



Board of Behavioral Sciences

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

AMENDED

MEETING NOTICE

July 19, 2012 12:00 p.m. to 1:30 p.m.

The Board of Behavioral Sciences will meet via telephone on July 19, 2012, beginning at 12:00 p.m. at the following locations:

Department of Consumer Affairs 1625 N. Market Blvd., #N-220 Sacramento, CA 95834

5060 Castille Way Riverside, CA 92507

2400 Moorpark Ave., #300 San Jose, CA 95128

10800 E Benavon St., Whittier, CA 90606

FULL BOARD OPEN SESSION

- I. Call to Order and Establishment of a Quorum
II. Discussion and Possible Action on AB 1904 (Block)
III. Discussion and Possible Action on SB 1172 (Lieu)
IV. Public Comment for Items Not on the Agenda
V. Suggestions for Future Agenda Items

FULL BOARD CLOSED SESSION

- VI. Pursuant to Government Code Section 11126(c)(3), the Board Will Meet in Closed Session to Deliberate and Take Action on Disciplinary Matters

FULL BOARD OPEN SESSION

- VII. Adjournment

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.



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

THIS AGENDA AS WELL AS BOARD MEETING MINUTES CAN BE FOUND ON THE BOARD OF BEHAVIORAL SCIENCES WEBSITE AT [www.bbs.ca.gov](http://www.bbs.ca.gov)

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

# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** AB 1904      **VERSION:** AMENDED JUNE 12, 2012

**AUTHOR:** BLOCK, BUTLER, & COOK      **SPONSOR:** AUTHOR

**RECOMMENDED POSITION:** NONE

**SUBJECT:** MILITARY SPOUSES: EXPEDITED LICENSURE

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### Existing Law:

- 1) Allows the Board to issue a license as a marriage and family therapist (LMFT) to a person who, at the time of application, holds a valid license issued by another state if that person has held that license for at least two years, if their education and experience is substantially equivalent to that required by the Board, passes specified Board-administered licensing examinations, and completes certain specified training or coursework. (Business and Professions Code (BPC) §4980.80)
- 2) Allows the Board to issue a license as an educational psychologist (LEP) if the applicant has certain specified education and experience requirements, and passes a Board-administered examination. (BPC §4989.20)
- 3) Allows the Board to issue a clinical social worker license (LCSW) to a person who, at the time of application, holds a valid active clinical social work license in another state if that person has supervised experience that is substantially equivalent to that required by the Board (unless licensed for at least four years), passes specified Board-administered licensing examinations, and completes certain specified training or coursework. (BPC §4996.17)
- 4) Allows the Board to issue a professional clinical counselor license (LPCC) to a person who, at the time of application, holds a valid license as a professional clinical counselor in another jurisdiction if their education and experience is substantially equivalent to that required by the Board, and if the person passes a Board administered California Law and Ethics Examination as well as the National Clinical Mental Health Counselor Examination (NCMHCE). (BPC §§ 4999.53, 4999.58, 4999.59, 4999.60)

### This Bill:

- 1) Requires a board within the Department of Consumer Affairs (DCA) to expedite the licensing process for an applicant meeting both of the following criteria:
  - a. Can provide the board with satisfactory evidence that he or she is married, in a domestic partnership, or in a legal union with an active duty member of the U.S. Armed Forces who is assigned to duty in California.
  - b. Holds a current license for the same profession in another state.
- 2) Allows a board to adopt regulations in order to execute this law.

## **Comments:**

- 1) Author's Intent.** The author's office notes that the process of obtaining a state license can cause re-employment delays for military spouses moving between states, and that because of these delays and the expense involved in re-licensure, many of these spouses decide not to practice their profession. They also note that this financial and career-related issue may impact military members' decisions to stay in the military.

This bill is part of a larger federal effort to improve the lives of military families. In February 2012, the U.S. Treasury and the U.S. Department of Defense issued a report titled "Supporting our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines." This report noted that approximately 35 percent of military spouses work in professions that require state licensure or certification.

- 2) Expediting Licenses.** The Board does not currently expedite licenses for any of its applicants. Past suggestions of expediting license in certain circumstances raised concern among staff, Board members, and the associations that expediting license benefits some but displaces other licensees.

It is unknown how many Board licensees are spouses of military members stationed in California. A large volume of these applications would affect the processing times for other applicants, while a minimal number of these applications would have very little effect. The Board's licensing applications would need to be revised so that staff could easily identify which applicants were military spouses, and thus in need of expedition.

- 3) Previous Version and Board Position.** At its May 16, 2012 meeting, the Board took a "support" position on a previous version of this bill. The previous version would have allowed the board to issue a temporary license to a military spouse under certain conditions; however, it was left to the discretion of the Board whether or not to do so.

## **4) Support and Opposition.**

### **Support:**

- Department of Defense State Liaison Office

### **Opposition:**

- None on file.

## **5) History**

### **2012**

- June 12 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on B., P. & E.D.
- June 7 Referred to Com. on B., P. & E.D.
- May 29 In Senate. Read first time. To Com. on RLS. for assignment.
- May 29 Read third time. Passed. Ordered to the Senate. (Ayes 76. Noes 0. Page 5051.)
- May 25 From committee: Do pass. (Ayes 17. Noes 0.) (May 25). Read second time. Ordered to third reading.
- Apr. 18 In committee: Set, first hearing. Referred to APPR. suspense file.

Mar. 27 From committee: Do pass and re-refer to Com. on APPR. (Ayes 9.  
Noes 0.) (March 27). Re-referred to Com. on APPR.  
Mar. 8 Referred to Com. on B., P. & C.P.  
Feb. 23 From printer. May be heard in committee March 24.  
Feb. 22 Read first time. To print.

**6) Attachment:** Supporting our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines, February 2012, U.S. Department of the Treasury and U.S. Department of Defense

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AMENDED IN SENATE JUNE 12, 2012

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1904**

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**Introduced by Assembly Members Block, Butler, and Cook**

February 22, 2012

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An act to add Section 115.5 to the Business and Professions Code, relating to professions and vocations, ~~and making an appropriation therefor.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1904, as amended, Block. Professions and vocations: military spouses: ~~temporary licenses:~~ *expedited licensure.*

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. ~~Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law authorizes a licensee to reinstate an expired license without examination or penalty if, among other requirements, the license expired while the licensee was on active duty as a member of the California National Guard or the United States Armed Forces.~~

This bill would ~~authorize~~ *require* a board within the department to ~~issue a temporary license to expedite the licensure process for~~ an applicant who, ~~among other requirements,~~ holds an equivalent *a* license in the same profession or vocation in another jurisdiction, ~~as specified,~~ and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station

in California under official active duty military orders. ~~The bill would require a board to expedite the process for issuing these temporary licenses. The bill would require the applicant to pay any fees required by the board and would require that those fees be deposited in the fund used by the board to administer its licensing program. To the extent that the bill would increase the amount of money deposited into a continuously appropriated fund, the bill would make an appropriation.~~

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

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

1 SECTION 1. Section 115.5 is added to the Business and  
2 Professions Code, to read:  
3 115.5. (a) A board within the department ~~may issue a~~  
4 ~~temporary license to~~ *shall expedite the licensure process for an*  
5 applicant who meets ~~all~~ *both* of the following requirements:  
6 (1) ~~Submits an application in the manner prescribed by the~~  
7 ~~board.~~  
8 (2)  
9 (1) Supplies evidence satisfactory to the board that the applicant  
10 is married to, or in a domestic partnership or other legal union  
11 with, an active duty member of the Armed Forces of the United  
12 States who is assigned to a duty station in this state under official  
13 active duty military orders.  
14 (3)  
15 (2) Holds a current license in another state, district, or territory  
16 of the United States ~~with the requirements that the board determines~~  
17 ~~are substantially equivalent to those established under this code~~  
18 ~~for that occupation~~ *in the profession or vocation for which he or*  
19 *she seeks a license from the board.*  
20 (4) ~~Has not committed an act in any jurisdiction that would have~~  
21 ~~constituted grounds for denial, suspension, or revocation of the~~  
22 ~~license under this code at the time the act was committed.~~  
23 (5) ~~Has not been disciplined by a licensing entity in another~~  
24 ~~jurisdiction and is not the subject of an unresolved complaint,~~  
25 ~~review procedure, or disciplinary proceeding conducted by a~~  
26 ~~licensing entity in another jurisdiction.~~

- 1     ~~(6) Pays any fees required by the board. Those fees shall be~~  
2     ~~deposited in the applicable fund or account used by the board to~~  
3     ~~administer its licensing program.~~  
4     ~~(7) Submits fingerprints and any applicable fingerprinting fee~~  
5     ~~in the manner required of an applicant for a regular license.~~  
6     ~~(b) A board shall expedite the procedure for issuing a temporary~~  
7     ~~license pursuant to this section.~~  
8     ~~(c) A temporary license issued under this section shall be valid~~  
9     ~~for 180 days, except that the license may, at the discretion of the~~  
10    ~~board, be extended for an additional 180-day period on application~~  
11    ~~of the license holder.~~  
12    ~~(d)~~  
13    ~~(b) A board may adopt regulations necessary to administer this~~  
14    ~~section.~~

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**U.S. Department of the Treasury**



**U.S. Department of Defense**

## **Supporting our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines**

February 2012

*“We’re redoubling our efforts to help military spouses pursue their educations and careers...We’re going to help spouses get that degree, find that job, or start that new business. We want every company in America to know our military spouses and veterans have the skills and the dedication, and our nation is more competitive when we tap their incredible talents.”*

*- President Barack Obama, January 24, 2011*



February 15, 2012



The President and his administration have taken the initiative to make the care and well-being of our nation's veterans, service members, and military families a priority across all agencies of the government. Last year, the President unveiled *Strengthening Our Military Families: Meeting America's Commitment* – a document that outlined the commitment of 16 separate agencies to 47 initiatives designed to improve the lives of military families. First Lady Michelle Obama and Dr. Jill Biden have also made it their personal priority to support our nation's veterans, service members, and military families through their Joining Forces initiative.

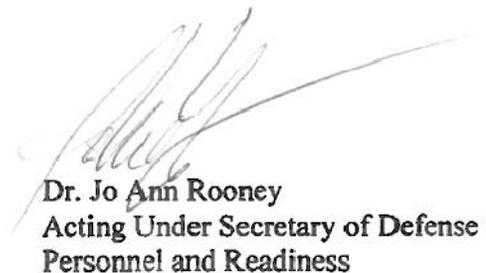
As a result of the President's advocacy, and in response to conversations that the First Lady and Dr. Biden have had with military spouses, the Departments of Treasury and Defense have co-authored this report to highlight the impact of state occupational licensing requirements on the careers of military spouses. The report shows that military spouses are especially affected by state occupational licensing requirements. About 35 percent of military spouses work in professions that require state licenses or certification. They move across state lines far more frequently than the general population. These moves present administrative and financial challenges, as illustrated in a case study of nursing licensing requirements. The report identifies best practices that states and licensing bodies can adopt through legislation, as well as current Department of Defense initiatives that address this issue.

We believe the best practices described in this report provide a baseline for further improvements, and hope it is a call to action to support our military spouses while still maintaining professional standards that ensure public safety. We are asking state governments, licensing boards, and professional associations to join us in finding more efficient ways for military spouses and other mobile professionals to fulfill these state and professional licensing and certification requirements.

Our military spouses support the well-being and safety of our nation, and we can best appreciate their sacrifices and unique challenges by adopting practices that lessen the burdens of their frequent moves. They have a compelling need and we are suggesting tangible solutions. All that is needed is the willingness to take action.



Dr. Janice Eberly  
Assistant Secretary of the Treasury  
for Economic Policy



Dr. Jo Ann Rooney  
Acting Under Secretary of Defense  
Personnel and Readiness

## Executive Summary

On January 24, 2011, President Obama, First Lady Michelle Obama, and Dr. Jill Biden presented *Strengthening Our Military Families: Meeting America's Commitment* – a document that responded to the Presidential Study Directive calling on all Cabinet Secretaries and other agency heads to find better ways to provide our military families with the support they deserve. The directive was initiated to establish a coordinated and comprehensive federal approach to supporting military families, and it contains nearly 50 commitments by federal agencies in pursuit of this goal.

State licensing and certification requirements are intended to ensure that practitioners meet a minimum level of competency. Because each state sets its own licensing requirements, these requirements often vary across state lines. Consequently, the lack of license portability – the ability to transfer an existing license to a new state with minimal application requirements – can impose significant administrative and financial burdens on licensed professionals when they move across state lines. Because military spouses hold occupational licenses and often move across state lines, the patchwork set of variable and frequently time-consuming licensing requirements across states disproportionately affect these families. The result is that too many military spouses looking for jobs that require licenses are stymied in their efforts.

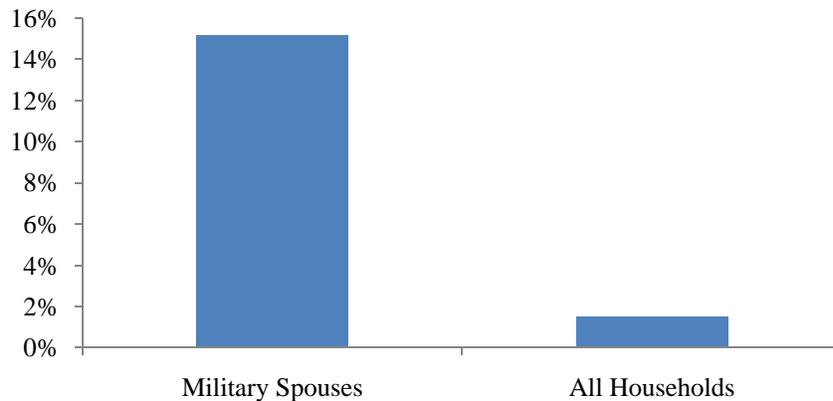
A spouse's employment plays a key role in the financial and personal well-being of military families, and their job satisfaction is an important component of the retention of service members. Without adequate support for military spouses and their career objectives, the military could have trouble retaining service members.

The Department of the Treasury and the Department of Defense (DoD) have conducted an analysis to highlight the importance of state occupational licensing requirements in the lives of licensed military spouses. The report demonstrates that military spouses often work in occupations that require a license or certification and that they have a relatively high rate of interstate mobility compared to the general population. The report also examines a case study of nursing licensing requirements to illustrate the administrative and financial burdens that licensed military spouses face when they move across state lines, and highlights current DoD initiatives that address these licensing issues. Finally, the report identifies best practices that states and licensing bodies can adopt to help reduce barriers for military spouses moving across state lines.

This report finds that:

- **Nearly 35 percent of military spouses in the labor force require licenses or certification for their profession.**
- **Military spouses are ten times more likely to have moved across state lines in the last year compared to their civilian counterparts.**

### Percent of Adult Population that Moved Across State Lines in the Last Year



In a 2008 Defense Manpower Data Center (DMDC) survey of military spouses, participants were asked what would have helped them with their employment search after their last military move. Nearly 40 percent of those respondents who had moved indicated that “easier state-to-state transfer of certification” would have helped them.

This report highlights best practices that states can pursue to help licensed military spouses. These best practices to help make licenses more portable come at little cost to states, but could make a meaningful difference in the lives of many military families. These best practices include:

- *Facilitating endorsement of a current license* from another jurisdiction as long as the requirements for licensure in that jurisdiction are substantially equivalent to those in the licensing state, and the applicant:
  - Has not committed any offenses that would be grounds for suspension or revocation of the license in the other jurisdiction, and is otherwise in good standing in that jurisdiction; and
  - Can demonstrate competency in the occupation through methods as determined by the Board, such as having completed continuing education units, having had sufficient recent experience (in a full or part time, paid or volunteer position), or by working under supervision for a prescribed period.
- *Providing a temporary or provisional license* allowing the military spouse to practice while fulfilling requirements needed to qualify for endorsement in the licensing state, or awaiting verification of documentation supporting an endorsement. Temporary licenses should require minimum documentation, such as proof of holding a current license in good standing and marriage to an active duty Service member who is assigned to the state.

- *Expediting application procedures* so that:
  - The director overseeing licensing within the state has authority to approve license applications for the boards; and/or
  - The individual licensing boards have authority to approve a license based simply on an affidavit from the applicant that the information provided on the application is true and that verifying documentation has been requested.

DoD, through the DoD-State Liaison Office (DSLO), has an on-going program to address key issues with state policymakers. This program, USA4 Military Families, covers 10 key issues, including occupational licensing and eligibility for unemployment compensation benefits. As of February 2012, thirteen states have introduced bills addressing the aforementioned best practices, and DSLO is working with these legislators. Although DoD continues to work on these issues on behalf of military spouses, more work remains to be done.

## Introduction

Military spouses not only play an enormous role in supporting our armed forces, but they also endure recurring absences of their service member spouse, frequent relocations, and extended periods of single-parenting and isolation from friends and family.<sup>i</sup> Research suggests that the effects of these challenging circumstances can be mitigated by employment. Unfortunately, military spouses earn less than their civilian counterparts and are less likely to be employed, on average.<sup>ii,iii</sup> A RAND study found that nearly two-thirds of military spouses felt that being a military spouse negatively affected their opportunity to work because of the “frequent and disruptive moves” associated with a military lifestyle.<sup>iv</sup>

### **CIVILIAN SPOUSES OF ACTIVE DUTY SERVICE MEMBERS<sup>v</sup>**

**Number:** 612,709

- Army: (40%)
- Navy: (24%)
- Marine Corps: (13%)
- Air Force: (24%)

**Gender:**

- Female: 95%
- Male: 5%

**Average age:** 32

Average years married: 7.8 years

**Race/Ethnicity:**

- Non-Hispanic White: 68%
- Non-Hispanic Black: 9%
- Hispanic: 12%

**Education:**

- No College: 16%
- Some College: 49%
- Bachelor’s Degree: 25%
- Advanced Degree: 10%

**Employment:**

- Labor participation rate: 57%
- Unemployment rate: 26%

**Age of Children\*:**

- Have children 5 & under: 54%
- Have children 6-12: 30%
- Have children 13-17: 15%

\*72% have children

Research on military spouses finds that employment positively affects their general well-being – both directly and indirectly. Specifically, satisfaction with career development prospects has a direct and statistically significant effect on military spouses’ well-being.<sup>vi</sup> However, many military spouses are not satisfied with their career prospects. One military spouse said, “as time passes and I am unable to find work, my career dies and I feel like I have to abandon my personal and professional goals because my spouse is [the] military.”<sup>vii</sup> Although many military families depend on two incomes, they often face difficulties in career maintenance: “having to leave an excellent job behind, be unemployed for months, then underemployed...all of this affects our family’s finances.”<sup>viii</sup>

Military spouse employment and the associated financial and personal well-being is also an important component of the retention of service members. More than half of all active duty military personnel are married, and 91 percent of employed military spouses indicated that they wanted to work and/or needed to work.<sup>ix</sup> Research suggests that spouse dissatisfaction with the ability to pursue career objectives may hinder re-enlistment. Not only are military spouses highly influential regarding re-enlistment decisions, but more than two-thirds of married service members reported that their decision to re-enlist was largely or moderately affected by their spouses’ career prospects.<sup>x</sup>

Complicated state occupational licensing requirements contribute to the difficulties that spouses of military personnel face in the workforce. State licensing and

certification requirements are intended to ensure that practitioners meet a minimum level of competency and to help “protect the public from unqualified providers.”<sup>xi,xii</sup> Because each state sets its own licensing requirements, these requirements often vary across state lines. Consequently, the lack of license portability – the ability to transfer an existing license to a new

state with minimal requirements – can impose significant administrative and financial burdens on licensed professionals when they move across state lines. Because nearly 35 percent of military spouses work in licensed or certified professions and are 10 times as likely to move across state lines than their civilian counterparts, military spouses are more frequently affected by the lengthy background checks, exams, fees, and other burdens associated with the lack of licensing portability.

Military spouses have expressed their frustration with the lack of licensing portability. According to a May 2010 survey of military spouses conducted by Blue Star Families, a military family support group, almost half of respondents felt that being a military spouse negatively affected their ability to pursue a career, while one in five respondents cited difficulties arising from the lack of licensing portability.<sup>xiii</sup> One military spouse said, “moving from one state to another, with different licensing requirements, has been a challenge. My career, while fairly portable, has still been difficult to maintain.”<sup>xiv</sup> Another military spouse, a real estate broker, explained the challenges of transferring licenses when she and her husband moved across state lines:

I was a real estate broker in North Carolina when I met my husband. When we [moved] to Texas, my license was no longer valid...In order to reinstate my license, I would have had to attend Texas real estate school and pay Texas licensure fees. The cost to get my license and restart my business would have been more than I could have earned in the 18 months we lived there before [moving] to Kentucky. In Kentucky, I would have had to do it all over again.<sup>xv</sup>

Given the volunteer nature of our military, the sacrifices military families make for this country, and the importance of retaining these families to maintain the readiness of our military, ensuring that licensing procedures do not needlessly hinder military spouses is critically important.

The first section of this report uses the Current Population Survey to demonstrate that military spouses often work in occupations that require a license or certification and that they have a relatively high rate of interstate mobility compared to the general population. The second section illustrates the administrative and financial burdens that military spouses face when they move across state lines by examining a case study of nursing licensing requirements. Finally, the third section highlights current DoD initiatives that address these licensing issues and discusses best practices that states and licensing bodies can adopt to help reduce barriers for military spouses moving across state lines.

## **Part 1: Licensing and Mobility**

This section uses data from the Annual Social and Economic (ASEC) supplement of the Current Population Survey (CPS) to demonstrate that military spouses often work in state licensed occupations and that they have a relatively high rate of interstate mobility compared to the general population. The CPS is the basis for official government labor force statistics, including the unemployment rate.<sup>xvi</sup> While the CPS does not survey military barracks, the data do include civilian spouses of service members even if they live on-base in civilian housing.

We constructed a sample of approximately 2,800 spouses of active duty, Guard and Reserve service members, by combining CPS labor force data from 2007 through 2011. Table 1 presents summary statistics for our sample of military spouses. Due to data constraints, we exclude dual-military families (in which both spouses are enlisted) from the analysis. About 95 percent of military spouses in our sample are female, which is consistent with personnel data from DoD.<sup>xvii</sup>

**Table 1: Gender and Population Estimate of Military Spouses**

	Population estimate	Sample size	Percent of Total
Women	670,280	2,609	94.2%
Men	43,511	162	5.8%

Notes: Annual averages based on pooled 2007 through 2011 data from the ASEC supplement of the CPS.

Table 2 presents labor force statistics for military spouses and civilian spouses. Data from the CPS show that the labor force participation rate for military spouses has been about 57 percent over the past five years, with an unemployment rate of 9.3 percent.

**Table 2: Labor Force Participation and Unemployment Rate of Military and Civilian Spouses**

	Military Spouses	Civilian Spouses
Labor Force Participation Rate	56.8%	72.8%
Unemployment Rate	9.3%	4.9%

Notes: Annual averages based on pooled 2007 through 2011 data from the ASEC supplement of the CPS. Civilian spouse statistics are weighted to be comparable with the gender distribution of military spouses. Data are restricted to respondents aged 18 to 45.

Table 3 presents educational attainment for military spouses and civilian spouses using CPS data. Almost 44 percent of military spouses have “some college” but not a four-year degree, compared to 28 percent of civilian spouses. “Some college” includes receiving a degree or certificate from a community college or other short-term training program. In our sample, 38 percent of civilian spouses have at least a bachelor’s degree, compared to 31 percent of military spouses.

**Table 3: Educational Attainment of Military and Civilian Spouses**

	Military Spouses	Civilian Spouses
Less than high school	2.9%	9.9%
High school diploma (or equiv.)	22.7%	24.9%
Some college	43.4%	27.8%
Bachelor's degree or higher	31.0%	37.3%

*Notes:* Averages based on pooled 2007 through 2011 data from the ASEC supplement of the CPS. Civilian spouse statistics are weighted to be comparable with the gender distribution of military spouses. Data are restricted to respondents aged 18 to 45.

### *Occupations of Military Spouses*

Table 4 presents the top 20 occupations among our sample of military spouses. Teaching is the most common occupation among military spouses, followed by child care services, and nursing. While many of the common occupations among military spouses are not licensed, some of the most popular professions, including teaching and nursing, do require licensure.

In a 2008 Defense Manpower Data Center survey of active duty military spouses, participants were asked what would have helped them with their employment search after their last military move. Nearly 40 percent of those respondents who had moved indicated that “easier state-to-state transfer of certification” would have helped them. This is not surprising given that a third of the respondents had “recently been employed” in an occupation with potential licensure requirements, and nearly half of the respondents suggested that they were interested in pursuing careers in licensed fields.<sup>xviii</sup> These responses are consistent with our findings in the CPS, which suggest that nearly 35 percent of military spouses in the labor force require licenses or certification for their profession.<sup>xix</sup>

**Table 4: Top 20 Occupations for  
Military Spouses in the Labor Force**

Rank	Occupation	Percent of total
1	Teachers (Pre-Kindergarten - 12th Grade)**	5.2
2	Child care workers*	3.9
3	Registered nurses**	3.7
4	Retail salespersons	3.6
5	Secretaries and administrative assistants	3.5
6	Waiters and waitresses	3.0
7	Receptionists and information clerks	2.8
8	Cashiers	2.8
9	First-line supervisors/managers of retail sales workers	2.5
10	Customer service representatives	1.8
11	First-line supervisors/managers of office and administrative support workers	1.6
12	Accountants and auditors**	1.6
13	Nursing, psychiatric, and home health aides*	1.5
14	Managers, all other	1.3
15	Tellers	1.3
16	Dental assistants*	1.2
17	Financial managers	1.2
18	Postsecondary teachers	1.2
19	Stock clerks and order fillers	1.2
20	Other teachers and instructors	1.2
<u>Memo</u>		
	Other categories	53.9

Notes: Annual averages based on pooled 2007 through 2011 data from the ASEC supplement of the CPS. Data include unemployed workers. Double asterisks (\*\*) denote occupations that require licenses; single asterisk (\*) denotes occupations that have certification.

### *Military Spouse Mobility*

The ASEC supplement also asks respondents if they moved in the past year. Military spouses are approximately ten times more likely to have moved across state lines in the last year compared to the total population.<sup>xx</sup> Table 5 presents mobility rates for military spouses and for the total population. On average, 15 percent of military spouses reported moving across state lines in the twelve months before the CPS survey, compared to only 1.5 percent of all CPS respondents.

**Table 5: Annual Percent of Adult Population  
Who Moved Across State Lines**

	Percent Moved
Military Spouse	15.2
Civilian Spouse	1.1
Single / Unmarried	1.8
<u>Memo</u>	
All households	1.5

Notes: Annual averages based on pooled 2007 through 2011 data from the ASEC supplement of the CPS, but reflect relocation in the year before the survey. Those who moved from overseas locations are excluded from this table.<sup>xxi</sup>

Because military spouses frequently hold occupations that have licensing requirements and because they move across state lines much more than the general population, complicated licensing processes are disproportionately burdensome for them. The next section will examine state licensing requirements for nurses as a case study of the difficulties that military spouses face when transferring their license across state lines.

## **Part 2: Nurse Licensing Case Study**

### **Registered Nursing License Portability**

Nursing is among the most popular professions for military spouses, and registered nurses must meet licensure requirements in each of the states where they practice. Even though the nursing profession has standardized several aspects of its licensing procedures, transferring a license when moving remains a complicated process because of variability in state licensing requirements. These problems are not unique to the nursing profession, and many licensed professionals face similar challenges when attempting to transfer their license across state lines.

To illustrate the administrative and financial burdens that licensed military spouses face when they move across state lines, this section examines a case study of nursing licensing requirements. This section documents the process for obtaining a new nursing license in any state, lists the standardized aspects of moving a nursing license to another state, and demonstrates the variability in licensure requirements across state lines.

#### *Initial Licensing Hurdles*

To obtain an initial license as a registered nurse (RN) in any state, applicants must satisfy a large set of requirements. According to the Bureau of Labor Statistics, a nursing student must complete either a bachelor's degree, an associate's degree, or receive a diploma from an approved nursing program.<sup>xxii</sup> After completing a degree from an accredited program, an applicant for a registered nursing license must take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). This nationally recognized test is administered by the National Council of State Boards of Nursing (NCSBN) and "measures the competencies needed to perform safely and effectively as a newly licensed, entry-level nurse."<sup>xxiii, xxiv</sup> Passing a background check is also a requirement for nursing licensure in all states.

#### *Standardized Aspects of the Nursing "Licensure by Endorsement" Process*

In general, a nurse changing his or her state of permanent residence must apply to the new state's licensing board for "licensure by endorsement," which is the process of transferring an existing nursing license to a new state. This process includes the application for and receipt of a temporary license while the application for a permanent license is processed. While a nurse waits for a temporary license, he or she may be unable to practice. The Nurse Licensure Compact (NLC) and the NURSYS online database help to address this inflexibility and facilitate the license transferring process by providing elements of standardization.

The NCSBN created the NLC in 1997.<sup>xxv</sup> Twenty-four states are members of the NLC. If a nurse changes his or her permanent residence from one compact state to another, the compact allows the nurse to practice using the previous state's license for up to 30 days. A change in residence requires that the nurse obtain a temporary or permanent license in the new state of residence in order to practice there for longer than 30 days. The NLC website states that nurses transferring their licenses when moving across state lines must "apply for licensure by endorsement, pay any applicable fees, and complete a declaration of primary state of residency in

the new home state, whereby a new multistate license is issued and the former license is inactivated.”<sup>xxvi</sup> In other words, the 30-day privilege granted by this compact is separate from the temporary and permanent licenses granted through licensure by endorsement with the state nursing board. The compact agreement fills the gap between the time when the nurse moves and when a temporary license can be issued by the receiving state’s nursing board.

The “licensure by endorsement” process has many components. A major part of this process is the verification of licensure in the previous state of residence. To this end, the NCSBN created an online data clearinghouse called NURSUS. Forty-six state nursing boards participate in NURSUS for verification of previous RN licensure.<sup>xxvii</sup> If a nurse needs license verification from a state that does not participate in NURSUS, he or she must contact the latter state’s nursing board for a state-specific verification. There is a \$30 fee for the use of the NURSUS system.<sup>xxviii</sup>

Although the NLC and NURSUS provide some standardization to the licensure by endorsement process, they do not ensure straightforward license portability for nurses moving across state lines and do not eliminate many of the non-uniform aspects of the application process, which are discussed below.

#### *Variability Among States in the “Licensure by Endorsement” Process*

While states frequently employ “licensure by endorsement” in nursing licensure, many states have additional requirements. Some states require “current experience”; this requirement mandates that prospective state license holders hold a current license and have worked as a nurse for some period specified by the state licensure board. The “current license” requirement often presents a significant complication when the license holder moves back to the United States after living overseas, as many military spouses do.

To allow nurses to continue practicing while their application for permanent licensure by endorsement is being processed, many state nursing boards offer temporary licenses after a preliminary background and qualifications checks. A clean record is usually required for a temporary license to be issued.<sup>xxix</sup>

Table 6 lists the 10 states with the largest active duty military populations and illustrates the variability in state nursing board requirements regarding license portability. For example, the wait time for a temporary license varies from as little as ten days in Virginia and Texas to up to six weeks in California. The time period for which a temporary license is valid also varies, from 30 days in Virginia to six months in California, Kentucky and North Carolina.<sup>xxx</sup> The waiting time for a permanent license is often not published by the state nursing board, but in most states an application expires if not completed within one year of the start date. Application fees also vary: among the 10 states examined, the fee ranged from \$43 in Colorado to \$200 in Texas.<sup>xxxi</sup>

#### *Other Factors*

There are other factors that both facilitate and slow the licensure by endorsement process. Some states offer automated procedures for submission of fingerprints, transcripts and fees, but others do not.<sup>xxxii</sup> Variability exists in the state board requirements for nursing licenses as well. Some

states automatically accept nursing degrees issued by a nationally approved program operated in another state, while others require that a nurse fulfill specific course requirements prior to licensure by endorsement.<sup>xxxiii</sup> There is also variation in state licensure requirements on training about time-varying issues such as infection control, abuse, privacy, and medical records.<sup>xxxiv</sup>

Although license portability for nurses is generally more straightforward than for other professions, nurses moving across state lines still have to go through a rigorous application process to practice nursing in another state. The variability of these processes and the associated need to continually relicense through examination poses difficulties for military spouses in licensed occupations. Other professions popular among military spouses, such as teaching, have even more complicated license portability requirements. One aspect of teacher licensing is discussed in Box 1, below.

**Box 1: Teacher Testing Requirements**

License portability in teaching is very complicated. There are several tiers of licensing in teaching, and course requirements vary widely based on the state and the subject being taught. Even the relatively standardized portions of teaching license requirements, such as the required Praxis II subject tests, have very different state standards. The table below demonstrates how the Praxis II cutoff scores vary among states.<sup>xxxv</sup>

**Praxis II Passing Scores in States with Large Military Populations**

	Mathematics	English Language, Literature, and Composition	Social Studies	Biology	Chemistry
Colorado	156	162	150	..	..
Hawaii	136	164	154	151	154
Kentucky	125	160	151	146	147
Virginia	147	172	161	155	153
Difference between the highest and lowest passing scores	31	12	11	9	7

In addition to the variability in Praxis II cutoff scores, many states with large military populations have their own individual examinations. Re-taking exams due to inconsistent cutoff scores or additional state tests pose time-consuming and expensive barriers to license portability.

**Table 6: Requirements for Transferring Nursing Licenses to a New State**

State	Does the state participate in NLC and NURSYS?	Application fee?	NCLEX Standardized Test	Temporary license valid for:	Wait time for temporary license:	Degree from accredited nursing education program needed?	Need Current Experience for Endorsement?
California	No (accepts verification from NURSYS, but does not provide information through NURSYS)	\$100 or \$151, depending on which fingerprinting method chosen	Yes, or SBTPE	6 months	4-6 weeks	Yes	No
Colorado	Yes	\$43	Yes, or SBTPE	4 months	--	Yes	No
Florida	NURSYS only	\$223	Yes, or SBTPE	--	--	Yes	Requires that the applicant worked as a nurse for 2 of the past 3 years
Georgia	No (accepts verification from NURSYS, but does not provide information through NURSYS)	\$60	Yes, or SBTPE	Does not typically provide temporary licenses	--	Yes	Requires that the applicant worked as a nurse for 3 months or 500 hours in the past 4 years
Hawaii	No (accepts verification from NURSYS, but does not provide information through NURSYS)	\$135-\$180	Yes (minimum score: 1600), or SBTPE (minimum score: 350)	3 months	--	Yes	No
Kentucky	Yes	\$169.25	Yes, or SBTPE	6 months	2 weeks	Yes	No
North Carolina	Yes	\$188	Yes (minimum score: 1600), or SBTPE (minimum score: 350)	6 months	2 weeks	Yes	No
Texas	Yes	\$200	Yes, or SBTPE (minimum score: 350)	120 days	10 days	Yes	Requires that the applicant worked as a nurse or passed the appropriate RN exam in the past 4 years
Virginia	Yes	\$190	Yes, or SBTPE	30 days (may be extended at discretion of the board)	10 days	Yes	No
Washington	NURSYS only	\$92	Yes, or SBTPE	--	--	Yes	No

Note: '--' indicates unavailable information. Source: Web sites of the listed state's Board of Nursing. Contact information for each State Board is posted on the web site of the National Council of State Boards of Nursing, under a link for Boards of Nursing. See [www.ncsbn.org](http://www.ncsbn.org).

## **Part 3: Best Practices and Department of Defense Initiatives**

### **Best Practices to Facilitate Licensure Portability**

DoD has identified best practices that states could adopt to facilitate license portability. Although DoD initially focused on promoting specific national compacts and national certifications for two career areas (teachers and nurses), the Department has recently shifted to initiatives easing the overall licensing process in a state to affect a broader population of licensed military spouses. The Nurse Licensure Compact, described earlier in this report, which gives nurses a more streamlined approach to transferring a current license to a member state, provided DoD the key concepts (temporary licenses and endorsements) to use with states for expediting licensure in other occupations, particularly if the state boards adopt methods that can expedite the application and approval process.

#### *Licensure by Endorsement*

DoD and independent studies have consistently found that “licensure by endorsement” significantly eases the process of transferring a license from one state to another. Standard “licensure through examination” requires the applicant to go through numerous state reviews in addition to passing national or state examinations and may include a supervised practicum or apprenticeship. Licensure by endorsement streamlines the application and state verification process for applicants with active out-of-state licenses, helping licensed military spouse professionals return to work more quickly. Obtaining a license by endorsement usually only requires that the license from the previous state is based on requirements similar to those in the receiving state, and without a disciplinary record. However, in some cases, applicants must also show they have recently worked in the occupation (such as two out of the past four years) as a way of demonstrating current experience or proficiency. This latter requirement can pose a problem for military spouses who have been unable to practice due to assignment overseas or in other locations. If a spouse does not meet these requirements, they will, at a minimum, have to undergo further scrutiny than the endorsement process generally requires, and in some cases, go through the full “licensure through examination” process.

In its efforts to promote a broad-based model for licensure by endorsement, DoD worked closely with the Colorado Department of Regulatory Agencies (DORA) and interested state legislators, who subsequently passed Colorado House Bill (HB) 1175 in 2010. The legislation requires the licensure through endorsement process be considered for all 77 occupations regulated by DORA and allows the Director of DORA, rather than the individual licensing boards, to determine what is required to demonstrate competency for endorsement. This eliminates delays in waiting for boards to convene. Moreover, the legislation allows for alternative demonstrations of current experience, where required, such as accepting continuing education as a substitute when there are gaps in employment. This last provision especially helps military spouses who have been at an overseas duty station for an extended period of time and unable to practice.

Two other states enacted legislation in 2011 facilitating licensure by endorsement, each with a somewhat different approach to accommodating the needs of military spouses:

- Arizona enacted Senate Bill (SB) 1458 in 2011, which allows a military spouse applicant to qualify for endorsement with one year of experience in most occupations. For those few that require more than one year, it allows the applicant to be licensed if supervised by a licensed professional.
- Texas SB 1733, enacted in 2011, is similar to Colorado HB 1175 in that it allows the board to establish alternatives to current experience for proof of occupational competency. The bill also allows military spouses who had been licensed in Texas to reinstate their license if it expired less than five years ago and they spent at least six months of that time out of the state.

### *Temporary or Provisional Licensing*

Temporary or provisional licensure is another way to ease state-to-state transitions for military spouses. Typically, these licenses are valid for anywhere between 3 and 12 months. To apply, the applicant usually has to provide proof of a current license, obtain a background check, and submit an application and fee. These licenses allow applicants to be employed while they fulfill all of the requirements for a permanent license, including examinations or endorsement, applications, and additional fees. Typically, temporary or provisional licenses are managed separately by each occupational area within a state, as is true for the Nurse Licensure Compact, discussed earlier in this report.

Colorado also provided DoD's first opportunity to gain support for temporary/provisional licensing for military spouses. In 2008, Colorado enacted HB 1162 which provides interim authorization to a military spouse with a current teaching license from another state to work within a school district for one year and allows the school district to provide an induction program which will help the military spouse obtain a professional educator license.

In 2010, DoD worked with state legislators in Florida to develop legislation supporting temporary licensure that encompasses multiple occupations. Florida HB 713 impacts commercial occupations, such as Veterinarians and Certified Public Accountants, providing the military spouse a six month temporary license as long as the spouse is married to an active member of the military assigned in Florida, has a current license, submits fingerprints for a background investigation, and pays a fee for the temporary license. Moreover, the bill allows military spouses to retain their Florida licenses if they move out of state for military reasons, and to practice without renewing the license upon return as part of a military move. Florida extended these provisions to healthcare occupations in 2011 with the enactment of HB 1319.

Four other states (Alaska, Kentucky, Missouri, and Tennessee) enacted legislation in 2011 to provide temporary/provisional licenses to military spouses, primarily using the Florida model. Notably, Kentucky HB 301 and Tennessee HB 968 provide licensure by endorsement if the spouse is qualified and temporary licensure if the spouse must fulfill additional state requirements to obtain a license (by endorsement or examination).

### *Expedited Application Processes*

Approximately half of the states use a regulatory agency, such as the Department of Regulatory Agencies, while the others regulate through individual occupational boards and do not have an umbrella agency to expedite the application process. Different approaches were required to streamline the process in these states.

Through internal agreements with individual licensing boards, the Colorado Director of DORA has the authority to expedite the endorsement process by interceding to approve applications that fulfill the boards' criteria. Two states which do not have structures analogous to that in Colorado found other ways to expedite the application process:

- Montana provided an innovative approach in HB 94 that allows boards to approve an application (for an endorsement or temporary license) based on an affidavit stating that the information provided is true and accurate and that the necessary documentation is forthcoming. Boards review the documentation upon receipt and can take disciplinary action if there are discrepancies.
- Utah HB 384 allows their occupational boards to approve the use of out-of-state licenses for “the spouse of an individual serving in the armed forces of the United States while the individual is stationed within this state, provided:
  - (i) the spouse holds a valid license to practice a regulated occupation or profession issued by any other state or jurisdiction recognized by the division; and
  - (ii) the license is current and the spouse is in good standing in the state of licensure.”

While the Utah provision is the most inclusive and least intrusive for a military spouse, DoD will monitor its implementation to see if out-of-state licenses are accepted by employers as equal in quality to in-state licenses. In developing expedited approaches that save military spouses time and money, DoD does not want to make licensure easier for military spouses to achieve at the expense of degrading their perceived value in their profession.

The 2011 legislative activity is now the baseline for further developments in 2012. Legislators, regulators, and boards have been innovative and have shown an overall willingness to address the core concern that military spouses have only a short time in a location to establish their households, obtain new licenses, find employment within their professions, and progress in their skills and abilities. 2012 may provide additional innovation and opportunities to improve licensure portability for military spouses around the following integrated set of concepts:

- *Facilitating endorsement of a current license* from another jurisdiction as long as the requirements for licensure in that jurisdiction are substantially equivalent to those in the licensing state, and the applicant:
  - Has not committed any offenses that would be grounds for suspension or revocation of the license in the other jurisdiction, and is otherwise in good standing in that jurisdiction; and

- Can demonstrate competency in the occupation through various methods as determined by the Board, such as having completed continuing education units, having had sufficient recent experience (in a full or part time, paid or volunteer position), or by working under supervision for a prescribed period.
- *Providing a temporary or provisional license* allowing the military spouse to practice while fulfilling requirements needed to qualify for endorsement in the licensing state, or awaiting verification of documentation supporting an endorsement. Temporary licenses should require minimum documentation, such as proof of holding a current license in good standing and marriage to an active duty Service member who is assigned to the state.
- *Expediting application procedures* so that:
  - The director overseeing licensing within the state has authority to approve license applications for the boards; and/or
  - The individual licensing boards have authority to approve a license based simply on an affidavit from the applicant that the information provided on the application is true and that verifying documentation has been requested.

## **Other Department of Defense Initiatives**

### *DoD Military Spouse Discussion Board*

Although these current licensure initiatives appear very promising, DoD is reaching out to military spouses for their input on how best to alleviate the hindrances created by licensure requirements. Spouses have been encouraged to share their stories and concerns about the licensure process and provide examples of real world solutions. DoD posted a discussion board on Facebook.com to facilitate the aggregation of these stories and issues.

DoD also recognizes that best practices developed thus far with states may not cover all occupations and all impediments. With the exception of legislation passed in Colorado in 2008 for teachers entering the state, DoD is not aware of changes improving licensure for military spouses in this particular profession. Similarly, the legislation recently passed has specifically excluded attorneys. DoD launched specific discussion board sessions to learn more about the processes for obtaining teaching or law licenses and the barriers faced in maintaining these licenses while moving with the military. To further this discussion, DoD has invited interested military spouses who are teachers and attorneys to join groups to continue this dialogue.

Spouses who are attorneys have responded through the Military Spouse JD Network (MSJDN), an organization established by military spouses to advocate for provisional bar membership, to educate the legal community about military spouses, and to build a network to support improved career opportunities. DoD is working with the JD Spouse Network to achieve accommodations for attorneys.

### *MyCareer Advancement Account (MyCAA) Program*

DoD currently operates the MyCAA program, which provides flexible, self-managed education and training accounts that enable military spouses of junior service members to gain the skills needed to successfully enter, navigate, and advance in portable careers. The accounts offer up to \$4,000 to eligible spouses for pursuit of an Associate's degree, or license or credential leading to a portable career. Accounts are available to military spouses married to service members serving on active duty in the junior Enlisted, Warrant Officer and Officer grades.<sup>xxxvi</sup> Funds may be used by eligible military spouses entering the workforce or transitioning between jobs and careers, and to incumbent workers in need of new skills to remain employed or move up the career ladder. Accounts must be used to pay for expenses directly related to the attainment of an Associate's degree, license, or industry-recognized credential. The accounts have helped build the financial stability of military families. In FY11, approximately 38,000 spouses applied for and were provided MyCAA financial assistance.

### *Military Spouse Employment Partnership (MSEP)*

The Military Spouse Employment Partnership (MSEP) is a targeted recruitment and employment partnership solution that connects corporate partners with military spouses who are seeking fulfilling portable careers. MSEP supports spouses of members on active duty, in the National Guard, and Reserves from all Services. MSEP partners offer flexible job opportunities that can withstand relocations, deployments, and other aspects of military life that have made career advancement so difficult for spouses in the past. MSEP now has almost 100 vetted "Fortune 500 Plus" employers participating, with over 150,000 jobs posted to its web portal ([www.MSEPJobs.com](http://www.MSEPJobs.com)) and 10,000 spouses who have been hired. As an MSEP Partner, a company agrees to:

- Identify and promote career opportunities for military spouses;
- Post job openings and a corporate human resources employment page on the MSEP Web portal;
- Offer transferable, portable career opportunities to relocating military spouse employees;
- Mentor incoming MSEP corporate partners;
- Participate in an annual MSEP meeting; and
- Document and provide employment data on military spouses hired.

MSEP's goal is to level the playing field and help military spouses connect with companies that are searching for skilled employees. Moreover, the impact of MSEP goes beyond just reducing the unemployment rate for military spouses by connecting employers to a large and diverse body of exceptionally capable, dedicated, and motivated workers. MSEP provides meaningful career opportunities that are compatible with the spouse's military service, which supports families remaining in the military.

### *Unemployment Compensation Eligibility*

Military spouses face many challenges associated with frequent mobility, including the loss of income associated with the relocation process. In 2004, DoD began working with states to

enable military spouses who become unemployed because of their service member's reassignment to be eligible for unemployment compensation. Prior to DoD's involvement in this issue, most state statutes and policies viewed a spouse leaving a job due to a military move as a "voluntary" separation despite the fact that their departures are involuntary. Thirty-nine states now provide military spouses eligibility for unemployment compensation when they leave employment because of a military move, nearly triple the number of states in 2004. Eighty-five percent of military spouses live in these 39 states (plus the District of Columbia). The states granting unemployment compensation eligibility to working spouses in transition provide a much-needed financial bridge for military families during mandatory moves and allow licensed spouses the cushion to obtain new credentials and seek employment in their new state.

## **Part 4: Conclusion**

Occupational licensing requirements place a significant and undue burden on military spouses, a population that makes great sacrifices for this country. Because many military spouses hold occupational licenses and often move across state lines, the patchwork set of variable and frequently time-consuming licensing requirements across states disproportionately affect these families.

A spouse's employment plays a key role in the financial and personal well-being of military families, and their job satisfaction is an important component of the retention of service members. Without adequate support for military spouses and their career objectives, the military could have trouble retaining service members.

Although further research will be conducted to pinpoint the most effective ways to help licensed military spouses when they transition across state lines, DoD has already identified several best practices that states can implement to ease job transitions for this population. These best practices — licensure by endorsement, temporary licensing, and expedited application processes — come at little cost to states, but would make an enormous difference in the lives of licensed military spouses.

DoD, through the DoD-State Liaison Office (DSLO), has an ongoing program to address key issues with state policymakers. This program, USA4 Military Families, covers 10 key issues, which include occupational licensing and eligibility for unemployment compensation benefits. As of February 2012, thirteen states have introduced bills addressing the aforementioned best practices, and DSLO is working with these legislators. This is encouraging and shows that states are willing to consider this valuable change. The Administration encourages all states to examine these best practice initiatives and work with DoD on their implementation. DoD will track the enactment of legislation to measure the change in processes and continue to request feedback from military spouses to ensure these processes meet their needs.

For additional information on these initiatives or to contact the DSLO, please visit [www.usa4militaryfamilies.org](http://www.usa4militaryfamilies.org) and click on the licensure issue. Although DoD continues to work on these issues on behalf of military spouses, more work remains to be done.

## **Appendix 1: Licensing and Certification**

There are two major types of occupational skill verification: certification and licensing. Certification is less stringent than licensing, and is meant to ensure that practitioners meet a minimum standard of knowledge about their field. Professions as varied as car mechanics and travel agents are certified. Licensing gives the practitioner a “right to practice,” which differs from certification in that it is illegal to practice without a license.<sup>xxxvii</sup> Possessing a license indicates that the practitioner has satisfied government requirements by passing exams, completing education requirements, satisfying background checks, completing administrative paperwork, and paying fees.<sup>xxxviii</sup> A wide range of professions are licensed, including secondary school teachers, healthcare professionals (including nurses, doctors and medical technicians), lawyers, and social workers.

For most licensed professions, state boards administer the licensure process. Because of the variability in the licensing requirements from state to state, groups that are highly mobile and work largely in licensed fields frequently face administrative difficulties due to the lack of licensing portability.

**Appendix 2: Top 20 States With the Most Active Duty Military Spouses**

State	Number of Military Spouses (total)	Military Spouses per 1000 Civilian Spouses
Hawaii	25,875	119.7
Alaska	12,025	103.4
Virginia	65,889	46.2
North Carolina	55,563	33.8
Kentucky	25,896	30.2
Washington	32,553	27.6
Colorado	23,292	27.1
Kansas	15,183	26.7
Georgia	38,563	24.9
North Dakota	3,030	22.1
New Mexico	6,309	18.5
South Carolina	13,730	17.5
Texas	66,936	16.8
Oklahoma	11,301	15.7
Wyoming	1,610	15.2
Nevada	5,387	14.4
Maryland	13,883	14.0
California	72,422	12.3
Delaware	1,819	11.9
Louisiana	9,423	11.6

Note: Location of spouses is based on the assignment of the service member. Service members stationed in the District of Columbia are omitted. Numbers are as of September 30, 2011.

## References and Notes

- <sup>i</sup>In this report, "military spouses" refer to the civilian spouses of military personnel.
- <sup>ii</sup>Lim, Nelson, Daniela Golinelli, and Michelle Cho. "Working Around the Military" Revisited: Spouse Employment in the 2000 Census Data. Santa Monica, CA: RAND, 2007.
- <sup>iii</sup>Where the civilian population is adjusted for the gender composition of the military spouse population
- <sup>iv</sup>Lim, Nelson, Daniela Golinelli, and Michelle Cho. "Working Around the Military" Revisited: Spouse Employment in the 2000 Census Data. Santa Monica, CA: RAND, 2007.
- <sup>v</sup>DMDC (2011). 2010 Military Family Life Project: Administration, datasets, and codebook (Report No. 2010-031). Arlington, VA: DMDC. All data are from 2010.
- <sup>vi</sup>Rosen, Leora N., Jeannette R. Ickovics, and Linda Z. Moghamdam. "Employment and Role Satisfaction." *Psychology of Women Quarterly* 14 (1990): 371-85
- <sup>vii</sup>Blue Star Families. "2010 Military Family Lifestyle Survey." *Blue Star Families*. 07 Jan. 2011.
- <sup>viii</sup>Blue Star Families. "2010 Military Family Lifestyle Survey." *Blue Star Families*. 07 Jan. 2011.
- <sup>ix</sup>Defense Manpower Data Center, *2008 DMDC Survey of Active Duty Spouses*. Available: <https://www.dmdc.osd.mil/appj/dwp/index.jsp>
- <sup>x</sup>Defense Manpower Data Center, *2008 DMDC Survey of Active Duty Spouses*. Available: <https://www.dmdc.osd.mil/appj/dwp/index.jsp>
- <sup>xi</sup>See Appendix 1 for the difference between 'certification' and 'licensing.'
- <sup>xii</sup>Krueger, Alan B. "Do You Need a License to Earn a Living? You Might Be Surprised at the Answer." *The New York Times*. 02 Mar. 2006. Web. 07 Jan. 2011.
- <sup>xiii</sup>Blue Star Families. "2010 Military Family Lifestyle Survey." *Blue Star Families*. 07 Jan. 2011. The Blue Star Families survey was an informal survey of military spouses.
- <sup>xiv</sup>Blue Star Families. "2010 Military Family Lifestyle Survey." *Blue Star Families*. 07 Jan. 2011.
- <sup>xv</sup>Blue Star Families. "2010 Military Family Lifestyle Survey." *Blue Star Families*. 07 Jan. 2011.
- <sup>xvi</sup>The CPS consists of a representative sample of about 60,000 households a month, and labor force questions are asked concerning all working-age adult members in the household. The ASEC CPS supplement includes detailed questions on the occupation of all working-age adults.
- <sup>xvii</sup>Department of Defense Personnel Files; this does not include spouses who are themselves a part of the military.
- <sup>xviii</sup>Defense Manpower Data Center, *2008 DMDC Survey of Active Duty Spouses*. Available: <https://www.dmdc.osd.mil/appj/dwp/index.jsp>
- <sup>xix</sup>Using CPS and a list of licensed occupations from Kleiner, Morris M., and Alan B. Krueger. "The Prevalence and Effects of Occupational Licensing." *British Journal of Industrial Relations* 48.4 (2010): 676-87.
- <sup>xx</sup>Excludes moves from overseas.
- <sup>xxi</sup>These data are from 2006-2010 because questions regarding mobility are asked of the previous year. These data were compiled using pooled data from 2007 to the 2011 ASEC CPS supplement.
- <sup>xxii</sup>"Registered Nurses." U.S. Bureau of Labor Statistics. 17 Dec. 2009. Web. 22 Jan. 2012.
- <sup>xxiii</sup>Before 1982, this test was called the State Board Test Pool Examination (SBTPE), and results from this older version of the test are still accepted by state nursing boards.
- <sup>xxiv</sup>National Council of State Boards of Nursing. "What Is NCLEX?" Web. 22 Jan. 2012.
- <sup>xxv</sup>Broun, Caroline N. "About NCLA." Nurse Licensure Compact Administrators. 2010. Web. 07 Jan. 2011.
- <sup>xxvi</sup>National Council of State Boards of Nursing. "Nurse Licensure Compact: Fact Sheet for Licensees and Nursing Students." NCLA.
- <sup>xxvii</sup>National Council of State Boards of Nursing. "NURSYS." Nursys.com. 2011. Web. 22 Jan. 2012
- <sup>xxviii</sup>National Council of State Boards of Nursing. "Frequently Asked Questions." NURSYS, 2011. Web. 7 Jan. 2011.
- <sup>xxix</sup>Prior convictions and disciplinary actions are often reviewed by state boards on a case-by-case basis, taking into account the severity of prior offenses and any remedial activities that may have been required. Telephone conversation with Danny Cope, California Department of Consumer Affairs Board of Registered Nursing call center operator, October 20, 2010.
- <sup>xxx</sup>Web sites of the listed state's Board of Nursing. Contact information for each State Board is posted on the web site of the National Council of State Boards of Nursing, under a link for Boards of Nursing. See [www.ncsbn.org](http://www.ncsbn.org).
- <sup>xxxi</sup>Web sites of the listed state's Board of Nursing. See [www.ncsbn.org](http://www.ncsbn.org).
- <sup>xxxii</sup>Telephone conversation with Danny Cope, California Department of Consumer Affairs Board of Registered Nursing call center operator, October 20, 2010.

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<sup>xxxiii</sup>Telephone conversation with Diane Tompkins, Assistant Director of Certifications, American Nurses' Credentials Center, October 21, 2010.

<sup>xxxiv</sup>Email correspondence with Anne Tumbarello, Director of the BSN Program at Mount St. Mary's College in Los Angeles, California.

<sup>xxxv</sup>Educational Testing Service. "The Praxis Series Passing Scores by Test and State." Ets.org. 2010. Web. 12 Feb. 2012. The table lists four of the ten states with the largest active duty military populations for which Praxis cut off scores are available.

<sup>xxxvi</sup>Eligible military spouses include those who are married to Service members on active duty and those who are married to members of the Guard and Reserve who are on Federal orders. The junior grades covered are Enlisted grades E1 – E5, Warrant Officer grades W1 and W2, and Officer grades O1 and O2.

<sup>xxxvii</sup>Kleiner, Morris M., and Alan B. Krueger. "The Prevalence and Effects of Occupational Licensing." *British Journal of Industrial Relations* 48.4 (2010): 676-87.

<sup>xxxviii</sup>Kleiner, Morris M., and Alan B. Krueger. "The Prevalence and Effects of Occupational Licensing." *British Journal of Industrial Relations* 48.4 (2010): 676-87.

# CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES

## BILL ANALYSIS

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**BILL NUMBER:** SB 1172                      **VERSION:** AMENDED JULY 5, 2012

**AUTHOR:** LIEU                                      **SPONSOR:** EQUALITY CALIFORNIA

**RECOMMENDED POSITION:** NONE

**SUBJECT:** SEXUAL ORIENTATION CHANGE EFFORTS

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### **Existing Law:**

- 1) Provides for the licensure of marriage and family therapists, clinical social workers, educational psychologists, and professional clinical counselors. (Business and Professions Code (BPC) §§4980, 4989.50, 4996, 4999.30)
- 2) Provides that the application of marriage and family therapy principals and methods includes, but is not limited to, the use of applied psychotherapeutic techniques to enable individuals to mature and grow within marriage and the family, the provision of explanations and interpretations of the psychosexual and psychosocial aspects of relationships, and the use, application, and integration of the training and coursework required for licensure. (BPC §4980.02)
- 3) States the practice of clinical social work includes counseling and using applied psychotherapy of a non medical nature with individuals, families, or groups. (BPC §4996.9).
- 4) States that professional clinical counseling focuses exclusively on the application of counseling interventions and psychotherapeutic techniques for the purposes of improving mental health. (BPC §4999.20)
- 5) Includes the following in the list of professionals to be considered as a psychotherapist (Evidence Code §1010):
  - a) A licensed clinical social worker;
  - b) A licensed marriage and family therapist;
  - c) A marriage and family therapist intern;
  - d) An associate clinical social worker;
  - e) A marriage and family therapist trainee;
  - f) A licensed professional clinical counselor;
  - g) A clinical counselor intern; and
  - h) A clinical counselor trainee.

## **This Bill:**

1) Defines “sexual orientation change efforts” as follows (BPC §865(b)):

*Any practices by mental health providers that seek to change an individual’s sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.*

*“Sexual orientation change efforts” does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients’ coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.*

2) Includes the following in the definition of a mental health provider (BPC §865(a)):

- A physician and surgeon specializing in psychiatry;
- A psychologist;
- A psychological assistant, intern, or trainee;
- A licensed marriage and family therapist;
- A registered marriage and family therapist intern or trainee;
- A licensed educational psychologist;
- A credentialed school psychologist;
- A licensed clinical social worker;
- An associate clinical social worker;
- A licensed professional clinical counselor;
- A registered clinical counselor intern or trainee; or
- Any other person designated as a mental health professional under California law or regulation.

3) Prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18. (BPC §865.1)

4) Considers any sexual orientation change efforts performed by a mental health provider on a patient under 18 to be unprofessional conduct, and would subject the provider to disciplinary action by their licensing entity. (BPC §865.2)

## **Comments:**

1) **Author’s Intent.** According to the Author’s office, "this bill establishes first-in-the-nation protections for youths from dangerous so-called therapies that aim to change a person's

sexual orientation. This bill seeks to provide protections for Lesbian, Gay, Bisexual and Transgender (LGBT) youth by preventing these types of pseudo-therapies that are potentially dangerous. Practitioners may also try to alter a patient's sexuality with visualization, social skills training, psychoanalytic therapy, and spiritual inventions. Many SOCE patients report negative social and emotional consequences such as anger, anxiety, confusion, depression, guilt, hopelessness, and deteriorated relationships with family, loss of social support, sexual dysfunction, and even suicide."

- 2) Unprofessional Conduct.** This bill would make it unprofessional conduct for a therapist to perform sexual orientation change efforts on a client under 18. However, the bill does not place this provision in the unprofessional conduct code sections for each of the Board's four license types (BPC §§ 4982, 4989.54, 4992.3, 4999.90). The Board may need to consider adding this to its unprofessional conduct code sections via legislation, or to the corresponding unprofessional conduct sections in regulations.
- 3) Previous Board Position.** At its meeting on May 16, 2012, the Board took an "oppose unless amended" position on the version of this legislation that was amended on April 30, 2012. The Board indicated that an amendment was needed to clarify the definition of sexual orientation change efforts (SOCE).

Since the May Board meeting, the author's office has amended the bill to clarify the definition of SOCE.

#### **4) Support and Opposition. (*Version Amended May 25, 2012*)**

##### **Support:**

Equality California (sponsor)  
Gaylesta (co-sponsor)  
American Association for Marriage and Family Therapy, California Division  
California Council of Community Mental Health Agencies  
City of Los Angeles  
City of West Hollywood  
L.A. Gay & Lesbian Center  
National Association of Social Workers-California Chapter  
Women's Therapy Center  
Numerous individuals

##### **Oppose:**

American College of Pediatricians  
Board of Behavioral Sciences (oppose unless amended)  
California Association for Licensed Professional Clinical Counselors  
California Association of Marriage and Family Therapists  
California Catholic Conference  
California Psychiatric Association  
California Psychological Association  
Catholic Medical Association  
Church State Council  
International Institute for Reorientation Therapies  
National Association for Research & Therapy of Homosexuality  
Pacific Justice Institute  
Parents and Friends of ExGays and Gays  
People Can Change

Traditional Values Coalition  
Numerous individuals

#### **4) History**

##### **2012**

July 5 Read third time and amended. Ordered to third reading.  
June 27 Read second time. Ordered to third reading.  
June 26 From committee: Do pass. (Ayes 6. Noes 2.) (June 26).  
June 7 Referred to Com. on B., P. & C.P.  
May 30 In Assembly. Read first time. Held at Desk.  
May 30 Read third time. Passed. (Ayes 23. Noes 13. Page 3709.) Ordered to the Assembly.  
May 29 Read second time. Ordered to third reading.  
May 25 Read third time and amended. Ordered to second reading.  
May 10 Read second time. Ordered to third reading.  
May 9 From committee: Do pass. (Ayes 3. Noes 2. Page 3459.) (May 8).  
May 2 Set for hearing May 8.  
Apr. 30 From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.  
Apr. 25 From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.  
Apr. 24 From committee: Do pass and re-refer to Com. on JUD. (Ayes 5. Noes 3. Page 3259.) (April 23). Re-referred to Com. on JUD.  
Apr. 16 From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & E.D.  
Apr. 13 Set for hearing April 23.  
Apr. 12 Re-referred to Coms. on B., P. & E.D. and JUD.  
Apr. 9 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.  
Mar. 1 Referred to Com. on RLS.  
Feb. 23 From printer. May be acted upon on or after March 24.  
Feb. 22 Introduced. Read first time. To Com. on RLS. for assignment. To print.

#### **5) Attachment**

**Attachment A:** Summary of Findings from the American Psychological Association's Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation

AMENDED IN ASSEMBLY JULY 5, 2012

AMENDED IN SENATE MAY 25, 2012

AMENDED IN SENATE APRIL 30, 2012

AMENDED IN SENATE APRIL 25, 2012

AMENDED IN SENATE APRIL 16, 2012

AMENDED IN SENATE APRIL 9, 2012

**SENATE BILL**

**No. 1172**

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**Introduced by Senator Lieu**  
(Coauthor: Assembly Member Ma)

February 22, 2012

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An act to add Article 15 (commencing with Section 865) to Chapter 1 of Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1172, as amended, Lieu. Sexual orientation change efforts.

Existing law provides for licensing and regulation of various professions in the healing arts, including physicians and surgeons, psychologists, marriage and family therapists, educational psychologists, clinical social workers, and licensed professional clinical counselors.

This bill would prohibit a mental health provider, as defined, from engaging in sexual orientation change efforts, as defined, with a patient under 18 years of age. *The bill would provide that any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject the provider to discipline by the provider's licensing entity.*

The bill would also declare the intent of the Legislature in this regard.

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

State-mandated local program: no.

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

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Being lesbian, gay, or bisexual is not a disease, disorder,  
4 illness, deficiency, or shortcoming. The major professional  
5 associations of mental health practitioners and researchers in the  
6 United States have recognized this fact for nearly 40 years.

7 (b) The American Psychological Association convened a Task  
8 Force on Appropriate Therapeutic Responses to Sexual Orientation.  
9 The task force conducted a systematic review of peer-reviewed  
10 journal literature on sexual orientation change efforts, and issued  
11 a report in 2009. The task force concluded that sexual orientation  
12 change efforts can pose critical health risks to lesbian, gay, and  
13 bisexual people, including confusion, depression, guilt,  
14 helplessness, hopelessness, shame, social withdrawal, suicidality,  
15 substance abuse, stress, disappointment, self-blame, decreased  
16 self-esteem and authenticity to others, increased self-hatred,  
17 hostility and blame toward parents, feelings of anger and betrayal,  
18 loss of friends and potential romantic partners, problems in sexual  
19 and emotional intimacy, sexual dysfunction, high-risk sexual  
20 behaviors, a feeling of being dehumanized and untrue to self, a  
21 loss of faith, and a sense of having wasted time and resources.

22 (c) The American Psychological Association issued a resolution  
23 on Appropriate Affirmative Responses to Sexual Orientation  
24 Distress and Change Efforts in 2009, which states: “[T]he  
25 [American Psychological Association] advises parents, guardians,  
26 young people, and their families to avoid sexual orientation change  
27 efforts that portray homosexuality as a mental illness or  
28 developmental disorder and to seek psychotherapy, social support,  
29 and educational services that provide accurate information on  
30 sexual orientation and sexuality, increase family and school  
31 support, and reduce rejection of sexual minority youth.”

32 (d) The American Psychiatric Association published a position  
33 statement in March of 2000 in which it stated:

1 “Psychotherapeutic modalities to convert or ‘repair’  
2 homosexuality are based on developmental theories whose  
3 scientific validity is questionable. Furthermore, anecdotal reports  
4 of ‘cures’ are counterbalanced by anecdotal claims of psychological  
5 harm. In the last four decades, ‘reparative’ therapists have not  
6 produced any rigorous scientific research to substantiate their  
7 claims of cure. Until there is such research available, [the American  
8 Psychiatric Association] recommends that ethical practitioners  
9 refrain from attempts to change individuals’ sexual orientation,  
10 keeping in mind the medical dictum to first, do no harm.

11 “The  
12 *The* potential risks of reparative therapy are great, including  
13 depression, anxiety and self-destructive behavior, since therapist  
14 alignment with societal prejudices against homosexuality may  
15 reinforce self-hatred already experienced by the patient. Many  
16 patients who have undergone reparative therapy relate that they  
17 were inaccurately told that homosexuals are lonely, unhappy  
18 individuals who never achieve acceptance or satisfaction. The  
19 possibility that the person might achieve happiness and satisfying  
20 interpersonal relationships as a gay man or lesbian is not presented,  
21 nor are alternative approaches to dealing with the effects of societal  
22 stigmatization discussed.

23 “Therefore,  
24 *Therefore*, the American Psychiatric Association opposes any  
25 psychiatric treatment such as reparative or conversion therapy  
26 which is based upon the assumption that homosexuality per se is  
27 a mental disorder or based upon the a priori assumption that a  
28 patient should change his/her sexual homosexual orientation.”

29 (e) The American School Counselor Association’s position  
30 statement on professional school counselors and lesbian, gay,  
31 bisexual, transgendered, and questioning (LGBTQ) youth states:  
32 “It is not the role of the professional school counselor to attempt  
33 to change a student’s sexual orientation/gender identity but instead  
34 to provide support to LGBTQ students to promote student  
35 achievement and personal well-being. Recognizing that sexual  
36 orientation is not an illness and does not require treatment,  
37 professional school counselors may provide individual student  
38 planning or responsive services to LGBTQ students to promote  
39 self-acceptance, deal with social acceptance, understand issues  
40 related to coming out, including issues that families may face when

1 a student goes through this process and identify appropriate  
2 community resources.”

3 (f) The American Academy of Pediatrics in 1993 published an  
4 article in its journal, *Pediatrics*, stating: “Therapy directed at  
5 specifically changing sexual orientation is contraindicated, since  
6 it can provoke guilt and anxiety while having little or no potential  
7 for achieving changes in orientation.”

8 (g) The American Medical Association Council on Scientific  
9 Affairs prepared a report in 1994 in which it stated: “Aversion  
10 therapy (a behavioral or medical intervention which pairs unwanted  
11 behavior, in this case, homosexual behavior, with unpleasant  
12 sensations or aversive consequences) is no longer recommended  
13 for gay men and lesbians. Through psychotherapy, gay men and  
14 lesbians can become comfortable with their sexual orientation and  
15 understand the societal response to it.”

16 (h) The National Association of Social Workers prepared a 1997  
17 policy statement in which it stated: “Social stigmatization of  
18 lesbian, gay and bisexual people is widespread and is a primary  
19 motivating factor in leading some people to seek sexual orientation  
20 changes. Sexual orientation conversion therapies assume that  
21 homosexual orientation is both pathological and freely chosen. No  
22 data demonstrates that reparative or conversion therapies are  
23 effective, and, in fact, they may be harmful.”

24 (i) The American Counseling Association Governing Council  
25 issued a position statement in April of 1999, and in it the council  
26 states: “We oppose ‘the promotion of ‘reparative therapy’ as a  
27 ‘cure’ for individuals who are homosexual.”

28 (j) *The American Psychoanalytic Association issued a position*  
29 *statement in June 2012 on attempts to change sexual orientation,*  
30 *gender, identity, or gender expression, and in it the association*  
31 *states: “As with any societal prejudice, bias against individuals*  
32 *based on actual or perceived sexual orientation, gender identity*  
33 *or gender expression negatively affects mental health, contributing*  
34 *to an enduring sense of stigma and pervasive self-criticism through*  
35 *the internalization of such prejudice.*

36 *Psychoanalytic technique does not encompass purposeful*  
37 *attempts to ‘convert,’ ‘repair,’ change or shift an individual’s*  
38 *sexual orientation, gender identity or gender expression. Such*  
39 *directed efforts are against fundamental principles of*  
40 *psychoanalytic treatment and often result in substantial*

1 *psychological pain by reinforcing damaging internalized*  
2 *attitudes.”*

3 (k) *The American Academy of Child and Adolescent Psychiatry*  
4 *in 2012 published an article in its journal, Journal of the American*  
5 *Academy of Child and Adolescent Psychiatry, stating: “Clinicians*  
6 *should be aware that there is no evidence that sexual orientation*  
7 *can be altered through therapy, and that attempts to do so may be*  
8 *harmful. There is no empirical evidence adult homosexuality can*  
9 *be prevented if gender nonconforming children are influenced to*  
10 *be more gender conforming. Indeed, there is no medically valid*  
11 *basis for attempting to prevent homosexuality, which is not an*  
12 *illness. On the contrary, such efforts may encourage family*  
13 *rejection and undermine self-esteem, connectedness and caring,*  
14 *important protective factors against suicidal ideation and attempts.*  
15 *Given that there is no evidence that efforts to alter sexual*  
16 *orientation are effective, beneficial or necessary, and the possibility*  
17 *that they carry the risk of significant harm, such interventions are*  
18 *contraindicated.”*

19 (j)

20 (l) *The Pan American Health Organization, a regional office of*  
21 *the World Health Organization, issued a statement in May of 2012*  
22 *and in it the organization states: “These supposed conversion*  
23 *therapies constitute a violation of the ethical principles of health*  
24 *care and violate human rights that are protected by international*  
25 *and regional agreements.” The organization also noted that*  
26 *reparative therapies “lack medical justification and represent a*  
27 *serious threat to the health and well-being of affected people.”*

28 (k)

29 (m) *Minors who experience family rejection based on their*  
30 *sexual orientation face especially serious health risks. In one study,*  
31 *lesbian, gay, and bisexual young adults who reported higher levels*  
32 *of family rejection during adolescence were 8.4 times more likely*  
33 *to report having attempted suicide, 5.9 times more likely to report*  
34 *high levels of depression, 3.4 times more likely to use illegal drugs,*  
35 *and 3.4 times more likely to report having engaged in unprotected*  
36 *sexual intercourse compared with peers from families that reported*  
37 *no or low levels of family rejection. This is documented by Caitlin*  
38 *Ryan et al. in their article entitled Family Rejection as a Predictor*  
39 *of Negative Health Outcomes in White and Latino Lesbian, Gay,*  
40 *and Bisexual Young Adults (2009) 123 Pediatrics 346.*

1     ~~(t)~~  
 2     (n) California has a compelling interest in protecting the physical  
 3 and psychological well-being of minors, including lesbian, gay,  
 4 bisexual, and transgender youth, and in protecting its minors  
 5 against exposure to serious harms caused by sexual orientation  
 6 change efforts.

7     ~~(m)~~  
 8     (o) Nothing in this act is intended to prevent a minor who is 12  
 9 years of age or older from consenting to any mental health  
 10 treatment or counseling services, consistent with Section 124260  
 11 of the Health and Safety Code, other than sexual orientation change  
 12 efforts as defined in this act.

13     SEC. 2. Article 15 (commencing with Section 865) is added  
 14 to Chapter 1 of Division 2 of the Business and Professions Code,  
 15 to read:

16  
 17             Article 15. Sexual Orientation Change Efforts

18  
 19     865. For the purposes of this article, the following terms shall  
 20 have the following meanings:

21     (a) “Mental health provider” means a physician and surgeon  
 22 specializing in the practice of psychiatry, a psychologist, a  
 23 psychological assistant, *intern, or trainee*, a licensed marriage and  
 24 family therapist, a registered marriage and family therapist, intern,  
 25 or trainee, ~~an a licensed educational psychologist, a credentialed~~  
 26 *school psychologist*, a licensed clinical social worker, an associate  
 27 clinical social worker, a licensed professional clinical counselor,  
 28 ~~or a registered clinical counselor, intern, or trainee, or any other~~  
 29 *person designated as a mental health professional under California*  
 30 *law or regulation.*

31     (b) (1) “Sexual orientation change efforts” means ~~practices by~~  
 32 ~~mental health providers that seek to change orientation or reduce~~  
 33 ~~or eliminate sexual or romantic attractions, feelings, or behaviors~~  
 34 ~~because those attractions, feelings, or behaviors are directed toward~~  
 35 ~~persons of a particular sex or both sexes. “Sexual orientation~~  
 36 ~~change efforts” does not include psychotherapies that aim to~~  
 37 ~~provide acceptance, support, and understanding of clients or the~~  
 38 ~~facilitation of clients’ coping, social support, and identity~~  
 39 ~~exploration and development, without seeking to change orientation~~  
 40 ~~or reduce or eliminate sexual or romantic attractions, feelings, or~~

1 behaviors because those attractions, feelings, or behaviors are  
2 directed toward persons of a particular sex or both sexes. any  
3 practices by mental health providers that seek to change an  
4 individual's sexual orientation. This includes efforts to change  
5 behaviors or gender expressions, or to eliminate or reduce sexual  
6 or romantic attractions or feelings toward individuals of the same  
7 sex.

8 (2) "Sexual orientation change efforts" does not include  
9 psychotherapies that: (A) provide acceptance, support, and  
10 understanding of clients or the facilitation of clients' coping, social  
11 support, and identity exploration and development, including  
12 sexual orientation-neutral interventions to prevent or address  
13 unlawful conduct or unsafe sexual practices; and (B) do not seek  
14 to change sexual orientation.

15 865.1. Under no circumstances shall a mental health provider  
16 engage in sexual orientation change efforts with a patient under  
17 18 years of age, ~~regardless of the willingness of a patient, patient's~~  
18 ~~parent, guardian, conservator, or other person to authorize such~~  
19 ~~efforts.~~

20 865.2. Any sexual orientation change efforts attempted on a  
21 patient under 18 years of age by a mental health provider shall  
22 be considered unprofessional conduct and shall subject a mental  
23 health provider to discipline by the licensing entity for that mental  
24 health provider.

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# Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation

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## Summary

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The task force conducted a systematic review of the peer-reviewed journal literature on sexual orientation change efforts (SOCE) and concluded that **efforts to change sexual orientation are unlikely to be successful and involve some risk of harm**, contrary to the claims of SOCE practitioners and advocates.

Even though the research and clinical literature demonstrate that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality, regardless of sexual orientation identity, the task force concluded that the population that undergoes SOCE tends to have strongly conservative religious views that lead them to seek to change their sexual orientation.

Thus, the appropriate application of affirmative therapeutic interventions for those who seek SOCE involves therapist acceptance, support, and understanding of clients and the facilitation of clients' active coping, social support, and identity exploration and development, without imposing a specific sexual orientation identity outcome.

## Executive Summary

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In February 2007, the American Psychological Association (APA) established the Task Force on Appropriate Therapeutic Responses to Sexual Orientation with a charge that included three major tasks:

1. Review and update the Resolution on Appropriate Therapeutic Responses to Sexual Orientation (APA, 1998).
2. Generate a report that includes discussion of the following:
  - The appropriate application of affirmative therapeutic interventions for children and adolescents who present a desire to change either their sexual orientation or their behavioral expression of their sexual orientation, or both, or whose guardian expresses a desire for the minor to change.
  - The appropriate application of affirmative therapeutic interventions for adults who present a desire to change their sexual orientation or their behavioral expression of their sexual orientation, or both.
  - The presence of adolescent inpatient facilities that offer coercive treatment designed to change sexual orientation or the behavioral expression of sexual orientation.
  - Education, training, and research issues as they pertain to such therapeutic interventions.
  - Recommendations regarding treatment protocols that promote stereotyped gender-normative behavior to mitigate behaviors that are perceived to be indicators that a child will develop a homosexual orientation in adolescence and adulthood.
3. Inform APA's response to groups that promote treatments to change sexual orientation or its behavioral expression and support public policy that furthers affirmative therapeutic interventions.

As part of the fulfillment of its charge, the task force undertook an extensive review of the recent literature on psychotherapy and the psychology of sexual orientation. There is a growing body of evidence concluding that sexual stigma, manifested as prejudice and discrimination directed at non-heterosexual sexual orientations and identities, is a major source of stress for sexual minorities. This stress, known as minority stress, is a factor in mental health disparities found in some sexual minorities. The minority stress model also provides a framework for considering psychotherapy with sexual minorities, including understanding stress, distress, coping, resilience, and recovery. For instance, the affirmative approach to psychotherapy grew out of an awareness that sexual minorities benefit when the sexual stigma they experience is addressed in psychotherapy with interventions that reduce and counter internalized stigma and increase active coping.

The task force, in recognition of human diversity, conceptualized affirmative interventions within the domain of cultural competence, consistent with general multicultural approaches that acknowledge the importance of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. We see this multiculturally competent and affirmative approach as grounded in an acceptance of the following scientific facts:

- Same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality—in other words, they do not indicate either mental or developmental disorders.

- Homosexuality and bisexuality are stigmatized, and this stigma can have a variety of negative consequences (e.g., minority stress) throughout the life span.
- Same-sex sexual attractions and behavior occur in the context of a variety of sexual orientations and sexual orientation identities, and for some, sexual orientation identity (i.e., individual or group membership and affiliation, self-labeling) is fluid or has an indefinite outcome.
- Gay men, lesbians, and bisexual individuals form stable, committed relationships and families that are equivalent to heterosexual relationships and families in essential respects.
- Some individuals choose to live their lives in accordance with personal or religious values (e.g., telic congruence).

*Note.* We use the term *sexual minority* (cf. Blumenfeld, 1992; McCarn & Fassinger, 1996; Ullerstam, 1966) to designate the entire group of individuals who experience significant erotic and romantic attractions to adult members of their own sex, including those who experience attractions to members of both their own and the other sex. This term is used because we recognize that not all sexual minority individuals adopt a lesbian, gay, or bisexual identity.

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**Find this article at:**

<http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>