



Board of  
Behavioral  
Sciences

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## MEETING NOTICE

### Policy and Advocacy Committee July 13, 2007

Burbank Airport Marriott Hotel and Convention Center  
2500 Hollywood Way  
Burbank, CA 91505  
(818) 843-6000

**9:30 a.m. – 3:00 p.m.**

- I. Introductions
- II. Review and Approval of the April 4, 2007 Policy and Advocacy Committee Meeting Minutes
- III. Review of Requirements Relating to Marriage and Family Therapist Trainee Agreements
- IV. Review of Requirements Relating to Employment Documents for Marriage and Family Therapist Interns
- V. Discussion of Professional Experience in the Armed Forces As a Qualification for Licensure as a Marriage and Family Therapist or Licensed Clinical Social Worker
- VI. Discussion of Board Member Qualifications
- VII. Review and Discussion Regarding Assembly Bill 64 (Berg)
- VIII. Review of 2007 Legislation
- IX. Legislation Update
- X. Rulemaking Update
- XI. Suggestions for Future Agenda Items



Arnold Schwarzenegger  
Governor

State of California

State and Consumer  
Services Agency

Department of  
Consumer Affairs

*Public Comment on items of discussion will be taken during each item. Time limitations will be determined by the Chairperson. Items will be considered in the order listed. Times 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 facilities are accessible to persons with disabilities. Please make requests for accommodations to the attention of Christina Kitamura at the Board of Behavioral Sciences, 1625 N. Market Boulevard, Suite S-200, Sacramento, CA 95834, or by phone at 916-574-7835, no later than one week prior to the meeting. If you have any questions please contact the Board at (916) 574-7830.

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**To:** Policy and Advocacy Committee  
**From:** Christy Berger  
Legislation Analyst  
**Date:** June 27, 2007  
**Telephone:** (916) 574-7847  
**Subject:** **Review of Requirements Relating to Marriage and Family Therapist Trainee Agreements**

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### Background

A person who is in a degree program designed to qualify for licensure as a marriage and family therapist (MFT) is designated as a "trainee" once 12 semester or 18 quarter units in that program have been completed. A trainee is eligible to earn up to 1,300 hours of pre-degree experience (a total of 3,000 hours are required for licensure). These 1,300 hours may be composed as follows:

- Maximum of 750 hours of counseling and direct supervisor contact
- Maximum of 250 hours of professional enrichment activities
- Maximum of 100 hours of personal psychotherapy, which is triple-counted for a maximum of 300 hours

As part of their degree program, trainees must complete a minimum of six semester or nine quarter units of supervised practicum. This practicum must include 150 hours of face-to-face counseling experience.

Trainees are permitted to provide services in any setting (except for a private practice) that lawfully and regularly provides mental health counseling and psychotherapy and provides oversight to ensure that experience, supervision and scope of practice requirements are met. Any activities or services provided by a trainee must constitute part of his or her supervised course of study, but may be gained outside of the required practicum. Any hours gained by a trainee must be coordinated between the school and the site where the hours are being accrued. The school is required to approve each work site and to have a written agreement with each site that:

- Details each party's responsibilities
- Details the methods by which supervision will be provided
- Provides for regular progress reports and evaluations of the student's performance at the site

The California Association of Marriage and Family Therapists (CAMFT) has asked the Board to consider collecting the trainee's written agreement between the school and work site when a person applies for licensure. This would require a legislative change.

### Discussion

The Board has received a number of comments regarding inadequate communication between trainee work sites and schools, and about problems with the effective assessment of trainee performance. The

letter of agreement between the work site and school is intended to address these issues. The proposal suggested by CAMFT is a step in the right direction, but another question is how to ensure that the components of the agreement are being followed.

The following alternatives are possible mechanisms to help ensure that both schools and work sites follow the terms of the trainee agreement:

- Perform random audits of schools and work sites
- Perform routine surveys of schools and work sites
- Expand other requirements regarding trainees

Additionally, the Board may wish to consider creating a standard agreement to be used in place of the letter of agreement.

Attachments

BPC Section 4980.42

Sample letter of agreement

## §4980.42. TRAINEES' SERVICES

(a) Trainees performing services in any work setting specified in subdivision (e) of Section 4980.43 may perform those activities and services as a trainee, provided that the activities and services constitute part of the trainee's supervised course of study and that the person is designated by the title "trainee." Trainees may gain hours of experience outside the required practicum. Those hours shall be subject to the requirements of subdivision (b) and to the other requirements of this chapter.

(b) On and after January 1, 1995, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. **The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site.** If an applicant has gained hours of experience while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those hours of trainee experience were gained in compliance with this section.

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Alliant International University  
Marital and Family Therapy Program  
10455 Pomerado Road  
San Diego, CA 92131  
(858) 635-4788

**CONTRACT FOR FIELD PLACEMENT (PRACTICUM)  
MARITAL AND FAMILY THERAPY**

This form will serve as an agreement between:

Name of Student \_\_\_\_\_ ID \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Name of Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

and ALLIANT INTERNATIONAL UNIVERSITY, henceforth referred to as AIU for the purpose of providing qualified supervised professional training for graduate students enrolled in the Marital and Family Therapy Program, undertaking field placement courses at AIU.

**SCOPE**

The purpose of the field placement training is to provide the student with an appropriate clinical setting to practice her/his skills in marital and family therapy.

**STUDENT RESPONSIBILITIES**

The student will be held accountable and responsible for her/his professional conduct at the field placement site. Further, she/he agrees to be cognizant of and observe the rules, regulations and guidelines of the AIU Clinical Training Manual for Marital and Family Therapy in current use. Student agrees to be cooperative and open to feedback. Any violation of legal professional ethics shall be reported immediately to the Coordinator of Clinical Training, Marital and Family Therapy Program, at AIU. The student shall be responsible to secure the necessary malpractice and personal liability insurance while performing her/his duties at the site, in addition to any insurance coverage provided by the site.

In order for the student to receive credit for field placement, she/he must fulfill the following requirements:

- 1) Be involved in a field placement of a psychological nature in which she/he is delivering mental health services in dealing with couples and families applying a systems approach. Acceptable areas would include a combination of counseling, therapy, assessment, community outreach, case presentation, planning, etc., normally found in a marital and family clinical setting. One-half of the student's caseload must be involved with providing marriage and family therapy.
- 2) Participate at this field placement site for a minimum of 10 hours per week but not to exceed 20 hours per week.
- 3) Procure written consent prior to the field placement at the site from the Coordinator of Clinical Training for Marriage and Family Therapy
- 4) Review and co-sign semester evaluation and monthly hour forms completed by the Primary Supervisor to be forwarded to the Department of Psychology and Family Studies.
- 5) Student must complete a minimum of 500 hours of direct client contact; 250 of which are with couples or families physically present in the room. These 500 hours must be supervised by an AAMFT approved supervisor or the equivalent as defined by the MFT programs. This supervisor must provide 100 hours of supervision; 50 of which must be either live observation, videotape or audiotape and at least 25 of the 50 must be either live observation or videotape.
- 6) Students must provide videotapes of therapy for onsite and practicum supervisors. Students must comply with the videotape confidentiality standards found in the MFT Training Manual.
- 7) If over 25% of student's therapy is conducted in another language, the individual supervisor must speak that language. Also, the student's case load is limited to 50% non-english language clients.

### **AIU RESPONSIBILITIES**

The Coordinator of Clinical Training for Marital and Family Therapy will exchange relevant information regarding the student's progress with the site's Primary Supervisor as needed. AIU practicum instructors will either meet with the site supervisor, do a live supervision session at the site once each semester for a total of three times per year, or observe live supervision at the site once each semester for a total of three times per year.

### **PRIMARY SUPERVISOR AND AGENCY RESPONSIBILITIES AND QUALIFICATIONS**

The Primary Supervisor states that she/he meets the following requirements: 1) hold a current license in either Marriage and Family Therapy (MFT), Psychology, Social Work (LCSW), Board Certified Psychiatrist, or equivalent acceptable to AIU; 2) possess at least two (2) years experience in marital and family therapy since licensure; 3) be employed by this agency; 4) be onsite half of the hours being claimed by the student; 5) be an AAMFT approved supervisor (or the equivalent as defined by the AIU MFT program); and 6) provide supervision consistent with requirements outlined in the Student Responsibilities section and the MFT Clinical Training Manual and by the California Board of Behavioral Sciences. Should the Primary Supervisor no longer provide this student with supervisory services, the Agency must immediately notify the Coordinator of Clinical Training for Marital and Family Therapy, in writing, the name of the newly qualified primary supervisor and furnish credentialing information. Failure to comply within a reasonable period of time constitutes a breach of contract. If the agency breaks the contract, AIU may remove any and all students from the site immediately and AIU will be under no obligation to complete or comply with the contract. The Agency and Primary Supervisor agree to comply with functions and responsibilities pertaining to them in the AIU Clinical Training Manual for Marital and Family Therapy currently in effect.

Additionally, the practicum site agrees to comply with the following:

1. Have been in operation at least two (2) years.
2. Provide adequate facilities and equipment for the student to carry out designated responsibilities.
3. Have and adhere to published procedures for 1) handling grievances; 2) prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical disability, race, religion, sexual orientation, and socioeconomic status; 3) informed consent of clients, including but not limited to client rights, limits of confidentiality, and establishment and collection of fee; and 4) safety, privacy and confidentiality.
4. Provide appropriate orientation to the policies and procedure of the internship site.
5. Be chartered or licensed by the appropriate state authority (as applicable).
6. Site agrees to allow students to videotape therapy sessions and transport and view videotapes at the university with practicum supervisors. Students must comply with videotape confidentiality policy found in the MFT Training Manual.
7. Provide a continuous twelve (12) month (or longer) clinical experience in MFT.
8. If over 25% of student's therapy is conducted in another language, the individual supervisor must speak that language. Also, there is a limit of 50% non-english language clients of the student's case load.

- 9. Provide sufficient client case load to meet requirements outlined in Student Responsibility section and the MFT Clinical Training Manual.
- 10. Students or supervisors will not be moved to other sites under an umbrella organization unless those sites have been approved by AIU including the permission of the Coordinator of Clinical Training.
- 11. Site will allow AIU Faculty (typically the pracicum supervisor) to provide onsite supervision including live supervision of students at least once a semester.

**TERM AND TERMINATION**

This Agreement shall be effective on \_\_\_\_\_ through \_\_\_\_\_. This Agreement may be terminated by either party giving forty-five (45) days written notice of intent to terminate the Agreement. In the event the practicum site is terminating the Agreement, the site shall initiate a good faith effort to accommodate the completion of the current rotation experience. If the practicum agency does not comply with this contract, including all requirements outlined in the MFT Clinical training manual, AIU reserves the right to remove any and all students from the site and will be under no obligation to complete or comply with the contract.

**PRIMARY ACTIVITIES**

The primary activities that the student will be involved in at the site are as follows:

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Total number of hours contracted \_\_\_\_\_ at the rate of \_\_\_\_\_ hours per week.

**STIPEND (If applicable):** The student will receive a stipend of \$\_\_\_\_\_ per \_\_\_\_\_ as part of her/his training position.

**INDEMNIFICATION**

The above-named Agency hereby assumes all risk and liability for, and hereby indemnifies, protects and saves harmless, and hereby releases AIU and each and every one of its officers, agents, faculty and employees of, from and against all liability, losses, injuries, damages, claims, suits, fees, including attorney's fees, costs or judgements which may arise from the student's performance of services while at the Agency. The assumption of risk, liability and indemnification under this paragraph shall survive the termination of this contract.

This contract supersedes all contracts, understandings and communications between AIU, the above named agency and student. This agreement may be modified or amended in writing.

The undersigned have read and agreed to the terms and conditions set forth in this contract.

**SITE DIRECTOR/ADMINISTRATOR**

_____	_____
NAME (please print or type)	TITLE
_____	_____
SIGNATURE	DATE

**PRIMARY SUPERVISOR**

_____	_____
NAME (please print or type)	TITLE
_____	_____
SIGNATURE	DATE

**STUDENT**

_____	_____
SIGNATURE	DATE

**ALLIANT INTERNATIONAL UNIVERSITY**

The Coordinator of Clinical Training for Marital and Family Therapy's signature below signifies approval of the field placement for the above named student. Hours are only credited after the approval date indicated below:

_____	_____
NAME (please print or type)	TITLE
_____	_____
SIGNATURE	DATE

Received at AIU and recorded by

\_\_\_\_\_ Date \_\_\_\_\_  
 Clinical Training Administrator

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**To:** Policy and Advocacy Committee  
**From:** Christy Berger  
Legislation Analyst  
**Date:** June 27, 2007  
**Telephone:** (916) 574-7847  
**Subject:** **Review of Requirements Relating to Employment Documents for Marriage and Family Therapist Interns**

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### Background

A person who has completed a degree program designed to qualify for licensure as a marriage and family therapist (MFT) is designated as an "intern." An intern must gain a minimum of 1,700 hours of post-degree experience (a total of 3,000 hours are required for licensure). Those hours may be composed as follows:

- Minimum of 500 hours diagnosing and treating couples, families and children
- Maximum of 1000 hours of direct supervisor contact and professional enrichment activities
- Maximum of 500 hours of providing group counseling
- Maximum of 250 hours administering and evaluating psychological tests, writing clinical reports, progress notes, or process notes
- Maximum of 250 hours providing counseling or crisis counseling on the telephone

Interns are permitted to provide services in any setting that lawfully and regularly provides mental health counseling and psychotherapy and provides oversight to ensure that experience, supervision and scope of practice requirements are met.

Business and Professions Code (BPC) Section 4980.43(b) requires all hours of experience gained by interns to be obtained as either an employee or volunteer, and prohibits experience from being gained as an independent contractor.

The California Association of Marriage and Family Therapists (CAMFT) has asked the Board to consider collecting W-2 forms as evidence that an intern was employed while gaining the required hours of experience. If a person was employed as a volunteer, a letter of verification from the employer would be required. These documents would be collected upon application for licensure.

In the early 1990's, the Board began collecting W-2s and verification of volunteer employment from MFT interns, believing that it had the authority to do so. However, several years ago, the Board's legal counsel informed staff that the Board did not have this authority, and this practice was discontinued.

Submission of W-2s and verification of volunteer employment have been a requirement for associate clinical social workers since January 1, 1999.

### Discussion

MFT licensing evaluators receive telephone calls frequently from interns asking whether they could be employed as an independent contractor. Because of these telephone calls, staff and CAMFT believe that interns are frequently employed as independent contractors, and the Board currently has no way of verifying this information. To do so would require a legislative change.

Board staff has indicated that collection of these documents would not pose an administrative burden. However, it would result in a higher number of deficient MFT licensure applications.

### Attachment

BPC Section 4980.43(b)

#### **§4980.43. PROFESSIONAL EXPERIENCE; INTERNS OR TRAINEES**

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. **Supervised experience shall be gained by interns and trainees either as an employee or as a volunteer.** The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. **Experience shall not be gained by interns or trainees as an independent contractor.**

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**To:** Policy and Advocacy Committee  
**From:** Christy Berger  
Legislation Analyst  
**Date:** July 2, 2007  
**Telephone:** (916) 574-7847  
**Subject:** **Discussion of Professional Experience in the Armed Forces as a  
Qualification for Licensure as a Marriage and Family Therapist or Licensed  
Clinical Social Worker**

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### Background

Staff recently became aware of a statute (Business and Professions Code Section 35, attached) that took effect in 1994 which requires the Board to adopt regulations pertaining to methods of evaluating applicants who have received education, training or experience while in the armed services.

This statute requires Boards under the Department of Consumer Affairs to:

- Adopt regulations that provide methods of evaluating education, training, and experience obtained in the armed services if applicable to the profession regulated.
- Requires such regulations to specify how this education, training, and experience may be used to meet the licensure requirements.
- Requires the board to consult with the Department of Veterans Affairs before adopting the regulations.

### Discussion

This statute appears to be pertinent to applicants for Licensed Clinical Social Worker (LCSW) or Marriage and Family Therapist (MFT) licensure. Staff is not aware of any graduate programs run by the military, however, supervised experience obtained in the armed services would need to be considered. This would not appear to apply to Licensed Educational Psychologist (LEP) applicants, as the experience required is completed as a school psychologist.

The Board of Psychology and the Board of Registered Nursing have both adopted regulations regarding experience gained in the military, as follows:

#### *Board of Psychology, Title 16, CCR Section 1387.4(b)*

Permits supervised professional experience to be accrued at a U.S. military installation so long as the experience is supervised by a qualified psychologist licensed at the doctoral level in the U.S. or Canada.

*Board of Registered Nursing, BPC Section 2736.5; Title 16, CCR Section 1418.*

Permits an applicant who has served on active duty in the medical corps of the armed forces who has completed the training required as an independent medical service technician or equivalent rating, and whose service has been under honorable conditions to submit his or her record to the board for evaluation. The board evaluates the following:

- Whether the education provided the knowledge and skills necessary to function in accordance with California's minimum standards for competency
- Whether the education meets the same theory and clinical qualifications required for California registered nurses
- Whether the applicant's education and experience would give reasonable assurance of competence to practice as a registered nurse in California

If the applicant meets all of those conditions, he or she would be granted a license upon passing the examination.

#### Action

Staff would like the Committee's feedback regarding what would be appropriate for the Board to accept in terms of experience gained in the military for MFT and LCSW applicants. Staff would then develop a regulatory proposal for presentation to the Board.

#### Attachments

BPC Section 35

## Business and Professions Code Section 35

35. It is the policy of this state that, consistent with the provision of high-quality services, persons with skills, knowledge, and experience obtained in the armed services of the United States should be permitted to apply this learning and contribute to the employment needs of the state at the maximum level of responsibility and skill for which they are qualified. To this end, rules and regulations of boards provided for in this code shall provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated. These rules and regulations shall also specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated. Each board shall consult with the Department of Veterans Affairs before adopting these rules and regulations. Each board shall perform the duties required by this section within existing budgetary resources of the agency within which the board operates.

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**To:** Policy and Advocacy Committee

**Date:** June 27, 2007

**From:** Paul Riches  
Executive Officer

**Telephone:** (916) 574-7840

**Subject: Board Member Qualifications**

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## Background

Business and Professions Code Section 4990 specifies the composition of the Board as follows:

2 Licensed Clinical Social Workers (LCSW)  
2 Marriage and Family Therapists (MFT)  
1 Licensed Educational Psychologist (LEP)  
6 Members of the Public

Each of the licensed members of the board are required to have at least two years of experience and reside in California.

Public members are subject to more detailed requirements. In an effort to ensure that public members are truly "public", current law has relatively detailed restrictions on the qualifications of public members. These restrictions are designed to ensure that public members truly represent the general public and do not have personal or financial connections to the professions they regulate.

Attached to this memo is a copy of the relevant statutes governing the qualifications of public members which are summarized below. Public members may not:

- In the five years preceding appointment have been an employer, officer, director or substantially a full-time representative of an employer or group of employers of licentiates governed by the board
- Be a current or past licensee of the board
- Be a close family member of a licensee of the board
- Have a financial interest in any organization subject to regulation by the board
- Be under 18 years of age

The board's policy focus has expanded significantly in recent years to include public mental health practice. This broadened focus recognizes the changing practice patterns with more and more of the board's licensees operating in public mental health settings. Historically, significant numbers of LCSWs worked in public mental health settings, while MFTs were overwhelmingly in private practice. In recent years, the number MFTs working in public settings has increased dramatically.

The California Association of Marriage and Family Therapists reports that approximately one-half of MFTs are employed rather than in private practice. Many therapists from both professions work in public settings and maintain a private practice simultaneously.

### Discussion

The shift in board focus and practice reality raises a question regarding the qualification criteria for licensed board members. Would it be advantageous to amend current statutes to require one of both the MFT and LCSW board members to have experience in public mental health practice?

### Attachments

Business and Professions Code Section 4900  
Business and Professions Code Sections 450-453

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## **CHAPTER 13.7. BOARD OF BEHAVIORAL SCIENCES**

### **ARTICLE 1. ADMINISTRATION**

#### **4990. BOARD MEMBERS**

(a) There is in the Department of Consumer Affairs, a Board of Behavioral Sciences that consists of 11 members composed as follows:

(1) Two state licensed clinical social workers.

(2) One state licensed educational psychologist.

(3) Two state licensed marriage and family therapists.

(4) Six public members.

(b) Each member, except the six public members, shall have at least two years of experience in his or her profession.

(c) Each member shall reside in the State of California.

(d) The Governor shall appoint four of the public members and the five licensed members with the advice and consent of the Senate. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(e) Each member of the board shall be appointed for a term of four years. A member appointed by the Speaker of the Assembly or the Senate Committee on Rules shall hold office until the appointment and qualification of his or her successor or until one year from the expiration date of the term for which he or she was appointed, whichever first occurs. Pursuant to Section 1774 of the Government Code, a member appointed by the Governor shall hold office until the appointment and qualification of his or her successor or until 60 days from the expiration date of the term for which he or she was appointed, whichever first occurs.

(f) A vacancy on the board shall be filled by appointment for the unexpired term by the authority who appointed the member whose membership was vacated.

(g) Not later than the first of June of each calendar year, the board shall elect a chairperson and a vice chairperson from its membership.

(h) Each member of the board shall receive a per diem and reimbursement of expenses as provided in Section 103.

(i) This section shall become inoperative on July 1, 2009, and, as of January 1, 2010, is repealed, unless a later enacted statute, that is enacted before January 1, 2010, deletes or extends the dates on which it becomes inoperative and is repealed.

#### **4990.02. DEFINITION OF "BOARD"**

"Board," as used in this chapter, Chapter 13 (commencing with Section 4980), Chapter 13.5 (commencing with Section 4989.10), and Chapter 14 (commencing with Section 4991) means the Board of Behavioral Sciences.

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## **BUSINESS AND PROFESSIONS CODE**

### **SECTION 450-453**

450. In addition to the qualifications provided in the respective chapters of this code, a public member or a lay member of any board shall not be, nor shall he have been within the period of five years immediately preceding his appointment, any of the following:

(a) An employer, or an officer, director, or substantially full-time representative of an employer or group of employers, of any licentiate of such board, except that this shall not preclude the appointment of a person which maintains infrequent employer status with such licentiate, or maintains a client, patient, or customer relationship with any such licentiate which does not constitute more than 2 percent of the practice or business of the licentiate.

(b) A person maintaining a contractual relationship with a licentiate of such board, which would constitute more than 2 percent of the practice or business of any such licentiate, or an officer, director, or substantially full-time representative of such person or group of persons.

(c) An employee of any licentiate of such board, or a representative of such employee, except that this shall not preclude the appointment of a person who maintains an infrequent employee relationship or a person rendering professional or related services to a licentiate if such employment or service does not constitute more than 2 percent of the employment or practice of the member of the board.

450.2. In order to avoid a potential for a conflict of interest, a public member of a board shall not:

(a) Be a current or past licensee of that board.

(b) Be a close family member of a licensee of that board.

450.3. No public member shall either at the time of his appointment or during his tenure in office have any financial interest in any organization subject to regulation by the board, commission or committee of which he is a member.

450.5. A public member, or a lay member, at any time within five years immediately preceding his or her appointment, shall not have been engaged in pursuits which lie within the field of the industry or profession, or have provided representation to the industry or profession, regulated by the board of which he or she is a member, nor shall he or she engage in those pursuits or provide that representation during his or her term of office.

450.6. Notwithstanding any other section of law, a public member may be appointed without regard to age so long as the public member has reached the age of majority prior to appointment.

451. If any board shall as a part of its functions delegate any duty or responsibility to be performed by a single member of such board, such delegation shall not be made solely to any public member or any lay member of the board in any of the following instances:

(a) The actual preparation of, the administration of, and the grading of, examinations.

(b) The inspection or investigation of licentiates, the manner or method of practice or doing business, or their place of practice or business.

Nothing in this section shall be construed as precluding a public member or a lay member from participating in the formation of policy relating to the scope of the activities set forth in subdivisions (a) and (b) or in the approval, disapproval or modification of the action of its individual members, nor preclude such member from participating as a member of a subcommittee consisting of more than one member of the board in the performance of any duty.

452. "Board," as used in this chapter, includes a board, advisory board, commission, examining committee, committee or other similarly constituted body exercising powers under this code.

453. Every newly appointed board member shall, within one year of assuming office, complete a training and orientation program offered by the department regarding, among other things, his or her functions, responsibilities, and obligations as a member of a board. The department shall adopt regulations necessary to establish this training and orientation program and its content.

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**To:** Policy and Advocacy Committee

**Date:** July 3, 2007

**From:** Christy Berger  
Legislation Analyst

**Telephone:** (916) 574-7847

**Subject:** Review and Discussion Regarding Assembly Bill 64 (Berg)

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### Background

Assembly Bill 64 (Berg), otherwise known as the "Uniform Emergency Volunteer Health Practitioners Act" was presented to the Board at its meeting on May 31, 2007. However, staff had discovered the legislation just prior to that Board meeting, so a full consideration of the issues was not possible. A full analysis is important because of the legislation's importance and scope. Additionally, the Board has never discussed the issue of emergency practice by volunteer health practitioners.

A revised analysis is included for the Committee's review, as well as the most recent version of the legislation.

### Action

The Committee may decide to recommend a position, if any, to the full Board.

### Attachments

Analysis of AB 64  
AB 64 (As Amended June 11, 2007)

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# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 64

**VERSION:** AMENDED JUNE 11, 2007

**AUTHOR:** BERG

**SPONSOR:** NAACP, CALIFORNIA STATE  
CONFERENCE AND THE CALIFORNIA  
NURSE'S ASSOCIATION

**RECOMMENDED POSITION:** NONE

**SUBJECT:** UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT

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### Existing Law:

- 1) Ratifies, approves, and sets forth the provisions of the Interstate Civil Defense and Disaster Compact between the State of California and other states which are parties to the compact. The purpose of the compact is to provide mutual aid among the states in meeting any emergency or disaster from enemy attack or other cause (natural or otherwise). (GC § § 177-178.5)
- 2) Ratifies, approves, and sets forth provisions of the Emergency Management Assistance Compact (EMAC). The purpose of EMAC is to provide for mutual assistance between states in managing any emergency or disaster declared by the Governor, whether arising from natural disaster, technological hazard, man-made disaster, emergency aspects of resource shortages, civil disorders, insurgency or enemy attack. EMAC does the following: (Public Law 104-321)
  - Requires each party state to develop plans and programs for interstate cooperation;
  - Requires party states to render mutual aid, except that the state rendering aid may withhold the resources necessary to provide reasonable protection for that state;
  - Deems licenses, certificates or other permits issued by one state to be licenses, certificates or other permits issued by the state requesting assistance;
  - Deems officers or employees rendering aid in another state to be agents of the other state for tort liability and immunity purposes. Protects any party state or its officers or employees rendering aid in another state pursuant to this compact from liability for any good faith act or omission;
  - Allows for supplementary agreements between member states;
  - Requires each party state to provide compensation and death benefits for injury or death suffered in another state pursuant to the compact in the same manner and to the same extent as if the injury or death had occurred within the state;
  - Requires any party state rendering aid to be reimbursed by the state receiving the aid; and,
  - Sunsets on January 1, 2008.

- 3) Allows the Governor to enter into reciprocal aid agreements or other interstate arrangements with other states and the federal government for the protection of life and property. (GC § 8619)

**This Bill:**

- 1) Creates the “Uniform Emergency Volunteer Health Practitioners Act.” (GC § 8599.5)
- 2) Defines “Disaster relief organization” as an entity that provides emergency or disaster relief services that include health or veterinary services provided by volunteer health practitioners and that meets either of the following requirements: (GC § 8599.51(a))
  - Recognized as a provider of those services pursuant to a disaster response and recovery plan adopted by an agency of the federal government or the Emergency Medical Services Authority (EMSA).
  - Regularly plans and conducts its activities in coordination with an agency of the federal government or the EMSA.
- 3) Defines “Emergency” as an event or condition that is a proclaimed state, local or health emergency or a state of war. (GC § 8599.51(b))
- 4) Defines “Emergency declaration” as a proclamation of emergency, a declaration of health emergency, or a declaration of war by the President. (GC § 8599.51(c))
- 5) Defines “Emergency Management Assistance Compact” as the interstate compact approved by Congress by Public Law No. 104-321. (GC § 8599.51(d))
- 6) Defines “Entity” as a person other than an individual. (GC § 8599.51(e))
- 7) Defines “Health facility” as an entity licensed to provide health or veterinary services. (GC § 8599.51(f))
- 8) Defines “Health practitioner” as an individual licensed under the laws of this or another state to provide health or veterinary services. (GC § 8599.51(g))
- 9) Defines “Health services” as the provision of treatment, care, advice, or guidance, or other services, or supplies, related to the health or death of individuals or human populations, to the extent necessary to respond to an emergency, including all of the following: (GC § 8599.51(h))
  - Services or supplies concerning the physical or mental condition or functional status of an individual or affecting the structure or function of the body, including the following:
    - Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care.
    - Counseling, assessment, procedures, or other services.
  - The sale or dispensing of a drug, a device, equipment, or another item to an individual in accordance with a prescription.
  - Funeral, cremation, cemetery, or other mortuary services.

- 10) Defines “Host entity” as an entity operating in this state that uses volunteer health practitioners to respond to an emergency. (GC § 8599.51(i))
- 11) Defines “License” as authorization by a state to engage in health or veterinary services that are unlawful without the authorization. The term includes authorization under the laws of California to provide health or veterinary services based upon a national certification issued by a public or private entity. (GC § 8599.51(j))
- 12) Defines “Person” as an individual, corporation, business trust, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity. (GC § 8599.51(k))
- 13) Defines “Scope of practice” as the extent of the authorization to provide health or veterinary services granted to a health practitioner by a license issued to the practitioner in the state in which the principal part of the practitioner’s services are rendered, including any conditions imposed by the licensing authority in that state. (GC § 8599.51(l))
- 14) Defines “State” as a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States. (GC § 8599.51(m))
- 15) Defines “Volunteer health practitioner” as a health practitioner who provides health or veterinary services, whether or not the practitioner receives compensation for those services. “Volunteer health practitioner” does not include a practitioner who receives compensation pursuant to a preexisting employment relationship with a host entity or affiliate that requires the practitioner to provide health services in this state, unless the practitioner is not a resident of this state and is employed by a disaster relief organization providing services in this state while an emergency declaration is in effect. (GC § 8599.51(o))
- 16) Applies to volunteer health practitioners registered with a registration system and who provide health or veterinary services in this state for a host entity while an emergency declaration is in effect. (GC § 8599.52)
- 17) Permits the EMSA while an emergency declaration is in effect, in consultation with the Office of Emergency Services (OES), to limit, restrict, or otherwise regulate all of the following immediately without prior notice or comment: (GC § 8599.53(a),(b))
  - The duration of practice by volunteer health practitioners.
  - The geographical areas in which volunteer health practitioners may practice.
  - The types of volunteer health practitioners who may practice.
  - Other matters necessary to coordinate effectively the provision of health or veterinary services during the emergency.
- 18) Requires a host entity that uses volunteer health practitioners to provide health or veterinary services in this state to do both of the following: (GC § 8599.53(c))
  - Consult and coordinate its activities with the EMSA to the extent practicable to provide for the efficient and effective use of volunteer health practitioners.

- Comply with any laws relating to the management of emergency health or veterinary services.
- 19)** Requires the EMSA to consult and coordinate its activities with the OES to ensure that any deployment of volunteer health practitioners is consistent with the standard emergency management system. (GC § 8599.53(d))
- 20)** Requires a system to do all of the following to qualify as a volunteer health practitioner registration system: (GC § 8599.54(a))
- Accept applications for the registration of volunteer health practitioners before or during an emergency.
  - Include information about the licensure and good standing of health practitioners.
  - Ability to supply sufficient information about registered volunteer health practitioners to the EMSA or a designated agency in order to allow the agency to confirm whether a health practitioner is licensed and in good standing before health services or veterinary services are provided.
  - Meet at least one of the following conditions:
    - Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded through the Health Resources Services Administration.
    - Be a local unit consisting of emergency response, public health, and medical personnel.
    - Be operated by one of the following:
      - A disaster relief organization.
      - A licensing board or bureau.
      - A national, state, or regional association of licensing boards or health practitioners.
      - A health facility that provides comprehensive inpatient and outpatient health care services.
      - A governmental entity.
    - Be designated by the EMSA as a registration system for purposes of this article.
- 21)** Permits the EMSA, an authorized person, or a host entity, while an emergency declaration is in effect, to confirm whether volunteer health practitioners are registered with an acceptable registration system. Limits confirmation to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing. (GC § 8599.54(b))
- 22)** Requires a registration system located in California to, upon request of a person authorized to manage the emergency response, or a similarly authorized person in another state, provide the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing. (GC § 8599.54(c))
- 23)** Does not require a host entity to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is

licensed and in good standing. (GC § 8599.54(d))

- 24)** Permits, while an emergency declaration is in effect, a registered volunteer health practitioner who is licensed and in good standing in the state in which the practitioner's registration is based, to practice in California to the extent authorized by this article as if the practitioner were licensed in this state. (GC § 8599.55(a))
- 25)** Does not entitle protections to a registered volunteer health practitioner if the practitioner is licensed in more than one state and any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction. (GC § 8599.55(b))
- 26)** Does not modify licensing requirements imposed on any health practitioner by licensing or regulatory provisions in the absence of an emergency declaration. (GC § 8599.55(c))
- 27)** Defines "Credentialing" as obtaining, verifying, and assessing the qualifications of a health practitioner to provide treatment, care, or services in or for a health facility. (GC § 8599.56(a)(1))
- 28)** Defines "Privileging" as the authorizing by an appropriate authority of a health practitioner to provide specific treatment, care, or services at a health facility subject to limits based on factors that include license, education, training, experience, competence, health status, and specialized skill. (GC § 8599.56(a)(2))
- 29)** Does not affect credentialing or privileging standards of a health facility and does not preclude a health facility from waiving or modifying those standards while an emergency declaration is in effect. (GC § 8599.56(b))
- 30)** Requires a volunteer health practitioner to adhere to the scope of practice for a similarly licensed practitioner established by California law. (GC § 8599.57(a))
- 31)** Does not authorize a volunteer health practitioner to provide services that are outside the practitioner's scope of practice, even if a similarly licensed practitioner in this state would be permitted to provide the services except that the applicable licensing agency may modify or restrict the services regulated by that body that volunteer health practitioners may provide. Permits such an order to take effect immediately, without prior notice or comment. (GC § 8599.57(b),(c))
- 32)** Permits a host entity to restrict the health or veterinary services that a volunteer health practitioner may provide. (GC § 8599.57(d))
- 33)** Prohibits a volunteer health practitioner from being found to have engaged in unauthorized practice unless the practitioner has reason to know of any limitation, modification, or restriction under this section or that a similarly licensed practitioner in this state would not be permitted to provide the services. A volunteer health practitioner has such a "reason to know" if either:
  - The practitioner knows the limitation, modification, or restriction exists or that a similarly licensed practitioner in this state would not be permitted to provide the service.
  - From all the facts and circumstances known to the practitioner at the relevant time, a reasonable person would conclude that the limitation, modification, or restriction exists

or that a similarly licensed practitioner in this state would not be permitted to provide the service.

- 34)** Provides a licensing board or other disciplinary authority in California with the following additional powers and duties to regulate the conduct of health practitioners: (GC § 8599.57(f))
- May impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency.
  - May impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency.
  - Shall report any administrative sanctions imposed upon a practitioner licensed in another state to the appropriate licensing board or other disciplinary authority in any other state in which the practitioner is known to be licensed.
- 35)** Requires a licensing board or other disciplinary authority, when determining whether to impose administrative sanctions under the additional powers and duties listed in #34 above, to consider the circumstances in which the conduct took place, including any exigent circumstances, and the practitioner's scope of practice, education, training, experience, and specialized skill. (GC § 8599.57(g))
- 36)** Clarifies that this law would not limit rights, privileges, or immunities provided to volunteer health practitioners by other laws. (GC § 8599.58)
- 37)** Requires a volunteer health practitioner who is providing health or veterinary services in California, or who is traveling to or from California to provide those services, to be considered an employee of this state for purposes of worker's compensation coverage concerning any injury, occupational illness, or death incurred by the practitioner in providing the services or in traveling to or from California to provide the services. Limits worker's compensation benefits for volunteer health practitioners to those benefits provided to state employees. (GC § 8599.59)
- 38)** Permits the EMSA to promulgate rules, after approval by the Commission on Emergency Medical Services, to implement this proposal. Requires the authority to consult with and consider the recommendations of the entity established to coordinate the implementation of the Emergency Management Assistance Compact and also to consult with and consider rules promulgated by similarly empowered agencies in other states to promote uniformity of application of this article and make the emergency response systems in the various states reasonably compatible. (GC § 8599.6)
- 39)** Requires consideration to be given to uniformity of the law with respect to its subject matter among states that enact it. (GC § 8599.61)

**Comment:**

- 1) Author's Intent.** According to the author, this bill is intended to significantly streamline the process of credentialing health care professionals during an emergency. Currently, the qualifications for interstate recognition of health care volunteers vary from state to state. By pre-registering volunteers and establishing interstate agreements, health care practitioners can be dispatched to emergencies in other states more quickly without having to meet the

other state's licensing requirements. Likewise, as this is part of a national effort to create a uniform system to recognize out-of-state health care professionals and veterinarians who volunteer their services during an emergency, this legislation will enable to governor to enter into mutual aid agreements which will allow out of state health care professionals to quickly begin assisting California in case of an emergency.

The author states that the delayed response following Hurricanes Katrina and Rita revealed that, although laws exist to provide for the interstate recognition of licenses issued to "federalized" healthcare workers and state public employees (EMAC provides for the deployment of "state resources"), no uniform and readily understood system exists to recognize licenses issued to other health professionals traveling from one state to another to assist during these disasters.

- 2) **ESAR-VHP.** California has an emergency system for the advance registration of volunteer health professionals (ESAR-VHP) administered by EMSA. It is called the California Medical Volunteer Site, located at <http://www.medicalvolunteer.ca.gov>. The site currently allows nurses, doctors, pharmacists, and paramedics to register for volunteer service. In the future the site will permit other mental health and allied health professionals to also register.
- 3) **EMSA Disaster Medical Assistance Teams (DMATs).** DMATs are a national network of response teams composed of approximately 35 - 100 civilian volunteers from the health care professions. DMATs are a component of the National Disaster Medical System, a cooperative asset-sharing program among federal government agencies. DMATs can be federalized and activated to provide supplemental or replacement medical care and other services to communities impacted by a disaster. The State of California currently has seven DMAT teams. Nationally, there are more than 20 teams. DMATs receive initial equipment and supplies from the federal government.
- 4) **Criminal Background Checks.** This legislation does not require registries of volunteer health professionals to perform criminal background checks. This is of critical importance for people licensed in another state coming to California, as not all state licensing agencies perform such background checks. The registries are only required to ensure that a registered volunteer health practitioner is "licensed and in good standing."
- 5) **Authority.** This proposal would permit the EMSA, while an emergency declaration is in effect, to regulate:

"...matters necessary to coordinate effectively the provision of health or veterinary services during the emergency."

At the same time, it would permit a licensing board to:

"...modify or restrict the health services...regulated by that body that volunteer health practitioners may provide pursuant to this article."

It is unclear then which entity would have the greater authority to regulate the services provided by volunteer health practitioners during a declared emergency. There is also a question of which agency would be better equipped to regulate volunteer health practitioners during an emergency. EMSA would likely be the better choice, as the board cannot take action until it meets. Even an emergency board meeting would take time to set up and would require a quorum. Another option would be to designate a single person, such as the Board Chair or Vice-Chair to act on behalf of the board.

6) **Administrative Sanctions.** This proposal would permit a California licensing agency to impose “administrative sanctions” upon a practitioner who is either:

- licensed in California for conduct outside of California in response to an out-of-state emergency
- not licensed in California for conduct in California in response to an in-state emergency.

It would not be difficult for the board to take action against its own licensees for conduct in another state during an emergency. Should a board in another state take action against a California licensee, a link between state boards would be needed for reporting purposes. Currently, the board reports disciplinary actions against California licensees to the national Health Professions Disciplinary Action Database. However, it is not clear if all states report to this database and more research would need to be done to determine whether it would be effective for purposes of this legislation.

Additionally, it would be very difficult for the Board to discipline a person licensed in another state for conduct during an emergency in California. This legislation would permit the Board to take “administrative sanctions,” but the only tool currently permitted is a citation and fine. This would be totally unenforceable against an out-of-state licensee since the only authority the board has to collect an unpaid fine is an intercept through the Franchise Tax Board or enforcement action for unprofessional conduct.

7) **Registry.** This proposal permits different types of agencies, including licensing boards, to act as registries of volunteer health practitioners willing to respond in the event of a disaster. A single registry would be more effective than multiple registries. Additionally, it may be difficult to get people to register in advance of a disaster, as many may not be motivated to register until a disaster actually happens.

8) **Training.** This proposal does not require health practitioners to have specific training in disaster response. People without training may actually compound problems during an emergency rather than help. Even just a few hours of training regarding procedures and treatment of trauma, PTSD and helping the severely mentally ill during a disaster would be helpful.

9) **Suggested Amendment.** The following amendments are suggested:

a) Government Code § 8599.55(b)). As currently written, this subdivision could be interpreted to entitle protections to persons who have a license in only one state which has been suspended, revoked, etc. The following change would clarify that this does not only apply to persons licensed in more than one state:

“A volunteer health practitioner qualified under subdivision (a) is not entitled to the protections of this article if ~~the practitioner is licensed in more than one state and~~ any license of the practitioner is suspended, revoked, or subject to an order limiting or restricting practice privileges, or has been voluntarily terminated under threat of sanction.”

b) Require registration systems to perform criminal background checks of volunteers.

c) Clarify who has the greater authority to regulate the profession during a declared emergency (EMSA or the Board) or designate one Board member as having that authority.

- d) Provide more specificity that would permit the Board to take administrative action against a person license in another state for conduct in California.
- e) Require one central registry for volunteer health practitioners.
- f) Require at least minimal training to become a registered volunteer health practitioner.

**10) Support and Opposition.**

*Support:*

California State Conference of the NAACP (co-sponsor)  
 California Nurses Association (co-sponsor)  
 American Nurses Association of California  
 American Red Cross  
 Board of Registered Nursing  
 California Applicants' Attorneys Association  
 California Association of Physician Groups  
 California Dental Association  
 California Federation for Animal Legislation  
 California Funeral Directors Association  
 California Primary Care Association  
 California Professional Firefighters  
 California Society of Health-System Pharmacists  
 Humane Society of the United States  
 Regional Council of Rural Counties  
 United Animal Nations  
 And, private individuals

*Opposition:*

None on file

**11) History**

2007

June 26	From committee: Do pass, and re-refer to Com. on RLS. with recommendation: To Consent Calendar. Re-referred. (Ayes 8. Noes 0.).
June 11	From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on G.O.
May 23	Referred to Coms. on G.O. and RLS.
May 17	In Senate. Read first time. To Com. on RLS. for assignment.
May 17	Read third time, passed, and to Senate. (Ayes 73. Noes 0. Page 1534.)
May 14	Read second time. To Consent Calendar.
May 10	From committee: Do pass. To Consent Calendar. (May 9).
Apr. 25	From committee: Do pass, and re-refer to Com. on APPR. with recommendation: To Consent Calendar. Re-referred. (Ayes 17. Noes 0.) (April 24).
Apr. 19	Re-referred to Com. on HEALTH.
Apr. 18	From committee: Do pass, and re-refer to Com. on HEALTH. Re-referred. (Ayes 10. Noes 0.) (April 17). From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended.
Apr. 11	Re-referred to Com. on B. & P.
Apr. 10	From committee chair, with author's amendments: Amend, and re-refer

to Com. on B. & P. Read second time and amended.  
Mar. 29 From committee: Be re-referred to Coms. on B. & P. and HEALTH  
(Ayes 10. Noes 0.) March 29  
Mar. 26 Re-referred to Com. on G.O.  
Mar. 22 From committee chair, with author's amendments: Amend, and re-refer  
to Com. on G.O. Read second time and amended.  
Mar. 12 Referred to Coms. on G.O. and B. & P.

2006  
Dec. 5 From printer. May be heard in committee January 4.  
Dec. 4 Read first time. To print.

AMENDED IN SENATE JUNE 11, 2007

AMENDED IN ASSEMBLY APRIL 18, 2007

AMENDED IN ASSEMBLY APRIL 10, 2007

AMENDED IN ASSEMBLY MARCH 22, 2007

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

**ASSEMBLY BILL**

**No. 64**

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**Introduced by Assembly Member Berg**

**(Coauthors: Assembly Members Beall, De Leon, DeVore, Huffman, Horton, Jeffries, Jones, Krekorian, Niello, Portantino, Richardson, and Wolk)**

December 4, 2006

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An act to add Article 7.7 (commencing with Section 8599.5) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to volunteer emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 64, as amended, Berg. Uniform Emergency Volunteer Health Practitioners Act.

Existing law establishes the Emergency Medical Services Authority, in the Health and Welfare Agency, to establish planning and implementation guidelines for emergency medical service systems, as specified. The guidelines are required to address, among other things, disaster response, and the authority is required to provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems. The authority is required to adopt rules and regulations, approved by

the Commission on Emergency Medical Services, in order to carry out its duties.

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would provide procedures to register in this state volunteer health practitioners with valid and current licenses in other states. The bill would allow a volunteer to provide in this state, through a host entity, health or veterinary services as appropriate pursuant to his or her license for the duration of a state, local or health emergency or a state of war, and would require a host entity in this state to consult and coordinate its activities with the Emergency Medical Services Authority to the extent practicable.

This bill would set forth certain scope of practice standards for a registered volunteer health practitioner during an emergency and would allow the Emergency Medical Services Authority, *in consultation with the Office of Emergency Services*, and applicable licensing boards to limit, restrict, or otherwise regulate specific aspects of practice. *The bill would require the authority to consult and coordinate its activities with the Office of Emergency Services, as specified.* The bill would also permit a host entity to restrict the health or veterinary services that a volunteer practitioner may provide. The bill would exempt a registered volunteer health practitioner from the unauthorized practice provisions for a health or veterinary service unless he or she has reason to know of an applicable limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide that service. The bill would allow a health care licensing board to impose administrative sanctions upon a health practitioner licensed in this state for conduct outside of this state in response to an out-of-state emergency, and to impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency, if certain conditions are met. ~~This~~ *The* bill would also provide that volunteer health practitioners providing services in California shall be considered agents or employees of the state for the purpose of workers' compensation coverage while performing services in this state or traveling to or from this state for that purpose. The bill would authorize the authority to promulgate rules, after approval by the Commission on Emergency Medical Services, in order to implement the provisions of the Uniform Emergency Volunteer Health Practitioners Act.

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. Article 7.7 (commencing with Section 8599.5)  
2 is added to Chapter 7 of Division 1 of Title 2 of the Government  
3 Code, to read:

4  
5 Article 7.7. Uniform Emergency Volunteer Health Practitioners  
6 Act

7  
8 8599.5. This article may be cited as the Uniform Emergency  
9 Volunteer Health Practitioners Act.

10 8599.51. For the purposes of this article, the following terms  
11 have the following meanings:

12 (a) “Disaster relief organization” means an entity that provides  
13 emergency or disaster relief services that include health or  
14 veterinary services provided by volunteer health practitioners and  
15 that meets either of the following requirements:

16 (1) It is designated or recognized as a provider of those services  
17 pursuant to a disaster response and recovery plan adopted by an  
18 agency of the federal government or the Emergency Medical  
19 Services Authority.

20 (2) It regularly plans and conducts its activities in coordination  
21 with an agency of the federal government or the Emergency  
22 Medical Services Authority.

23 (b) “Emergency” means an event or condition that is a state of  
24 emergency proclaimed pursuant to Section 8588 or 8625, a local  
25 emergency proclaimed pursuant to Section 8630, a health  
26 emergency proclaimed pursuant to Section 101080 of the Health  
27 and Safety Code, or a state of war.

28 (c) “Emergency declaration” means a proclamation of  
29 emergency issued pursuant to Section 8588, 8625, or 8630, a  
30 declaration of health emergency pursuant to Section 101080 of  
31 the Health and Safety Code, or a declaration of war by the United  
32 States.

33 (d) “Emergency Management Assistance Compact” means the  
34 interstate compact approved by Congress by Public Law No.  
35 104-321 and ratified in Article 3.7 (commencing with Section 179)  
36 of Chapter 1 of Division 1 of Title 1.

37 (e) “Entity” means a person other than an individual.

1 (f) “Health facility” means an entity licensed under the laws of  
2 this or another state to provide health or veterinary services.

3 (g) “Health practitioner” means an individual licensed under  
4 the laws of this or another state to provide health or veterinary  
5 services.

6 (h) “Health services” means the provision of treatment, care,  
7 advice, or guidance, or other services, or supplies, related to the  
8 health or death of individuals or human populations, to the extent  
9 necessary to respond to an emergency, including all of the  
10 following:

11 (1) Services or supplies concerning the physical or mental  
12 condition or functional status of an individual or affecting the  
13 structure or function of the body, including the following:

14 (A) Preventive, diagnostic, therapeutic, rehabilitative,  
15 maintenance, or palliative care.

16 (B) Counseling, assessment, procedures, or other services.

17 (2) The sale or dispensing of a drug, a device, equipment, or  
18 another item to an individual in accordance with a prescription.

19 (3) Funeral, cremation, cemetery, or other mortuary services.

20 (i) “Host entity” means an entity operating in this state that uses  
21 volunteer health practitioners to respond to an emergency.

22 (j) “License” means authorization by a state to engage in health  
23 or veterinary services that are unlawful without the authorization.  
24 The term includes authorization under the laws of California to  
25 provide health or veterinary services based upon a national  
26 certification issued by a public or private entity.

27 (k) “Person” means an individual, corporation, business trust,  
28 trust, partnership, limited liability company, association, joint  
29 venture, public corporation, government or governmental  
30 subdivision, agency, or instrumentality, or any other legal or  
31 commercial entity.

32 (l) “Scope of practice” means the extent of the authorization to  
33 provide health or veterinary services granted to a health practitioner  
34 by a license issued to the practitioner in the state in which the  
35 principal part of the practitioner’s services are rendered, including  
36 any conditions imposed by the licensing authority in that state.

37 (m) “State” means a state of the United States, the District of  
38 Columbia, Puerto Rico, the United States Virgin Islands, or any  
39 territory or insular possession subject to the jurisdiction of the  
40 United States.

1 (n) “Veterinary services” means the provision of treatment,  
2 care, advice or guidance, or other services or supplies, related to  
3 the health or death of an animal or to animal populations, to the  
4 extent necessary to respond to an emergency, including all of the  
5 following:

6 (1) Diagnosis, treatment, or prevention of an animal disease,  
7 injury, or other physical or mental condition by the prescription,  
8 administration, or dispensing of vaccine, medicine, surgery, or  
9 therapy.

10 (2) Use of a procedure for reproductive management.

11 (3) Monitoring and treatment of animal populations for diseases  
12 that have spread or demonstrate the potential to spread to humans.

13 (o) “Volunteer health practitioner” means a health practitioner  
14 who provides health or veterinary services, whether or not the  
15 practitioner receives compensation for those services. “Volunteer  
16 health practitioner” does not include a practitioner who receives  
17 compensation pursuant to a preexisting employment relationship  
18 with a host entity or affiliate that requires the practitioner to provide  
19 health services in this state, unless the practitioner is not a resident  
20 of this state and is employed by a disaster relief organization  
21 providing services in this state while an emergency declaration is  
22 in effect.

23 8599.52. This article applies to volunteer health practitioners  
24 registered with a registration system that complies with Section  
25 8599.54 and who provide health or veterinary services in this state  
26 for a host entity while an emergency declaration is in effect.

27 8599.53. (a) While an emergency declaration is in effect, the  
28 Emergency Medical Services Authority, *in consultation with the*  
29 *Office of Emergency Services*, may limit, restrict, or otherwise  
30 regulate all of the following:

31 (1) The duration of practice by volunteer health practitioners.

32 (2) The geographical areas in which volunteer health  
33 practitioners may practice.

34 (3) The types of volunteer health practitioners who may practice.

35 (4) Any other matters necessary to coordinate effectively the  
36 provision of health or veterinary services during the emergency.

37 (b) An order issued pursuant to subdivision (a) may take effect  
38 immediately, without prior notice or comment, and is not a  
39 regulation within the meaning of the Administrative Procedure

1 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of  
2 Division 3).

3 (c) A host entity that uses volunteer health practitioners to  
4 provide health or veterinary services in this state shall do both of  
5 the following:

6 (1) Consult and coordinate its activities with the Emergency  
7 Medical Services Authority to the extent practicable to provide  
8 for the efficient and effective use of volunteer health practitioners.

9 (2) Comply with any laws other than this article relating to the  
10 management of emergency health or veterinary services.

11 (d) *The Emergency Medical Services Authority shall consult  
12 and coordinate its activities under this section with the Office of  
13 Emergency Services to ensure that any deployment of volunteer  
14 health practitioners is consistent with the standard emergency  
15 management system, established pursuant to Section 8607.*

16 8599.54. (a) To qualify as a volunteer health practitioner  
17 registration system, a system must do all of the following:

18 (1) Accept applications for the registration of volunteer health  
19 practitioners before or during an emergency.

20 (2) Include information about the licensure and good standing  
21 of health practitioners that is accessible by authorized persons.

22 (3) Be capable of supplying sufficient information about  
23 registered volunteer health practitioners to the Emergency Medical  
24 Services Authority, or a similar designated agency, in order to  
25 allow that authority or agency to confirm the accuracy of  
26 information concerning whether a health practitioner is licensed  
27 and in good standing before health services or veterinary services  
28 are provided under this article.

29 (4) Meet at least one of the following conditions:

30 (A) Be an emergency system for advance registration of  
31 volunteer health care practitioners established by a state and funded  
32 through the Health Resources Services Administration under  
33 Section 319I of the Public Health Services Act (42 U.S.C. Sec.  
34 247d-7b).

35 (B) Be a local unit consisting of trained and equipped emergency  
36 response, public health, and medical personnel formed pursuant  
37 to Section 2801 of the Public Health Services Act (42 U.S.C. Sec.  
38 300hh).

39 (C) Be operated by one of the following:

40 (i) A disaster relief organization.

- 1 (ii) A licensing board or bureau established pursuant to Division  
2 2 (commencing with Section 500) of, or Chapter 12 (commencing  
3 with Section 7600) of Division 3 of, the Business and Professions  
4 Code.
- 5 (iii) A national, state, or regional association of licensing boards  
6 or health practitioners.
- 7 (iv) A health facility that provides comprehensive inpatient and  
8 outpatient health care services, including a tertiary care and  
9 teaching hospital.
- 10 (v) A governmental entity.
- 11 (D) Be designated by the Emergency Medical Services Authority  
12 as a registration system for purposes of this article.
- 13 (b) While an emergency declaration is in effect, the Emergency  
14 Medical Services Authority, a person authorized to act on behalf  
15 of the authority, or a host entity may confirm whether volunteer  
16 health practitioners utilized in this state are registered with a  
17 registration system that complies with subdivision (a).  
18 Confirmation is limited to obtaining identities of the practitioners  
19 from the system and determining whether the system indicates that  
20 the practitioners are licensed and in good standing.
- 21 (c) Upon request of a person in this state authorized to manage  
22 the emergency response, or a similarly authorized person in another  
23 state, a registration system located in this state shall notify the  
24 person of the identities of volunteer health practitioners and  
25 whether the practitioners are licensed and in good standing.
- 26 (d) A host entity is not required to use the services of a volunteer  
27 health practitioner even if the practitioner is registered with a  
28 registration system that indicates that the practitioner is licensed  
29 and in good standing.
- 30 8599.55. (a) While an emergency declaration is in effect, a  
31 volunteer health practitioner, registered with a registration system  
32 that complies with Section 8599.54 and licensed and in good  
33 standing in the state in which the practitioner's registration is based,  
34 may practice in this state to the extent authorized by this article as  
35 if the practitioner were licensed in this state.
- 36 (b) A volunteer health practitioner qualified under subdivision  
37 (a) is not entitled to the protections of this article if the practitioner  
38 is licensed in more than one state and any license of the practitioner  
39 is suspended, revoked, or subject to an order limiting or restricting

1 practice privileges, or has been voluntarily terminated under threat  
2 of sanction.

3 (c) Nothing in this article is intended to modify the licensing  
4 requirements imposed on any health practitioner by licensing or  
5 regulatory provisions contained in Division 2 (commencing with  
6 Section 500) of the Business and Professions Code, or by any other  
7 laws or regulations of this state, in the absence of an emergency  
8 declaration, as that term is defined in subdivision (c) of Section  
9 8599.51.

10 8599.56. (a) For purposes of this section, the following terms  
11 have the following meanings:

12 (1) “Credentialing” means obtaining, verifying, and assessing  
13 the qualifications of a health practitioner to provide treatment,  
14 care, or services in or for a health facility.

15 (2) “Privileging” means the authorizing by an appropriate  
16 authority, such as a governing body, of a health practitioner to  
17 provide specific treatment, care, or services at a health facility  
18 subject to limits based on factors that include license, education,  
19 training, experience, competence, health status, and specialized  
20 skill.

21 (b) This article does not affect credentialing or privileging  
22 standards of a health facility and does not preclude a health facility  
23 from waiving or modifying those standards while an emergency  
24 declaration is in effect.

25 8599.57. (a) Subject to subdivisions (b) and (c), a volunteer  
26 health practitioner shall adhere to the scope of practice for a  
27 similarly licensed practitioner established by the licensing  
28 provisions, practice acts, or other laws of this state.

29 (b) Except as otherwise provided in subdivision (c), this article  
30 does not authorize a volunteer health practitioner to provide  
31 services that are outside the practitioner’s scope of practice, even  
32 if a similarly licensed practitioner in this state would be permitted  
33 to provide the services.

34 (c) The applicable licensing board or bureau may modify or  
35 restrict the health services or veterinary services regulated by that  
36 body that volunteer health practitioners may provide pursuant to  
37 this article. An order under this subdivision may take effect  
38 immediately, without prior notice or comment, and is not a  
39 regulation within the meaning of the Administrative Procedure

1 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of  
2 Division 3).

3 (d) A host entity may restrict the health or veterinary services  
4 that a volunteer health practitioner may provide pursuant to this  
5 article.

6 (e) A volunteer health practitioner shall not be found to have  
7 engaged in unauthorized practice unless the practitioner has reason  
8 to know of any limitation, modification, or restriction under this  
9 section or that a similarly licensed practitioner in this state would  
10 not be permitted to provide the services. A volunteer health  
11 practitioner has reason to know of a limitation, modification, or  
12 restriction or that a similarly licensed practitioner in this state  
13 would not be permitted to provide a service if either:

14 (1) The practitioner knows the limitation, modification, or  
15 restriction exists or that a similarly licensed practitioner in this  
16 state would not be permitted to provide the service.

17 (2) From all the facts and circumstances known to the  
18 practitioner at the relevant time, a reasonable person would  
19 conclude that the limitation, modification, or restriction exists or  
20 that a similarly licensed practitioner in this state would not be  
21 permitted to provide the service.

22 (f) In addition to the authority granted by the laws of this state,  
23 other than this article, to regulate the conduct of health  
24 practitioners, a licensing board or other disciplinary authority in  
25 this state has the following powers and duties:

26 (1) It may impose administrative sanctions upon a health  
27 practitioner licensed in this state for conduct outside of this state  
28 in response to an out-of-state emergency.

29 (2) It may impose administrative sanctions upon a practitioner  
30 not licensed in this state for conduct in this state in response to an  
31 in-state emergency.

32 (3) It shall report any administrative sanctions imposed upon a  
33 practitioner licensed in another state to the appropriate licensing  
34 board or other disciplinary authority in any other state in which  
35 the practitioner is known to be licensed.

36 (g) In determining whether to impose administrative sanctions  
37 under subdivision (f), a licensing board or other disciplinary  
38 authority shall consider the circumstances in which the conduct  
39 took place, including any exigent circumstances, and the

1 practitioner’s scope of practice, education, training, experience,  
2 and specialized skill.

3 8599.58. This article does not limit rights, privileges, or  
4 immunities provided to volunteer health practitioners by laws other  
5 than this article.

6 8599.59. A volunteer health practitioner who is providing  
7 health or veterinary services in this state pursuant to this article,  
8 or who is traveling to or from this state to provide those services,  
9 shall be considered an employee of this state for purposes of  
10 worker’s compensation coverage concerning any injury,  
11 occupational illness, or death incurred by the practitioner in  
12 providing the services or in traveling to or from this state to provide  
13 the services. Worker’s compensation benefits for volunteer health  
14 practitioners are limited to those benefits provided to state  
15 employees under the laws of this state.

16 8599.6. The Emergency Medical Services Authority may  
17 promulgate rules, after approval by the Commission on Emergency  
18 Medical Services, to implement this article. In doing so, the  
19 authority shall consult with and consider the recommendations of  
20 the entity established to coordinate the implementation of the  
21 Emergency Management Assistance Compact and shall also consult  
22 with and consider rules promulgated by similarly empowered  
23 agencies in other states to promote uniformity of application of  
24 this article and make the emergency response systems in the various  
25 states reasonably compatible

26 8599.61. In applying and construing this article, consideration  
27 shall be given to the need to promote uniformity of the law with  
28 respect to its subject matter among states that enact it.

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**To:** Policy and Advocacy Committee

**Date:** July 3, 2007

**From:** Christy Berger  
Legislation Analyst

**Telephone:** (916) 574-7847

**Subject:** Review of 2007 Legislation

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This agenda item was intended for any additional legislation that needed to be reviewed by the Committee. However, there is no additional 2007 legislation to review.

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**To:** Policy and Advocacy Committee

**Date:** July 2, 2007

**From:** Christy Berger  
Legislation Analyst

**Telephone:** (916) 574-7847

**Subject:** Legislation Update

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### Board-Sponsored Legislation

#### **SB 1048 (Senate Business, Professions and Economic Development Committee): *BBS Omnibus Bill***

This legislation would do all of the following:

- *Unprofessional Conduct*  
Add the following to the Board's unprofessional conduct statutes:
  - A willful violation of the Health and Safety Code pertaining to release of records.
  - A violation of the telemedicine statute.
  - List all types of unprofessional conduct in one section.
- *Eliminate Extensions for Associate Clinical Social Worker Registrations*  
Require an Associate Clinical Social Worker (ASW) to obtain new registration if needed, rather than one-year extensions, once his or her registration is no longer renewable.
- *Out-of-State MFT Education*  
Clarify that persons seeking license as a Marriage and Family Therapist (MFT), who live in California yet attend a school located outside of California must meet California's education standards.
- *Reduce License Delinquency Period to Three Years*  
Decrease the amount of time a license can remain delinquent from five years to three years.
- *Fictitious Business Names*  
Addresses the use of fictitious business names for Licensed Clinical Social Workers (LCSWs) in private practice, in parallel with current MFT statute.
- *Fee Statutes*  
Make a number of technical changes related to fee and renewal statutes for consistency and clarity.
- *Exempt Practice Settings*  
Align exempt settings specified in LCSW statute with those specified in MFT statute.
- *Portability of MFT Licensure*  
Modify California's licensing requirements for MFTs licensed at an equivalent level in another state by making reasonable allowances for equivalent coursework, and for

supervised experience gained more than six years ago.

- *Qualifications for MFT Intern Registration*  
Eliminate an outdated provision which permits applicants for MFT Intern registration to qualify under an alternative method.

The following are expected to be amended into SB 1048 at a later date:

- *Client-Centered Advocacy Experience*  
Allow MFT Interns to count a limited number of hours of experience toward licensure for performing “client centered advocacy.”
- *LEP Statutes Affected by Senate Bill 1475*  
Make the following changes pertaining to Licensed Educational Psychologists:
  - Change the CE requirement from 150 hours every five years to 36 hours every two years.
  - Permit supervised experience in a school psychology program to have been gained at any time prior to application for licensure.
  - Restore the Board’s ability to deem different degree titles as equivalent.

Additionally, staff had expected the Board’s proposal to award licensees with 6 hours of continuing education credit for attending one full day Board meeting to be a part of this bill, but it was rejected. Staff will attempt this proposal at a later date.

The Board is currently monitoring the following legislation:

**AB 64 (Berg) Uniform Emergency Volunteer Health Practitioners Act**

This proposal would set up a registry of volunteer health practitioners licensed in other states. It would permit these volunteers to provide health services through a host entity during a declared emergency. The Board has not taken a position on this legislation.

**AB 249 (Eng) Regulatory Gag Clauses**

This proposal would prohibit Board licensees and registrants, as well as other healing arts licensees from including any of the following provisions in a civil settlement:

- Prohibiting the other party from contacting, cooperating or filing a complaint with the Board
- Requiring the other party to withdraw a complaint from the Board

The Board’s Policy and Advocacy Committee recommended a position of “support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

**AB 423 (Beall) Mental Health Parity**

This proposal would require health care service plan contracts and health insurance policies to provide coverage for the diagnosis and treatment of a mental illness to persons of all ages under the same terms and conditions applied to other medical conditions. Defines “mental illness” as mental disorders defined in the DSM-IV or subsequent editions, and includes substance abuse. The Board’s Policy and Advocacy Committee recommended a position of “support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

**AB 509 (Hayashi) Suicide Prevention**

This proposal would establish the Office of Suicide Prevention (OSP) under the Department of Mental Health (DMH). The OSP would be required to coordinate and implement a statewide suicide prevention strategy modeled after the National Strategy for Suicide Prevention, among other tasks. The Board’s Policy and Advocacy Committee recommended a position of “support” to the full Board, who, at its meeting on May 31, 2007, adopted the Committee’s recommendation.

**AB 1025 (Bass) *Denial of Licensure***

This proposal would prohibit a person from being denied licensure or from having his or her license suspended or revoked based on a criminal conviction that has been expunged. The Board's Policy and Advocacy Committee recommended a position of "oppose" to the full Board, who, at its meeting on May 31, 2007, adopted the Committee's recommendation.

**AB 1178 (Hernandez) *Medical Information: Disclosures***

This proposal would permit a provider of health care to disclose medical information when a psychotherapist has reasonable cause to believe that the patient is in such a mental or emotional condition as to be dangerous to himself or herself or to the person or property of another and that disclosure is necessary to prevent the threatened danger. This proposal would conform the Civil Code to existing provisions established in case law and in the Evidence Code. At its meeting on May 31, 2007, the Board adopted a position of "support" on this legislation.

**AB 1486 (Calderon) *Licensed Professional Counselors***

This proposal would establish title protection and licensure for Licensed Professional Counselors, with the program to be administered by the Board of Behavioral Sciences. At its meeting on May 31, 2007, the Board adopted a position of "support" for this bill.

**AB 1525 (Cook) *Bureau for Private, Postsecondary and Vocational Education (BPPVE)***

This proposal would, in part, extend school approvals issued by the BPPVE that exist on July 1, 2007 to July 1, 2008. The Board has not taken a position on this legislation.

**SB 823 (Perata) *Bureau for Private, Postsecondary and Vocational Education (BPPVE)***

This bill would recast, revise, and reenact the provisions of the Private Postsecondary and Vocational Education Reform Act of 1989 as the California Private Postsecondary Education Act of 2007. The bill would establish the Board for Private Postsecondary Education in the Department of Consumer Affairs, and would require the board to succeed to the duties assigned to the bureau under the 1989 act. The Board has not taken a position on this legislation.

**SB 851 (Steinberg and Romero) *Mentally Ill Offenders***

This proposal would establish mental health courts statewide, and would require each county to establish a method for screening every defendant for mental illness. If the defendant is eligible and consents, he or she would be placed on probation and required to participate in the program for a minimum of one year. This proposal would also expand mental health and treatment programs for prisoners and probationers with severe mental illness. It would provide a structure and philosophy consistent with the Mental Health Services Act (MHSA) but does not use any MHSA funding. The Board's Policy and Advocacy Committee recommended a position of "support" to the full Board, who, at its meeting on May 31, 2007, adopted the Committee's recommendation.

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**To:** Board Members

**Date:** July 3, 2007

**From:** Cassandra Kearney  
Regulations Analyst

**Telephone:** (916) 574-7836

**Subject:** Regulation Update

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*Title 16, CCR Section 1832.5, Interim Recognition of Degrees from Institutions Approved by the Bureau for Private Postsecondary and Vocational Education (Emergency Regulation)*

This emergency regulatory proposal would allow the board to continue to accept degrees from state-approved schools through July 1, 2008. This regulation would allow students completing their programs designed for licensure as a Marriage and Family Therapist to register as an intern and begin accumulating hours towards licensure while the legislature works on a larger reform package. **The Board approved the proposal at its meeting on May 31, 2007.**

*Title 16, CCR Sections 1833.1 and 1870, Supervisor Qualifications*

Supervisors of registrants are currently required to have practiced psychotherapy for two out of the five years preceding any supervision. This proposal would allow supervisors to count time spent directly supervising persons who perform psychotherapy toward this requirement and delete the requirement that supervisors of MFT Interns and Trainees average 5 hours of client contact per week for two out of the five years prior to supervising. At its April 19, 2006 meeting, the Board's Policy and Advocacy Committee voted to recommend this language to the Board. The Board reviewed the proposal at its May 18, 2006 meeting and sent it back to the Committee for further work. At its June 28, 2006 meeting, the Committee recommended to the Board that the original language of the proposal be retained and additionally recommended to delete the requirement that supervisors of MFT Interns average 5 hours of client contact per week for two out of the five years prior to supervising. The Board approved this proposal at its meeting on July 27, 2006 and the notice was published by OAL on September 29, 2006. The regulatory hearing was held on November 16, 2006; no public comments were received. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. **The completed regulatory packet was submitted to the Legal Office in April for final departmental approval.**

*Title 16, CCR, Technical Cleanup - Licensed Educational Psychologists and Board Administration*

This proposal would make technical and editorial changes to the Board's regulations in line with statutory changes proposed under SB 1475 to update the Licensed Educational Psychologist and Board administration statutes. At its June 28, 2006 meeting, the Board's

Policy and Advocacy Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006. The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. **The completed regulatory packet was submitted to the Legal Office in April for final departmental approval.**

*Title 16, CCR Sections 1805, 1806, and 1833.3, Abandonment of Application Files.*

Section 1806 currently requires candidates to take an examination within one year of notification of eligibility to take the examination. Section 1833.3 currently requires applicants who fail an examination to retake that examination within one year from the date of the failure. However, candidates who fail are provided with a notice of eligibility 180 days from the date of failure, so both sections apply and reflect two different time frames. This regulatory proposal would resolve the conflict between these two regulations, providing all candidates with a one-year period in which to take an examination to avoid abandonment of their application. At its June 28, 2006 meeting, the Board's Policy and Advocacy Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006. The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. **The completed regulatory packet was submitted to the Legal Office in April for final departmental approval.**

*Title 16, CCR, Sections 1816.7, 1887.7, 1887.75, and 1887.77, Delinquency Fees for Continuing Education Providers*

This proposal would allow a registered provider of continuing education (PCE) a period of one year from the registration's expiration date in order to renew an expired PCE registration with a \$100 delinquency fee. Currently, when a PCE does not renew the registration prior to its expiration date, the registration is cancelled and a new registration must be obtained. At its June 21, 2006 meeting, the Board's Budget and Efficiency Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006. The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. **The completed regulatory packet was submitted to the Legal Office in April for final departmental approval.**

*Title 16, CCR, Sections 1816, 1816.1, 1816.2, 1816.4 and 1816.6, Fees*

This proposal would make technical changes to the Board's regulations regarding fees. These changes would conform the Board's regulations to the non-substantive statutory changes the Budget and Efficiency Committee is recommending to the Board regarding fees, renewals, and inactive licenses. At its June 28, 2006 meeting, the Board's Policy and Advocacy Committee recommended that the Board adopt these proposed regulations. The Board approved this proposal at its meeting on July 27, 2006. The notice was published by OAL on September 29, 2006. The regulatory hearing was held on November 16, 2006. Staff distributed a 15-day notice on December 22, 2006 in order to incorporate minor modifications into the language. The final language was given final approval by the Board at its February 15, 2007 meeting. **The completed regulatory packet was submitted to the Legal Office in April for final departmental approval.**

*Title 16, CCR, Sections 1887.2(a) and 1887.3(a) Continuing Education*

Licenses are currently permitted to take an unlimited amount of continuing education (CE) by conventional or online means. However, hours earned through "self-study" courses are

limited to one-third of the total required CE hours. The original intent of this proposal was to delete the definition of a “self-study course” and delete the limitations regarding self-study hours. The Consumer Protection Committee approved this proposal at its September 20, 2006 meeting. The proposal went before the Board for preliminary approval at its November 16, 2006 meeting; however, the Board recommended modifications to the proposed language – to retain the definition of a “self-study course” and to increase the self-study course limitations to one-half of the total required CE hours. The notice was published by OAL on December 29, 2006, which initiated the 45-day public comment period. A regulatory hearing was held at the Board’s February 15, 2007 meeting. **The Board gave this proposal its final approval at its meeting on May 31, 2007.**

*Title 16, CCR Section 1887.2, Exceptions to Continuing Education Requirements*

This regulation sets forth CE exception criteria for MFT and LCSW license renewals. This proposal would amend the language in order to clarify and/or better facilitate the request for exception from the CE requirement process. On January 10, 2007, the Consumer Protection Committee reviewed and approved the proposal. On February 15, 2007, the proposal went before the Board for preliminary approval. However, a modification to the language, which addresses minimum timeframes for circumstances that exempt licensees from the CE requirement, was recommended by the Board. Staff presented this recommended modification to the Committee on April 11, 2007; however, the Committee recommended that staff re-present the original proposal back to the Board in May 2007 as it provides consistency between the exception provisions within the regulation. **The Board approved the originally proposed text at its meeting on May 31, 2007.**

*Title 16, CCR Sections 1887, 1887.2, 1887.3, and 1887.7, Minor Clean-Up of Continuing Education Regulations*

This proposal would make minor clean-up amendments to continuing education regulations. At its meeting on April 11, 2007, the Board’s Consumer Protection Committee recommended that the Board approve the proposed language. **The final language was given final approval by the Board at its May 31, 2007 meeting.**

*Title 16, CCR Section 1870, Two-Year Practice Requirement for Supervisors of Associate Clinical Social Workers*

This proposal would require supervisors of associate clinical social workers to be licensed for at least two years prior to commencing any supervision, and would make some technical changes for clarity. At its meeting on April 11, 2007, the Board’s Consumer Protection Committee recommended that the Board approve the proposed language. **The final language was given final approval by the Board at its May 31, 2007 meeting.**

*Title 16, CCR, Section 1886, Citation and Fine of Continuing Education Providers*

This proposal would provide the Board with the authority to issue a citation and fine to a continuing education provider. **This proposal is currently on hold due to staff workload considerations.**

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