



September 23, 2021

Board of Behavioral Sciences  
1625 N Market Blvd S-200  
Sacramento, CA 95834

**RE: Tele-Supervision and Telehealth Discussion**

Dear Members of the Behavioral Sciences Board and Telehealth Committee:

The California Association of Marriage and Family Therapists (CAMFT), representing 33,000 members, is dedicated to maintaining high standards of professional ethics, upholding the qualifications for the profession, and expanding the recognition and awareness of the profession.

We start with our appreciation for the hard work of the Board of Behavioral Sciences' (BBS) staff, the Telehealth Committee, the Board, and all the vocal stakeholders in addressing and discussing telehealth, and its impact on the future of psychotherapy and the psychotherapist. This letter provides an overview of CAMFT's current position on the ongoing discussions of 1) tele-supervision, and 2) telehealth and the pre-licensed provider.

**Tele-Supervision**

CAMFT recognizes the need for a modernization of how supervisors and supervisees meet and communicate. The COVID pandemic forced a new format and modality of supervision, and the benefits should not be ignored post-pandemic. **CAMFT concurs with the general codification of increased allowance and use of tele-supervision** while being prudent about permanent changes based solely on the extreme situations of 2020-2021.

Three follow up questions CAMFT would like to see addressed during the ongoing tele-supervision conversation:

- Would a sunset clause of some kind (or other statutory language) be helpful to allow the BBS to evaluate the sole use of tele-supervision on pre-licensed training outcomes?
- Is face-to-face (i.e. Zoom) a necessity of tele-supervision or can phone supervision be included as a potential format?
- Is there any desire for urgency legislation of the tele-supervision amendments to allow for seamless transition post pandemic waivers?

**Tele-Health and Pre-Licensee Experience Requirements**

The benefits of telehealth, to both consumer and provider, have been highlighted during the pandemic- most notably, the increase in access to care. CAMFT is supportive of providers' (both licensed and pre-

licensed) use of telehealth post-pandemic and look forward to the continuing conversations on how to increase this capability in a quality and clinically sound manner.

While CAMFT supports 2022 legislation on tele-supervision amendments, CAMFT cautions against rushed changes to the various aspects of experience requirements and telehealth. There are numerous aspects, and sub-issues, surrounding the usage of telehealth, especially by pre-licensed clinicians, that need to be further fleshed out and discussed before sound legislation can move forward. While discussions have commenced under the Telehealth Committee, these questions still remain and deserve substantial assessment and scrutiny:

- Should there be a minimum experience requirement of in-person clinical training between provider and patient in order to become a licensed clinician?
- If no minimum in-person experience is required, what is the impact on quality of training, as well as actual and perceived quality of license?
- Can a provider, who has never experienced in-person engagement with a patient, attain the same inherent quality of training and care?
- If no minimum in-person experience is required, what standard of care is the licensed provider held to, who has never encountered a patient in person?
- If there is a minimum in-person training requirement, would that best be served under the current 150 hour requirement of practicum?
- What hour minimum would be an acceptable amount?
- Should there be a minimum experience requirement of tele-health training?
- If there is a minimum telehealth training requirement, where would that training best be served (during Master's program, any time before licensure, after licensure)?
- What hour minimum would be an acceptable amount?
- Which telehealth statutes are impacted and need to be amended/addressed when a pre-licensure is engaging in telehealth (state jurisdiction of laws, location of patient, location of provider, location of supervisor)?
- Is greater clarity necessary on where the pre-licensure may engage in telehealth (an office, their home)?

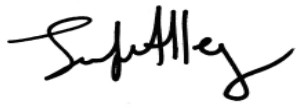
The above does not cover the full gauntlet of questions that arise but simply demonstrates the wide breadth of issues that warrant additional discussion and assessment in the coming months.

CAMFT is empathetic to the enormous impact the pandemic has had on clinicians in training. CAMFT is thankful to the schools, work settings, and state for working to help pre-licensurees continue with their education and hours in a manner, that protects the safety of both provider and patient. However, the discussion surrounding permanent changes to pre-licensure education/experience requirements should not be focused on the pandemic, but instead envision the future of the profession and generations of providers to come.

Therefore, **CAMFT is opposed to moving forward with rushed 2022 legislation on pre-licensure education/experience requirements on telehealth but instead requests that the Telehealth Committee continue in its charge** through 2022 (or a new working group be formed) to further flesh out these incredibly important but complicated issues with the goal of 2023 legislation.

For the reasons stated above, CAMFT is in support of moving forward with 2022 legislation on tele-supervision and asks for the continuation of the Telehealth Committee to address the outstanding issues under telehealth and the pre-licensed provider.

Sincerely,

A handwritten signature in black ink, appearing to read "JAlley". The letters are cursive and connected.

Jennifer Alley  
State Government Affairs Specialist

A handwritten signature in black ink, appearing to read "Nabil El-Ghoroury". The signature is highly stylized and cursive.

Nabil El-Ghoroury, PhD, CAE  
Executive Director