support and Opposition.**

Support:

- California Association for Licensed Professional Clinical Counselors (CALPCC) (Sponsor)
- APLA Health
- Association of California Healthcare Districts
- North Coast Clinics Network

Oppose:

- None at this time.

**6) History**

**2017**

04/19/17 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (April 18). Re-referred to Com. on APPR.

03/29/17 Re-referred to Com. on HEALTH.

03/28/17 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.

03/27/17 Referred to Com. on HEALTH.

02/19/17 From printer. May be heard in committee March 21.

02/17/17 Read first time. To print.

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AMENDED IN ASSEMBLY MARCH 28, 2017  
california legislature—2017–18 regular session

**ASSEMBLY BILL**

**No. 1591**

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**Introduced by Assembly Member Berman**

February 17, 2017

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An act to amend Section ~~1785.1 of the Civil Code, 14132.100 of the Welfare and Institutions Code~~, relating to ~~consumer credit reporting~~.  
*Medi-Cal.*

legislative counsel's digest

AB 1591, as amended, Berman. ~~Consumer credit reporting. Medi-Cal: federally qualified health centers and rural health centers: licensed professional clinical counselor.~~

*Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Existing law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides.*

*This bill would include a licensed professional clinical counselor within those health care professionals covered under that definition. The bill would require an FQHC or RHC that currently includes the*

*cost of the services of a licensed professional clinical counselor for the purposes of establishing its FQHC or RHC rate to apply to the department for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, would require the FQHC or RHC to bill for these services as a separate visit, as specified. The bill would require an FQHC or RHC that does not provide the services of a licensed professional clinical counselor, and later elects to add this service and bill these services as a separate visit, to process the addition of these services as a change in scope of service.*

~~Existing state and federal law regulates the activities of consumer credit reporting agencies. Existing state law, the Consumer Credit Reporting Agencies Act, codifies legislative findings and declarations in this regard. The act states that its purpose is to require consumer credit reporting agencies to adopt reasonable procedures for meeting the needs of commerce for consumer credit, personnel, insurance, hiring of a dwelling unit, and other information in a manner that is fair and equitable to the consumer, as specified.~~

~~This bill would make nonsubstantive changes to these provisions.~~

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

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

1 SECTION 1. Section 14132.100 of the Welfare and Institutions

2 Code is amended to read:

3 14132.100. (a) The federally qualified health center services  
4 described in Section 1396d(a)(2)(C) of Title 42 of the United States  
5 Code are covered benefits.

6 (b) The rural health clinic services described in Section  
7 1396d(a)(2)(B) of Title 42 of the United States Code are covered  
8 benefits.

9 (c) Federally qualified health center services and rural health  
10 clinic services shall be reimbursed on a per-visit basis in  
11 accordance with the definition of “visit” set forth in subdivision  
12 (g).

13 (d) Effective October 1, 2004, and on each October 1 thereafter,  
14 until no longer required by federal law, federally qualified health  
15 center (FQHC) and rural health clinic (RHC) per-visit rates shall  
16 be increased by the Medicare Economic Index applicable to  
17 primary care services in the manner provided for in Section

1 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to  
2 January 1, 2004, FQHC and RHC per-visit rates shall be adjusted  
3 by the Medicare Economic Index in accordance with the  
4 methodology set forth in the state plan in effect on October 1,  
5 2001.

6 (e) (1) An FQHC or RHC may apply for an adjustment to its  
7 per-visit rate based on a change in the scope of services provided  
8 by the FQHC or RHC. Rate changes based on a change in the  
9 scope of services provided by an FQHC or RHC shall be evaluated  
10 in accordance with Medicare reasonable cost principles, as set  
11 forth in Part 413 (commencing with Section 413.1) of Title 42 of  
12 the Code of Federal Regulations, or its successor.

13 (2) Subject to the conditions set forth in subparagraphs (A) to  
14 (D), inclusive, of paragraph (3), a change in scope of service means  
15 any of the following:

16 (A) The addition of a new FQHC or RHC service that is not  
17 incorporated in the baseline prospective payment system (PPS)  
18 rate, or a deletion of an FQHC or RHC service that is incorporated  
19 in the baseline PPS rate.

20 (B) A change in service due to amended regulatory requirements  
21 or rules.

22 (C) A change in service resulting from relocating or remodeling  
23 an FQHC or RHC.

24 (D) A change in types of services due to a change in applicable  
25 technology and medical practice utilized by the center or clinic.

26 (E) An increase in service intensity attributable to changes in  
27 the types of patients served, including, but not limited to,  
28 populations with HIV or AIDS, or other chronic diseases, or  
29 homeless, elderly, migrant, or other special populations.

30 (F) Any changes in any of the services described in subdivision  
31 (a) or (b), or in the provider mix of an FQHC or RHC or one of  
32 its sites.

33 (G) Changes in operating costs attributable to capital  
34 expenditures associated with a modification of the scope of any  
35 of the services described in subdivision (a) or (b), including new  
36 or expanded service facilities, regulatory compliance, or changes  
37 in technology or medical practices at the center or clinic.

38 (H) Indirect medical education adjustments and a direct graduate  
39 medical education payment that reflects the costs of providing  
40 teaching services to interns and residents.

1 (I) Any changes in the scope of a project approved by the federal  
2 Health Resources and Services Administration (HRSA).

3 (3) No change in costs shall, in and of itself, be considered a  
4 scope-of-service change unless all of the following apply:

5 (A) The increase or decrease in cost is attributable to an increase  
6 or decrease in the scope of services defined in subdivisions (a) and  
7 (b), as applicable.

8 (B) The cost is allowable under Medicare reasonable cost  
9 principles set forth in Part 413 (commencing with Section 413) of  
10 Subchapter B of Chapter 4 of Title 42 of the Code of Federal  
11 Regulations, or its successor.

12 (C) The change in the scope of services is a change in the type,  
13 intensity, duration, or amount of services, or any combination  
14 thereof.

15 (D) The net change in the FQHC's or RHC's rate equals or  
16 exceeds 1.75 percent for the affected FQHC or RHC site. For  
17 FQHCs and RHCs that filed consolidated cost reports for multiple  
18 sites to establish the initial prospective payment reimbursement  
19 rate, the 1.75-percent threshold shall be applied to the average  
20 per-visit rate of all sites for the purposes of calculating the cost  
21 associated with a scope-of-service change. "Net change" means  
22 the per-visit rate change attributable to the cumulative effect of all  
23 increases and decreases for a particular fiscal year.

24 (4) An FQHC or RHC may submit requests for scope-of-service  
25 changes once per fiscal year, only within 90 days following the  
26 beginning of the FQHC's or RHC's fiscal year. Any approved  
27 increase or decrease in the provider's rate shall be retroactive to  
28 the beginning of the FQHC's or RHC's fiscal year in which the  
29 request is submitted.

30 (5) An FQHC or RHC shall submit a scope-of-service rate  
31 change request within 90 days of the beginning of any FQHC or  
32 RHC fiscal year occurring after the effective date of this section,  
33 if, during the FQHC's or RHC's prior fiscal year, the FQHC or  
34 RHC experienced a decrease in the scope of services provided that  
35 the FQHC or RHC either knew or should have known would have  
36 resulted in a significantly lower per-visit rate. If an FQHC or RHC  
37 discontinues providing onsite pharmacy or dental services, it shall  
38 submit a scope-of-service rate change request within 90 days of  
39 the beginning of the following fiscal year. The rate change shall  
40 be effective as provided for in paragraph (4). As used in this



1 paragraph, “significantly lower” means an average per-visit rate  
2 decrease in excess of 2.5 percent.

3 (6) Notwithstanding paragraph (4), if the approved  
4 scope-of-service change or changes were initially implemented  
5 on or after the first day of an FQHC’s or RHC’s fiscal year ending  
6 in calendar year 2001, but before the adoption and issuance of  
7 written instructions for applying for a scope-of-service change,  
8 the adjusted reimbursement rate for that scope-of-service change  
9 shall be made retroactive to the date the scope-of-service change  
10 was initially implemented. Scope-of-service changes under this  
11 paragraph shall be required to be submitted within the later of 150  
12 days after the adoption and issuance of the written instructions by  
13 the department, or 150 days after the end of the FQHC’s or RHC’s  
14 fiscal year ending in 2003.

15 (7) All references in this subdivision to “fiscal year” shall be  
16 construed to be references to the fiscal year of the individual FQHC  
17 or RHC, as the case may be.

18 (f) (1) An FQHC or RHC may request a supplemental payment  
19 if extraordinary circumstances beyond the control of the FQHC  
20 or RHC occur after December 31, 2001, and PPS payments are  
21 insufficient due to these extraordinary circumstances. Supplemental  
22 payments arising from extraordinary circumstances under this  
23 subdivision shall be solely and exclusively within the discretion  
24 of the department and shall not be subject to subdivision (l). These  
25 supplemental payments shall be determined separately from the  
26 scope-of-service adjustments described in subdivision (e).  
27 Extraordinary circumstances include, but are not limited to, acts  
28 of nature, changes in applicable requirements in the Health and  
29 Safety Code, changes in applicable licensure requirements, and  
30 changes in applicable rules or regulations. Mere inflation of costs  
31 alone, absent extraordinary circumstances, shall not be grounds  
32 for supplemental payment. If an FQHC’s or RHC’s PPS rate is  
33 sufficient to cover its overall costs, including those associated with  
34 the extraordinary circumstances, then a supplemental payment is  
35 not warranted.

36 (2) The department shall accept requests for supplemental  
37 payment at any time throughout the prospective payment rate year.

38 (3) Requests for supplemental payments shall be submitted in  
39 writing to the department and shall set forth the reasons for the  
40 request. Each request shall be accompanied by sufficient

1 documentation to enable the department to act upon the request.  
2 Documentation shall include the data necessary to demonstrate  
3 that the circumstances for which supplemental payment is requested  
4 meet the requirements set forth in this section. Documentation  
5 shall include both of the following:

6 (A) A presentation of data to demonstrate reasons for the  
7 FQHC's or RHC's request for a supplemental payment.

8 (B) Documentation showing the cost implications. The cost  
9 impact shall be material and significant, two hundred thousand  
10 dollars (\$200,000) or 1 percent of a facility's total costs, whichever  
11 is less.

12 (4) A request shall be submitted for each affected year.

13 (5) Amounts granted for supplemental payment requests shall  
14 be paid as lump-sum amounts for those years and not as revised  
15 PPS rates, and shall be repaid by the FQHC or RHC to the extent  
16 that it is not expended for the specified purposes.

17 (6) The department shall notify the provider of the department's  
18 discretionary decision in writing.

19 (g) (1) An FQHC or RHC "visit" means a face-to-face  
20 encounter between an FQHC or RHC patient and a physician,  
21 physician assistant, nurse practitioner, certified nurse-midwife,  
22 clinical psychologist, licensed clinical social worker, or a visiting  
23 nurse. For purposes of this section, "physician" shall be interpreted  
24 in a manner consistent with the Centers for Medicare and Medicaid  
25 Services' Medicare Rural Health Clinic and Federally Qualified  
26 Health Center Manual (Publication 27), or its successor, only to  
27 the extent that it defines the professionals whose services are  
28 reimbursable on a per-visit basis and not as to the types of services  
29 that these professionals may render during these visits and shall  
30 include a physician and surgeon, osteopath, podiatrist, dentist,  
31 optometrist, and chiropractor. A visit shall also include a  
32 face-to-face encounter between an FQHC or RHC patient and a  
33 comprehensive perinatal practitioner, as defined in Section 51179.7  
34 of Title 22 of the California Code of Regulations, providing  
35 comprehensive perinatal services, a four-hour day of attendance  
36 at an adult day health care center, and any other provider identified  
37 in the state plan's definition of an FQHC or RHC visit.

38 (2) (A) A visit shall also include a face-to-face encounter  
39 between an FQHC or RHC patient and a dental hygienist, a dental

1 hygienist in alternative practice, *a licensed professional clinical*  
2 *counselor*, or a marriage and family therapist.

3 (B) Notwithstanding subdivision (e), if an FQHC or RHC that  
4 currently includes the cost of the services of a dental hygienist in  
5 alternative practice, *a licensed professional clinical counselor*, or  
6 a marriage and family therapist for the purposes of establishing  
7 its FQHC or RHC rate chooses to bill these services as a separate  
8 visit, the FQHC or RHC shall apply for an adjustment to its  
9 per-visit rate, and, after the rate adjustment has been approved by  
10 the department, shall bill these services as a separate visit.

11 However, multiple encounters with dental ~~professionals~~  
12 *professionals, licensed professional clinical counselors*, or marriage  
13 and family therapists that take place on the same day shall  
14 constitute a single visit. The department shall develop the  
15 appropriate forms to determine which FQHC's or RHC's rates  
16 shall be adjusted and to facilitate the calculation of the adjusted  
17 rates. An FQHC's or RHC's application for, or the department's  
18 approval of, a rate adjustment pursuant to this subparagraph shall  
19 not constitute a change in scope of service within the meaning of  
20 subdivision (e). An FQHC or RHC that applies for an adjustment  
21 to its rate pursuant to this subparagraph may continue to bill for  
22 all other FQHC or RHC visits at its existing per-visit rate, subject  
23 to reconciliation, until the rate adjustment for visits between an  
24 FQHC or RHC patient and a dental hygienist, a dental hygienist  
25 in alternative practice, *a licensed professional clinical counselor*,  
26 or a marriage and family therapist has been approved. Any  
27 approved increase or decrease in the provider's rate shall be made  
28 within six months after the date of receipt of the department's rate  
29 adjustment forms pursuant to this subparagraph and shall be  
30 retroactive to the beginning of the fiscal year in which the FQHC  
31 or RHC submits the request, but in no case shall the effective date  
32 be earlier than January 1, 2008.

33 (C) An FQHC or RHC that does not provide dental hygienist,  
34 dental hygienist in alternative practice, *licensed professional*  
35 *clinical counselor services*, or marriage and family therapist  
36 services, and later elects to add these services and bill these services  
37 as a separate visit, shall process the addition of these services as  
38 a change in scope of service pursuant to subdivision (e).

39 (h) If FQHC or RHC services are partially reimbursed by a  
40 third-party payer, such as a managed care entity (as defined in

1 Section 1396u-2(a)(1)(B) of Title 42 of the United States Code),  
2 the Medicare Program, or the Child Health and Disability  
3 Prevention (CHDP) Program, the department shall reimburse an  
4 FQHC or RHC for the difference between its per-visit PPS rate  
5 and receipts from other plans or programs on a contract-by-contract  
6 basis and not in the aggregate, and may not include managed care  
7 financial incentive payments that are required by federal law to  
8 be excluded from the calculation.

9 (i) (1) An entity that first qualifies as an FQHC or RHC in the  
10 year 2001 or later, a newly licensed facility at a new location added  
11 to an existing FQHC or RHC, and any entity that is an existing  
12 FQHC or RHC that is relocated to a new site shall each have its  
13 reimbursement rate established in accordance with one of the  
14 following methods, as selected by the FQHC or RHC:

15 (A) The rate may be calculated on a per-visit basis in an amount  
16 that is equal to the average of the per-visit rates of three comparable  
17 FQHCs or RHCs located in the same or adjacent area with a similar  
18 caseload.

19 (B) In the absence of three comparable FQHCs or RHCs with  
20 a similar caseload, the rate may be calculated on a per-visit basis  
21 in an amount that is equal to the average of the per-visit rates of  
22 three comparable FQHCs or RHCs located in the same or an  
23 adjacent service area, or in a reasonably similar geographic area  
24 with respect to relevant social, health care, and economic  
25 characteristics.

26 (C) At a new entity's one-time election, the department shall  
27 establish a reimbursement rate, calculated on a per-visit basis, that  
28 is equal to 100 percent of the projected allowable costs to the  
29 FQHC or RHC of furnishing FQHC or RHC services during the  
30 first 12 months of operation as an FQHC or RHC. After the first  
31 12-month period, the projected per-visit rate shall be increased by  
32 the Medicare Economic Index then in effect. The projected  
33 allowable costs for the first 12 months shall be cost settled and the  
34 prospective payment reimbursement rate shall be adjusted based  
35 on actual and allowable cost per visit.

36 (D) The department may adopt any further and additional  
37 methods of setting reimbursement rates for newly qualified FQHCs  
38 or RHCs as are consistent with Section 1396a(bb)(4) of Title 42  
39 of the United States Code.

1 (2) In order for an FQHC or RHC to establish the comparability  
2 of its caseload for purposes of subparagraph (A) or (B) of paragraph  
3 (1), the department shall require that the FQHC or RHC submit  
4 its most recent annual utilization report as submitted to the Office  
5 of Statewide Health Planning and Development, unless the FQHC  
6 or RHC was not required to file an annual utilization report. FQHCs  
7 or RHCs that have experienced changes in their services or  
8 caseload subsequent to the filing of the annual utilization report  
9 may submit to the department a completed report in the format  
10 applicable to the prior calendar year. FQHCs or RHCs that have  
11 not previously submitted an annual utilization report shall submit  
12 to the department a completed report in the format applicable to  
13 the prior calendar year. The FQHC or RHC shall not be required  
14 to submit the annual utilization report for the comparable FQHCs  
15 or RHCs to the department, but shall be required to identify the  
16 comparable FQHCs or RHCs.

17 (3) The rate for any newly qualified entity set forth under this  
18 subdivision shall be effective retroactively to the later of the date  
19 that the entity was first qualified by the applicable federal agency  
20 as an FQHC or RHC, the date a new facility at a new location was  
21 added to an existing FQHC or RHC, or the date on which an  
22 existing FQHC or RHC was relocated to a new site. The FQHC  
23 or RHC shall be permitted to continue billing for Medi-Cal covered  
24 benefits on a fee-for-service basis under its existing provider  
25 number until it is informed of its FQHC or RHC enrollment  
26 approval, and the department shall reconcile the difference between  
27 the fee-for-service payments and the FQHC's or RHC's prospective  
28 payment rate at that time.

29 (j) Visits occurring at an intermittent clinic site, as defined in  
30 subdivision (h) of Section 1206 of the Health and Safety Code, of  
31 an existing FQHC or RHC, or in a mobile unit as defined by  
32 paragraph (2) of subdivision (b) of Section 1765.105 of the Health  
33 and Safety Code, shall be billed by and reimbursed at the same  
34 rate as the FQHC or RHC establishing the intermittent clinic site  
35 or the mobile unit, subject to the right of the FQHC or RHC to  
36 request a scope-of-service adjustment to the rate.

37 (k) An FQHC or RHC may elect to have pharmacy or dental  
38 services reimbursed on a fee-for-service basis, utilizing the current  
39 fee schedules established for those services. These costs shall be  
40 adjusted out of the FQHC's or RHC's clinic base rate as

1 scope-of-service changes. An FQHC or RHC that reverses its  
 2 election under this subdivision shall revert to its prior rate, subject  
 3 to an increase to account for all Medicare Economic Index  
 4 increases occurring during the intervening time period, and subject  
 5 to any increase or decrease associated with applicable  
 6 scope-of-service adjustments as provided in subdivision (e).

7 (l) FQHCs and RHCs may appeal a grievance or complaint  
 8 concerning ratesetting, scope-of-service changes, and settlement  
 9 of cost report audits, in the manner prescribed by Section 14171.  
 10 The rights and remedies provided under this subdivision are  
 11 cumulative to the rights and remedies available under all other  
 12 provisions of law of this state.

13 (m) The department shall, no later than March 30, 2008,  
 14 promptly seek all necessary federal approvals in order to implement  
 15 this section, including any amendments to the state plan. To the  
 16 extent that any element or requirement of this section is not  
 17 approved, the department shall submit a request to the federal  
 18 Centers for Medicare and Medicaid Services for any waivers that  
 19 would be necessary to implement this section.

20 (n) The department shall implement this section only to the  
 21 extent that federal financial participation is obtained.

22 SECTION 1. Section 1785.1 of the Civil Code is amended to  
 23 read:

24 ~~1785.1. The Legislature finds and declares as follows:~~

25 ~~(a) An elaborate mechanism has been developed for~~  
 26 ~~investigating and evaluating the credit worthiness, credit standing,~~  
 27 ~~credit capacity, and general reputation of consumers.~~

28 ~~(b) Consumer credit reporting agencies have assumed a vital~~  
 29 ~~role in assembling and evaluating consumer credit and other~~  
 30 ~~information on consumers.~~

31 ~~(c) There is a need to insure that consumer credit reporting~~  
 32 ~~agencies exercise their grave responsibilities with fairness,~~  
 33 ~~impartiality, and a respect for the consumer's right to privacy.~~

34 ~~(d) It is the purpose of this title to require that consumer credit~~  
 35 ~~reporting agencies adopt reasonable procedures for meeting the~~  
 36 ~~needs of commerce for consumer credit, personnel, insurance,~~  
 37 ~~hiring of a dwelling unit, and other information in a manner that~~  
 38 ~~is fair and equitable to the consumer, with regard to the~~  
 39 ~~confidentiality, accuracy, relevancy, and proper utilization of the~~  
 40 ~~information in accordance with the requirements of this title.~~

- 1 ~~(e) The Legislature hereby intends to regulate consumer credit~~  
2 ~~reporting agencies pursuant to this title in a manner that will best~~  
3 ~~protect the interests of the people of the State of California.~~  
4 ~~(f) The extension of credit is a privilege and not a right. Nothing~~  
5 ~~in this title shall preclude a creditor from denying credit to any~~  
6 ~~applicant providing the denial is based on factors not inconsistent~~  
7 ~~with present law.~~  
8 ~~(g) Any clauses in contracts that prohibit any action required~~  
9 ~~by this title are not in the public interest and shall be considered~~  
10 ~~unenforceable. This shall not invalidate the other terms of the~~  
11 ~~contract.~~

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** SB 27

**VERSION:** AMENDED APRIL 17, 2017

**AUTHOR:** MORRELL

**SPONSOR:** AUTHOR

**RECOMMENDED POSITION:** NONE

**SUBJECT:** PROFESSIONS AND VOCATIONS: LICENSES: MILITARY SERVICE

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### **Summary**

This bill would require licensing boards within the Department of Consumer Affairs (DCA) to grant fee waivers for the application for and issuance of an initial license to an applicant who has served as an active duty member of the California National Guard or the U.S. Armed Forces and was honorably discharged.

### **Existing Law:**

- 1) Allows a licensee or registrant of any board, commission, or bureau within DCA to reinstate his or her license without examination or penalty if the license expired while he or she was on active duty with the California National Guard or the United States Armed Forces, if certain conditions are met. (Business and Professions Code (BPC) §114):
- 2) Requires boards under DCA to waive continuing education requirements and renewal fees for a licensee or registrant while he or she is called to active duty as a military member if he or she held a current and valid license or registration upon being called to active duty, and substantiates the active duty service. (Business and Professions Code (BPC) §114.3)
- 3) Requires every board under DCA to ask on all licensure applications if the individual serves, or has previously served, in the military. (BPC §114.5)
- 4) Requires Boards under DCA to expedite the licensure process for applicants who are honorably discharged from the military, or who are spouses of active military members and who are already licensed in the same profession in another state. (BPC §§115.4, 115.5)

### **This Bill:**

- 1) Requires licensing boards within DCA to grant fee waivers for the application for and issuance of an initial license to an applicant who has served as an active duty member of the California National Guard or the U.S. Armed Forces and was honorably discharged. (BPC §114.6(a))

- 2) In order to qualify for the fee waiver, the applicant must provide the Board with a completed "Certificate of Release or Discharge from Active Duty" (DD Form 214). (BPC §114.6(a))
- 3) Allows only one fee waiver to be granted. However, if a board charges both an application fee and a license issuance fee, the applicant is to be granted both waivers. (BPC §114.6(b))
- 4) Prohibits a fee waiver from being granted for any of the following (BPC §114.6(b)):
  - a) A license renewal;
  - b) The application for and issuance of an additional license or a registration; or
  - c) An application for examination.

**Comments:**

- 1) **Author's Intent.** The author's office states that initial application and occupational license fees can act as barriers of entry to the workforce for veterans. They state that between 240,000 to 360,000 veterans separate from the military each year, and 1.9 million veterans currently live in California.

The author's office also notes that the states of Wisconsin, Florida, and Texas have passed legislation granting fee waivers for initial occupational licensure for honorably discharged veterans.

- 2) **Fiscal Impact.** This bill requires fee waivers for the application of a license and for the issuance of a license, if a board charges both fees. This board only charges an initial license fee. (Applicants also typically have to pay a registration application fee, registration renewal fees, and exam application fees, but these fees are not waived under this bill.)

The fees that this board charges that would qualify for a military service waiver under this bill are as follows:

**LMFTs:** \$130 initial license fee

**LEPs:** \$80 initial license fee

**LCSWs:** \$100 initial license fee

**LPCCs:** \$200 initial license fee

***Average BBS Initial License Fee (average of the 4 license types) = \$128***

One way to estimate the amount of revenue loss due to waived fees would be to look at the number of applicants who applied for an expedited license due to military service. The Board began tracking data about the number of applicants in who

applied for an expedited application or license due to military service at the end of 2014. Therefore, two full years of this data (2015 and 2016) is available.

Many of the expedited applications in 2015 and 2016 were for a registration. Because a high number of registrants may not go on to receive a license, or it may be many years before they do so, the number of applications for a registration is likely not indicative of the number of persons who will eventually ask for an initial license fee to be waived. Instead, staff only looked at exam eligibility applications, and initial license requests that were expedited in 2015 and 2016.

- In 2015, there were 58 requests for an expedited exam eligibility application or initial license issuance due to military service.
- In 2016, there were 92 requests for an expedited exam eligibility or initial license issuance due to military service.

Because the military expedite process for licensure is relatively new, it is possible that these requests could increase in the future as more applicants learn that military veterans are eligible for expedited licenses. However, at this time, the fiscal impact would be \$128 (the average amount of the waived fee) per applicant. Therefore, the cost of waiving these fees in 2016 ( $\$128 \text{ average fee} \times 92 \text{ qualifying applicants} = \$11,776$  in waived fees) would have been approximately \$12,000.

- 3) Proration of Initial License Fees.** The Board prorates the initial license fee for all applicants based on their birth month and the month the initial license issuance application is received by the Board. This is done to ensure fairness. Licenses always expire in the licensee's birth month, and if the fee were not prorated, some would pay the full amount but receive less than the full two years of licensure due to their birth date.

As an example, the full initial license fee for LMFT applicants is \$130, but some pay a prorated fee as low as \$70 based on birth date and submission time.

Because the initial license fee is prorated, allowing a fee waiver for it may cause some inequity. Some applicants will get more of a savings from the waived fee than others, depending on their birth date and when they submitted the application.

- 4) Tracking Previous Fee Waivers.** This bill states that applicants can only be granted one fee waiver. If an applicant is applying for more than one license, they cannot obtain fee waivers for those other licenses.

It may be difficult for the Board to ascertain whether an applicant has already been granted a fee waiver if he or she applying for multiple licenses.

- 5) Previous Legislation.**

SB 1155 (Morrell, 2016) would have required licensing boards to grant fee waivers for the application for and issuance of a license to persons who are honorably

discharged veterans. The Board had decided not to take a position on this bill. SB 1155 died in the Assembly Appropriations Committee.

AB 1057 (Medina, Chapter 693, Statutes of 2013), requires each board to inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.

- 6) **Related Legislation.** AB 703 (Flora) would require licensing boards to grant fee waivers for the application for and issuance of an initial license to a person who holds a current license in the same profession in another state and who is a spouse of an active duty member of the military.
- 7) **Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee opted to defer taking a position on this legislation until more data was available.

Of particular interest was the projected volume of applicants who might ask for a fee waiver. AB 1057 required, beginning January 1, 2015, each DCA board to ask if an applicant is serving in, or has previously served in, the military. Staff was directed to look at this data to see if any additional information could be ascertained.

Board staff pulled the number of applicants, by year and license type, who submitted an initial license application and had indicated military status. These are the applicants who would have been eligible for an initial license fee waiver, had a waiver been in effect in that year. The data are as follows:

<b>Applicant Type</b>	<b>2015</b>	<b>2016</b>	<b>2017 (Partial)</b>
LMFT	117	62	20
LEP	0	0	0
LCSW	73	37	30
LPCC	0	4	3
<b>Total</b>	<b>190</b>	<b>103</b>	<b>53</b>

The Board will be able to more accurately estimate the average volume of military status initial license applicants once several years of data is available. For the time being, if the military fee had been waived for these applicants, the amount of fee waivers would have been as follows:

**2015:** \$128 average fee x 190 military applicants = \$24,300 in waived fees

**2016:** \$128 average fee x 103 military applicants = \$13,100 in waived fees

**8) Support and Opposition.**

**Support:**

- American Council of Engineering Companies, California
- American G.I. Forum of California
- American Legion-Department of California
- AMVETS-Department of California
- California Association of County Veterans Service Officers
- California Association of Licensed Investigators, Inc.
- California Board of Accountancy
- California Optometric Association
- California State Commanders Veterans Council
- Military Officers Association of America, California Council of Chapters
- Vietnam Veterans of America-California State Council

**Opposition:**

- None at this time.

**9) History**

**2017**

04/26/17 From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (April 25). Re-referred to Com. on APPR.

04/17/17 From committee with author's amendments. Read second time and amended. Re-referred to Com. on V.A.

04/07/17 Set for hearing April 25.

04/03/17 From committee: Do pass and re-refer to Com. on V.A. (Ayes 9. Noes 0.) (April 3). Re-referred to Com. on V.A.

03/21/17 Set for hearing April 3.

01/12/17 Referred to Coms. on B., P. & E.D. and V.A.

12/06/16 From printer. May be acted upon on or after January 5.

12/05/16 Introduced. Read first time. To Com. on RLS. for assignment. To print.

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AMENDED IN SENATE APRIL 17, 2017

**SENATE BILL**

**No. 27**

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**Introduced by Senator Morrell**

***(Coauthors: Senators Bates, Berryhill, Nguyen, and Wilk)***

*(Coauthors: Assembly Members Acosta, Baker, Chávez, Cunningham,  
Lackey, Mathis, and Patterson)*

December 5, 2016

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An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

legislative counsel's digest

SB 27, as amended, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee or registrant whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license or registration without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist with, the initial licensure

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process for an applicant who has served as an active duty member of the United States Armed Forces and was honorably discharged.

This bill would require every board within the Department of Consumer Affairs to grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplies satisfactory evidence, as defined, to the board that the applicant has served as an active duty member of the California National Guard or the United States Armed Forces and was honorably discharged. The bill would require that a veteran be granted only one fee waiver, except as specified.

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

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

- 1 SECTION 1. Section 114.6 is added to the Business and  
2 Professions Code, to read:  
3 114.6. (a) (1) Notwithstanding any other law, every board  
4 within the department shall grant a fee waiver for the application  
5 for and issuance of an initial license to an applicant who supplies  
6 satisfactory evidence to the board that the applicant has served as  
7 an active duty member of the California National Guard or the  
8 United States Armed Forces and was honorably discharged.  
9 (2) For purposes of this section, “satisfactory evidence” means  
10 a completed “Certificate of Release or Discharge from Active  
11 Duty” (DD Form 214).  
12 (b) (1) A veteran shall be granted only one fee waiver, except  
13 as specified in paragraph (2). After a fee waiver has been issued  
14 by ~~any~~ a board within the department, the veteran is no longer  
15 eligible for a waiver.  
16 (2) If a board charges a fee for the application for a license and  
17 another fee for the issuance of a license, the veteran shall be granted  
18 fee waivers for both the application for and issuance of a license.  
19 (3) The fee waiver shall apply only to an application of and a  
20 license issued to an individual veteran and not to an application  
21 of or a license issued to an individual veteran on behalf of a  
22 business or other entity.  
23 (4) A fee waiver shall not be issued for any of the following:  
24 (A) Renewal of a license.



- 1 (B) The application for and issuance of an additional license, a
- 2 certificate, a registration, or a permit associated with the initial
- 3 license.
- 4 (C) The application for an examination.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** SB 244                      **VERSION:** AMENDED APRIL 3, 2017

**AUTHOR:** LARA                              **SPONSOR:** AUTHOR

**RECOMMENDED POSITION:** SUPPORT

**SUBJECT:** PRIVACY: AGENCIES: PERSONAL INFORMATION

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### **Summary**

This bill would provide additional privacy protections for personal information that is submitted to state agencies from an applicant for public services or programs.

### **Existing Law:**

- 1) Requires entities under the Department of Consumer Affairs (DCA) to collect either the federal employer identification number (for partnerships), the individual taxpayer identification number, or the social security number of all applicants. (Business and Professions Code (BPC) §30)
- 2) States that the federal employer identification number, individual taxpayer identification number, or the social security number collected by a licensing board is not a public record and is not open to the public for inspection. (BPC §30)
- 3) Requires that DCA entities provide information on the internet regarding the status of every license issued by that entity. This may not include personal information, including home telephone number, date of birth, or social security number. An address of record is required to be disclosed, however, a licensee may opt to provide a post office box number or alternate address instead of a home address. (BPC §27)
- 4) Establishes the Mental Health Practitioner Education Fund, which provides loan repayment grants to certain mental health services providers who agree to work in a mental health professional shortage area. (Health and Safety Code (HSC) §§128454, 128458)
- 5) Prohibits the Mental Health Practitioner Education Fund, as well as other specified loan repayment funds, from denying an application based on the citizenship or immigration status of the applicant. Permits the applicant to apply using either his or her social security number or individual tax identification number. (HSC §128371)

### **This Bill:**

- 1) States that information submitted by applicants for licenses, including a federal employer identification number, taxpayer identification number, or social security number, may be collected, recorded, and used only for the purposes of determining eligibility for a license. (BPC §30)
- 2) States that the federal employer identification number, individual taxpayer identification number, or the social security number collected by a licensing board is confidential and cannot be disclosed except to administer the licensing program or as otherwise required by California law or federal court order. (BPC §30)
- 3) States that personal information collected or obtained by any state agency is to be used only for the purposes for which it was obtained and is not a public record for purposes of the California Public Records Act. (Civil Code (CC) §1798.785)
- 4) States that personal information collected or obtained by a state agency may only be disclosed as follows (CC §1798.785):
  - a) If it is required to administer the requested public service or programs;
  - b) If disclosure is required by California law;
  - c) If disclosure is required by a state or federal order;
  - d) If it is shared as aggregate data containing no personal information;
  - e) If the applicant provides a signed consent form to share the data.
- 5) Defines “personal information” as including name, address, birthplace, religion, sex, age, marital status, citizenship or immigration status, social security number, political affiliation, status as a recipient of public services, health information, income, or credit information of the applicant or of any family members or individuals provided in support of the application. (CC §1798.785)
- 6) Prohibits information provided by an applicant for a Mental Health Practitioner Education Fund loan repayment grant, and for applicants of other specified similar programs, from being considered a public record for purposes of the California Public Records Act. Specifies applicant information provided is confidential and is to be used only to assess eligibility, and may not be disclosed for any other purpose without written consent of the applicant, except as required by California law or court order. (HSC§128371)

### **Comments:**

- 1) **Author’s Intent.** The author’s office is seeking to protect the personal information of individuals that is collected or obtained by state and local agencies for the administration of public programs. They state that the following: “While state and federal privacy protection laws provide many safeguards for state residents, their private information may be vulnerable to new threats, and misuse of this information

could have devastating consequences”...“The misuse of private information gathered for the purpose of administering these programs would undermine the public safety and health goals of our laws.”

The author also notes that a goal of this bill is to “ensure that all residents, regardless of religion, health condition, gender, gender identity, citizenship, immigration status or status as a survivor of crime feel comfortable interacting with government agencies, with an expectation that their information will be confidential.”

**2) Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended the Board consider taking a “support” position on this legislation.

### **3) Support and Opposition.**

#### **Support:**

- Alliance San Diego;
- American Academy of Pediatrics
- American Civil Liberties Union of California
- American Immigration Lawyers Association – Northern California, Southern California, Santa Clara Valley, and San Diego Chapters
- Asian Americans Advancing Justice
- Asian Health Services
- Asian Law Alliance
- California Health Advocates
- California Immigrant Policy Center
- California Labor Federation
- California Latinas for Reproductive Justice
- California Pan-Ethnic Health Network
- California Partnership
- California Rural Legal Assistance Foundation, Inc.
- Clergy and Laity United for Economic Justice -- Ventura County
- Coalition for Humane Immigrant Rights
- Community Health Councils
- Consumer Federation of California
- Courage Campaign
- Having Our Say!
- Health Access California
- Jewish Family Service of Los Angeles
- Jewish Public Affairs Committee of California
- Korean Community Center of the East Bay
- Latino Coalition for a Healthy California
- Legal Aid at Work
- Mixteco/Indígena Community Organizing Project
- National Association of Social Workers – California Chapter
- National Health Law Program
- National Immigration Law Center

- A New Way of Life Re-Entry Project
- Pangea Legal Services
- Project Inform
- Senior and Disability Action
- The W. Hayward Burns Institute
- Western Center on Law and Poverty

**Opposition:**

- California Newspaper Publishers Association
- California State Sheriffs' Association
- Californians Aware

**4) History**

**2017**

04/20/17 Set for hearing April 25.  
 04/19/17 April 18 hearing postponed by committee.  
 04/03/17 From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.  
 03/28/17 Set for hearing April 18.  
 02/16/17 Referred to Com. on JUD.  
 02/07/17 From printer. May be acted upon on or after March 9.  
 02/06/17 Introduced. Read first time. To Com. on RLS. for assignment. To print.

AMENDED IN SENATE APRIL 3, 2017

**SENATE BILL**

**No. 244**

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**Introduced by Senator Lara**

February 6, 2017

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*An act to amend Section 30 of the Business and Professions Code, to add Chapter 2 (commencing with Section 1798.785) to Title 1.8 of Part 4 of Division 3 of the Civil Code, and to amend Sections 48204.1, 49073.1, 66021.6, 66021.7, 68130.5, 69508.5, 70036, and 99155 of the Education Code, to amend Section 128371 of the Health and Safety Code, to amend Sections 12800.7 and 12801.9 of the Vehicle Code, and to amend Sections 204, 1905, and 14007.8 of, and to add Section 17852 to, the Welfare and Institutions Code, relating to privacy.*

legislative counsel's digest

SB 244, as amended, Lara. Privacy: agencies: personal information.

(1) The Information Practices Act of 1977 requires an agency to maintain in its records only that personal information, as defined, that is relevant and necessary to accomplish a purpose of the agency required or authorized by the California Constitution or statute or mandated by the federal government, as provided. The act defines "agency" for these purposes as every state office, officer, department, division, bureau, board, commission, or other state agency, but excluding the Legislature, judicial branch entities, the State Compensation Insurance Fund, except as provided, and local agencies.

This bill would require that personal information, as defined, and records containing personal information that are collected or obtained by the state, any state agency, or any subdivision of the state, including agents of the California State University and the California Community Colleges, as well as any private persons contracted to administer public

services or ~~programs~~, *programs or maintain data for state or local agencies, from an applicant for public services or programs only be collected, used, and retained recorded, or used only for the purpose of assessing eligibility for and providing those public services and programs for which the application has been submitted. The bill would provide that personal information subject to these provisions is not a public record for purposes of the California Public Records Act and would prohibit disclosure of that personal information to any other person, except as provided.*

By imposing new duties on local officials with respect to collecting, maintaining, and disclosing personal information, this bill would impose a state-mandated local program.

*(2) Existing law regulates various professions and vocations by various boards within the Department of Consumer Affairs. Existing law requires those boards, the State Bar of California, and the Department of Real Estate to require a licensee, at the time of issuance of a license, to provide specified information, including the applicant's date of birth, and the licensee's federal employer identification number, if the licensee is a partnership, or his or her social security number or individual taxpayer identification number. Existing law provides that the applicant's federal employer identification number, social security number, or individual taxpayer identification number information is not a public record and, as such, is not open to the public for inspection.*

*This bill would revise this provision to provide that any information submitted by applicants for licenses shall be collected, recorded, and used only for the purpose of determining eligibility for a license and administering the provisions described above, would expand the public records exception to include all of this information, and would provide all this information is confidential.*

*(3) Existing law provides for the collection of personally identifiable information by educational entities, including, but not limited to, local educational agencies, the California Community Colleges, the University of California, and the California State University, for the purposes of providing specified educational services and benefits.*

*This bill would establish that personal information collected or obtained pursuant to these provisions is confidential, is not a public record for purposes of the California Public Records Act, and shall only be collected, used, and retained to administer the public services or programs for which that information was collected or obtained, and*



would prohibit disclosure of that personal information to any other person, except as provided.

(4) Existing law establishes several education programs to promote and fund the education of health professionals. Existing law prohibits these programs from denying an application based on the citizenship status or immigration status of the applicant.

This bill would provide that information submitted by applicants for these programs is not a public record and is confidential, and may be used only as required to assess eligibility for these programs, as specified.

(2)

(5) Existing law requires that each application for an original or a renewal of a driver's license contain specified information. Under existing law, any document provided by the applicant to the department for purposes of proving his or her identity, true, full name, California residency, or that the applicant's presence in the United States is authorized under federal law, is not a public record and prohibits the department from disclosing this information except when requested by a law enforcement agency as part of an investigation.

This bill would instead prohibit the department from disclosing this information except in response to a ~~warrant issued by a state or federal court in an individual criminal prosecution.~~ subpoena for individual records in a state criminal proceeding or a court order. The bill would also expand this prohibition to apply to any photograph taken of the applicant by the department, as specified.

(3)

(6) Existing law requires the Department of Motor Vehicles to issue an original driver's license to a person who is unable to submit satisfactory proof that the applicant's presence in the United States is authorized under federal law if he or she meets all other qualifications for licensure and provides satisfactory proof to the department of his or her identity and California residency. Under existing law, it is a violation of specified antidiscrimination provisions for a state or local governmental authority, agent, or person acting on behalf of a state or local governmental authority, or a program or activity that is funded directly or receives financial assistance from the state, to discriminate against an individual because he or she holds or presents a license issued pursuant to these provisions.

This bill would specify that discrimination for these purposes includes notifying another law enforcement agency of the individual's identity

or that the individual carries a license issued under these provisions if a notification would not otherwise be provided.

Existing law specifies that information collected under this provision is not a public record and prohibits disclosure, except as required by law.

This bill would instead prohibit disclosure except in response to a ~~warrant issued by a state or federal court in an individual criminal prosecution~~; *subpoena for individual records in a state criminal proceeding or a court order.*

Existing law prohibits use of a driver's license issued under these provisions to consider an individual's citizenship or immigration status as a basis for an investigation, arrest, citation, or detention.

This bill would instead prohibit use of a driver's license issued under these provisions as evidence of or a basis to infer an individual's citizenship or immigration status ~~as a basis~~ for any purpose.

*(7) Existing law requires a family law court and a court hearing a probate guardianship matter, upon request from the juvenile court in any county, to provide to the court all available information the court deems necessary to make a determination regarding the best interest of the child, as specified. Existing law also requires the information to be released to a child protective services worker or a juvenile probation officer acting within the scope of his or her duties in that proceeding. Existing law provides that any information released pursuant to these provisions that is confidential pursuant to any other law shall remain confidential.*

*This bill would instead provide that any information released pursuant to these provisions is confidential, and may be used only for the purpose of serving the best interest of the child in juvenile court.*

*(8) Existing law requires youth service bureaus funded by specified provisions to maintain accurate and complete case records, reports, statistics, and other information necessary for the conduct of its programs.*

*This bill would require these youth service bureaus to collect, use, and retain individual client information and records only for the purpose of administering youth services. The bill would provide that client information and records are not public records, are confidential, and may not be disclosed except as required to administer youth services or as required by law or court order. By imposing new duties on local officials with respect to collecting, maintaining, and disclosing personal information, this bill would impose a state-mandated local program.*

(9) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 19 years of age who do not have, or are unable to establish, satisfactory immigration status, commencing after the Director of Health Care Services determines that systems have been programmed for implementation of this extension.

This bill would provide that information provided by individuals eligible for Medi-Cal pursuant to these provisions to determine eligibility is not a public record and is confidential, and may be used only as required to assess eligibility for Medi-Cal, as specified.

(10) Federal law, the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), provides that certain persons are not eligible for defined state and local public benefits unless a state law is enacted subsequent to the effective date of the act, August 22, 1996, that affirmatively provides for that eligibility. Existing law authorizes a city, county, city and county, or hospital district to provide aid, including health care, to persons who, but for the above-referred to provision of the federal PRWORA, would meet the eligibility requirements for any program of that entity.

This bill would authorize a city, county, city and county, or hospital district to collect personal information for these purposes only as strictly necessary to assess eligibility for, or to administer, the program or services, as specified.

(4)

(11) 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.

(5)

(12) The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

~~(6)~~

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

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

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1     SECTION 1. Section 30 of the Business and Professions Code  
2     is amended to read:

3     30. (a) (1) Notwithstanding any other law, any board, as  
4     defined in Section 22, and the State Bar and the Bureau of Real  
5     Estate shall, at the time of issuance of the license, require that the  
6     applicant provide its federal employer identification number, if  
7     the applicant is a partnership, or the applicant’s social security  
8     number for all other applicants.

9     (2) No later than January 1, 2016, in accordance with Section  
10    135.5, a board, as defined in Section 22, and the State Bar and the  
11    Bureau of Real Estate shall require either the individual taxpayer  
12    identification number or social security number if the applicant is  
13    an individual for purposes of this subdivision.

14    (b) A licensee failing to provide the federal employer  
15    identification number, or the individual taxpayer identification  
16    number or social security number shall be reported by the licensing  
17    board to the Franchise Tax Board. If the licensee fails to provide  
18    that information after notification pursuant to paragraph (1) of  
19    subdivision (b) of Section 19528 of the Revenue and Taxation  
20    Code, the licensee shall be subject to the penalty provided in  
21    paragraph (2) of subdivision (b) of Section 19528 of the Revenue  
22    and Taxation Code.

23    (c) In addition to the penalty specified in subdivision (b), a  
24    licensing board shall not process an application for an initial license  
25    unless the applicant provides its federal employer identification  
26    number, or individual taxpayer identification number or social  
27    security number where requested on the application.

1 (d) A licensing board shall, upon request of the Franchise Tax  
2 Board or the Employment Development Department, furnish to  
3 the board or the department, as applicable, the following  
4 information with respect to every licensee:

- 5 (1) Name.
- 6 (2) Address or addresses of record.
- 7 (3) Federal employer identification number if the licensee is a  
8 partnership, or the licensee's individual taxpayer identification  
9 number or social security number for all other licensees.
- 10 (4) Type of license.
- 11 (5) Effective date of license or a renewal.
- 12 (6) Expiration date of license.
- 13 (7) Whether license is active or inactive, if known.
- 14 (8) Whether license is new or a renewal.

15 (e) For the purposes of this section:

16 (1) "Licensee" means a person or entity, other than a  
17 corporation, authorized by a license, certificate, registration, or  
18 other means to engage in a business or profession regulated by  
19 this code or referred to in Section 1000 or 3600.

20 (2) "License" includes a certificate, registration, or any other  
21 authorization needed to engage in a business or profession  
22 regulated by this code or referred to in Section 1000 or 3600.

23 (3) "Licensing board" means any board, as defined in Section  
24 22, the State Bar, and the Bureau of Real Estate.

25 (f) The reports required under this section shall be filed on  
26 magnetic media or in other machine-readable form, according to  
27 standards furnished by the Franchise Tax Board or the Employment  
28 Development Department, as applicable.

29 (g) Licensing boards shall provide to the Franchise Tax Board  
30 or the Employment Development Department the information  
31 required by this section at a time that the board or the department,  
32 as applicable, may require.

33 (h) *Information submitted by applicants for licenses, including*  
34 *any federal employer identification number, individual taxpayer*  
35 *identification number, or social security number furnished pursuant*  
36 *to this section shall be collected, recorded, and used only for the*  
37 *purpose of determining eligibility for a license and administering*  
38 *the provisions of this section.* Notwithstanding Chapter 3.5  
39 (commencing with Section 6250) of Division 7 of Title 1 of the  
40 Government Code, a federal employer identification number,

1 individual taxpayer identification number, or social security number  
2 furnished pursuant to this section shall not be deemed to be a public  
3 ~~record and record~~, shall not be open to the public for ~~inspection~~.  
4 *inspection, is confidential, and shall not be disclosed except as*  
5 *required to administer the licensing program, the requirements of*  
6 *this section, or as otherwise required by California law or a state*  
7 *or federal court order. This subdivision does not prohibit the*  
8 *disclosure of aggregate data that does not reveal personally*  
9 *identifying information.*

10 (i) A deputy, agent, clerk, officer, or employee of a licensing  
11 board described in subdivision (a), or any former officer or  
12 employee or other individual who, in the course of his or her  
13 employment or duty, has or has had access to the information  
14 required to be furnished under this section, shall not disclose or  
15 make known in any manner that information, except as provided  
16 pursuant to this section to the Franchise Tax Board, the  
17 Employment Development Department, or the Office of the  
18 Chancellor of the California Community Colleges, or as provided  
19 in subdivision (k).

20 (j) It is the intent of the Legislature in enacting this section to  
21 utilize the federal employer identification number, individual  
22 taxpayer identification number, or social security number for the  
23 purpose of establishing the identification of persons affected by  
24 state tax laws, for purposes of compliance with Section 17520 of  
25 the Family Code, and for purposes of measuring employment  
26 outcomes of students who participate in career technical education  
27 programs offered by the California Community Colleges and, to  
28 that end, the information furnished pursuant to this section shall  
29 be used exclusively for those purposes.

30 (k) If the board utilizes a national examination to issue a license,  
31 and if a reciprocity agreement or comity exists between the State  
32 of California and the state requesting release of the individual  
33 taxpayer identification number or social security number, any  
34 deputy, agent, clerk, officer, or employee of any licensing board  
35 described in subdivision (a) may release an individual taxpayer  
36 identification number or social security number to an examination  
37 or licensing entity, only for the purpose of verification of licensure  
38 or examination status.

39 (l) For the purposes of enforcement of Section 17520 of the  
40 Family Code, and notwithstanding any other law, a board, as

1 defined in Section 22, and the State Bar and the Bureau of Real  
2 Estate shall at the time of issuance of the license require that each  
3 licensee provide the individual taxpayer identification number or  
4 social security number of each individual listed on the license and  
5 any person who qualifies for the license. For the purposes of this  
6 subdivision, “licensee” means an entity that is issued a license by  
7 any board, as defined in Section 22, the State Bar, the Bureau of  
8 Real Estate, and the Department of Motor Vehicles.

9 (m) The department shall, upon request by the Office of the  
10 Chancellor of the California Community Colleges, furnish to the  
11 chancellor’s office, as applicable, the following information with  
12 respect to every licensee:

13 (1) Name.

14 (2) Federal employer identification number if the licensee is a  
15 partnership, or the licensee’s individual taxpayer identification  
16 number or social security number for all other licensees.

17 (3) Date of birth.

18 (4) Type of license.

19 (5) Effective date of license or a renewal.

20 (6) Expiration date of license.

21 (n) The department shall make available information pursuant  
22 to subdivision (m) only to allow the chancellor’s office to measure  
23 employment outcomes of students who participate in career  
24 technical education programs offered by the California Community  
25 Colleges and recommend how these programs may be improved.  
26 Licensure information made available by the department pursuant  
27 to this section shall not be used for any other purpose.

28 (o) The department may make available information pursuant  
29 to subdivision (m) only to the extent that making the information  
30 available complies with state and federal privacy laws.

31 (p) The department may, by agreement, condition or limit the  
32 availability of licensure information pursuant to subdivision (m)  
33 in order to ensure the security of the information and to protect  
34 the privacy rights of the individuals to whom the information  
35 pertains.

36 (q) All of the following apply to the licensure information made  
37 available pursuant to subdivision (m):

38 (1) It shall be limited to only the information necessary to  
39 accomplish the purpose authorized in subdivision (n).

1 (2) It shall not be used in a manner that permits third parties to  
 2 personally identify the individual or individuals to whom the  
 3 information pertains.

4 (3) Except as provided in subdivision (n), it shall not be shared  
 5 with or transmitted to any other party or entity without the consent  
 6 of the individual or individuals to whom the information pertains.

7 (4) It shall be protected by reasonable security procedures and  
 8 practices appropriate to the nature of the information to protect  
 9 that information from unauthorized access, destruction, use,  
 10 modification, or disclosure.

11 (5) It shall be immediately and securely destroyed when no  
 12 longer needed for the purpose authorized in subdivision (n).

13 (r) The department or the chancellor's office may share licensure  
 14 information with a third party who contracts to perform the function  
 15 described in subdivision (n), if the third party is required by  
 16 contract to follow the requirements of this section.

17 **SECTION 4.**

18 *SEC. 2.* Chapter 2 (commencing with Section 1798.785) is  
 19 added to Title 1.8 of Part 4 of Division 3 of the Civil Code, to read:

20

21 Chapter 2. Applications for Public Services or Programs

22

23 1798.785. (a) Notwithstanding any other law, personal  
 24 information and records containing personal information that are  
 25 collected or obtained by the state, any state agency, or any  
 26 subdivision of the state, including agents of the California State  
 27 University and the California Community Colleges, as well as any  
 28 private persons contracted to administer public services or  
 29 ~~programs, programs or maintain data for state or local agencies,~~  
 30 from an applicant for public services or programs shall ~~only~~ be  
 31 collected, ~~used, and retained~~ *recorded, or used only* for the purpose  
 32 of assessing eligibility for and providing those public services and  
 33 programs for which the application has been submitted. Personal  
 34 information subject to this section is not a public record for  
 35 purposes of the California Public Records Act (Chapter 3.5  
 36 (commencing with Section 6250) of Division 7 of Title 1 of the  
 37 Government Code) and shall not be disclosed to any other person,  
 38 including, but not limited to, any other state or federal agency or  
 39 official, except as follows:



- 1 (1) If disclosure is required to administer the requested public  
2 services or programs.
- 3 (2) If disclosure is otherwise required by *California* law.
- 4 (3) If the disclosure is pursuant to a state or federal court order.
- 5 (4) If the disclosure is made as provided in subdivision (c) or 6  
6 (d).
- 7 (5) *This section shall not prohibit the sharing of personal*  
8 *information where the subject of that information has provided*  
9 *signed, written consent allow the information to be provided to*  
10 *the requestor or his or her legal representative.*
- 11 (b) As used in this section, the following definitions shall apply:
- 12 (1) ~~“Personal information” means any of the following:~~  
13 *following information about the applicant or recipient of services*  
14 *or programs, and information about any family members or other*  
15 *individuals provided in support of the application:*
- 16 (A) Name.
- 17 (B) Residential, business, or other address.
- 18 (C) Date and place of birth.
- 19 (D) Religion.
- 20 (E) Sex, sexual orientation, gender, and gender identity.
- 21 (F) Marital status.
- 22 (G) Age.
- 23 (H) Citizenship or immigration status.
- 24 (I) Social security number, issued by the Social Security  
25 Administration, or individual taxpayer identification number,  
26 issued by the Internal Revenue Service.
- 27 (J) Records of criminal or juvenile arrests, convictions, or  
28 adjudications.
- 29 (K) Status as a victim of crime.
- 30 (L) Known or suspected political or organizational affiliations.
- 31 (M) Status as a recipient of public services or programs.
- 32 (N) Health information.
- 33 (O) Income, assets, and debt.
- 34 (P) Credit information of the applicant for public services or  
35 ~~programs and any family members or other individuals whose~~  
36 ~~names are provided in support of the application.~~ *programs.*
- 37 (2) “Applicant for public services or programs” means any  
38 *natural* person who applies for, receives, or uses any government  
39 service or benefit on his or her own behalf or on behalf of a  
40 dependent.

1 (3) “Public services or programs” includes, but is not limited  
2 to, veterans’ services, job training, education, financial aid, health  
3 care, unemployment benefits, income assistance, nutrition  
4 assistance, housing, counseling, law enforcement assistance, library  
5 access, identification cards, driver’s licenses, professional or  
6 business licenses, and court services that are provided by a state  
7 or local public entity.

8 (c) This section shall not prohibit the sharing of aggregate data,  
9 provided that any personal information is redacted or removed.

10 (d) This section shall not prohibit the sharing of personal  
11 information in response to a request from the applicant for public  
12 services or programs upon receipt of a signed consent form.

13 *SEC. 3. Section 48204.1 of the Education Code is amended to*  
14 *read:*

15 48204.1. (a) A school district shall accept from the parent or  
16 legal guardian of a pupil reasonable evidence that the pupil meets  
17 the residency requirements for school attendance in the school  
18 district as set forth in Sections 48200 and 48204. Reasonable  
19 evidence of residency for a pupil living with his or her parent or  
20 legal guardian shall be established by documentation showing the  
21 name and address of the parent or legal guardian within the school  
22 district, including, but not limited to, any of the following  
23 documentation:

- 24 (1) Property tax payment receipts.
- 25 (2) Rental property contract, lease, or payment receipts.
- 26 (3) Utility service contract, statement, or payment receipts.
- 27 (4) Pay stubs.
- 28 (5) Voter registration.
- 29 (6) Correspondence from a government agency.
- 30 (7) Declaration of residency executed by the parent or legal  
31 guardian of a pupil.

32 (b) Nothing in this section shall be construed to require a parent  
33 or legal guardian of a pupil to show all of the items of  
34 documentation listed in paragraphs (1) to (7), inclusive, of  
35 subdivision (a).

36 (c) If an employee of a school district reasonably believes that  
37 the parent or legal guardian of a pupil has provided false or  
38 unreliable evidence of residency, the school district may make  
39 reasonable efforts to determine that the pupil actually meets the  
40 residency requirements set forth in Sections 48200 and 48204.

1 (d) Nothing in this section shall be construed as limiting access  
2 to pupil enrollment in a school district as otherwise provided by  
3 federal and state statutes and regulations. This includes immediate  
4 enrollment and attendance guaranteed to a homeless child or youth,  
5 as defined in Section 11434a(2) of the federal McKinney-Vento  
6 Homeless Assistance Act (42 U.S.C. Sec. 11434a(2) et seq.),  
7 without any proof of residency or other documentation.

8 (e) Consistent with Section 11432(g) of the federal  
9 McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301  
10 et seq.), proof of residency of a parent within a school district shall  
11 not be required for an unaccompanied youth, as defined in Section  
12 11434a(6) of Title 42 of the United States Code. A school district  
13 shall accept a declaration of residency executed by the  
14 unaccompanied youth in lieu of a declaration of residency executed  
15 by his or her parent or legal guardian.

16 (f) *Notwithstanding Chapter 3.5 (commencing with Section*  
17 *6250) of Division 7 of Title 1 of the Government Code, a pupil*  
18 *record provided by a parent or legal guardian of a pupil for the*  
19 *purpose of establishing residency is confidential, is not a public*  
20 *record, shall be used only for the purpose of establishing residency,*  
21 *shall not be open to the public for inspection, and shall not be*  
22 *disclosed without the written consent of the parent or legal*  
23 *guardian of the pupil, except as to establish residency, or as*  
24 *otherwise required by California law or a state or federal court*  
25 *order. This subdivision does not prohibit the disclosure of*  
26 *aggregate data that does not reveal personally identifying*  
27 *information about the pupil.*

28 *SEC. 4. Section 49073.1 of the Education Code is amended to*  
29 *read:*

30 49073.1. (a) A local educational agency may, pursuant to a  
31 policy adopted by its governing board or, in the case of a charter  
32 school, its governing body, enter into a contract with a third party  
33 for either or both of the following purposes:

34 (1) To provide services, including cloud-based services, for the  
35 digital storage, management, and retrieval of pupil records.

36 (2) To provide digital educational software that authorizes a  
37 third-party provider of digital educational software to access, store,  
38 and use pupil records in accordance with the contractual provisions  
39 listed in subdivision (b).

1 (b) A local educational agency that enters into a contract with  
2 a third party for purposes of subdivision (a) shall ensure the  
3 contract contains all of the following:

4 (1) A statement that pupil records continue to be the property  
5 of and under the control of the local educational agency.

6 (2) Notwithstanding paragraph (1), a description of the means  
7 by which pupils may retain possession and control of their own  
8 pupil-generated content, if applicable, including options by which  
9 a pupil may transfer pupil-generated content to a personal account.

10 (3) A prohibition against the third party using any information  
11 in the pupil record for any purpose other than those required or  
12 specifically permitted by the contract.

13 (4) A description of the procedures by which a parent, legal  
14 guardian, or eligible pupil may review personally identifiable  
15 information in the pupil's records and correct erroneous  
16 information.

17 (5) A description of the actions the third party will take,  
18 including the designation and training of responsible individuals,  
19 to ensure the security and confidentiality of pupil records.  
20 Compliance with this requirement shall not, in itself, absolve the  
21 third party of liability in the event of an unauthorized disclosure  
22 of pupil records.

23 (6) A description of the procedures for notifying the affected  
24 parent, legal guardian, or eligible pupil in the event of an  
25 unauthorized disclosure of the pupil's records.

26 (7) (A) A certification that a pupil's records shall not be retained  
27 or available to the third party upon completion of the terms of the  
28 contract and a description of how that certification will be enforced.

29 (B) The requirements provided in subparagraph (A) shall not  
30 apply to pupil-generated content if the pupil chooses to establish  
31 or maintain an account with the third party for the purpose of  
32 storing that content pursuant to paragraph (2).

33 (8) A description of how the local educational agency and the  
34 third party will jointly ensure compliance with the federal Family  
35 Educational Rights and Privacy Act (20 U.S.C. Sec. 1232g).

36 (9) A prohibition against the third party using personally  
37 identifiable information in pupil records to engage in targeted  
38 advertising.

39 (c) In addition to any other penalties, a contract that fails to  
40 comply with the requirements of this section shall be rendered

1 void if, upon notice and a reasonable opportunity to cure, the  
2 noncompliant party fails to come into compliance and cure any  
3 defect. Written notice of noncompliance may be provided by any  
4 party to the contract. All parties subject to a contract voided under  
5 this subdivision shall return all pupil records in their possession  
6 to the local educational agency.

7 (d) For purposes of this section, the following terms have the  
8 following meanings:

9 (1) “Deidentified information” means information that cannot  
10 be used to identify an individual pupil.

11 (2) “Eligible pupil” means a pupil who has reached 18 years of  
12 age.

13 (3) “Local educational agency” includes school districts, county  
14 offices of education, and charter schools.

15 (4) “Pupil-generated content” means materials created by a  
16 pupil, including, but not limited to, essays, research reports,  
17 portfolios, creative writing, music or other audio files, photographs,  
18 and account information that enables ongoing ownership of pupil  
19 content. “Pupil-generated content” does not include pupil responses  
20 to a standardized assessment where pupil possession and control  
21 would jeopardize the validity and reliability of that assessment.

22 (5) (A) “Pupil records” means both of the following:

23 (i) Any information directly related to a pupil that is maintained  
24 by the local educational agency.

25 (ii) Any information acquired directly from the pupil through  
26 the use of instructional software or applications assigned to the  
27 pupil by a teacher or other local educational agency employee.

28 (B) “Pupil records” does not mean any of the following:

29 (i) Deidentified information, including aggregated deidentified  
30 information, used by the third party to improve educational  
31 products, for adaptive learning purposes, and for customizing pupil  
32 learning.

33 (ii) Deidentified information, including aggregated deidentified  
34 information, used to demonstrate the effectiveness of the operator’s  
35 products in the marketing of those products.

36 (iii) Deidentified information, including aggregated deidentified  
37 information, used for the development and improvement of  
38 educational sites, services, or applications.

1 (6) “Third party” refers to a provider of digital educational  
2 software or services, including cloud-based services, for the digital  
3 storage, management, and retrieval of pupil records.

4 (e) If the provisions of this section are in conflict with the terms  
5 of a contract in effect before January 1, 2015, the provisions of  
6 this section shall not apply to the local educational agency or the  
7 third party subject to that agreement until the expiration,  
8 amendment, or renewal of the agreement.

9 (f) Nothing in this section shall be construed to impose liability  
10 on a third party for content provided by any other third party.

11 (g) *Notwithstanding Chapter 3.5 (commencing with Section*  
12 *6250) of Division 7 of Title 1 of the Government Code, access,*  
13 *storage, management, retrieval, and use of pupil records pursuant*  
14 *to this section is confidential, is not a public record, shall be used*  
15 *only to administer services provided under the applicable contract*  
16 *entered into pursuant to this section, shall not be open to the public*  
17 *for inspection, and shall not be disclosed without the written*  
18 *consent of the parent or legal guardian of the pupil, except as to*  
19 *administer services provided under the contract, or as otherwise*  
20 *required by California law or a state or federal court order. This*  
21 *subdivision does not prohibit the disclosure of aggregate data that*  
22 *does not reveal personally identifying information about the pupil.*

23 *SEC. 5. Section 66021.6 of the Education Code is amended to*  
24 *read:*

25 66021.6. (a) Notwithstanding any other law, and except as  
26 provided for in subdivision (b), the Trustees of the California State  
27 University and the Board of Governors of the California  
28 Community Colleges shall, and the Regents of the University of  
29 California are requested to, establish procedures and forms that  
30 enable persons who are exempt from paying nonresident tuition  
31 under Section 68130.5, or who meet equivalent requirements  
32 adopted by the regents, to apply for, and participate in, all student  
33 aid programs administered by these segments to the full extent  
34 permitted by federal law. The Legislature finds and declares that  
35 this section is a state law within the meaning of Section 1621(d)  
36 of Title 8 of the United States Code.

37 (b) The number of financial aid awards received by California  
38 resident students from financial aid programs administered by the  
39 segments shall not be diminished as a result of the application of

1 subdivision (a). The University of California is requested to comply  
2 with this subdivision.

3 ~~(e) This section shall become operative on January 1, 2013.~~

4 (c) *Notwithstanding Chapter 3.5 (commencing with Section*  
5 *6250) of Division 7 of Title 1 of the Government Code, information*  
6 *provided by applicants for, or by recipients of, student aid*  
7 *programs administered by the segments is confidential, is not a*  
8 *public record, shall be used only to administer these programs,*  
9 *shall not be open to the public for inspection, and shall not be*  
10 *disclosed without the written consent of the applicant or recipient*  
11 *of the aid, except as to administer these programs, or as otherwise*  
12 *required by California law or a state or federal court order. This*  
13 *subdivision does not prohibit the disclosure of aggregate data that*  
14 *does not reveal personally identifying information about the*  
15 *applicant or recipient.*

16 SEC. 6. *Section 66021.7 of the Education Code is amended to*  
17 *read:*

18 66021.7. (a) *Notwithstanding any other law, on and after*  
19 *January 1, 2012, a student attending the California State University,*  
20 *the California Community Colleges, or the University of California*  
21 *who is exempt from paying nonresident tuition under Section*  
22 *68130.5 shall be eligible to receive a scholarship that is derived*  
23 *from nonstate funds received, for the purpose of scholarships, by*  
24 *the segment at which he or she is a student. The Legislature finds*  
25 *and declares that this section is a state law within the meaning of*  
26 *subsection (d) of Section 1621 of Title 8 of the United States Code.*

27 (b) *Notwithstanding Chapter 3.5 (commencing with Section*  
28 *6250) of Division 7 of Title 1 of the Government Code, information*  
29 *provided by an applicant for, or by a recipient of, a scholarship*  
30 *pursuant to this section is confidential, is not a public record, shall*  
31 *be used only to administer the scholarship, shall not be open to*  
32 *the public for inspection, and shall not be disclosed without the*  
33 *written consent of the applicant or recipient, except as to*  
34 *administer the scholarship, or as otherwise required by California*  
35 *law or a state or federal court order. This subdivision does not*  
36 *prohibit the disclosure of aggregate data that does not reveal*  
37 *personally identifying information about the student.*

38 SEC. 7. *Section 68130.5 of the Education Code, as amended*  
39 *by Section 1 of Chapter 675 of the Statutes of 2014, is amended*  
40 *to read:*

1 68130.5. Notwithstanding any other law:

2 (a) A student, other than a nonimmigrant alien within the  
3 meaning of paragraph (15) of subsection (a) of Section 1101 of  
4 Title 8 of the United States Code, who meets all of the following  
5 requirements shall be exempt from paying nonresident tuition at  
6 the California State University and the California Community  
7 Colleges:

8 (1) Satisfaction of either of the following:

9 (A) High school attendance in California for three or more years.

10 (B) Attainment of credits earned in California from a California  
11 high school equivalent to three or more years of full-time high  
12 school coursework and a total of three or more years of attendance  
13 in California elementary schools, California secondary schools,  
14 or a combination of those schools.

15 (2) Graduation from a California high school or attainment of  
16 the equivalent thereof.

17 (3) Registration as an entering student at, or current enrollment  
18 at, an accredited institution of higher education in California not  
19 earlier than the fall semester or quarter of the 2001–02 academic  
20 year.

21 (4) In the case of a person without lawful immigration status,  
22 the filing of an affidavit with the institution of higher education  
23 stating that the student has filed an application to legalize his or  
24 her immigration status, or will file an application as soon as he or  
25 she is eligible to do so.

26 (b) A student exempt from nonresident tuition under this section  
27 may be reported by a community college district as a full-time  
28 equivalent student for apportionment purposes.

29 (c) The Board of Governors of the California Community  
30 Colleges and the Trustees of the California State University shall  
31 prescribe rules and regulations for the implementation of this  
32 section.

33 (d) ~~Student~~ *Notwithstanding Chapter 3.5 (commencing with*  
34 *Section 6250) of Division 7 of Title 1 of the Government Code,*  
35 *information obtained in the implementation of this section is*  
36 ~~confidential~~ *confidential, is not a public record, shall be used only*  
37 *to administer tuition payments pursuant to this section, shall not*  
38 *be open to the public for inspection, and shall not be disclosed*  
39 *without the written consent of the student, except as to administer*  
40 *this section, or as otherwise required by California law or a state*



1 *or federal court order. This subdivision does not prohibit the*  
2 *disclosure of aggregate data that does not reveal personally*  
3 *identifying information about the student.*

4 *SEC. 8. Section 69508.5 of the Education Code is amended to*  
5 *read:*

6 69508.5. (a) Notwithstanding any other law, and except as  
7 provided for in subdivision (c), a student who meets the  
8 requirements of subdivision (a) of Section 68130.5, or who meets  
9 equivalent requirements adopted by the Regents of the University  
10 of California, is eligible to apply for, and participate in, any student  
11 financial aid program administered by the State of California to  
12 the full extent permitted by federal law. The Legislature finds and  
13 declares that this section is a state law within the meaning of  
14 Section 1621(d) of Title 8 of the United States Code.

15 (b) Notwithstanding any other law, the Student Aid Commission  
16 shall establish procedures and forms that enable students who are  
17 exempt from paying nonresident tuition under Section 68130.5,  
18 or who meet equivalent requirements adopted by the regents, to  
19 apply for, and participate in, all student financial aid programs  
20 administered by the State of California to the full extent permitted  
21 by federal law.

22 (c) A student who is exempt from paying nonresident tuition  
23 under Section 68130.5 shall not be eligible for Competitive Cal  
24 Grant A and B Awards unless funding remains available after all  
25 California students not exempt pursuant to Section 68130.5 have  
26 received Competitive Cal Grant A and B Awards for which they  
27 are eligible.

28 ~~(d) This section shall become operative on January 1, 2013.~~

29 (d) *Notwithstanding Chapter 3.5 (commencing with Section*  
30 *6250) of Division 7 of Title 1 of the Government Code, information*  
31 *provided by an applicant for, or by a recipient of, a student*  
32 *financial aid program administered by the state is confidential, is*  
33 *not a public record, shall be used only to administer the program,*  
34 *shall not be open to the public for inspection, and shall not be*  
35 *disclosed without the written consent of the applicant or recipient*  
36 *of the aid, except as to administer the program, or as otherwise*  
37 *required by California law or a state or federal court order. This*  
38 *subdivision does not prohibit the disclosure of aggregate data that*  
39 *does not reveal personally identifying information about the*  
40 *student.*

1     *SEC. 9. Section 70036 of the Education Code is amended to*  
2 *read:*

3     70036. Each participating institution is responsible for all the  
4 following:

5     (a) The participating institution shall determine a student's  
6 eligibility for a DREAM loan.

7     (b) The participating institution shall award DREAM loan funds  
8 to students.

9     (c) The participating institution shall provide entrance and exit  
10 loan counseling to borrowers that is generally comparable to that  
11 required by federal student loan programs.

12     (d) The participating institution shall service DREAM loans,  
13 collect DREAM loan repayments, and perform all of the due  
14 diligence required by the federal Fair Credit Reporting Act (15  
15 U.S.C. Sec. 1681 et seq.).

16     (e) The participating institution shall establish mechanisms for  
17 recording the annual amount of the DREAM loan borrowed by  
18 each recipient, and the aggregate amount of DREAM loans  
19 borrowed by each recipient, in order to comply with the annual  
20 and aggregate borrowing limits set forth in Section 70034.

21     *(f) Notwithstanding Chapter 3.5 (commencing with Section*  
22 *6250) of Division 7 of Title 1 of the Government Code, student*  
23 *information obtained through the application, receipt, or use of*  
24 *DREAM loans pursuant to this article is confidential, is not a*  
25 *public record, shall be used only to administer DREAM loans,*  
26 *shall not be open to the public for inspection, and shall not be*  
27 *disclosed without the written consent of the student, except as to*  
28 *administer DREAM loans, or as otherwise required by California*  
29 *law or a state or federal court order. This subdivision does not*  
30 *prohibit the disclosure of aggregate data that does not reveal*  
31 *personally identifying information about the student.*

32     *SEC. 10. Section 99155 of the Education Code is amended to*  
33 *read:*

34     99155. (a) A test sponsor shall provide alternative methods to  
35 verify the identity of those test subjects who are unable to provide  
36 the required identification for purposes of admitting a test subject  
37 to take a standardized test administered by the sponsor.

38     (b) A test sponsor shall clearly post on the test sponsor's Internet  
39 Web site contact information for test subjects who are unable to  
40 provide the required identification and who need further assistance.

1 (c) Test sponsors may require test subjects to obtain approval  
2 from the test sponsor in advance of the test registration deadline  
3 in order to be admitted to the test with an alternative form of  
4 identification.

5 (d) *Notwithstanding Chapter 3.5 (commencing with Section*  
6 *6250) of Division 7 of Title 1 of the Government Code, information*  
7 *obtained from test subjects to verify identity is confidential, is not*  
8 *a public record, shall be used only to administer the tests, shall*  
9 *not be open to the public for inspection, and shall not be disclosed*  
10 *without the written consent of the test subject, except as to*  
11 *administer the tests, or as otherwise required by California law*  
12 *or a state or federal court order. This subdivision does not prohibit*  
13 *the disclosure of aggregate data that does not reveal personally*  
14 *identifying information about the student.*

15 SEC. 11. Section 128371 of the Health and Safety Code is  
16 amended to read:

17 128371. (a) The Legislature finds and declares that it is in the  
18 best interest of the State of California to provide persons who are  
19 not lawfully present in the United States with the state benefits  
20 provided by those programs listed in subdivision (d), and therefore,  
21 enacts this section pursuant to Section 1621(d) of Title 8 of the  
22 United States Code.

23 (b) A program listed in subdivision (d) shall not deny an  
24 application based on the citizenship status or immigration status  
25 of the applicant.

26 (c) For any program listed in subdivision (d), when mandatory  
27 disclosure of a social security number is required, an applicant  
28 shall provide his or her social security number, if one has been  
29 issued, or an individual tax identification number that has been or  
30 will be submitted. *Information provided by an applicant for a*  
31 *program listed in subdivision (d) is not a public record for*  
32 *purposes of the California Public Records Act (Chapter 3.5*  
33 *(commencing with Section 6250) of Division 7 of Title 1 of the*  
34 *Government Code) and is confidential, and shall be used only as*  
35 *required to assess eligibility for the programs, and may not be*  
36 *disclosed for any other purpose without the written consent of the*  
37 *applicant, except as required by California law or pursuant to*  
38 *court order. This subdivision does not prohibit the disclosure of*  
39 *aggregate data that does not reveal personally identifying*  
40 *information about the applicant or recipient.*

1 (d) This section shall apply to all of the following:

2 (1) Programs supported through the Health Professions  
3 Education Fund pursuant to Section 128355.

4 (2) The Registered Nurse Education Fund created pursuant to 5  
Section 128400.

6 (3) The Mental Health Practitioner Education Fund created  
7 pursuant to Section 128458.

8 (4) The Vocational Nurse Education Fund created pursuant to 9  
Section 128500.

10 (5) The Medically Underserved Account for Physicians created  
11 pursuant to Section 128555.

12 (6) Loan forgiveness and scholarship programs created pursuant  
13 to Section 5820 of the Welfare and Institutions Code.

14 (7) The Song-Brown Health Care Workforce Training Act  
15 created pursuant to Article 1 (commencing with Section 128200)  
16 of Chapter 4.

17 (8) To the extent permitted under federal law, the program  
18 administered by the office pursuant to the federal National Health  
19 Service Corps State Loan Repayment Program (42 U.S.C. Sec.  
20 254q-1), commonly known as the California State Loan Repayment  
21 Program.

22 (9) The programs administered by the office pursuant to the  
23 Health Professions Career Opportunity Program (Section 127885),  
24 commonly known as the Mini Grants Program, and California's  
25 Student/Resident Experiences and Rotations in Community Health,  
26 commonly known as the Cal-SEARCH program.

27 ~~SEC. 2.~~

28 *SEC. 12.* Section 12800.7 of the Vehicle Code is amended to  
29 read:

30 12800.7. (a) Upon application for an original or duplicate  
31 license the department may require the applicant to produce any  
32 identification that it determines is necessary in order to ensure that  
33 the name of the applicant stated in the application is his or her true,  
34 full name and that his or her residence address as set forth in the  
35 application is his or her true residence address.

36 (b) Notwithstanding any other law, any document provided by  
37 the applicant to the department *or photograph taken of the*  
38 *applicant by the department* for purposes of proving ~~his or her~~ *the*  
39 *applicant's* identity, true, full name, California residency, or that  
40 the applicant's presence in the United States is authorized under

1 federal law, is not a public record and may not be disclosed by the  
2 department except in response to a ~~warrant issued by a state or~~  
3 ~~federal court in an individual criminal prosecution. subpoena for~~  
4 ~~individual records in a state criminal proceeding or a court order.~~

5 ~~SEC. 3.~~

6 *SEC. 13.* Section 12801.9 of the Vehicle Code is amended to  
7 read:

8 12801.9. (a) Notwithstanding Section 12801.5, the department  
9 shall issue an original driver's license to a person who is unable  
10 to submit satisfactory proof that the applicant's presence in the  
11 United States is authorized under federal law if he or she meets  
12 all other qualifications for licensure and provides satisfactory proof  
13 to the department of his or her identity and California residency.

14 (b) The department shall adopt emergency regulations to carry  
15 out the purposes of this section, including, but not limited to,  
16 procedures for (1) identifying documents acceptable for the  
17 purposes of proving identity and California residency, (2)  
18 procedures for verifying the authenticity of the documents, (3)  
19 issuance of a temporary license pending verification of any  
20 document's authenticity, and (4) hearings to appeal a denial of a  
21 license or temporary license.

22 (c) Emergency regulations adopted for purposes of establishing  
23 the documents acceptable to prove identity and residency pursuant  
24 to subdivision (b) shall be promulgated by the department in  
25 consultation with appropriate interested parties, in accordance with  
26 the Administrative Procedure Act (Chapter 3.5 (commencing with  
27 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
28 Code), including law enforcement representatives, immigrant rights  
29 representatives, labor representatives, and other stakeholders,  
30 which may include, but are not limited to, the Department of the  
31 California Highway Patrol, the California State Sheriffs'  
32 Association, and the California Police Chiefs Association. The  
33 department shall accept various types of documentation for this  
34 purpose, including, but not limited to, the following documents:

35 (1) A valid, unexpired consular identification document issued  
36 by a consulate from the applicant's country of citizenship, or a  
37 valid, unexpired passport from the applicant's country of  
38 citizenship.

39 (2) An original birth certificate, or other proof of age, as  
40 designated by the department.

- 1 (3) A home utility bill, lease or rental agreement, or other proof  
2 of California residence, as designated by the department.
- 3 (4) The following documents, which, if in a language other than  
4 English, shall be accompanied by a certified translation or an  
5 affidavit of translation into English:
- 6 (A) A marriage license or divorce certificate.
- 7 (B) A foreign federal electoral photo card issued on or after 8  
January 1, 1991.
- 9 (C) A foreign driver's license.
- 10 (5) A United States Department of Homeland Security Form  
11 I-589, Application for Asylum and for Withholding of Removal.
- 12 (6) An official school or college transcript that includes the  
13 applicant's date of birth, or a foreign school record that is sealed  
14 and includes a photograph of the applicant at the age the record  
15 was issued.
- 16 (7) A United States Department of Homeland Security Form  
17 I-20 or Form DS-2019.
- 18 (8) A deed or title to real property.
- 19 (9) A property tax bill or statement issued within the previous  
20 12 months.
- 21 (10) An income tax return.
- 22 (d) (1) A license issued pursuant to this section, including a  
23 temporary license issued pursuant to Section 12506, shall include  
24 a recognizable feature on the front of the card, such as the letters  
25 "DP" instead of, and in the same font size as, the letters "DL,"  
26 with no other distinguishable feature.
- 27 (2) The license shall bear the following notice: "This card is  
28 not acceptable for official federal purposes. This license is issued  
29 only as a license to drive a motor vehicle. It does not establish  
30 eligibility for employment, voter registration, or public benefits."
- 31 (3) The notice described in paragraph (2) shall be in lieu of the  
32 notice provided in Section 12800.5.
- 33 (e) If the United States Department of Homeland Security  
34 determines a license issued pursuant to this section does not satisfy  
35 the requirements of Section 37.71 of Title 6 of the Code of Federal  
36 Regulations, adopted pursuant to paragraph (11) of subdivision  
37 (d) of Section 202 of the Real ID Act of 2005 (Public Law 109-13),  
38 the department shall modify the license only to the extent necessary  
39 to satisfy the requirements of that section.

1 (f) Notwithstanding Section 40300 or any other law, a peace  
2 officer shall not detain or arrest a person solely on the belief that  
3 the person is an unlicensed driver, unless the officer has reasonable  
4 cause to believe the person driving is under 16 years of age.

5 (g) The inability to obtain a driver’s license pursuant to this  
6 section does not abrogate or diminish in any respect the legal  
7 requirement of every driver in this state to obey the motor vehicle  
8 laws of this state, including laws with respect to licensing, motor  
9 vehicle registration, and financial responsibility.

10 (h) It is a violation of law to discriminate against a person  
11 because he or she holds or presents a license issued under this  
12 section, including, but not limited to, the following:

13 (1) It is a violation of the Unruh Civil Rights Act (Section 51  
14 of the Civil Code), for a business establishment to discriminate  
15 against a person because he or she holds or presents a license issued  
16 under this section.

17 (2) (A) It is a violation of the California Fair Employment and  
18 Housing Act (Part 2.8 (commencing with Section 12900) of  
19 Division 3 of Title 2 of the Government Code) for an employer or  
20 other covered person or entity, pursuant to Section 12940 of the  
21 Government Code and subdivision (v) of Section 12926 of the  
22 Government Code, to discriminate against a person because the  
23 person holds or presents a driver’s license issued pursuant to this  
24 section, or for an employer or other covered entity to require a  
25 person to present a driver’s license, unless possessing a driver’s  
26 license is required by law or is required by the employer and the  
27 employer’s requirement is otherwise permitted by law. This section  
28 shall not be construed to limit or expand an employer’s authority  
29 to require a person to possess a driver’s license.

30 (B) Notwithstanding subparagraph (A), this section shall not  
31 be construed to alter an employer’s rights or obligations under  
32 Section 1324a of Title 8 of the United States Code regarding  
33 obtaining documentation evidencing identity and authorization for  
34 employment. An action taken by an employer that is required by  
35 the federal Immigration and Nationality Act (8 U.S.C. Sec. 1324a)  
36 is not a violation of law.

37 (3) It is a violation of Section 11135 of the Government Code  
38 for a state or local governmental authority, agent, or person acting  
39 on behalf of a state or local governmental authority, or a program  
40 or activity that is funded directly or receives financial assistance

1 from the state, to discriminate against an individual because he or  
2 she holds or presents a license issued pursuant to this section,  
3 including by notifying another law enforcement agency of the  
4 individual's identity or that the individual carries a license issued  
5 under this section if a notification would not otherwise be provided.

6 (i) Driver's license information obtained by an employer shall  
7 be treated as private and confidential, is exempt from disclosure  
8 under the California Public Records Act (Chapter 3.5 (commencing  
9 with Section 6250) of Division 7 of Title 1 of the Government  
10 Code), and shall not be disclosed to any unauthorized person or  
11 used for any purpose other than to establish identity and  
12 authorization to drive.

13 (j) Information collected pursuant to this section is not a public  
14 record and shall not be disclosed by the department, except in  
15 response to a ~~warrant issued by a state or federal court in an~~  
16 ~~individual criminal prosecution. subpoena for individual records~~  
17 *in a state criminal proceeding or a court order.*

18 (k) A license issued pursuant to this section shall not be used  
19 as evidence *of* or a basis to infer an individual's citizenship or  
20 immigration status for any purpose.

21 (l) On or before January 1, 2018, the California Research Bureau  
22 shall compile and submit to the Legislature and the Governor a  
23 report of any violations of subdivisions (h) and (k). Information  
24 pertaining to any specific individual shall not be provided in the  
25 report.

26 (m) In addition to the fees required by Section 14900, a person  
27 applying for an original license pursuant to this section may be  
28 required to pay an additional fee determined by the department  
29 that is sufficient to offset the reasonable administrative costs of  
30 implementing the provisions of the act that added this section. If  
31 this additional fee is assessed, it shall only apply until June 30,  
32 2017.

33 (n) This section shall become operative on January 1, 2015, or  
34 on the date that the director executes a declaration pursuant to  
35 Section 12801.11, whichever is sooner.

36 (o) This section shall become inoperative on the effective date  
37 of a final judicial determination made by any court of appellate  
38 jurisdiction that any provision of the act that added this section,  
39 or its application, either in whole or in part, is enjoined, found



1 unconstitutional, or held invalid for any reason. The department  
2 shall post this information on its Internet Web site.

3 *SEC. 14. Section 204 of the Welfare and Institutions Code is*  
4 *amended to read:*

5 204. Notwithstanding any other ~~provision~~ of law, except  
6 ~~provisions~~ of law governing the retention and storage of data, a  
7 family law court and a court hearing a probate guardianship matter  
8 shall, upon request from the juvenile court in any county, provide  
9 to the court all available information the court deems necessary to  
10 make a determination regarding the best interest of a child, as  
11 described in Section 202, who is the subject of a proceeding before  
12 the juvenile court pursuant to this division. The information shall  
13 also be released to a child protective services worker or juvenile  
14 probation officer acting within the scope of his or her duties in  
15 that proceeding. Any information released pursuant to this section  
16 ~~that is confidential pursuant to any other provision of law shall~~  
17 ~~remain confidential~~ *is confidential, shall be used only for the*  
18 *purpose of serving the best interest of the child in juvenile court,*  
19 *and may not be released, except to the extent necessary to comply*  
20 *with this section. No records shared pursuant to this section may*  
21 *be disclosed to any party in a case unless the party requests the*  
22 *agency or court that originates the record to release these records*  
23 *and the request is granted. In counties that provide confidential*  
24 *family law mediation, or confidential dependency mediation, those*  
25 *mediations are not covered by this section.*

26 *SEC. 15. Section 1905 of the Welfare and Institutions Code is*  
27 *amended to read:*

28 1905. Each youth service bureau funded under this article shall  
29 maintain accurate and complete case records, reports, statistics  
30 and other information necessary for the conduct of its programs;  
31 establish appropriate written policies and procedures to protect the  
32 confidentiality of individual client records; and submit monthly  
33 reports to the ~~Department~~ *Division of the Youth Authority Juvenile*  
34 *Justice concerning services and activities. Individual client*  
35 *information and records shall be collected, used, and retained*  
36 *only for the purpose of administering youth services. Client*  
37 *information and records are not public records for purposes of*  
38 *the California Public Records Act (Chapter 3.5 (commencing with*  
39 *Section 6250) of Division 7 of Title 1 of the Government Code),*

1 *are confidential, and may not be disclosed except as required to*  
2 *administer youth services or as required by law or court order.*

3 *SEC. 16. Section 14007.8 of the Welfare and Institutions Code*  
4 *is amended to read:*

5 14007.8. (a) (1) After the director determines, and  
6 communicates that determination in writing to the Department of  
7 Finance, that systems have been programmed for implementation  
8 of this section, but no sooner than May 1, 2016, an individual who  
9 is under 19 years of age and who does not have satisfactory  
10 immigration status or is unable to establish satisfactory immigration  
11 status as required by Section 14011.2 shall be eligible for the full  
12 scope of Medi-Cal benefits, if he or she is otherwise eligible for  
13 benefits under this chapter.

14 (2) (A) Individuals under 19 years of age enrolled in Medi-Cal  
15 pursuant to subdivision (d) of Section 14007.5 at the time the  
16 director makes the determination described in paragraph (1) shall  
17 be enrolled in the full scope of Medi-Cal benefits, if otherwise  
18 eligible, pursuant to an eligibility and enrollment plan. This plan  
19 shall include outreach strategies developed by the department in  
20 consultation with interested stakeholders, including, but not limited  
21 to, counties, health care service plans, consumer advocates, and  
22 the Legislature. Individuals subject to this subparagraph shall not  
23 be required to file a new application for Medi-Cal.

24 (B) The effective date of enrollment into Medi-Cal for  
25 individuals described in subparagraph (A) shall be on the same  
26 day on which the systems are operational to begin processing new  
27 applications pursuant to the director's determination described in  
28 paragraph (1).

29 (C) Beginning January 31, 2016, and until the director makes  
30 the determination described in paragraph (1), the department shall  
31 provide monthly updates to the appropriate policy and fiscal  
32 committees of the Legislature on the status of the implementation  
33 of this section.

34 (b) To the extent permitted by state and federal law, an  
35 individual eligible under this section shall be required to enroll in  
36 a Medi-Cal managed care health plan. Enrollment in a Medi-Cal  
37 managed care health plan shall not preclude a beneficiary from  
38 being enrolled in any other children's Medi-Cal specialty program  
39 that he or she would otherwise be eligible for.

1 (c) The department shall seek any necessary federal approvals  
2 to obtain federal financial participation in implementing this  
3 section. Benefits for services under this section shall be provided  
4 with state-only funds only if federal financial participation is not  
5 available for those services.

6 (d) The department shall maximize federal financial participation  
7 in implementing this section to the extent allowable.

8 (e) This section shall be implemented only to the extent it is in  
9 compliance with Section 1621(d) of Title 8 of the United States  
10 Code.

11 (f) (1) Notwithstanding Chapter 3.5 (commencing with Section  
12 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
13 the department, without taking any further regulatory action, shall  
14 implement, interpret, or make specific this section by means of  
15 all-county letters, plan letters, plan or provider bulletins, or similar  
16 instructions until the time any necessary regulations are adopted.  
17 Thereafter, the department shall adopt regulations in accordance  
18 with the requirements of Chapter 3.5 (commencing with Section  
19 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

20 (2) Commencing six months after the effective date of this  
21 section, and notwithstanding Section 10231.5 of the Government  
22 Code, the department shall provide a status report to the Legislature  
23 on a semiannual basis, in compliance with Section 9795 of the  
24 Government Code, until regulations have been adopted.

25 (g) In implementing this section, the department may contract,  
26 as necessary, on a bid or nonbid basis. This subdivision establishes  
27 an accelerated process for issuing contracts pursuant to this section.  
28 Those contracts, and any other contracts entered into pursuant to  
29 this subdivision, may be on a noncompetitive bid basis and shall  
30 be exempt from the following:

31 (1) Part 2 (commencing with Section 10100) of Division 2 of  
32 the Public Contract Code and any policies, procedures, or  
33 regulations authorized by that part.

34 (2) Article 4 (commencing with Section 19130) of Chapter 5  
35 of Part 2 of Division 5 of Title 2 of the Government Code.

36 (3) Review or approval of contracts by the Department of  
37 General Services.

38 (h) *Information provided by an individual who is eligible*  
39 *pursuant to this section to determine eligibility for Medi-Cal is*  
40 *not a public record for purposes of the California Public Records*

1 Act (Chapter 3.5 (commencing with Section 6250) of Division 7  
 2 of Title 1 of the Government Code) and is confidential, and shall  
 3 be used only as required to assess eligibility, and may not be  
 4 disclosed for any other purpose without the written consent of the  
 5 applicant, except as required by California law or pursuant to  
 6 court order. This subdivision does not prohibit the disclosure of  
 7 aggregate data that does not reveal personally identifying  
 8 information about the applicants or recipients.

9 SEC. 17. Section 17852 is added to the Welfare and Institutions  
 10 Code, to read:

11 17852. (a) A city, county, city and county, or hospital district  
 12 may collect personal information for the purposes of this part only  
 13 as strictly necessary to assess eligibility for, or to administer, the  
 14 program or services authorized by this part. This information is  
 15 not a public record for purposes of the California Public Records  
 16 Act (Chapter 3.5 (commencing with Section 6250) of Division 7  
 17 of Title 1 of the Government Code), is confidential, and may not  
 18 be disclosed except as required to administer the services or as  
 19 required by California law or court order.

20 (b) As used in this section, "personal information" means any  
 21 of the following information about the applicant or recipient of  
 22 services or programs, and information about any family members  
 23 or other individuals provided in support of the application:

- 24 (1) Name.
- 25 (2) Residential, business, or other address.
- 26 (3) Date and place of birth.
- 27 (4) Religion.
- 28 (5) Sex, sexual orientation, gender, and gender identity.
- 29 (6) Marital status.
- 30 (7) Age.
- 31 (8) Citizenship or immigration status.
- 32 (9) Social security number issued by the Social Security  
 33 Administration, or individual taxpayer identification number issued  
 34 by the Internal Revenue Service.
- 35 (10) Records of criminal or juvenile arrests, convictions, or  
 36 adjudications.
- 37 (11) Status as a victim of crime.
- 38 (12) Known or suspected political or organizational affiliations.
- 39 (13) Status as a recipient of public services or programs.
- 40 (14) Health information.

1 (15) *Income, assets, and debt.*

2 (16) *Credit information.*

3 (c) *This section shall not prohibit the sharing of aggregate data*  
4 *as long as it is disclosed in a manner that could not be used to*  
5 *determine the identities of the persons upon whom the data is*  
6 *based.*

7 (d) *This section shall not prohibit the sharing of personal*  
8 *information when the subject of that information has provided*  
9 *signed, written consent allowing the information to be provided*  
10 *to the person requesting the information.*

11 ~~SEC. 4.~~

12 ~~SEC. 18.~~ The Legislature finds and declares that ~~Section 1 of~~  
13 ~~this act, which adds Section 1798.785 of the Civil Code, this act~~  
14 ~~imposes a limitation on the public’s right of access to the meetings~~  
15 ~~of public bodies or the writings of public officials and agencies~~  
16 ~~within the meaning of Section 3 of Article I of the California~~  
17 ~~Constitution. Pursuant to that constitutional provision, the~~  
18 ~~Legislature makes the following findings to demonstrate the interest~~  
19 ~~protected by this limitation and the need for protecting that interest:~~

20 This act strikes an appropriate balance between the public’s right  
21 to access information about the conduct of their government  
22 agencies and the need to protect the personal information of private  
23 individuals who participate in public programs or receive public  
24 services.

25 ~~SEC. 5.~~

26 ~~SEC. 19.~~ The Legislature finds and declares that ~~Section 1 of~~  
27 ~~this act, which adds Section 1798.785 of the Civil Code, furthers,~~  
28 ~~Sections 1 to 7, inclusive, and Sections 15 and 17 of this act, which~~  
29 ~~amend Section 30 of the Business and Professions Code, add~~  
30 ~~Chapter 2 (commencing with Section 1798.785) to Title 1.8 of Part~~  
31 ~~4 of Division 3 of the Civil Code, amend Sections 48204.1, 49073.1,~~  
32 ~~66021.6, 66021.7, and 68130.5 of the Education Code, and amend~~  
33 ~~Section 1905 of, and add Section 17852 to, the Welfare and~~  
34 ~~Institutions Code, respectively, further, within the meaning of~~  
35 ~~paragraph (7) of subdivision (b) of Section 3 of Article I of the~~  
36 ~~California Constitution, the purposes of that constitutional section~~  
37 ~~as it relates to the right of public access to the meetings of local~~  
38 ~~public bodies or the writings of local public officials and local~~  
39 ~~agencies. Pursuant to paragraph (7) of subdivision (b) of Section~~

1 3 of Article I of the California Constitution, the Legislature makes  
2 the following findings:

3 This act strikes an appropriate balance between the public’s right  
4 to access information about the conduct of their government  
5 agencies and the need to protect the personal information of private  
6 individuals who participate in public programs or receive public  
7 services.

8 ~~SEC. 6.~~

9 *SEC. 20.* No reimbursement is required by this act pursuant to  
10 Section 6 of Article XIII B of the California Constitution because  
11 the only costs that may be incurred by a local agency or school  
12 district under this act would result from a legislative mandate that  
13 is within the scope of paragraph (7) of subdivision (b) of Section  
14 3 of Article I of the California Constitution.

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**CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES**

**BILL ANALYSIS**

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**BILL NUMBER: SB 374**

**VERSION: AMENDED APRIL 3, 2017**

**AUTHOR: NEWMAN**

**SPONSOR:**

- **CALIFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS (CAMFT)**
- **CALIFORNIA PSYCHIATRIC ASSOCIATION**
- **CALIFORNIA PSYCHOLOGICAL ASSOCIATION**
- **NATIONAL ASSOCIATION OF SOCIAL WORKERS – CALIFORNIA CHAPTER (NASW-CA)**

**RECOMMENDED POSITION: SUPPORT**

**SUBJECT: HEALTH INSURANCE: DISCRIMINATORY PRACTICES: MENTAL HEALTH**

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**Summary:** This bill grants the Department of Insurance the authority to require that large group health insurance policies and individual or small group health insurance policies must provide all covered mental health and substance use disorder benefits in compliance with federal law. This is parallel to current authority already given to the Department of Managed Health Care for its regulation of large, individual or small group health care service plans.

**Existing Law:**

- 1) Requires every health care service plan and disability insurance plan that covers hospital, medical, or surgical expenses to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and for severe emotional disturbances of a child, under the same terms and conditions applied to other medical conditions. (Health and Safety Code (HSC) §1374.72, Insurance Code (IC) §10144.5)
- 2) Requires every health care service plan and health insurance policy to also provide coverage for behavioral health treatment for pervasive development disorder or autism under the same terms and conditions applied to other medical conditions, by no later than July 1, 2012. (HSC §1374.73(a), IC §10144.51(a))
- 3) Requires an individual or small group health insurance policy (meaning a policy issued to a small employer) issued, amended, or renewed on or after January 1, 2017 to include coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. This includes behavioral health conditions. (IC §10112.27)

- 4) Sets federal requirements for parity in mental health and substance use disorder benefits (Section 2726 of the Public Health Service Act (42 U.S.C. Sec. 300gg-26) **(Attachment B)**).
- 5) Establishes the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), which is a federal law that generally prevents group health plans and health insurers that provide mental health or substance use disorder benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. (Public Law 110-343) **(Attachment A)**.
- 6) Requires a large group health service plan (regulated by DMHC) to provide all covered mental health and substance use disorder benefits in compliance with the MHPAEA and the Public Health Service Act. (HSC §1374.76(a))
- 7) Requires an individual or small group health care service plan (regulated by DMHC) to provide all covered mental health and substance use disorder benefits in compliance with the MHPAEA, the Public Health Service Act, and HSC §1367.005. (HSC §1374.76(b))

**This Bill:**

- 1) Requires a large group health insurance policy (regulated by Department of Insurance) must provide all covered mental health and substance use disorder benefits in compliance with the MHPAEA and the Public Health Service Act. (IC §10144.4(a))
- 2) Requires an individual or small group health insurance policy (regulated by Department of Insurance) must provide all covered mental health and substance use disorder benefits in compliance with the MHPAEA, the Public Health Service Act, and IC §10112.27. (IC §10144.4(b))

**Comment:**

- 1) **Background.** Under current law, health care service plans are regulated by the Department of Managed Health Care (DMHC) via the Health and Safety Code. Health insurers are regulated by the Department of Insurance via the Insurance Code.
- 2) **Previous Legislation: SB 857 (Chapter 31, Statutes of 2014).** SB 857 added language to state law via the Health and Safety Code (§1374.76) that requires large group health care service plans and individual or small group health care service plans to comply with federal laws regarding mental health parity (the MHPAEA and the Public Health Service Act). However, it did not add corresponding law to the state's Insurance Code requiring the same of health insurance policies.
- 3) **Author's Intent.** According to the author's office, the current requirement in the Insurance Code to comply with the federal MHPAEA only applies to non-grandfathered individual and small group health insurance policies. This means the Department of Insurance does not currently have statutory authority to enforce the



MHPAEA in all market segments like the Department of Managed Health Care does. Because of this, approximately 20 percent of health insurance policies in the state are not subject to state enforcement of federal mental health parity requirements, which risks ceding state enforcement authority to the federal government.

This bill adds a section to the Insurance Code that is parallel to the code section given to DMHC via SB 857 in 2014. The author's office states that by giving the Department of Insurance the same authority that has been given to the Department of Managed Health Care, they are ensuring that all types of health insurance coverage that MHPAEA applies to are required by state law to comply with MHPAEA.

#### 4) Previous Legislation.

- **AB 88 (Chapter 534, Statutes of 1999)** required health care service plans or disability insurance policy issued, amended, or renewed on or after July 1, 2000, to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, under the same terms and conditions applied to other medical conditions.
- **SB 946 (Chapter 650, Statues of 2011)** required, no later than July 1, 2012, that every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive development disorder or autism.
- **SB 126 (Chapter 680, Statutes of 2013)** extended the requirement that health care service plans and health insurance policies provide coverage for pervasive development disorder or autism, until January 1, 2017.
- **SB 857 (Chapter 31, Statutes of 2014)** granted the DMHC the authority to require large group health care service plans and individual or small group health care service plans to comply with federal laws regarding mental health parity.
- **AB 796 (Chapter 493, Statutes of 2016)** eliminated the sunset date on the law requiring health care service plans or insurance policies to provide coverage for pervasive development disorder or autism.

5) **Recommended Position.** At its April 21, 2017 meeting, the Policy and Advocacy Committee recommended that the Board consider taking a “support” position on this legislation.

#### 6) Support and Opposition.

##### Support:

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

- AFSCME, Local 685
- Association for Los Angeles Deputy Sheriffs
- Association of Deputy District Attorneys
- Autism Speaks
- California Academy of Child and Adolescent Psychiatry
- California Access Coalition
- California Association of Professional Employees
- California Chapter of the American College of Emergency Physicians
- California Coalition for Mental Health
- CaliforniaHealth+ Advocates
- Center for Autism and Related Disorders
- Los Angeles County Deputy Probation Officers' Union
- Los Angeles County Professional Peace Officers Association
- Los Angeles Police Protective League
- NAMI California
- National Alliance on Mental Illness
- National Association of Social Workers, California Chapter
- Riverside Sheriffs' Association
- San Diego County Court Employees Association
- San Luis Obispo County Employees Association
- The Organization of SMUD Employees

**Opposition:**

- None at this time.

**7) History.**

**2017**

04/24/17 In Assembly. Read first time. Held at Desk.  
 04/24/17 Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.  
 04/18/17 Read second time. Ordered to third reading.  
 04/17/17 From committee: Be ordered to second reading pursuant to Senate Rule 28.8.  
 04/05/17 Set for hearing April 17.  
 04/03/17 Read second time and amended. Re-referred to Com. on APPR.  
 03/30/17 From committee: Do pass as amended and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (March 29).  
 03/07/17 Set for hearing March 29.  
 02/23/17 Referred to Com. on HEALTH.  
 02/15/17 From printer. May be acted upon on or after March 17.  
 02/14/17 Introduced. Read first time. To Com. on RLS. for assignment. To print.

**8) Attachments.**

**Attachment A:** Description of the Mental Health Parity and Addiction Equity Act (From the Centers for Medicare & Medicaid Services (CMS.gov), Center for Consumer Information & Insurance Oversight)

**Attachment B:** 42 U.S.C. 300gg-26: Parity in Mental Health and Substance Use Disorder Benefits

**Attachment C:** State of CA Insurance Code §10112.27

**Attachment D:** State of CA Health & Safety Code §1374.76

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# ATTACHMENT A



Centers for Medicare & Medicaid Services

CCIIO Home > Other Insurance Protections > The Mental Health Parity and Addiction Equity Act (MHPAEA)

## The Center for Consumer Information & Insurance Oversight

### The Mental Health Parity and Addiction Equity Act (MHPAEA)

#### Contents

- Introduction
- Summary of MHPAEA Protections
- Key changes made by MHPAEA
- MHPAEA Regulation
- Fact Sheets & FAQs
- Regulations and Guidance

#### Introduction

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

MHPAEA originally applied to group health plans and group health insurance coverage and was amended by the Patient Protection and Affordable Care Act, as amended by the Health Care and Education Reconciliation Act of 2010 (collectively referred to as the "Affordable Care Act") to also apply to individual health insurance coverage. HHS has jurisdiction over public sector group health plans (referred to as "non-Federal governmental plans"), while the Departments of Labor and the Treasury have jurisdiction over private group health plans.

Employment-related group health plans may be either "insured" (purchasing insurance from an issuer in the group market) or "self-funded." The insurance that is purchased, whether by an insured group health plan or in the individual market, is regulated by the State's insurance department. Group health plans that pay for coverage directly, without purchasing health insurance from an issuer, are called self-funded group health plans. Private employment-based group health plans are regulated by the Department of Labor. Non-Federal governmental plans are regulated by HHS. Contact your employer's plan administrator to find out if your group coverage is insured or self-funded and to determine what entity or entities regulate your benefits.

MHPAEA does not apply directly to small group health plans, although its requirements are applied indirectly in connection with the Affordable Care Act's essential health benefit (EHB) requirements as noted below. The Protecting Affordable Coverage for Employees Act amended the definition of small employer in section 1304(b) of the Affordable Care Act and section 2791(e) of the Public Health Service Act to mean generally an employer with 1-50 employees, with the option for states to expand the definition of small employer to 1-100 employees. The Employee Retirement and Income Security Act and the Internal Revenue Code also define a small employer as one that has 50 or fewer employees. (Some states may have mental health parity requirements that are stricter than federal requirements. To view State specific information visit [www.ncsl.org](http://www.ncsl.org), and on the right hand side of the page enter "mental health parity" then select "State Laws Mandating or Regulating Mental Health Benefits".)

#### Summary of MHPAEA Protections

The Mental Health Parity Act of 1996 (MHPA) provided that large group health plans cannot impose annual or lifetime dollar limits on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits.

MHPAEA preserves the MHPA protections and adds significant new protections, such as extending the parity requirements to substance use disorders. Although the law requires a general equivalence in the way MH/SUD and medical/surgical benefits are treated with respect to annual and lifetime dollar limits, financial requirements and treatment limitations, MHPAEA does NOT require large group health plans or health insurance issuers to cover MH/SUD benefits. The law's requirements apply only to large group health plans and health insurance issuers that choose to include MH/SUD benefits in their benefit packages. However, the Affordable Care Act builds on MHPAEA

and requires coverage of mental health and substance use disorder services as one of ten EHB categories in non-grandfathered individual and small group plans.

### Key changes made by MHPAEA

Key changes made by MHPAEA, which is generally effective for plan years beginning after October 3, 2009, include the following:

- If a group health plan or health insurance coverage includes medical/surgical benefits and MH/SUD benefits, the financial requirements (e.g., deductibles and co-payments) and treatment limitations (e.g., number of visits or days of coverage) that apply to MH/SUD benefits must be no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits (this is referred to as the "substantially all/predominant test"). This test is discussed in greater detail in the MHPAEA regulation (linked below) and the summary of the MHPAEA regulation found below.
- MH/SUD benefits may not be subject to any separate cost-sharing requirements or treatment limitations that only apply to such benefits;
- If a group health plan or health insurance coverage includes medical/surgical benefits and MH/SUD benefits, and the plan or coverage provides for out-of-network medical/surgical benefits, it must provide for out-of-network MH/SUD benefits; and
- Standards for medical necessity determinations and reasons for any denial of benefits relating to MH/SUD benefits must be disclosed upon request.

### Exceptions

There are certain exceptions to the MHPAEA requirements.

Except as noted below, MHPAEA requirements do not apply to:

- Self-insured non-Federal governmental plans that have 50 or fewer employees;
- Self-insured small private employers that have 50 or fewer employees;
- Group health plans and health insurance issuers that are exempt from MHPAEA based on their increased cost (except as noted below). Plans and issuers that make changes to comply with MHPAEA and incur an increased cost of at least two percent in the first year that MHPAEA applies to the plan or coverage or at least one percent in any subsequent plan year may claim an exemption from MHPAEA based on their increased cost. If such a cost is incurred, the plan or coverage is exempt from MHPAEA requirements for the plan or policy year following the year the cost was incurred. The plan sponsors or issuers must notify the plan beneficiaries that MHPAEA does not apply to their coverage. These exemptions last one year. After that, the plan or coverage is required to comply again; however, if the plan or coverage incurs an increased cost of at least one percent in that plan or policy year, the plan or coverage could claim the exemption for the following plan or policy year; and
- Large, self-funded non-Federal governmental employers that opt-out of the requirements of MHPAEA. Non-Federal governmental employers that provide self-funded group health plan coverage to their employees (coverage that is not provided through an insurer) may elect to exempt their plan (opt-out) from the requirements of MHPAEA by following the Procedures & Requirements for HIPAA Exemption Election posted on the Self-Funded Non-Federal Governmental Plans webpage (See [http://www.cms.gov/CCIIO/Resources/Files/hipaa\\_exemption\\_election\\_instructions\\_04072011.html](http://www.cms.gov/CCIIO/Resources/Files/hipaa_exemption_election_instructions_04072011.html)) and issuing a notice of opt-out to enrollees at the time of enrollment and on an annual basis. The employer must also file the opt-out notification with CMS.

Note, these exceptions do not apply to those non-grandfathered plans in the individual and small group markets that are required by Affordable Care Act regulations to provide EHB that comply with the requirements of the MHPAEA regulations.

### MHPAEA Regulation

A final regulation implementing MHPAEA was published in the Federal Register on November 13, 2013. The regulation is effective January 13, 2014 and generally applies to plan years (in the individual market, policy years) beginning on or after July 1, 2014. See <http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf> for the full text of the final regulation. This followed an interim final regulation, which was published in the Federal Register on February 2, 2010 and generally applies to plan years beginning on or after July 1, 2010. See <http://edocket.access.gpo.gov/2010/pdf/2010-2167.pdf> for the full text of the regulation.

The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. It does not apply to group health plans of small employers (except as noted above in connection with the EHB requirements). Like the statute, it does not require group health plans to provide MH/SUD benefits. If they do, however, the financial requirements and treatment limitations that apply to MH/SUD benefits cannot be more restrictive than the predominant requirements and limitations that apply to substantially all of the medical/surgical benefits.

The provisions of the regulation include the following:

1. The substantially all/predominant test outlined in the statute must be applied separately to six classifications of benefits: inpatient in-network; inpatient out-of-network; outpatient in-network; outpatient out-of-network; emergency; and prescription drug. Sub-classifications are permitted for office visits separate from all other outpatient services, as well as for plans that use multiple tiers of in-network providers. The regulation includes examples for each classification. Additionally, although the regulation does not require plans to cover MH/SUD benefits, if they do, they must provide MH/SUD benefits in all classifications in which medical/surgical benefits are provided.
2. The regulation requires that all cumulative financial requirements, including deductibles and out-of-pocket limits, in a classification must combine both medical/surgical and MH/SUD benefits in the classification. The regulation includes examples of permissible and impermissible cumulative financial requirements.
3. The regulation distinguishes between quantitative treatment limitations and nonquantitative treatment limitations. Quantitative treatment limitations are numerical, such as visit limits and day limits. Nonquantitative treatment limitations include but are not limited to medical management, step therapy and pre-authorization. There is an illustrative list of nonquantitative treatment limitations in the regulation. A group health plan or coverage cannot impose a nonquantitative treatment limitation with respect to MH/SUD benefits in any classification unless, under the terms of the plan (or coverage) as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the nonquantitative treatment limitation to MH/SUD benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation with respect to medical surgical/benefits in the classification. The final regulation eliminated an exception that allowed for different nonquantitative treatment limitations "to the extent that recognized clinically appropriate standards of care may permit a difference."
4. The regulation provides that all plan standards that limit the scope or duration of benefits for services are subject to the nonquantitative treatment limitation parity requirements. This includes restrictions such as geographic limits, facility-type limits, and network adequacy.

Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage. However, provisions of the Social Security Act that govern CHIP plans, Medicaid benchmark benefit plans, and managed care plans that contract with State Medicaid programs to provide services require compliance with certain requirements of MHPAEA. See <https://www.federalregister.gov/articles/2016/03/30/2016-06876/medicaid-and-childrens-health-insurance-programs-mental-health-parity-and-addiction-equity-act-of> for the final rule regarding application of requirements of MHPAEA to Medicaid MCOs, CHIP, and Alternative Benefit (Benchmark) Plans.

We anticipate issuing further responses to questions and other guidance in the future. We hope this guidance will be helpful by providing additional clarity and assistance.

If you have concerns about your plan's compliance with MHPAEA, contact our help line at 1-877-267-2323 extension 6-1565 or at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). You may also contact a benefit advisor in one of the Department of Labor's regional offices at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll free at 1-866-444-3272.

## Fact Sheets and FAQs

## Regulations and Guidance



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# ATTACHMENT B

## 42 USC 300gg-26: Parity in mental health and substance use disorder benefits

Text contains those laws in effect on April 4, 2017

### From Title 42-THE PUBLIC HEALTH AND WELFARE

CHAPTER 6A-PUBLIC HEALTH SERVICE

SUBCHAPTER XXV-REQUIREMENTS RELATING TO HEALTH INSURANCE COVERAGE

Part A-Individual and Group Market Reforms

Subpart 2-Exclusion of Plans; Enforcement; Preemption

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## §300gg-26. Parity in mental health and substance use disorder benefits

### (a) In general

#### (1) Aggregate lifetime limits

In the case of a group health plan or a health insurance issuer offering group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits-

##### (A) No lifetime limit

If the plan or coverage does not include an aggregate lifetime limit on substantially all medical and surgical benefits, the plan or coverage may not impose any aggregate lifetime limit on mental health or substance use disorder benefits.

##### (B) Lifetime limit

If the plan or coverage includes an aggregate lifetime limit on substantially all medical and surgical benefits (in this paragraph referred to as the "applicable lifetime limit"), the plan or coverage shall either-

- (i) apply the applicable lifetime limit both to the medical and surgical benefits to which it otherwise would apply and to mental health and substance use disorder benefits and not distinguish in the application of such limit between such medical and surgical benefits and mental health and substance use disorder benefits; or
- (ii) not include any aggregate lifetime limit on mental health or substance use disorder benefits that is less than the applicable lifetime limit.

##### (C) Rule in case of different limits

In the case of a plan or coverage that is not described in subparagraph (A) or (B) and that includes no or different aggregate lifetime limits on different categories of medical and surgical benefits, the Secretary shall establish rules under which subparagraph (B) is applied to such plan or coverage with respect to mental health and substance use disorder benefits by substituting for the applicable lifetime limit an average aggregate lifetime limit that is computed taking into account the weighted average of the aggregate lifetime limits applicable to such categories.

### (2) Annual limits

In the case of a group health plan or a health insurance issuer offering group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits-

##### (A) No annual limit

If the plan or coverage does not include an annual limit on substantially all medical and surgical benefits, the plan or coverage may not impose any annual limit on mental health or substance use disorder benefits.

##### (B) Annual limit

If the plan or coverage includes an annual limit on substantially all medical and surgical benefits (in this paragraph referred to as the "applicable annual limit"), the plan or coverage shall either-

- (i) apply the applicable annual limit both to medical and surgical benefits to which it otherwise would apply

and to mental health and substance use disorder benefits and not distinguish in the application of such limit between such medical and surgical benefits and mental health and substance use disorder benefits; or

(ii) not include any annual limit on mental health or substance use disorder benefits that is less than the applicable annual limit.

**(C) Rule in case of different limits**

In the case of a plan or coverage that is not described in subparagraph (A) or (B) and that includes no or different annual limits on different categories of medical and surgical benefits, the Secretary shall establish rules under which subparagraph (B) is applied to such plan or coverage with respect to mental health and substance use disorder benefits by substituting for the applicable annual limit an average annual limit that is computed taking into account the weighted average of the annual limits applicable to such categories.

**(3) Financial requirements and treatment limitations**

**(A) In general**

In the case of a group health plan or a health insurance issuer offering group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that-

(i) the financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and

(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

**(B) Definitions**

In this paragraph:

**(i) Financial requirement**

The term "financial requirement" includes deductibles, copayments, coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit subject to paragraphs (1) and (2).

**(ii) Predominant**

A financial requirement or treatment limit is considered to be predominant if it is the most common or frequent of such type of limit or requirement.

**(iii) Treatment limitation**

The term "treatment limitation" includes limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

**(4) Availability of plan information**

The criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.

**(5) Out-of-network providers**

In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, if the plan or coverage provides coverage for medical or surgical benefits provided by out-of-network providers, the plan or coverage shall provide coverage for mental health or substance use disorder benefits provided by out-of-network providers in a manner that is consistent with the requirements of this section.

**(6) Compliance program guidance document**

**(A) In general**

Not later than 12 months after December 13, 2016, the Secretary, the Secretary of Labor, and the Secretary

of the Treasury, in consultation with the Inspector General of the Department of Health and Human Services, the Inspector General of the Department of Labor, and the Inspector General of the Department of the Treasury, shall issue a compliance program guidance document to help improve compliance with this section, section 1185a of title 29, and section 9812 of title 26, as applicable. In carrying out this paragraph, the Secretaries may take into consideration the 2016 publication of the Department of Health and Human Services and the Department of Labor, entitled "Warning Signs - Plan or Policy Non-Quantitative Treatment Limitations (NQTLs) that Require Additional Analysis to Determine Mental Health Parity Compliance".

**(B) Examples illustrating compliance and noncompliance**

**(i) In general**

The compliance program guidance document required under this paragraph shall provide illustrative, de-identified examples (that do not disclose any protected health information or individually identifiable information) of previous findings of compliance and noncompliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable, based on investigations of violations of such sections, including-

- (I) examples illustrating requirements for information disclosures and nonquantitative treatment limitations; and
- (II) descriptions of the violations uncovered during the course of such investigations.

**(ii) Nonquantitative treatment limitations**

To the extent that any example described in clause (i) involves a finding of compliance or noncompliance with regard to any requirement for nonquantitative treatment limitations, the example shall provide sufficient detail to fully explain such finding, including a full description of the criteria involved for approving medical and surgical benefits and the criteria involved for approving mental health and substance use disorder benefits.

**(iii) Access to additional information regarding compliance**

In developing and issuing the compliance program guidance document required under this paragraph, the Secretaries specified in subparagraph (A)-

- (I) shall enter into interagency agreements with the Inspector General of the Department of Health and Human Services, the Inspector General of the Department of Labor, and the Inspector General of the Department of the Treasury to share findings of compliance and noncompliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable; and
- (II) shall seek to enter into an agreement with a State to share information on findings of compliance and noncompliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable.

**(C) Recommendations**

The compliance program guidance document shall include recommendations to advance compliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable, and encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements. Such internal controls may include illustrative examples of nonquantitative treatment limitations on mental health and substance use disorder benefits, which may fail to comply with this section, section 1185a of title 29, or section 9812 of title 26, as applicable, in relation to nonquantitative treatment limitations on medical and surgical benefits.

**(D) Updating the compliance program guidance document**

The Secretary, the Secretary of Labor, and the Secretary of the Treasury, in consultation with the Inspector General of the Department of Health and Human Services, the Inspector General of the Department of Labor, and the Inspector General of the Department of the Treasury, shall update the compliance program guidance document every 2 years to include illustrative, de-identified examples (that do not disclose any protected health information or individually identifiable information) of previous findings of compliance and noncompliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable.

**(7) Additional guidance**

**(A) In general**

Not later than 12 months after December 13, 2016, the Secretary, the Secretary of Labor, and the Secretary of the Treasury shall issue guidance to group health plans and health insurance issuers offering group or individual health insurance coverage to assist such plans and issuers in satisfying the requirements of this section, section 1185a of title 29, or section 9812 of title 26, as applicable.

**(B) Disclosure**

**(i) Guidance for plans and issuers**

The guidance issued under this paragraph shall include clarifying information and illustrative examples of methods that group health plans and health insurance issuers offering group or individual health insurance coverage may use for disclosing information to ensure compliance with the requirements under this section, section 1185a of title 29, or section 9812 of title 26, as applicable, (and any regulations promulgated pursuant to such sections, as applicable).

**(ii) Documents for participants, beneficiaries, contracting providers, or authorized representatives**

The guidance issued under this paragraph shall include clarifying information and illustrative examples of methods that group health plans and health insurance issuers offering group or individual health insurance coverage may use to provide any participant, beneficiary, contracting provider, or authorized representative, as applicable, with documents containing information that the health plans or issuers are required to disclose to participants, beneficiaries, contracting providers, or authorized representatives to ensure compliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable, compliance with any regulation issued pursuant to such respective section, or compliance with any other applicable law or regulation. Such guidance shall include information that is comparative in nature with respect to-

(I) nonquantitative treatment limitations for both medical and surgical benefits and mental health and substance use disorder benefits;

(II) the processes, strategies, evidentiary standards, and other factors used to apply the limitations described in subclause (I); and

(III) the application of the limitations described in subclause (I) to ensure that such limitations are applied in parity with respect to both medical and surgical benefits and mental health and substance use disorder benefits.

**(C) Nonquantitative treatment limitations**

The guidance issued under this paragraph shall include clarifying information and illustrative examples of methods, processes, strategies, evidentiary standards, and other factors that group health plans and health insurance issuers offering group or individual health insurance coverage may use regarding the development and application of nonquantitative treatment limitations to ensure compliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable, (and any regulations promulgated pursuant to such respective section), including-

(i) examples of methods of determining appropriate types of nonquantitative treatment limitations with respect to both medical and surgical benefits and mental health and substance use disorder benefits, including nonquantitative treatment limitations pertaining to-

(I) medical management standards based on medical necessity or appropriateness, or whether a treatment is experimental or investigative;

(II) limitations with respect to prescription drug formulary design; and

(III) use of fail-first or step therapy protocols;

(ii) examples of methods of determining-

(I) network admission standards (such as credentialing); and

(II) factors used in provider reimbursement methodologies (such as service type, geographic market, demand for services, and provider supply, practice size, training, experience, and licensure) as such factors apply to network adequacy;

(iii) examples of sources of information that may serve as evidentiary standards for the purposes of making determinations regarding the development and application of nonquantitative treatment limitations;

(iv) examples of specific factors, and the evidentiary standards used to evaluate such factors, used by such plans or issuers in performing a nonquantitative treatment limitation analysis;

(v) examples of how specific evidentiary standards may be used to determine whether treatments are considered experimental or investigative;

(vi) examples of how specific evidentiary standards may be applied to each service category or classification of benefits;

(vii) examples of methods of reaching appropriate coverage determinations for new mental health or substance use disorder treatments, such as evidence-based early intervention programs for individuals with a serious mental illness and types of medical management techniques;

(viii) examples of methods of reaching appropriate coverage determinations for which there is an indirect relationship between the covered mental health or substance use disorder benefit and a traditional covered medical and surgical benefit, such as residential treatment or hospitalizations involving voluntary or involuntary commitment; and

(ix) additional illustrative examples of methods, processes, strategies, evidentiary standards, and other factors for which the Secretary determines that additional guidance is necessary to improve compliance with this section, section 1185a of title 29, or section 9812 of title 26, as applicable.

**(D) Public comment**

Prior to issuing any final guidance under this paragraph, the Secretary shall provide a public comment period of not less than 60 days during which any member of the public may provide comments on a draft of the guidance.

**(b) Construction**

Nothing in this section shall be construed-

(1) as requiring a group health plan or a health insurance issuer offering group or individual health insurance coverage to provide any mental health or substance use disorder benefits; or

(2) in the case of a group health plan or a health insurance issuer offering group or individual health insurance coverage that provides mental health or substance use disorder benefits, as affecting the terms and conditions of the plan or coverage relating to such benefits under the plan or coverage, except as provided in subsection (a).

**(c) Exemptions**

**(1) Small employer exemption**

This section shall not apply to any group health plan and a health insurance issuer offering group or individual health insurance coverage for any plan year of a small employer (as defined in section 300gg-91(e)(4) of this title, except that for purposes of this paragraph such term shall include employers with 1 employee in the case of an employer residing in a State that permits small groups to include a single individual).

**(2) Cost exemption**

**(A) In general**

With respect to a group health plan or a health insurance issuer offering group or individual health insurance coverage, if the application of this section to such plan (or coverage) results in an increase for the plan year involved of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan (as determined and certified under subparagraph (C)) by an amount that exceeds the applicable percentage described in subparagraph (B) of the actual total plan costs, the provisions of this section shall not apply to such plan (or coverage) during the following plan year, and such exemption shall apply to the plan (or coverage) for 1 plan year. An employer may elect to continue to apply mental health and substance use disorder parity pursuant to this section with respect to the group health plan (or coverage) involved regardless of any increase in total costs.

**(B) Applicable percentage**

With respect to a plan (or coverage), the applicable percentage described in this subparagraph shall be-

- (i) 2 percent in the case of the first plan year in which this section is applied; and
- (ii) 1 percent in the case of each subsequent plan year.

**(C) Determinations by actuaries**

Determinations as to increases in actual costs under a plan (or coverage) for purposes of this section shall be made and certified by a qualified and licensed actuary who is a member in good standing of the American Academy of Actuaries. All such determinations shall be in a written report prepared by the actuary. The report, and all underlying documentation relied upon by the actuary, shall be maintained by the group health plan or health insurance issuer for a period of 6 years following the notification made under subparagraph (E).

**(D) 6-month determinations**

If a group health plan (or a health insurance issuer offering coverage in connection with a group health plan) seeks an exemption under this paragraph, determinations under subparagraph (A) shall be made after such plan (or coverage) has complied with this section for the first 6 months of the plan year involved.

**(E) Notification**

**(i) In general**

A group health plan (or a health insurance issuer offering coverage in connection with a group health plan) that, based upon a certification described under subparagraph (C), qualifies for an exemption under this paragraph, and elects to implement the exemption, shall promptly notify the Secretary, the appropriate State agencies, and participants and beneficiaries in the plan of such election.

**(ii) Requirement**

A notification to the Secretary under clause (i) shall include-

(I) a description of the number of covered lives under the plan (or coverage) involved at the time of the notification, and as applicable, at the time of any prior election of the cost-exemption under this paragraph by such plan (or coverage);

(II) for both the plan year upon which a cost exemption is sought and the year prior, a description of the actual total costs of coverage with respect to medical and surgical benefits and mental health and substance use disorder benefits under the plan; and

(III) for both the plan year upon which a cost exemption is sought and the year prior, the actual total costs of coverage with respect to mental health and substance use disorder benefits under the plan.

**(iii) Confidentiality**

A notification to the Secretary under clause (i) shall be confidential. The Secretary shall make available, upon request and on not more than an annual basis, an anonymous itemization of such notifications, that includes-

(I) a breakdown of States by the size and type of employers submitting such notification; and

(II) a summary of the data received under clause (ii).

**(F) Audits by appropriate agencies**

To determine compliance with this paragraph, the Secretary may audit the books and records of a group health plan or health insurance issuer relating to an exemption, including any actuarial reports prepared pursuant to subparagraph (C), during the 6 year period following the notification of such exemption under subparagraph (E). A State agency receiving a notification under subparagraph (E) may also conduct such an audit with respect to an exemption covered by such notification.

**(d) Separate application to each option offered**

In the case of a group health plan that offers a participant or beneficiary two or more benefit package options under the plan, the requirements of this section shall be applied separately with respect to each such option.

**(e) Definitions**

For purposes of this section-

**(1) Aggregate lifetime limit**

The term "aggregate lifetime limit" means, with respect to benefits under a group health plan or health insurance coverage, a dollar limitation on the total amount that may be paid with respect to such benefits under the plan or health insurance coverage with respect to an individual or other coverage unit.

**(2) Annual limit**

The term "annual limit" means, with respect to benefits under a group health plan or health insurance coverage, a dollar limitation on the total amount of benefits that may be paid with respect to such benefits in a 12-month period under the plan or health insurance coverage with respect to an individual or other coverage unit.

**(3) Medical or surgical benefits**

The term "medical or surgical benefits" means benefits with respect to medical or surgical services, as defined under the terms of the plan or coverage (as the case may be), but does not include mental health or substance use disorder benefits.

**(4) Mental health benefits**

The term "mental health benefits" means benefits with respect to services for mental health conditions, as defined under the terms of the plan and in accordance with applicable Federal and State law.

**(5) Substance use disorder benefits**

The term "substance use disorder benefits" means benefits with respect to services for substance use disorders, as defined under the terms of the plan and in accordance with applicable Federal and State law.

(July 1, 1944, ch. 373, title XXVII, §2726, formerly §2705, as added Pub. L. 104–204, title VII, §703(a), Sept. 26, 1996, 110 Stat. 2947 ; amended Pub. L. 107–116, title VII, §701(b), Jan. 10, 2002, 115 Stat. 2228 ; Pub. L. 107–313, §2(b), Dec. 2, 2002, 116 Stat. 2457 ; Pub. L. 108–197, §2(b), Dec. 19, 2003, 117 Stat. 2898 ; Pub. L. 108–311, title III, §302(c), Oct. 4, 2004, 118 Stat. 1179 ; Pub. L. 109–151, §1(b), Dec. 30, 2005, 119 Stat. 2886 ; Pub. L. 109–432, div. A, title I, §115(c), Dec. 20, 2006, 120 Stat. 2941 ; Pub. L. 110–245, title IV, §401(c), June 17, 2008, 122 Stat. 1650 ; Pub. L. 110–343, div. C, title V, §512(b), (g)(2), Oct. 3, 2008, 122 Stat. 3885 , 3892; renumbered §2726 and amended Pub. L. 111–148, title I, §§1001(2), 1563(c)(4), formerly §1562(c)(4), title X, §10107(b)(1), Mar. 23, 2010, 124 Stat. 130 , 265, 911; Pub. L. 114–255, div. B, title XIII, §13001(a), (b), Dec. 13, 2016, 130 Stat. 1278, 1280.)

Section was formerly classified to section 300gg-5 of this title prior to renumbering by Pub. L. 111-148.

## AMENDMENTS

**2016-Subsec. (a)(6).** Pub. L. 114-255, §13001(a), added par. (6).

Subsec. (a)(7). Pub. L. 114-255, §13001(b), added par. (7).

**2010-Subsecs. (a), (b).** Pub. L. 111-148, §1563(c)(4)(A), (B), formerly §1562(c)(4)(A), (B), as renumbered by Pub. L. 111-148, §10107(b)(1), substituted "or a health insurance issuer offering group or individual health insurance coverage" for "(or health insurance coverage offered in connection with such a plan)" wherever appearing.

Subsec. (c)(1). Pub. L. 111-148, §1563(c)(4)(C)(i), formerly §1562(c)(4)(C)(i), as renumbered by Pub. L. 111-148, §10107(b)(1), substituted "and a health insurance issuer offering group or individual health insurance coverage" for "(and group health insurance coverage offered in connection with a group health plan)".

Subsec. (c)(2)(A). Pub. L. 111-148, §1563(c)(4)(C)(ii), formerly §1562(c)(4)(C)(ii), as renumbered by Pub. L. 111-148, §10107(b)(1), substituted "or a health insurance issuer offering group or individual health insurance coverage" for "(or health insurance coverage offered in connection with such a plan)".

**2008-Pub. L. 110-343, §512(g)(2),** amended section catchline generally. Prior to amendment, catchline read as follows: "Parity in application of certain limits to mental health benefits".

Subsec. (a)(1), (2). Pub. L. 110-343, §512(b)(7), substituted "mental health or substance use disorder benefits" for "mental health benefits" wherever appearing in pars. (1)(introductory provisions), (A), and (B)(ii) and (2)(introductory provisions), (A), and (B)(ii).

Pub. L. 110-343, §512(b)(6), substituted "mental health and substance use disorder benefits" for "mental health benefits" wherever appearing in pars. (1)(B)(i) and (C) and (2)(B)(i) and (C).

Subsec. (a)(3) to (5). Pub. L. 110-343, §512(b)(1), added pars. (3) to (5).

Subsec. (b)(1). Pub. L. 110-343, §512(b)(7), substituted "mental health or substance use disorder benefits" for "mental health benefits".

Subsec. (b)(2). Pub. L. 110-343, §512(b)(2), amended par. (2) generally. Prior to amendment, par. (2) read as follows: "in the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides mental health benefits, as affecting the terms and conditions (including cost sharing, limits on numbers of visits or days of coverage, and requirements relating to medical necessity) relating to the amount, duration, or scope of mental health benefits under the plan or coverage, except as specifically provided in subsection (a) of this section (in regard to parity in the imposition of aggregate lifetime limits and annual limits for mental health benefits)."

Subsec. (c)(1). Pub. L. 110-343, §512(b)(3)(A), inserted "(as defined in section 300gg-91(e)(4) of this title, except that for purposes of this paragraph such term shall include employers with 1 employee in the case of an employer residing in a State that permits small groups to include a single individual)" before period at end.

Subsec. (c)(2). Pub. L. 110-343, §512(b)(3)(B), added par. (2) and struck out former par. (2). Prior to amendment, text read as follows: "This section shall not apply with respect to a group health plan (or health insurance coverage offered in connection with a group health plan) if the application of this section to such plan (or to such coverage) results in an increase in the cost under the plan (or for such coverage) of at least 1 percent."

Subsec. (e)(3). Pub. L. 110-343, §512(b)(7), substituted "mental health or substance use disorder benefits" for "mental health benefits".

Subsec. (e)(4). Pub. L. 110-343, §512(b)(7), which directed substitution of "mental health or substance use disorder benefits" for "mental health benefits" wherever appearing in this section (other than in any provision amended by section 512(b)(6) of Pub. L. 110-343), was not executed to par. (4) as added by Pub. L. 110-343, §512(b)(4), to reflect the probable intent of Congress. See below.

Pub. L. 110-343, §512(b)(4), added par. (4) and struck out former par. (4). Prior to amendment, text read as follows: "The term 'mental health benefits' means benefits with respect to mental health services, as defined under the terms of the plan or coverage (as the case may be), but does not include benefits with respect to treatment of substance abuse or chemical dependency."

Subsec. (e)(5). Pub. L. 110-343, §512(b)(4), added par. (5).

Subsec. (f). Pub. L. 110-343, §512(b)(5), struck out subsec. (f). Text read as follows: "This section

shall not apply to benefits for services furnished-

"(1) on or after January 1, 2008, and before June 17, 2008, and

"(2) after December 31, 2008.."

Pub. L. 110-245 substituted "services furnished-" for "services furnished after December 31, 2007" and added pars. (1) and (2).

**2006-Subsec. (f).** Pub. L. 109-432 substituted "2007" for "2006".

**2005-Subsec. (f).** Pub. L. 109-151 substituted "December 31, 2006" for "December 31, 2005".

**2004-Subsec. (f).** Pub. L. 108-311 substituted "after December 31, 2005" for "on or after December 31, 2004".

**2003-Subsec. (f).** Pub. L. 108-197 substituted "December 31, 2004" for "December 31, 2003".

**2002-Subsec. (f).** Pub. L. 107-313 substituted "December 31, 2003" for "December 31, 2002".

Pub. L. 107-116 substituted "December 31, 2002" for "September 30, 2001".

### **EFFECTIVE DATE OF 2008 AMENDMENT**

Pub. L. 110-343, [div. C, title V, §512\(e\), Oct. 3, 2008](#), 122 Stat. 3891, as amended by Pub. L. 110-460, [§1, Dec. 23, 2008](#), 122 Stat. 5123, provided that:

"(1) **IN GENERAL.**-The amendments made by this section [amending this section, section 9812 of Title 26, Internal Revenue Code, and section 1185a of Title 29, Labor] shall apply with respect to group health plans for plan years beginning after the date that is 1 year after the date of enactment of this Act [Oct. 3, 2008], regardless of whether regulations have been issued to carry out such amendments by such effective date, except that the amendments made by subsections (a)(5), (b)(5), and (c)(5) [amending this section, section 9812 of Title 26, and section 1185a of Title 29], relating to striking of certain sunset provisions, shall take effect on January 1, 2009.

"(2) **SPECIAL RULE FOR COLLECTIVE BARGAINING AGREEMENTS.**-In the case of a group health plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before the date of the enactment of this Act [Oct. 3, 2008], the amendments made by this section shall not apply to plan years beginning before the later of-

"(A) the date on which the last of the collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of the enactment of this Act), or

"(B) January 1, 2010.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by this section shall not be treated as a termination of such collective bargaining agreement."

### **EFFECTIVE DATE**

Pub. L. 104-204, [title VII, §703\(b\), Sept. 26, 1996](#), 110 Stat. 2950, provided that: "The amendments made by this section [enacting this section] shall apply with respect to group health plans for plan years beginning on or after January 1, 1998."

### **REGULATIONS**

Pub. L. 110-343, [div. C, title V, §512\(d\), Oct. 3, 2008](#), 122 Stat. 3891, provided that: "Not later than 1 year after the date of enactment of this Act [Oct. 3, 2008], the Secretaries of Labor, Health and Human Services, and the Treasury shall issue regulations to carry out the amendments made by subsections (a), (b), and (c) [amending this section, section 9812 of Title 26, Internal Revenue Code, and section 1185a of Title 29, Labor], respectively."

### **IMPROVING COMPLIANCE**

Pub. L. 114-255, [div. B, title XIII, §13001\(d\), Dec. 13, 2016](#), 130 Stat. 1283, provided that:

"(1) **IN GENERAL.**-In the case that the Secretary of Health and Human Services, the Secretary of Labor, or the Secretary of the Treasury determines that a group health plan or health insurance issuer offering group or individual health insurance coverage has violated, at least 5 times, section 2726 of the Public Health Service Act (42 U.S.C. 300gg-26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), or section 9812 of the Internal Revenue Code of 1986 [26 U.S.C. 9812], respectively, the appropriate Secretary shall audit plan documents for such health plan or issuer



in the plan year following the Secretary's determination in order to help improve compliance with such section.

"(2) **RULE OF CONSTRUCTION.**-Nothing in this subsection shall be construed to limit the authority, as in effect on the day before the date of enactment of this Act [Dec. 13, 2016], of the Secretary of Health and Human Services, the Secretary of Labor, or the Secretary of the Treasury to audit documents of health plans or health insurance issuers."

### **CLARIFICATION OF EXISTING PARITY RULES**

Pub. L. 114–255, div. B, title XIII, §13007, Dec. 13, 2016, 130 Stat. 1287, provided that: "If a group health plan or a health insurance issuer offering group or individual health insurance coverage provides coverage for eating disorder benefits, including residential treatment, such group health plan or health insurance issuer shall provide such benefits consistent with the requirements of section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986 [26 U.S.C. 9812]."

### **ASSURING COORDINATION**

Pub. L. 110–343, div. C, title V, §512(f), Oct. 3, 2008, 122 Stat. 3892, provided that: "The Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury may ensure, through the execution or revision of an interagency memorandum of understanding among such Secretaries, that-

"(1) regulations, rulings, and interpretations issued by such Secretaries relating to the same matter over which two or more such Secretaries have responsibility under this section [amending this section, section 9812 of Title 26, Internal Revenue Code, and section 1185a of Title 29, Labor, and enacting provisions set out as notes under this section] (and the amendments made by this section) are administered so as to have the same effect at all times; and

"(2) coordination of policies relating to enforcing the same requirements through such Secretaries in order to have a coordinated enforcement strategy that avoids duplication of enforcement efforts and assigns priorities in enforcement."

### **MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY TASK FORCE**

Memorandum of President of the United States, Mar. 29, 2016, 81 F.R. 19015, provided:  
Memorandum for the Heads of Executive Departments and Agencies

My Administration has made behavioral health a priority and taken a number of steps to improve the prevention, early intervention, and treatment of mental health and substance use disorders. These actions are especially important in light of the prescription drug abuse and heroin epidemic as well as the suicide and substance use-related fatalities that have reversed increases in longevity in certain populations. One important response has been the expansion and implementation of mental health and substance use disorder parity protections to ensure that coverage for these benefits is comparable to coverage for medical and surgical care. The Affordable Care Act builds on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act to expand mental health and substance use disorder benefits and Federal parity protections for more than 60 million Americans. To realize the promise of coverage expansion and parity protections in helping individuals with mental health and substance use disorders, executive departments and agencies need to work together to ensure that Americans are benefiting from the Federal parity protections the law intends. To that end, I hereby direct the following:

**SECTION 1. *Mental Health and Substance Use Disorder Parity Task Force.*** There is established an interagency Mental Health and Substance Use Disorder Parity Task Force (Task Force), which will identify and promote best practices for executive departments and agencies (agencies), as well as State agencies, to better ensure compliance with and implementation of requirements related to mental health and substance use disorder parity, and determine areas that would benefit from further guidance. The Director of the Domestic Policy Council shall serve as Chair of the Task Force.

(a) *Membership of the Task Force.* In addition to the Director of the Domestic Policy Council, the Task Force shall consist of the heads of the following agencies and offices, or their designees:

(i) the Department of the Treasury;

- (ii) the Department of Defense;
- (iii) the Department of Justice;
- (iv) the Department of Labor;
- (v) the Department of Health and Human Services;
- (vi) the Department of Veterans Affairs;
- (vii) the Office of Personnel Management;
- (viii) the Office of National Drug Control Policy; and
- (ix) such other agencies or offices as the President may designate.

At the request of the Chair, the Task Force may establish subgroups consisting exclusively of Task Force members or their designees under this section, as appropriate.

(b) *Administration of the Task Force.* The Department of Health and Human Services shall provide funding and administrative support for the Task Force to the extent permitted by law and within existing appropriations.

SEC. 2. *Mission and Functions of the Task Force.* The Task Force shall coordinate across agencies to:

- (a) identify and promote best practices for compliance and implementation;
- (b) identify and address gaps in guidance, particularly with regard to substance use disorder parity; and
- (c) implement actions during its tenure and at its conclusion to advance parity in mental health and substance use disorder treatment.

SEC. 3. *Outreach.* Consistent with the objectives set out in section 2 of this memorandum, the Task Force, in accordance with applicable law, shall conduct outreach to patients, consumer advocates, health care providers, specialists in mental health care and substance use disorder treatment, employers, insurers, State regulators, and other stakeholders as the Task Force deems appropriate.

SEC. 4. *Transparency and Reports.* The Task Force shall present to the President a report before October 31, 2016, on its findings and recommendations, which shall be made public.

SEC. 5. *General Provisions.* (a) The heads of agencies shall assist and provide information to the Task Force, consistent with applicable law, as may be necessary to carry out the functions of the Task Force.

- (b) Nothing in this memorandum shall be construed to impair or otherwise affect:
  - (i) the authority granted by law to an executive department, agency, or the head thereof; or
  - (ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(c) This memorandum shall be implemented consistent with applicable law and subject to the availability of appropriations.

(d) This memorandum is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

(e) The Secretary of Health and Human Services is authorized and directed to publish this memorandum in the Federal Register.

BARACK OBAMA.


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**Code:** INS

**Section:** 10112.27.


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## INSURANCE CODE - INS

**DIVISION 2. CLASSES OF INSURANCE [1880 - 12880.5]** (*Division 2 enacted by Stats. 1935, Ch. 145.*)

**PART 2. LIFE AND DISABILITY INSURANCE [10110 - 11549]** (*Part 2 enacted by Stats. 1935, Ch. 145.*)

**CHAPTER 1. The Contract [10110 - 10198.10]** (*Chapter 1 enacted by Stats. 1935, Ch. 145.*)

### ARTICLE 1. General Provisions [10110 - 10127.19]

 (*Article 1 enacted by Stats. 1935, Ch. 145.*)

**10112.27.** (a) An individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, shall, at a minimum, include coverage for essential health benefits pursuant to PPACA and as outlined in this section. This section shall exclusively govern what benefits a health insurer must cover as essential health benefits. For purposes of this section, "essential health benefits" means all of the following:

(1) Health benefits within the categories identified in Section 1302(b) of PPACA: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including oral and vision care.

(2) (A) The health benefits covered by the Kaiser Foundation Health Plan Small Group HMO 30 plan (federal health product identification number 40513CA035) as this plan was offered during the first quarter of 2014, as follows, regardless of whether the benefits are specifically referenced in the plan contract or evidence of coverage for that plan:

(i) Medically necessary basic health care services, as defined in subdivision (b) of Section 1345 of the Health and Safety Code and in Section 1300.67 of Title 28 of the California Code of Regulations.

(ii) The health benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in the following sections of the Health and Safety Code: Sections 1367.002, 1367.06, and 1367.35 (preventive services for children); Section 1367.25 (prescription drug coverage for contraceptives); Section 1367.45 (AIDS vaccine); Section 1367.46 (HIV testing); Section 1367.51 (diabetes); Section 1367.54 (alpha-fetoprotein testing); Section 1367.6 (breast cancer screening); Section 1367.61 (prosthetics for laryngectomy); Section 1367.62 (maternity hospital stay); Section 1367.63 (reconstructive surgery); Section 1367.635 (mastectomies); Section 1367.64 (prostate cancer); Section 1367.65 (mammography); Section 1367.66 (cervical cancer); Section 1367.665 (cancer screening tests); Section 1367.67 (osteoporosis); Section 1367.68 (surgical procedures for jaw bones); Section 1367.71 (anesthesia for dental); Section 1367.9 (conditions attributable to diethylstilbestrol); Section 1368.2 (hospice care); Section 1370.6 (cancer clinical trials); Section 1371.5 (emergency response ambulance or ambulance transport services); subdivision (b) of Section 1373 (sterilization operations or procedures); Section 1373.4 (inpatient hospital and ambulatory maternity); Section 1374.56 (phenylketonuria); Section 1374.17 (organ transplants for HIV); Section 1374.72 (mental health parity); and Section 1374.73 (autism/behavioral health treatment).

(iii) Any other benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described in those statutes.

(iv) The health benefits covered by the plan that are not otherwise required to be covered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code, to the extent otherwise required pursuant to Sections 1367.18, 1367.21, 1367.215, 1367.22, 1367.24, and 1367.25 of the Health and Safety Code, and Section 1300.67.24 of Title 28 of the California Code of Regulations.

(v) Any other health benefits covered by the plan that are not otherwise required to be covered under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(B) If there are any conflicts or omissions in the plan identified in subparagraph (A) as compared with the

requirements for health benefits under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code that were enacted prior to December 31, 2011, the requirements of Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code shall be controlling, except as otherwise specified in this section.

(C) Notwithstanding subparagraph (B) or any other provision of this section, the home health services benefits covered under the plan identified in subparagraph (A) shall be deemed to not be in conflict with Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code.

(D) For purposes of this section, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) shall apply to a policy subject to this section. Coverage of mental health and substance use disorder services pursuant to this paragraph, along with any scope and duration limits imposed on the benefits, shall be in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343), and all rules, regulations, and guidance issued pursuant to Section 2726 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-26).

(3) With respect to habilitative services, in addition to any habilitative services and devices identified in paragraph (2), coverage shall also be provided as required by federal rules, regulations, or guidance issued pursuant to Section 1302(b) of PPACA. Habilitative services and devices shall be covered under the same terms and conditions applied to rehabilitative services and devices under the policy. Limits on habilitative and rehabilitative services and devices shall not be combined.

(4) With respect to pediatric vision care, the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan with the largest national enrollment as of the first quarter of 2014. The pediatric vision care services covered pursuant to this paragraph shall be in addition to, and shall not replace, any vision services covered under the plan identified in paragraph (2).

(5) With respect to pediatric oral care, the same health benefits for pediatric oral care covered under the dental benefit received by children under Medi-Cal as of 2014, including the provision of medically necessary orthodontic care provided pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009. The pediatric oral care benefits covered pursuant to this paragraph shall be in addition to, and shall not replace, any dental or orthodontic services covered under the plan identified in paragraph (2).

(b) Treatment limitations imposed on health benefits described in this section shall be no greater than the treatment limitations imposed by the corresponding plans identified in subdivision (a), subject to the requirements set forth in paragraph (2) of subdivision (a).

(c) Except as provided in subdivision (d), nothing in this section shall be construed to permit a health insurer to make substitutions for the benefits required to be covered under this section, regardless of whether those substitutions are actuarially equivalent.

(d) To the extent permitted under Section 1302 of PPACA and any rules, regulations, or guidance issued pursuant to that section, and to the extent that substitution would not create an obligation for the state to defray costs for any individual, an insurer may substitute its prescription drug formulary for the formulary provided under the plan identified in subdivision (a) as long as the coverage for prescription drugs complies with the sections referenced in clauses (ii) and (iv) of subparagraph (A) of paragraph (2) of subdivision (a) that apply to prescription drugs.

(e) A health insurer, or its agent, producer, or representative, shall not issue, deliver, renew, offer, market, represent, or sell any product, policy, or discount arrangement as compliant with the essential health benefits requirement in federal law, unless it meets all of the requirements of this section. This subdivision shall be enforced in the same manner as Section 790.03, including through the means specified in Sections 790.035 and 790.05.

(f) This section applies regardless of whether the policy is offered inside or outside the California Health Benefit Exchange created by Section 100500 of the Government Code.

(g) This section shall not be construed to exempt a health insurer or a health insurance policy from meeting other applicable requirements of law.

(h) This section shall not be construed to prohibit a policy from covering additional benefits, including, but not limited to, spiritual care services that are tax deductible under Section 213 of the Internal Revenue Code.

(i) Subdivision (a) does not apply to any of the following:

(1) A policy that provides excepted benefits as described in Sections 2722 and 2791 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-21; 42 U.S.C. Sec. 300gg-91).

(2) A policy that qualifies as a grandfathered health plan under Section 1251 of PPACA or any binding rules, regulation, or guidance issued pursuant to that section.

(j) This section shall not be implemented in a manner that conflicts with a requirement of PPACA.

(k) This section shall be implemented only to the extent essential health benefits are required pursuant to PPACA.

(l) An essential health benefit is required to be provided under this section only to the extent that federal law does not require the state to defray the costs of the benefit.

(m) This section does not obligate the state to incur costs for the coverage of benefits that are not essential health benefits as defined in this section.

(n) An insurer is not required to cover, under this section, changes to health benefits that are the result of statutes enacted on or after December 31, 2011.

(o) (1) The commissioner may adopt emergency regulations implementing this section. The commissioner may, on a one-time basis, readopt any emergency regulation authorized by this section that is the same as, or substantially equivalent to, an emergency regulation previously adopted under this section.

(2) The initial adoption of emergency regulations implementing this section and the readoption of emergency regulations authorized by this subdivision shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The initial emergency regulations and the readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and each shall remain in effect for no more than 180 days, by which time final regulations may be adopted.

(3) The initial adoption of emergency regulations implementing this section made during the 2015–16 Regular Session of the Legislature and the readoption of emergency regulations authorized by this subdivision shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The initial emergency regulations and the readoption of emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and each shall remain in effect for no more than 180 days, by which time final regulations may be adopted.

(4) The commissioner shall consult with the Director of the Department of Managed Health Care to ensure consistency and uniformity in the development of regulations under this subdivision.

(5) This subdivision shall become inoperative on July 1, 2018.

(p) Nothing in this section shall impose on health insurance policies the cost sharing or network limitations of the plans identified in subdivision (a) except to the extent otherwise required to comply with provisions of this code, including this section, and as otherwise applicable to all health insurance policies offered to individuals and small groups.

(q) For purposes of this section, the following definitions apply:

(1) "Habilitative services" means health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient or outpatient settings, or both. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.

(2) (A) "Health benefits," unless otherwise required to be defined pursuant to federal rules, regulations, or guidance issued pursuant to Section 1302(b) of PPACA, means health care items or services for the diagnosis, cure, mitigation, treatment, or prevention of illness, injury, disease, or a health condition, including a behavioral health condition.

(B) "Health benefits" does not mean any cost-sharing requirements such as copayments, coinsurance, or deductibles.

(3) "PPACA" means the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and any rules, regulations, or guidance issued thereunder.

(4) "Small group health insurance policy" means a group health insurance policy issued to a small employer, as defined in Section 10753.

*(Amended (as added by Stats. 2015, Ch. 648, Sec. 4) by Stats. 2016, Ch. 86, Sec. 203. Effective January 1, 2017.)*

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Code: HSC

Section: 1374.76.

[Search](#)[Up^](#)[<< Previous](#)[Next >>](#)[cross-reference chaptered bills](#)[PDF |](#)[Add To My Favorites](#)[Highlight](#)**HEALTH AND SAFETY CODE - HSC****DIVISION 2. LICENSING PROVISIONS [1200 - 1796.63]** (*Division 2 enacted by Stats. 1939, Ch. 60.*)**CHAPTER 2.2. Health Care Service Plans [1340 - 1399.864]** (*Chapter 2.2 added by Stats. 1975, Ch. 941.*)**ARTICLE 5.6. Point-of-Service Health Care Service Plan Contracts [1374.60 - 1374.76]** (*Article 5.6 added by Stats. 1993, Ch. 987, Sec. 3.*)

**1374.76.** (a) No later than January 1, 2015, a large group health care service plan contract shall provide all covered mental health and substance use disorder benefits in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343) and all rules, regulations, and guidance issued pursuant to Section 2726 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-26).

(b) No later than January 1, 2015, an individual or small group health care service plan contract shall provide all covered mental health and substance use disorder benefits in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110-343), all rules, regulations, and guidance issued pursuant to Section 2726 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-26), and Section 1367.005.

(c) Until January 1, 2016, the director may issue guidance to health care service plans regarding compliance with this section. This guidance shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). Any guidance issued pursuant to this subdivision shall be effective only until the director adopts regulations pursuant to the Administrative Procedure Act. The department shall consult with the Department of Insurance in issuing guidance under this subdivision.

*(Added by Stats. 2014, Ch. 31, Sec. 8. Effective June 20, 2014.)*

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AMENDED IN SENATE APRIL 3, 2017

**SENATE BILL**

**No. 374**

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**Introduced by Senator Newman**

February 14, 2017

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An act to add Section 10144.4 to the Insurance Code, relating to health insurance.

legislative counsel's digest

SB 374, as amended, Newman. Health insurance: discriminatory practices: mental health.

*Existing federal law generally requires a health insurance issuer that offers group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits to establish parity in the terms and conditions applicable to medical and mental health benefits, as specified. Existing state law subjects nongrandfathered individual and small group health insurance policies that provide coverage for essential health benefits to those provisions of federal law governing mental health parity. Existing law requires every policy of disability insurance that covers hospital, medical, or surgical expenses in this state to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified.*

*This bill would require large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, and all rules, regulations, and guidance issued pursuant to applicable provisions of the federal Public Health Service Act. those provisions*

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*of federal law governing mental health parity.* The bill would authorize the Insurance Commissioner to issue guidance to health insurers, until January 1, 2019, regarding compliance with these requirements.

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

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

1 SECTION 1. Section 10144.4 is added to the Insurance Code,  
2 to read:

3 10144.4. (a) A large group health insurance policy shall  
4 provide all covered mental health and substance use disorder  
5 benefits in compliance with the Paul Wellstone and Pete Domenici  
6 Mental Health Parity and Addiction Equity Act of 2008 (Public  
7 Law 110-343) and all rules, regulations, and guidance issued  
8 pursuant to Section 2726 of the federal Public Health Service Act  
9 (42 U.S.C. Sec. 300gg-26).

10 (b) An individual or small group health insurance policy shall  
11 provide all covered mental health and substance use disorder  
12 benefits in compliance with the Paul Wellstone and Pete Domenici  
13 Mental Health Parity and Addiction Equity Act of 2008 (Public  
14 Law 110-343), ~~and~~ all rules, regulations, and guidance issued  
15 pursuant to Section 2726 of the federal Public Health Service Act  
16 ~~(42 U.S.C. Sec. 300gg-26).~~ (42 U.S.C. Sec. 300gg-26), and Section  
17 10112.27.

18 (c) Until January 1, 2019, the commissioner may issue guidance  
19 to health insurers regarding compliance with this section. This  
20 guidance shall not be subject to the Administrative Procedure Act  
21 (Chapter 3.5 (commencing with Section 11340) of Part 1 of  
22 Division 3 of Title 2 of the Government Code). Any guidance  
23 issued pursuant to this subdivision shall be effective only until the  
24 commissioner adopts regulations pursuant to the Administrative  
25 Procedure Act. The department shall consult with the Department  
26 of Managed Health Care in issuing guidance under this subdivision.

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**To:** Board Members

**Date:** May 3, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** XVIII.n. SB 399

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Senate Bill 399 is now a two-year bill. It is expected to be reintroduced in 2018.

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**To:** Board Members

**Date:** May 3, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** XVIII.o. SB 572

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Senate Bill 572 is now a two-year bill. It is expected to be reintroduced in 2018.

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**To:** Board Members

**Date:** May 3, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** XVIII.p. SB 636

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Senate Bill 636 is now a two-year bill. It is expected to be reintroduced in 2018.

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**To:** Board Members

**Date:** May 2, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** **AB 1005**

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Assembly Bill 1005 is in the process of being amended. Staff will be watching this bill and monitoring the amendments.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER: SB 762**

**VERSION: AMENDED APRIL 17, 2017**

**AUTHOR: HERNANDEZ**

**SPONSOR: AUTHOR**

**RECOMMENDED POSITION: NONE**

**SUBJECT: HEALING ARTS LICENSEE: LICENSE ACTIVATION FEE: WAIVER**

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### **Summary**

This bill would require all healing arts boards under the Department of Consumer Affairs (DCA) to waive the renewal fee for an inactive licensee returning to active status, if the licensee will solely be providing voluntary, unpaid services to indigent patients in medically underserved or critical-need population areas.

### **Existing Law:**

- 1) Establishes an inactive category of licensure for healing arts professionals, with the intent to allow a licensee who is not actively practicing his or her profession to maintain licensure in a non-practicing status. (Business and Professions Code (BPC) §700)
- 2) Specifies that an LMFT, LEP, LCSW, or LPCC requesting an inactive license shall pay a biennial renewal fee of one-half of the standard renewal fee, and is exempt from continuing education requirements. (BPC §§4984.8, 4989.44, 4997, 4999.112)
- 3) States that an LMFT, LEP, LCSW, or LPCC with an inactive license shall not engage in the practice of his or her profession in California. (BPC §§4984.8, 4989.44, 4997, 4999.112)
- 4) Specifies that an LMFT, LEP, LCSW, or LPCC requesting to restore an inactive license to active status between renewal cycles must pay the remaining half of the renewal fee, and complete continuing education. (BPC §§4984.8, 4989.44, 4997, 4999.112)
- 5) Waives the renewal fee to restore an inactive license to active status for a physician and surgeon licensed under the Medical Board of California if the license is being restored to active status solely to provide voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation which provides medical services to indigent patients in medically underserved or critical-need population areas of the state. These licensees must still complete their required continuing education coursework. (BPC §704)

- 6) Waives the license fee for a physician and surgeon who certifies to the Medical Board of California that the issuance of the license is for the sole purpose of providing voluntary, unpaid service. (BPC §2083)
- 7) Waives the renewal fee for a physician and surgeon who certifies to the Medical Board of California that the license renewal is for the sole purpose of providing voluntary, unpaid service. (BPC §2442)

**This Bill:**

- 1) Waives the renewal fee to restore an inactive license to active status for any healing art licensee who certifies to his or her licensing board that the license is being restored for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in a medically underserved or critical-need population area of the state. (BPC §704(a))
- 2) Requires the licensee restoring a license from inactive to active status to complete the regularly required continuing education, even if the renewal fee is being waived. (BPC §704(b))

**Comments:**

- 1) **Author's Intent.** The author's office is seeking to ease the strain in the demand for services for certain health care professionals "...by providing the opportunity for all health care professionals to deliver volunteer services under their licenses."
- 2) **Implementation Concerns.** Staff has the following concerns about implementation of the bill, as currently written:
  - a) **No definition of "medically underserved" or "critical-need population area."** Without a definition of what constitutes a medically underserved or critical-need population area, it would be difficult for board staff to determine which settings meet this criteria. The board could run regulations to define these terms. However, defining the terms in the bill would ensure all healing arts boards were using consistent definitions.
  - b) **Ongoing waivers unclear.** This bill waives the renewal fee for a licensee who is inactive and restoring the license to active status. However, it is unclear if the intent is for the renewal fee to be waived two years later, at the next renewal cycle, if the licensee continues to provide voluntary service to indigent patients. Although the Medical Board's law has a provision to allow the continued waiver of the renewal fee (see BPC §2442 referenced above), this bill does not currently contain such a provision for the other healing arts professionals.
  - c) **Required Documentation.** It is unclear what documentation would be required to prove the licensee is providing voluntary, unpaid services to indigent patients in an appropriate medically underserved or critical need population area.

**Attachment A** shows the form licensees of the Medical Board must fill out to qualify for the fee waiver. However, the form does not appear to require any proof of the setting.

BBS could establish methods of documentation of the setting via regulations.

- 3) Fiscal Impact.** As of January 1, 2017, the Board had approximately 7,400 inactive licensees. It is unknown how many of these licensees would request to convert the license to active status under this proposed program, however, the Board would likely experience some revenue loss.

In addition to revenue loss, the Board would likely experience the following fiscal impacts:

- Costs for new coding in Breeze to account for fee waivers;
  - Cost for new staff (possibly one position at management service technician (MST) level, to review the fee waiver applications, ensure each setting qualifies for the waiver, and also possibly conduct ongoing audits to ensure the settings continue to qualify the licensee for a waiver.
- 4) BBS Exempt Settings.** The Board currently exempts individuals working in the following settings from licensure (although sometimes the setting itself will require licensure):
- A government entity;
  - A school, college, or university;
  - An institution that is both non-profit and charitable.

Therefore, there is already an avenue for individuals who wish to provide free services to those in need, to do so.

- 5) Previous Legislation.** SB 450 (Speier, Chapter 631, Statutes of 1999) waived the fee for physicians and surgeons renewing from and inactive to active license in order to provide voluntary unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state. The Assembly floor analysis for this bill, dated August 31, 1999, estimated minor revenue loss from the fee waiver.

## **6) Support and Opposition.**

### **Support:**

- None at this time.

### **Opposition:**

- None at this time.

## **7) History**

**2017**

04/25/17 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 9. Noes 0.) (April 24). Re-referred to Com. on APPR.

04/20/17 Set for hearing April 24 in B., P. & E.D. pending receipt.

04/19/17 Re-referred to Com. on B., P. & E.D.

04/17/17 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

03/09/17 Referred to Com. on RLS.

02/21/17 From printer. May be acted upon on or after March 23.

02/17/17 Introduced. Read first time. To Com. on RLS. for assignment. To print.

**Introduced by Senator Hernandez**

February 17, 2017

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An act to amend Section 704 of the Business and Professions Code, relating to ~~workforce development~~. *healing arts.*

legislative counsel's digest

SB 762, as amended, Hernandez. ~~Health care workforce development.~~  
*Healing arts licensee: license activation fee: waiver.*

*Existing law requires a healing arts board, as defined, to issue, upon application and payment of the normal renewal fee, an inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by the board. Existing law requires the holder of an inactive license or certificate to, among other things, pay the renewal fee in order to restore his or her license or certificate to an active status. Existing law requires the renewal fee to be waived for a physician and surgeon who certifies to the Medical Board of California that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.*

*This bill would require the renewal fee to be waived for any healing arts licensee who certifies to his or her respective board that license restoration is for the sole purpose of providing voluntary, unpaid service to a public agency, not-for-profit agency, institution, or corporation that provides medical services to indigent patients in medically underserved or critical-need population areas of the state.*

~~The federal Workforce Innovation and Opportunity Act of 2014 provides for workforce investment activities, including activities in which states may participate. Existing law contains various programs for job training and employment investment, including work incentive programs, as specified, and establishes local workforce investment boards to perform duties related to the implementation and coordination of local workforce investment activities. Existing law requires local workforce investment boards to spend a minimum percentage of specified funds for adults and dislocated workers on federally identified workforce training programs and allows the boards to leverage specified funds to meet the funding requirements, as specified.~~

~~This bill would state the intent of the Legislature to enact legislation relating to health care workforce development.~~

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

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

1     SECTION 1. Section 704 of the Business and Professions Code  
2     is amended to read:

3     704. In order for the holder of an inactive license or certificate  
4     issued pursuant to this article to restore his or her license or  
5     certificate to an active status, the holder of an inactive license or  
6     certificate shall comply with ~~all~~ both the following:

7     (a) Pay the renewal fee; provided, that the renewal fee shall be  
8     waived for a ~~physician and surgeon~~ *healing arts licensee* who  
9     certifies to the ~~Medical Board of California~~ *board* that license  
10    restoration is for the sole purpose of providing voluntary, unpaid  
11    service to a public agency, not-for-profit agency, institution, or  
12    corporation ~~which~~ *that* provides medical services to indigent  
13    patients in medically underserved or critical-need population areas  
14    of the state.

15    (b) If the board requires completion of continuing education for  
16    renewers of an active license or certificate, complete continuing  
17    education equivalent to that required for a single license renewal  
18    period.

19    ~~SECTION 1. It is the intent of the Legislature to enact~~  
20    ~~legislation relating to health care workforce development.~~

O





## MEDICAL BOARD OF CALIFORNIA Licensing Program



- Mail completed form to: Medical Board of California, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831
- If you reside in California and provide only voluntary, unpaid services, meet the requirements below, and want to apply for a waiver of the initial license or renewal fee, complete this application.
- If you are renewing at the same time as you apply for voluntary service status, you must submit the \$25 mandatory fee for the Physician Loan Repayment Program and the \$12 mandatory fee for the Controlled Substance Utilization Review and Evaluation System / Prescription Drug Monitoring Program (CURES / PDMP) with the application.
- If the medical license is delinquent, a payment of all accrued renewal fees, delinquent fee, the \$25 and \$12 mandatory fees, and penalty fee must be submitted with the application. If the license is current, no fee is required.
- Make certified checks, cashier's checks, money orders, or personal checks payable to the Medical Board of California.
- It is important to remember that a licensee who is in voluntary service status must comply with the continuing medical education (CME) requirements.
- **Note:** Applicants for initial licensure must pay the initial application, and fingerprint processing fees and complete the "Physician's and Surgeon's License Application" in addition to this Voluntary Service Physician Application.

<b>VOLUNTARY SERVICE PHYSICIAN APPLICATION FOR WAIVER FROM PAYMENT OF INITIAL LICENSE OR RENEWAL FEE</b>		FOR MEDICAL BOARD USE ONLY	
<i>Please print or type. Illegible applications will be returned.</i>		Fee paid: _____ Receipt #: _____	
Name (first, middle, last): _____		Date Cashiered: _____ Cashier's Intl.: _____	
Address of record (Current public/mailling address. If using a PO Box, you must also provide a confidential street address.) <b>This is the address that will be displayed on the Medical Board's website.</b>		Date Approved: _____ Date Denied: _____	
Confidential street address: _____		Enforcement Approval: Yes ___ No: ___ Date: _____	
Telephone Number: _____	California Medical License Number: _____		
Fax Number: _____	E-mail: _____		
<b>Section 2083 of the Business and Professions Code:</b>			
(a) Except as provided in subdivision (b), each application for a certificate shall be accompanied by the fee required by this chapter and shall be filed with the Division of Licensing.			
(b) The license fee shall be waived for a physician and surgeon residing in California who certifies to the Medical Board of California that the issuance of the license or the renewal of the license is for the sole purpose of providing voluntary, unpaid service.			
Section 2442 of the Business and Professions Code: The renewal fee shall be waived for a physician and surgeon residing in California who certifies to the Medical Board of California that license renewal is for the sole purpose of providing voluntary, unpaid service.			
I certify under penalty of perjury under the laws of the State of California that I read and understand the continuing medical education (CME) requirements, have completed and can document no less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license, or I hold a CME waiver from the Medical Board of California.			
Applicant's Signature: _____		Date: _____	

7A-110 Revised 4/2014

## FINANCIAL INTEREST

California's Financial Interest Disclosure law (Business and Professions Code section 2426) requires you to disclose any financial interest that you or your immediate family have in specified health-related facilities located in or outside the State of California. Immediate family means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

Financial interest includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility.

Health-related facility means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. Diagnostic imaging includes all X-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons or licensees who may make patient referrals to the corporation, and (4) are in a corporation that has total gross assets exceeding \$100,000,000.

Do you have financial interest to report?  NO  YES\* (please list the name(s) and address(es) in the space below.

If you answered "yes" to having financial interest to report, please list the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest.

Health-Related Facility Name(s)	Facility's Address

I certify under penalty of perjury under the laws of the State of California that I read and understand the information defining financial interest and that either I have disclosed on this application the names of those health-related facilities in which I or my family have a financial interest, or I do not have any financial interest to disclose.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You must disclose, if since your last renewal, you have had any license disciplined by a government agency, or have been convicted of, or pled guilty, to any crime. Do not list charges dismissed under section 1000.3 of the California Penal Code or equivalent non-California laws, or convictions two years or older under California Health and Safety Code Sections 11357(b), (c), (d), (e), or section 11360(b).

"Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Penal Code section 1000 or 1203.4, including infractions, misdemeanor, and felonies.

You do not need to report a conviction for an infraction with a fine of less than \$300.00 unless the infraction involved alcohol or controlled substances. You must, however, disclose any conviction which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Penal Code sections 1000 or 1203.4.

"License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restrictions.

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A., and its territories, military court or a foreign country?  NO  YES

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING SUPPORTING DOCUMENTS, IS TRUE AND CORRECT AND THAT I AM LICENSED TO PRACTICE IN THE STATE OF CALIFORNIA.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*All items in this application are mandatory. This information is requested by the Licensing Program of the Medical Board of California. Failure to provide any of the requested information will result in this application being rejected as incomplete. The information provided will be used to determine your eligibility for waiver of renewal fees, under section 2442 of the Business and Professions Code. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act by contacting the custodian of records at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815. Information in this application may be transferred to other governmental and law enforcement agencies.*

1625 North Market Blvd., Suite S-200  
Sacramento, CA 95834  
(916) 574-7830, (916) 574-8625 Fax  
www.bbs.ca.gov

**To:** Board Members  
**From:** Rosanne Helms  
Legislative Analyst  
**Date:** April 27, 2017  
**Telephone:** (916) 574-7897  
**Subject: SB 800 (Omnibus Bill): Additional Amendment to BPC §4999.120 – Delete  
Obsolete Fee**

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The Board is a sponsor of SB 800 (Senate Business, Professions and Economic Development Committee), which is this year's omnibus bill. This bill makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law. The Board approved the provisions it is sponsoring this year at its November 2016 meeting.

When drafting the requested amendments, Legislative Counsel and the Senate Business, Professions, and Economic Development Committee pointed out an issue with one of the amendments to Business and Professions Code (BPC) §4999.120, which needs further Board discussion.

BPC §4999.120 details the various fees for LPCCs. The issue lies with subsections (a) and (c). Below is how they are currently written in SB 800:

**4999.120.**

*The board shall assess fees for the application for and the issuance and renewal of licenses and for the registration of **interns associates** to cover administrative and operating expenses of the board related to this chapter. Fees assessed pursuant to this section shall not exceed the following:*

- (a) The fee for the application for examination eligibility shall be up to two hundred fifty dollars (\$250).*
- (b) The fee for the application for **intern associate** registration shall be up to one hundred fifty dollars (\$150).*
- (c) The fee for the application for licensure shall be up to one hundred eighty dollars (\$180).*

At its November 2016 meeting, the Board approved omnibus bill language to change references in law to applying for "examination eligibility" to references to applying for

“licensure.” This is because now that the examination restructure has taken effect, applicants must take the first exam – the California law and ethics exam – while they are still registered as an intern and gaining hours. After they are done gaining hours as an intern, they submit for eligibility to take the final exam. Because these individuals have already been eligible to take one exam, references to applying for “examination eligibility” are no longer accurate.

This means that the term “examination eligibility” in subsection (a) needs to change to “licensure,” to be consistent with the changes to the term being made elsewhere in law. However, if that change is made, subsections (a) and (c) become identical (except for the fee amount).

Board staff has taken a closer look at the fee referenced in subsection (c), and has determined it is not a fee that has ever been utilized. LMFTs and LCSWs also do not have a corresponding fee. Staff believes the fee was written in the original LPCC licensing law for possible use in the grandparenting period, but was never needed.

Therefore, staff is recommending the removal of the fee listed in BPC §4999.120(c). The proposed new amendments for that section in SB 800 are shown in **Attachment A**.

### **Recommendation**

Conduct an open discussion about the proposed amendments to SB 800 shown in **Attachment A**. Direct staff to make any discussed changes, and any non-substantive changes, and to pursue the amendments

### **Attachments**

**Attachment A:** Proposed Language

**Attachment A**  
**SB 800 (Omnibus Bill)**  
**Additional Amendments to Business and Professions Code (BPC) §4999.120**

Section 4999.120 of the Business and Professions Code is amended to read:

**4999.120.**

The board shall assess fees for the application for and the issuance and renewal of licenses and for the registration of associates to cover administrative and operating expenses of the board related to this chapter. Fees assessed pursuant to this section shall not exceed the following:

- (a) The fee for the application for ~~examination-eligibility~~ licensure shall be up to two hundred fifty dollars (\$250).
- (b) The fee for the application for associate registration shall be up to one hundred fifty dollars (\$150).
- ~~(c) The fee for the application for licensure shall be up to one hundred eighty dollars (\$180).~~
- ~~(d)~~ The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be up to two hundred fifty dollars (\$250).
- ~~(e)~~ The fee for the law and ethics examination shall be up to one hundred fifty dollars (\$150).
- ~~(f)~~ The fee for the issuance of a license shall be up to two hundred fifty dollars (\$250).
- ~~(g)~~ The fee for annual renewal of an associate registration shall be up to one hundred fifty dollars (\$150).
- ~~(h)~~ The fee for two-year renewal of licenses shall be up to two hundred fifty dollars (\$250).
- ~~(i)~~ The fee for issuance of a retired license shall be forty dollars (\$40).
- ~~(j)~~ The fee for rescoring an examination shall be twenty dollars (\$20).
- ~~(k)~~ The fee for issuance of a replacement license or registration shall be twenty dollars (\$20).
- ~~(l)~~ The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER: SB 700**

**VERSION: AMENDED APRIL 26, 2017**

**AUTHOR: JONES-SAWYER**

**SPONSOR: CALIFORNIA ASSOCIATION OF  
ALCOHOL AND DRUG EDUCATORS**

**RECOMMENDED POSITION: NONE**

**SUBJECT: PUBLIC HEALTH: ALCOHOLISM OR DRUG ABUSE RECOVERY: SUBSTANCE USE  
DISORDER COUNSELING**

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### **Summary**

This bill would establish a career ladder for substance use disorder counselors, with classifications for substance use disorder counselor certification or registration.

### **Existing Law:**

- 1) Grants the California Department of Health Care Services (DHCS) the authority to license adult alcoholism or drug abuse recovery or treatment facilities (Health and Safety Code (HSC) §11834.01)
- 2) Grants DHCS the authority to determine qualifications of personnel working within alcoholism or drug abuse recovery and treatment programs that it licenses or certifies. (HSC §11833)
- 3) Requires that except for licensed professionals, an individual providing counseling services working in an alcoholism or drug abuse recovery and treatment program be registered or certified by a certifying organization approved by DHCS. (HSC §11833)

### **This Bill:**

- 1) Defines a “substance use disorder counselor” or “SUD counselor” as a person who is certified as an alcohol or other drug counselor by an approved certifying organization and who provides services or treatment at an adult alcoholism or drug abuse recovery or treatment facility. (HSC §11834.75(m))
- 2) Specifies certain education and experience that an individual seeking certification as a substance use disorder counselor must complete. (HSC §11834.76)
- 3) Requires that a person seeking certification as an SUD counselor complete experience hours supervised by a SUD counselor. (HSC §11834.76(b))
- 4) Establishes a career ladder for substance use disorder counseling. The career ladder contains six different levels, ranging from a “Certified addiction Counselor” to

a “Certified Addiction Counselor 5,” and specifies education and experience requirements and practice restrictions for each level. (HSC §11834.77)

- 5) Requires any person who engages in the practice of substance use disorder counseling, including registrants and interns, to be certified by or registered with a certifying organization. This does not apply to individuals licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. (HSC §11834.78)

### **Comments:**

- 1) **Author’s Intent.** The author of this bill notes that there are no state uniform standards for substance use disorder counselor certification. They believe a standardized career ladder would provide uniform standards that would protect the public and ensure California meets the evidence-based national standards for substance use disorder counselor certification.

- 2) **Inclusion of Board Registrants and Trainees.** This bill proposes to add Section §11834.78 to the Health and safety code. The first part of this Section states the following:

HSC §11834.78(a): *“Any person who engages in the practice of substance use disorder counseling shall be certified by, or registered with, a certifying organization pursuant to the categories established pursuant to Section 11834.77, including registrants and interns, or shall be licensed under Division 2 (commencing with Section 500) of the Business and Professions Code as a psychologist, clinical social worker, professional clinical counselor, or marriage or family therapist.”*

As written, staff believes this implies that while a Board-licensed LCSW, LPCC, or LMFT could engage in substance use disorder counseling without a substance use disorder certification, associates and trainees of the Board, who are gaining experience toward Board licensure under supervision, would need to obtain a certification to do so.

Staff has discussed this concern with the author’s office and the sponsor of the bill. Both parties have indicated that it is not their intent to require Board registrants to obtain a substance use disorder certification in order to engage in this practice if they are gaining supervised experience under the scope of practice of their profession. They are open to suggestions for amendments to correct this.

- 3) **Suggested Amendment.** Staff has worked with the sponsor of the bill and suggests the following amendment to clarify that Board trainees and registrants do not have to have a substance use disorder certification to engage in this practice:

HSC §11834.78(a): *“Any person who engages in the practice of substance use disorder counseling shall be certified by, or registered with, a certifying organization pursuant to the categories established pursuant to Section 11834.77, including registrants and interns, or shall be licensed under Division 2 (commencing with Section 500) of the Business and Professions Code as a psychologist, clinical social*



*worker, professional clinical counselor, or marriage or family therapist. **A student or registrant who is gaining supervised experience toward licensure with the Board of Behavioral Sciences or the Board of Psychology is not required to be certified.***

- 4) **Possible Amendment: Definition of Supervisor.** The sponsor has indicated that they are considering an amendment to expand who may supervise a person seeking certification as an SUD counselor, to include Board licensees. A question was raised about whether it would be appropriate to allow the Board's associates to supervise these individuals as well.

No specific amendment has been proposed at this time, but the Board may want to weigh in on this issue.

## 5) **Support and Opposition.**

### **Support:**

- California Association of Alcohol and Drug Educators (sponsor)
- Alcohol Justice
- Breining Institute
- Los Angeles Centers for Alcohol and Drug Abuse
- Several Individuals

### **Opposition:**

- None at this time.

## 6) **History**

### **2017**

04/27/17 Re-referred to Com. on APPR.  
04/26/17 From committee chair, with author's amendments: Amend, and re-refer to Com. on APPR. Read second time and amended.  
04/17/17 Re-referred to Com. on APPR.  
04/06/17 Read second time and amended.  
04/05/17 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 14. Noes 1.) (April 4).  
03/21/17 Re-referred to Com. on HEALTH.  
03/20/17 From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.  
03/02/17 Referred to Com. on HEALTH.  
02/16/17 From printer. May be heard in committee March 18.  
02/15/17 Read first time. To print.

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AMENDED IN ASSEMBLY APRIL 26, 2017  
AMENDED IN ASSEMBLY APRIL 6, 2017  
AMENDED IN ASSEMBLY MARCH 20, 2017  
california legislature—2017–18 regular session

**ASSEMBLY BILL**

**No. 700**

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**Introduced by Assembly Member Jones-Sawyer**

February 15, 2017

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An act to amend Sections 11833 and 11834.27 of, and to add Chapter 7.7 (commencing with Section 11834.75) to Part 2 of Division 10.5 of, the Health and Safety Code, relating to public health.

legislative counsel's digest

AB 700, as amended, Jones-Sawyer. Public health: alcoholism or drug abuse recovery: substance use disorder counseling.

Existing law provides for the licensure of adult alcoholism or drug abuse recovery or treatment facilities by the State Department of Health Care Services. Existing law provides the department the sole authority to determine the qualifications of personnel working within alcoholism or drug abuse recovery and treatment programs, as specified. Existing law requires an individual providing counseling services working within a program to be registered with, or certified by, a certifying organization approved by the department to register and certify counselors.

This bill would establish a career ladder for substance use disorder counseling, as defined, to be maintained and updated by the State Department of Health Care Services. The bill would establish classifications for substance use disorder (SUD) counselor certification or registration, as specified, to be implemented by the certifying organizations, as defined. The bill would require any person who

engages in the practice of SUD counseling to be certified by, or registered with, a certifying organization, as ~~specified~~, *specified*, or to be licensed as a psychologist or clinical social worker, among others. The bill would establish additional standards for registrants and interns, as specified, and impose additional requirements on SUD counselors, as specified. The bill would provide authority to the department to discipline a certificate holder or registrant under specified circumstances, as specified. The bill would authorize the department to implement these provisions by regulation. The bill would make conforming changes to related provisions.

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

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

- 1 SECTION 1. (a) The Legislature finds and declares all of the
- 2 following:
- 3 (1) Substance use disorders are a complex problem with
- 4 biological, behavioral, and social dimensions. There are an
- 5 estimated 3.5 million persons with diagnosable substance use
- 6 disorders receiving treatment in more than 2,500 private or public
- 7 alcohol and drug treatment programs throughout California.
- 8 (2) Substance use disorder (SUD) counselors serve a vulnerable
- 9 population in California. In addition to professional counseling,
- 10 treatment often includes medically assisted treatment and treatment
- 11 for cooccurring disorders.
- 12 (3) In California, there are no uniform standards for counselor
- 13 certification.
- 14 (4) The State Department of Health Care Services oversees
- 15 certified SUD counselors and registrants indirectly through certain
- 16 certifying organizations. However, each certifying organization
- 17 currently has its own levels of education and experience required
- 18 for certification or registration.
- 19 (5) A standardized career ladder would correct this problem by
- 20 providing employers with what they need to hire SUD counselors
- 21 or registrants with appropriate levels of education and experience.
- 22 (6) To address the changes in business practices and workforce
- 23 standards required by substance use parity, and in order to integrate
- 24 these services into the mainstream health care delivery system, the
- 25 Substance Abuse and Mental Health Services Administration

1 (SAMHSA) of the federal Department of Health and Human  
2 Services released a report in September 2011 titled “Scopes of  
3 Practice and Career Ladder for Substance Use Disorder  
4 Counseling.” The SAMHSA report identifies a model career ladder  
5 for SUD counseling. Each category includes specific minimums  
6 for addiction studies education, supervised clinical experience,  
7 and the passing of an examination.

8 (b) Therefore, in enacting this act, it is the intent of the  
9 Legislature to do all of the following:

10 (1) Bring the state’s SUD counselor certification and registration  
11 requirements up to national standards, as updated to meet our  
12 state’s workforce needs.

13 (2) Protect Californians, consumers of addiction services, and  
14 families from complex, inconsistent SUD counselor certification  
15 and registration standards.

16 (3) Provide a single, consistent, standardized system of  
17 certification and registration that recognizes levels of higher  
18 education.

19 (4) Introduce a tiered system that protects the existing workforce,  
20 recognizes multiple levels of SUD counselor education and  
21 experience, and provides a career ladder and supervision  
22 appropriate for each level.

23 SEC. 2. Section 11833 of the Health and Safety Code is  
24 amended to read:

25 11833. (a) The department shall have the sole authority in  
26 state government to determine the qualifications, including the  
27 appropriate skills, education, training, and experience of personnel  
28 working within alcoholism or drug abuse recovery and treatment  
29 programs licensed, certified, or funded under this part, consistent  
30 with Chapter 7.7 (commencing with Section 11834.75).

31 (b) (1) Except for licensed professionals, as defined by the  
32 department, the department shall require that an individual  
33 providing counseling services working within a program described  
34 in subdivision (a) be registered with or certified by a certifying  
35 organization approved by the department to register and certify  
36 counselors, consistent with Chapter 7.7 (commencing with Section  
37 11834.75).

38 (2) The department shall not approve a certifying organization  
39 that does not, prior to registering or certifying an individual, contact  
40 other department-approved certifying organizations to determine

1 whether the individual has ever had his or her registration or  
2 certification revoked.

3 (c) If a counselor’s registration or certification has been  
4 previously revoked, the certifying organization shall deny the  
5 request for registration and shall send the counselor a written notice  
6 of denial. The notice shall specify the counselor’s right to appeal  
7 the denial in accordance with applicable statutes and regulations.

8 (d) The department shall have the authority to conduct periodic  
9 reviews of certifying organizations to determine compliance with  
10 all applicable laws and regulations, including subdivision (c), and  
11 to take actions for noncompliance, including revocation of the  
12 department’s approval.

13 (e) (1) Notwithstanding Chapter 3.5 (commencing with Section  
14 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
15 the department, without taking any further regulatory action, shall  
16 implement, interpret, or make specific this section by means of  
17 all-county letters, plan letters, plan or provider bulletins, or similar  
18 instructions until the time that regulations are adopted.

19 (2) The department shall adopt regulations by December 31,  
20 2017, in accordance with the requirements of Chapter 3.5  
21 (commencing with Section 11340) of Part 1 of Division 3 of Title  
22 2 of the Government Code.

23 SEC. 3. Section 11834.27 of the Health and Safety Code is  
24 amended to read:

25 11834.27. (a) The department shall have the sole authority in  
26 state government to establish the appropriate minimum  
27 qualifications of the licensee or designated administrator, and the  
28 staff of a provider of any of the services specified in subdivision  
29 (a) of Section 11834.26. These qualifications may include, but not  
30 be limited to, education, skills, life experience, and training.

31 (b) This section does not apply to credentialing or licensing of  
32 individuals or to certification qualifications established pursuant  
33 to Chapter 7 (commencing with Section 11830) or Chapter 7.7  
34 (commencing with Section 11834.75).

35 SEC. 4. Chapter 7.7 (commencing with Section 11834.75) is  
36 added to Part 2 of Division 10.5 of the Health and Safety Code,  
37 to read:

1 Chapter 7.7. Career Ladder for Substance Use Disorder  
2 Counseling: Registration and Certification

3  
4 11834.75. For purposes of this chapter:

5 (a) “BPPE” means the Bureau for Private Postsecondary  
6 Education.

7 (b) “Certified addiction counselor intern” or “intern” means an  
8 uncertified person who has fulfilled the testing and education  
9 requirements in Section 11834.76 to become certified, who is  
10 seeking to meet the supervised experience requirements of this  
11 chapter, and is registered with an approved certifying organization  
12 for this purpose.

13 (c) “Certifying organization” means an organization approved  
14 to register or certify individuals as SUD counselors in accordance  
15 with Section 11833.

16 (d) “Clinical supervision” means the ongoing process performed  
17 by a supervisor or monitoring the performance of one or more  
18 supervisees to ensure high-quality service delivery across domains  
19 of addiction counselor development, professional and ethical  
20 standards, program development, quality assurance, performance  
21 evaluation, and administration.

22 (e) “Clock hour” means 50 continuous minutes of instruction.  
23 Fifteen clock hours are equal to one semester unit of college credit  
24 or one and one-half quarter units of college credit.

25 (f) “Department” means the State Department of Health Care  
26 Services.

27 (g) “NCCA/ICE” means the National Commission for Certifying  
28 Agencies of the Institute for Credentialing Excellence.

29 (h) “Practicum” means a school or college course that is  
30 designed to give students supervised practical experience in  
31 previously studied theories of addiction treatment.

32 (i) “Programmatic accrediting organization” means an  
33 accreditation entity that is recognized by the Council for Higher  
34 Education Accreditation (CHEA) or the State of California.  
35 Recognition by CHEA affirms that the standards and processes of  
36 the accrediting organization are consistent with the academic  
37 quality, improvement, and accountability expectations that CHEA  
38 has established, including the eligibility standard that the majority  
39 of institutions or programs each accredits are degree-granting.

1 (j) “Regional accrediting organization” means an accreditation  
2 entity for higher education accreditation as recognized by the  
3 United States Department of Education and the Council for Higher  
4 Education Accreditation, including, but not limited to: Middle  
5 States Association of Colleges and Schools (Middle States  
6 Commission on Higher Education), New England Association of  
7 Schools and Colleges (Commission on Institutions of Higher  
8 Education and the Commission on Technical and Career  
9 Institutions), North Central Association of Colleges and Schools  
10 (Higher Learning Commission), Northwest Commission on  
11 Colleges and Universities, Southern Association of Colleges and  
12 Schools (Southern Association of Colleges and Schools  
13 Commission on Colleges), and Western Association of Schools  
14 and Colleges (Accrediting Commission for Community and Junior  
15 Colleges and Accrediting Commission for Senior Colleges and  
16 Universities).

17 (k) “Registrant” means an individual who has registered with  
18 one of the approved certifying organizations for purposes of  
19 providing substance use disorder counseling, and who is seeking  
20 to become certified as a SUD counselor.

21 (l) “Substance use disorder counseling” or “SUD” means and  
22 includes any or all of the following:

23 (1) Evaluating a person’s alcohol or other drug treatment or  
24 recovery needs, including screening prior to admission, intake,  
25 and assessment of need for services.

26 (2) Developing and updating a treatment or recovery plan.

27 (3) Implementing a treatment or recovery plan.

28 (4) Continuing assessment or treatment planning.

29 (5) Conducting individual counseling sessions, group counseling  
30 sessions, face-to-face interviews, or counseling for families,  
31 couples, and other individuals.

32 (6) Documenting counseling activities, assessments, treatment  
33 and recovery planning, clinical reports related to treatment  
34 provided, progress notes, discharge summaries, and all other  
35 client-related data.

36 (m) “Substance use disorder counselor” or “SUD counselor”  
37 means a person who is certified as an alcohol or other drug  
38 counselor by an approved certifying organization and who provides  
39 services or treatment at an adult alcoholism or drug abuse recovery  
40 or treatment facility.



1 (n) “TAP 21” means the nationally accepted, evidence-based  
2 standard for addiction studies education curriculum and means the  
3 educational foundation for California SUD counselor certification,  
4 pursuant to Chapter 8 (commencing with Section 13000) of  
5 Division 4 of Title 9 of the California Code of Regulations.

6 11834.76. Prior to certification as a SUD counselor, a certifying  
7 organization shall require each registrant to comply with the  
8 following:

9 (a) Complete a minimum of 315 documented hours of formal  
10 classroom SUD education, which shall include at least the  
11 following subjects:

12 (1) The curriculum contained in TAP 21 related to clinical  
13 evaluation, treatment planning, referrals, service coordination,  
14 counseling, client, family, and community education, case  
15 management, and professional and ethical responsibilities.

16 (2) Provision of services to special populations, such as aging  
17 individuals, individuals with cooccurring disorders, such as  
18 alcoholism and mental illness, individuals with post-traumatic  
19 stress disorder (PTSD), individuals with disabilities, diverse  
20 populations, individuals with cultural differences, or individuals  
21 on probation or parole.

22 (3) Ethics.

23 (4) Communicable diseases, including tuberculosis, ~~HIV disease,~~  
24 *HIV*, and hepatitis C.

25 (5) Prevention of sexual harassment.

26 (b) Complete a minimum of 250 documented hours of  
27 supervised SUD field work based on specified curriculum and  
28 supervised onsite by a SUD counselor. As used in this subdivision,  
29 “supervised” means that the individual supervising the training  
30 shall do both of the following:

31 (1) Be physically present and available onsite or at an  
32 immediately adjacent site, but not necessarily in the same room at  
33 all times.

34 (2) Document in the registrant’s record that the registrant has  
35 completed the supervised training required by this subdivision.

36 (c) Complete an additional 2,080 or more documented hours  
37 (dependent on level of certification) of paid or unpaid supervised  
38 work experience or internship providing counseling services in a  
39 SUD program prior to, after, or at the same time as completion of

1 the education required in subdivision (a) and the supervised SUD  
2 training required in subdivision (b).

3 (d) Obtain a score of at least 70 percent on a written or oral  
4 examination approved by the certifying organization.

5 (e) Sign a statement documenting whether his or her prior  
6 certification as a SUD counselor has ever been revoked.

7 (f) Sign an agreement to abide by the certifying organization's  
8 code of conduct.

9 11834.765. Registration shall be renewed annually until  
10 certification is complete. A registrant has five years from the date  
11 of registration with a certifying organization to become certified.

12 11834.766. In addition to any other requirement imposed by  
13 any other regulation or this chapter, a certified addiction counselor  
14 intern may conduct substance use disorder counseling under this  
15 chapter, and meet his or her documented hour requirements under  
16 Section 11834.76, if subject to clinical supervision.

17 11834.767. A SUD counselor shall additionally comply with  
18 the following requirements:

19 (a) Biennially complete a minimum of 40 hours of continuing  
20 education in addiction-specific topics, of which nine hours shall  
21 include addiction-specific laws and ethics.

22 (b) Receive a passing score on an NCCA/ICE-approved or  
23 nationally recognized addiction counseling examination as  
24 approved by the department.

25 (c) (1) Possess an earned degree in addiction counseling,  
26 psychology, social work, counseling, marriage and family therapy,  
27 counseling psychology, clinical psychology, human services,  
28 anthropology, biology, physiology, education, management,  
29 business administration, counseling, nursing, medicine,  
30 pharmacology, public health, sociology, criminal justice,  
31 kinesiology, jurisprudence, or other clinically focused major or an  
32 equivalent degree recognized by the certifying organization.

33 (A) Paragraph (1) includes all degrees that lead to clinical  
34 licenses.

35 (B) Innovative, cross-disciplinary fields, such as social ecology,  
36 may be accepted under paragraph (1) after examination of course  
37 content.

38 (2) The degree described under paragraph (1) shall be from an  
39 institution of higher learning accredited by a regional accrediting  
40 organization, a programmatic accrediting organization, or a

1 BPPE-approved degree-granting institution that had a  
2 BPPE-approved addiction studies degree-granting program in place  
3 as of January 1, 2015.

4 (d) (1) Complete TAP 21 education, as follows:

5 (A) Complete 315 clock hours (or 21 semester units) of  
6 addiction-specific education based on the TAP 21.

7 (B) Complete a supervised practicum of no less than 250 hours  
8 performed in an addiction treatment setting. The practical  
9 experience shall include the TAP 21 practice dimensions  
10 demonstrating the application of knowledge and skills in a practice  
11 setting essential to professional addiction counseling.

12 (C) Complete a supervised internship performed in an addiction  
13 treatment setting. The practical experience shall include the TAP  
14 21 practice dimensions demonstrating the application of knowledge  
15 and skills in a practice setting essential to professional addiction  
16 counseling.

17 (2) For subparagraphs (B) and (C) of paragraph (1), the applicant  
18 shall provide proof of completion to the certifying organization,  
19 including a summary of hours completed with an original signed  
20 letter from the clinical supervisor.

21 11834.77. (a) There is hereby further established a career  
22 ladder for substance use disorder counseling, as set forth in this  
23 section. The career ladder shall be maintained and updated by the  
24 department, as necessary, in conformance with the requirements  
25 set forth in this section.

26 (b) The following classifications shall be established for SUD  
27 counselor certification in this state:

28 (1) Certified Addiction Counselor 5 (CAC5).

29 (2) Certified Addiction Counselor 4 (CAC4).

30 (3) Certified Addiction Counselor 3 (CAC3).

31 (4) Certified Addiction Counselor 2 (CAC2).

32 (5) Certified Addiction Counselor 1 (CAC1).

33 (6) Certified Addiction Counselor (CAC).

34 (c) (1) The CAC 5 shall meet all of the following requirements:

35 (A) Have a doctorate degree in addiction studies or related  
36 discipline or have a medical degree.

37 (B) Meet the minimum education requirements for the CAC.

38 (C) Have 3,000 hours of postdoctoral or equivalent supervised  
39 work experience.

- 1 (2) The CAC 5 may engage in private practice if he or she also  
2 holds a license under Division 2 (commencing with Section 500)  
3 of the Business and Professions Code.
- 4 (d) (1) The CAC 4 shall meet all of the following requirements:  
5 (A) Have a master's degree in addiction studies or related  
6 discipline.  
7 (B) Meet the minimum education requirements for the CAC.  
8 (C) Have 3,000 hours of post-master's supervised work  
9 experience.
- 10 (2) The CAC 4 may engage in private practice if he or she also  
11 holds a license under Division 2 (commencing with Section 500)  
12 of the Business and Professions Code.
- 13 (e) (1) The CAC 3 shall meet all of the following requirements:  
14 (A) Have a bachelor's degree in addiction studies or a related  
15 degree.  
16 (B) Meet the minimum education requirements for the CAC.  
17 (C) Have 2,080 hours of supervised work experience.
- 18 (2) The CAC 3 may not engage in private practice.
- 19 (f) (1) The CAC 2 shall meet all of the following requirements:  
20 (A) Have an associate's degree in addiction studies or related  
21 discipline.  
22 (B) Meet the minimum education requirements for the CAC.  
23 (C) Have 2,080 hours of supervised work experience.
- 24 (2) The CAC 2 may not engage in private practice.
- 25 (g) (1) The CAC 1 shall meet all of the following requirements:  
26 (A) Have a high school degree or GED.  
27 (B) Have a 39-unit community college certificate in addiction  
28 studies from a chancellor-approved program in a regionally  
29 accredited college, which includes the minimum education  
30 requirements for a CAC.  
31 (C) Have 2,080 hours of supervised work experience.
- 32 (2) The CAC 1 may not engage in private practice.
- 33 (h) (1) The CAC shall meet both of the following requirements:  
34 (A) Have a high school degree or GED.  
35 (B) Have 315 clock hours (21 units) of addiction studies  
36 education.  
37 (C) Have 6,000 hours of supervised work experience.
- 38 (2) The CAC may not engage in private practice.
- 39 11834.78. (a) Any person who engages in the practice of  
40 substance use disorder counseling shall be certified by, or registered

1 with, a certifying organization pursuant to the categories  
2 established pursuant to Section 11834.77, including registrants  
3 and ~~interns~~. *interns, or shall be licensed under Division 2*  
4 *(commencing with Section 500) of the Business and Professions*  
5 *Code as a psychologist, clinical social worker, professional clinical*  
6 *counselor, or marriage or family therapist.*

7 (b) Each certifying organization shall establish an application  
8 process to implement the requirements established under this  
9 chapter. Each certifying organization may establish a reasonable  
10 application fee for certification or registration at an amount that  
11 is sufficient to cover, but shall not exceed, the reasonable costs of  
12 implementing this chapter.

13 (c) (1) This section shall apply to individuals who first apply  
14 for certification or registration on and after January 1, 2018.

15 (2) This section shall only apply to a person who is currently  
16 certified by, or registered with, a certifying organization as of  
17 January 1, 2018, at the time of renewal of his or her certification  
18 or registration. At that time, the certifying organization shall  
19 determine which category of substance use disorder counseling  
20 the person is qualified to practice pursuant to Section 11834.77.

21 11834.79. The department has the authority to discipline a  
22 person who is certified or registered under this chapter consistent  
23 with the requirements and procedures set forth in Sections 13060  
24 to 13070, inclusive, of Title 9 of the California Code of  
25 Regulations.

26 11834.795. (a) The department may adopt regulations to  
27 implement this chapter.

28 (b) When developing regulations, the department shall consider  
29 the TAP 21 standards for substance abuse counselors described in  
30 subdivision (n) of Section 11834.75.

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** SB 715

**VERSION:** AMENDED APRIL 25, 2017

**AUTHOR:** NEWMAN

**SPONSOR:** AUTHOR

**RECOMMENDED POSITION:** NONE

**SUBJECT:** DEPARTMENT OF CONSUMER AFFAIRS: REGULATORY BOARDS: REMOVAL OF BOARD MEMBERS

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### **Summary**

This bill would allow the Governor to remove a board member appointed by him or her for failure to attend board meetings.

### **Existing Law:**

- 1) Allows the Governor to remove a board member appointed by him or her for any of the following (Business and Professions Code (BPC) §106):
  - a) Continued neglect of duties required by law;
  - b) Incompetence;
  - c) Unprofessional or dishonorable conduct.

### **This Bill:**

- 1) Specifies that failure to attend board meetings qualifies as a continued neglect of duties that the Governor can remove a board member that he or she appointed for. (BPC §106)

### **Comments:**

- 1) **Author's Intent.** According to the Author's office, "discretion for the removal of board members for instances of absences is a good government approach to ensuring the effectiveness and efficiency of the important regulatory boards within the DCA. Member absences can impact the professions and public alike, as key decisions are made and votes taken at board meetings directly related to oversight of licensees. The Governor should have authority to remove board members from their position when their absences impact their ability to successfully serve."

## 2) Support and Opposition.

### Support:

- None at this time.

### Opposition:

- None at this time.

## 3) History

### 2017

04/27/17 Set for hearing May 1.

04/26/17 Re-referred to Com. on B., P. & E.D.

04/25/17 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

03/09/17 Referred to Com. on RLS.

02/21/17 From printer. May be acted upon on or after March 23.

02/17/17 Introduced. Read first time. To Com. on RLS. for assignment. To print.



AMENDED IN SENATE APRIL 25, 2017

SENATE BILL

No. 715

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Introduced by Senator Newman

February 17, 2017

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~~An act to amend Section 5503 of the Public Resources Code, relating to park districts. An act to amend Section 106 of the Business and Professions Code, relating to consumer affairs.~~

legislative counsel's digest

SB 715, as amended, Newman. ~~Park and open space districts.~~ Department of Consumer Affairs: regulatory boards: removal of board members.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes the Governor to remove from office any member of any board within the department appointed by him or her, on specific grounds, including continued neglect of duties required by law.

This bill would specifically include the failure to attend meetings of the board as one example of continued neglect of duties required by law that the Governor can use as a reason to remove a member from a board.

~~Existing law provides a procedure for the formation of a regional park district, regional park and open space district, or a regional open space district.~~

~~This bill would make nonsubstantive changes to one of those provisions.~~

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

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

1     SECTION 1. Section 106 of the Business and Professions Code  
2 is amended to read:

3     106. The Governor has power to remove from office at any  
4 time, any member of any board appointed by him *or her* for  
5 continued neglect of duties required by law, *which may include*  
6 *the failure to attend board meetings*, or for incompetence, or  
7 unprofessional or dishonorable conduct. Nothing in this section  
8 shall be construed as a limitation or restriction on the power of the  
9 Governor, conferred on him *or her* by any other ~~provision of law~~,  
10 to remove any member of any board.

11     ~~SECTION 1. Section 5503 of the Public Resources Code is~~  
12 ~~amended to read:~~

13     ~~5503. Whenever it is desired to form a district under this article,~~  
14 ~~a petition requesting the creation and maintenance of a district,~~  
15 ~~and describing the exterior boundaries of the proposed district~~  
16 ~~shall be signed by at least 5,000 electors residing within the~~  
17 ~~territory proposed to be included in the district. The petition shall~~  
18 ~~be presented to the board of supervisors of the county containing~~  
19 ~~the largest area within the proposed district.~~

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www.bbs.ca.gov

**To:** Board Members

**Date:** April 25, 2017

**From:** Rosanne Helms  
Legislative Analyst

**Telephone:** (916) 574-7897

**Subject:** Legislative Update

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The Board is currently pursuing the following legislative proposals:

1. **AB 93 (Medina) Healing Arts: Marriage and Family Therapists: Clinical Social Workers: Professional Clinical Counselors: Required Experience and Supervision**

This bill proposal represents the work of the Board's Supervision Committee. Its amendments focus on strengthening the qualifications of supervisors, supervisor responsibilities, types of supervision that may be provided, and acceptable work settings for supervisees. The bill also strives to make the Board's supervision requirements more consistent across its licensed professions.

This bill proposal was approved by the Board at its November 4, 2016 meeting. Minor technical amendments to the bill were approved at the Board's March 3, 2017 meeting.

*Status: AB 93 recently passed the Assembly Business and Professions Committee, and is currently in the Assembly Appropriations Committee.*

2. **SB 800 (Senate Business, Professions, and Economic Development Committee) Omnibus Legislation**

This proposal, approved by the Board at its November 4, 2016 meeting, makes minor, technical, and non-substantive amendments to add clarity and consistency to current licensing law.

One proposed amendment item was rejected by the Senate Business, Professions, and Economic Development Committee as being too substantive. The Committee has indicated that all other amendments the Board requested were accepted. The rejected proposal was as follows:

**Proposal: Amend BPC Sections 801, 801.1, and 802 – Judgment and Settlement Reporting Amounts**

Background: Currently, healing arts licensees must report all judgments or settlements for negligence claims in excess of a certain dollar amount to his or her licensing board. For some boards, this amount is \$3,000.

For the Board’s LMFT, LCSW, and LPCC licensees, this reporting amount is \$10,000. However, there is a reference error in law. The law states Board licensees subject to “Chapter 14 (commencing with Section 4990)” are subject to this reporting requirement. While Chapter 14 refers to LCSW statute, section 4990 is a reference to the beginning of the Board’s general provisions. This error needs to be corrected.

In addition, LEPs are not included in the list of licensees that are subject to the \$10,000 reporting requirement. Instead, they are subject to the \$3,000 reporting requirement. The Board’s Enforcement Unit notes that there is no known reason why the reporting threshold should be any different for LEPs, and such a difference for only one Board license type is arbitrary and potentially confusing for staff and licensees.

Recommendation: Amend BPC §§ 801, 801.1, and 802 to correct the reference error to Chapter 14, and amend these sections to include LEPs in the \$10,000 reporting requirement amount.

Additionally, BPC Section 801.1(b) refers to the Board as the “Board of Behavioral Science Examiners.” This language was amended to reference the “Board of Behavioral Sciences.”

Status: *This bill is currently in the Senate Business, Professions, and Economic Development Committee.*

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**To:** Board Members

**Date:** April 28, 2017

**From:** Christy Berger  
Regulatory Analyst

**Telephone:** (916) 574-7817

**Subject:** Status of Rulemaking Proposals

## CURRENT REGULATORY PROPOSALS

### **English as a Second Language: Additional Examination Time: Add Title 16, CCR Section 1805.2**

This proposal would allow the Board to grant time-and-a-half (1.5x) on a Board-administered examination to an English as a second language (ESL) applicant, if the applicant meets specific criteria demonstrating limited English proficiency.

The final proposal was approved by the Board at its meeting in November 2015. It was published in the California Regulatory Notice Register on January 1, 2016. The 45-day public comment period has ended, and the public hearing was held on February 15, 2016. Upon review by the Office of Administrative Law (OAL), staff was notified wording changes that would be necessary for approval. The proposed changes were approved by the Board in March 2017, and a 15-day public comment period was held. The revised language and documents are currently being prepared for approval by the Department of Consumer Affairs (DCA) and OAL.

### **Application Processing Times and Registrant Advertising**

This proposal would amend the Board's advertising regulations in line with SB 1478 (Chapter 489, Statutes of 2016) which changes the term "intern" to "associate" effective January 1, 2018, and makes several technical changes. This proposal would also amend the regulation that sets forth minimum and maximum application processing time frames.

The final proposal was approved by the Board at its meeting in November 2016. The proposal is currently in the new "initial review phase" process required by DCA. The initial review phase is expected to be completed in the next few weeks, at which time the proposal will be submitted to OAL for publishing in the California Regulatory Notice Register to initiate the 45-day public comment period.

### **Contact Information; Application Requirements; Incapacitated Supervisors**

This proposal would:

- Require all registrants and licensees to provide and maintain a current, confidential telephone number and email address with the Board.
- Codify the Board's current practice of requiring applicants for registration or licensure to provide the Board with a public mailing address, and ask applicants for a confidential telephone number and email address.
- Codify the Board's current practice of requiring applicants to provide documentation that demonstrates compliance with legal mandates, such as official transcripts; to submit a current photograph; and for examination candidates to sign a security agreement.
- Require certain applications and forms to be signed under penalty of perjury.
- Provide standard procedures for cases where a registrant's supervisor dies or is incapacitated before the completed hours of experience have been signed off.

The proposal was approved by the Board at its meeting in March 2017, and is being prepared for in the new "initial review phase" process required by DCA, which can take up to four months. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

### **Supervision**

This proposal would:

- Revise the qualifications to become supervisor;
- Require supervisors to perform a self-assessment of qualifications and submit the self-assessment to the Board;
- Set forth requirements for substitute supervisors;
- Update and strengthen supervisor training requirements;
- Strengthen supervisor responsibilities, including provisions pertaining to monitoring and evaluating supervisees;
- Strengthen requirements pertaining to documentation of supervision;
- Make supervision requirements consistent across the three licensed professions; and
- Address supervision gained outside of California.

The proposal was approved by the Board at its meeting in November 2016, and is being prepared for in the new "initial review phase" process required by DCA. Upon completion of the DCA review, as well as the passage of the Board's supervision legislation (AB 93), the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.

## **Enforcement**

This proposal would result in updates to the Board's disciplinary process. It would also make updates to the Board's "Uniform Standards Related to Substance Abuse and Disciplinary Guidelines (Revised October 2015)," which are incorporated by reference into the Board's regulations. The proposed changes fall into three general categories:

1. Amendments seeking to strengthen certain penalties that are available to the Board;
2. Amendments seeking to update regulations or the Uniform Standards/Guidelines in response to statutory changes to the Business and Professions Code; and
3. Amendments to clarify language that has been identified as unclear or needing further detail.

The proposal was approved by the Board at its meeting in February 2017, and is being prepared for in the new "initial review phase" process required by DCA. Upon completion of the DCA review, the proposal will be submitted to OAL for publishing to initiate the 45-day public comment period.