



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](http://www.bbs.ca.gov)

**POLICY AND ADVOCACY COMMITTEE MEETING NOTICE**  
**October 30, 2013**  
10:00 a.m.

Department of Consumer Affairs  
El Dorado Room  
1625 North Market Blvd.  
Sacramento, CA 95834

- I. Call to Order and Establishment of Quorum
- II. Introductions\*
- III. Approval of the April 18, 2013 Committee Meeting Minutes
- IV. Discussion and Recommendations for Possible Action Regarding Proposed Omnibus Bill Amending Business and Professions Code Sections 27, 4980, 4980.41, 4980.45, 4980.55, 4987.5, 4987.7, 4987.8, 4988, 4988.1, 4988.2, 4990.20, 4996.23, 4998, and 4999.123, and Chapter 13 Title; 4980.36, 4980.37, and 4980.78; 4980.72, 4999.58, 4999.59, and 4999.60; and to add section 4990.33.
- V. Discussion Recommendations for Possible Action Regarding Legislative Amendments to Support the Examination Restructure
- VI. Discussion and Recommendations for Possible Action Regarding Continuing Education Regulations
- VII. Legislation Update
- VIII. Regulation Update
- IX. Suggestions for Future Agenda Items
- X. Public Comment for Items not on the Agenda
- XI. Adjournment

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

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

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

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



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

**Blank Page**

**Policy and Advocacy Committee Minutes - *DRAFT***  
**April 18, 2013**

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

**Members Present**

Renee Lonner, Chair, LCSW Member  
Dr. Christine Wietlisbach, Public Member  
Christina Wong, LCSW Member

**Staff Present**

Kim Madsen, Executive Officer  
Steve Sodergren, Asst. Executive Officer  
Christina Kitamura, Administrative Analyst

**Members Absent**

None

**Guest List**

On file

**FULL BOARD OPEN SESSION**

**I. Introductions**

Renee Lonner, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at 9:36 a.m. Christina Kitamura took roll, and a quorum was established. The Committee, Board staff, and meeting attendees introduced themselves.

**II. Review and Approval of the January 31, 2013 Policy and Advocacy Committee Meeting Minutes**

The following corrections were suggested:

- Page 4, 4<sup>th</sup> paragraph: "...if the Board finds that one of these examinations meets the prevailing standards for validation and use for the licensing and certification tests in California."
- Page 5, 6<sup>th</sup> paragraph: "...they have 7 years from the date that they pass their first exam to pass the clinical exam."
- Page 7, 4<sup>th</sup> paragraph: "...if there were any LMFT CE courses that some of these approval agencies would offer."
- Page 8, last paragraph: "...this type of learning is not considered to be good because it is not live or in person."

***Renee Lonner moved to approve the Policy and Advocacy Committee minutes as amended. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.***

### III. Discussion and Recommendations for Possible Action Regarding Pending Legislation

#### a. Assembly Bill 186 – Military Spouses: Temporary License

Rosanne Helms presented AB 186. This bill would require a board within the Department of Consumer Affairs (DCA) to issue a temporary, provisional license to an applicant who is eligible for an expedited license and is a spouse of an active member of the military. The applicant must hold a current license in the same profession in another state.

This bill creates a provisional license that is valid for an 18-month period. After this time, the provisional license will expire. If the applicant has not passed the required Board licensing exams at that time, or if the Board determines the applicant does not meet licensing requirements, then the applicant would no longer be able to see his or her patients.

The Board does not currently have a provisional license status. An applicant who has an out-of-state license can submit an application for examination eligibility. The Board evaluates the application to ensure the applicant meets the Board's education and experience requirements. Upon passage of the Board-required examinations, the Board will issue a license.

Ms. Helms noted that this bill does not require the board to verify that the out-of-state licensing requirements are equivalent to the board's requirements. It also does not require the applicant to pass the board's licensing examinations.

Ms. Helms also noted that there is a concern regarding continuity of care. The provisional license is valid for 18 months. If the applicant cannot pass the exams and obtain a license within the 18-month period, the provisional license would expire, leading to a continuity of care issue.

Ms. Helms added that with the transition to the BreEZe database system, a delayed implementation would be required to accommodate this new license type.

After a brief discussion, the Committee members agreed that a delayed implementation would be required.

Ben Caldwell, American Association for Marriage and Family Therapy, California Division (AAMFT-CA), expressed concerns regarding public safety.

The Committee recommended the following amendments:

- Require verification of licensure,
- Require transcriptions,
- Require passage of the Law and Ethics exam,
- Require fingerprints, and
- Require delayed implementation.

***Renee Lonner moved to recommend to the Board to support AB 186 if amended. Dr. Christine Wietlisbach seconded. The Committee voted unanimously (3-0) to pass the motion.***

#### b. Assembly Bill 213 – Licensure/Certification: Military Experience

Ms. Helms presented AB 213. This bill would require a board that accredits/approves schools offering course credits toward licensure to require a school seeking accreditation/approval to submit proof of its procedures to evaluate an applicant's military education, training and experience toward completion of a program to qualify a person for

licensure. This would take effect on July 1, 2015. This bill would also require the Department of Veterans Affairs to provide technical assistance to boards in determining equivalency of education, training, and practical experience.

Currently, the Board has very specific requirements for education and experience in its licensing laws. Currently, if an applicant for licensure or registration had military education and experience, the Board would conduct a review to determine whether or not it was substantially equivalent to current licensing requirements. The Board does not receive many applications with military education and experience, nor has the Board tracked this information.

The Board does not accredit or approve schools offering education course credit. Instead, it relies on the accreditations and approvals of other specified entities. However, the Board does review a school's curriculum and determines whether or not that curriculum meets all of the Board's requirements for licensure.

Christina Wong and Renee Lonner agreed that this does not apply to the Board because the Board does not approve schools.

Mr. Caldwell expressed that AAMFT-CA is not taking a position on this bill. Rebecca Gonzales, National Association of Social Workers, California Chapter (NASW-CA) also stated that NASW-CA is not taking a position.

***Dr. Christine Wietlisbach moved to suggest to the Board to not take a position on AB 213. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.***

**c. Assembly Bill 252 – Social Workers**

Ms. Helms presented AB 252. Under current law, the term “accredited school of social work” is defined as a school that is accredited by the Commission on Accreditation of the Council on Social Work Education.

This bill:

- Would allow the title “social worker” to be used only by a person who has a degree from an accredited school of social work.
- States this title restriction would not apply to a person who held a “social worker” job classification prior to January 1, 2014.
- States that a social worker shall not use the titles “Licensed Clinical Social Worker” or “Associate Clinical Social Worker” unless they hold the appropriate license or registration with the Board.
- Applies this protection of the “social worker” title to all individuals, including those who work in exempt settings.
- Restricts an employer from representing employees as social workers unless the workers have degrees from an accredited school of social work.
- States that use of the title “social worker” without the appropriate degree is considered an unfair business practice and is a misdemeanor punishable by imprisonment in county jail for up to six months and/or a fine of up to \$1,000.

According to the author's office, many public agencies, such as child welfare and adult protective services, refer to and classify their caseworkers as social workers even if the employee does not have a degree in social work from a school accredited by the Council on Social Work Education (CSWE). Hiring individuals as caseworkers who do not have an

accredited degree in social work allows the agencies to cope with their large workloads and limited resources. However, they note that giving these caseworkers a “social worker” title is misleading to consumers, because it implies that the individual has completed the extensive education and experience that an accredited degree in social work requires.

This bill contains a provision that allows a person who held a “social worker” title or job classification prior to January 1, 2014, to continue to use that title, even if they do not hold a degree from an accredited school of social work.

This bill would give the Board the authority to enforce title protection for social workers because it is written under a code that is within the Board’s jurisdiction. However, the language is permissive; it states that the Board may apply for an injunction with superior court. As written, the bill does not require any enforcement of the social work title by the Board.

Dr. Wietlisbach expressed concerns regarding the grandfather clause. Ms. Lonner agreed, stating that it defeats the purpose of this bill.

Ms. Gonzales did not disagree with the concerns regarding the grandfather clause. In speaking with the counties, they agreed to change the title to a generic title because they don’t want two identical titles with different qualifications. The grandfather clause is included for political reasons.

Ms. Wong expressed support for the bill.

Ms. Lonner expressed that the language needs to be tightened up and should not include a huge loophole.

Mr. Caldwell agreed that there is confusion with job titles and educational credentials, and is not sure that title protection is the answer. If this bill moves forward, the same should be considered for the term “family therapist.”

Jill Epstein, California Association of Marriage and Family Therapists (CAMFT), expressed that CAMFT opposes this bill unless amended. CAMFT has requested delayed implementation of 5 years. CAMFT is also concerned about the enforcement remedy and its severe penalties. She suggested an amendment to allow for corrective action before the penalties are imposed.

Ms. Gonzales stated that NASW-CA is open to making changes to the enforcement mechanism. NASW-CA is not a sponsor of this bill; NASW-CA is a supporter. Ms. Gonzalez agreed with a delayed implementation, but 5 years is too long.

Marc Mason expressed concern regarding the ambiguity with the enforcement mechanism. Since this is an exempt setting and it does give the Board permission, consumers can be confused as to where to go to with a complaint. It’s unclear what the Board’s responsibilities are, which can do more harm to the consumer than good.

Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC), expressed that CALPCC opposes this bill. CALPCC’s concern is that if county agencies change their job titles, PCC interns will not be able to apply for these jobs.

Ms. Gonzales stated the intent of the bill is not to exclude anyone out of jobs.

Dianne Dobbs stated in regards to the enforcement piece, it is very likely that enforcement will not take place considering the lack of Board resources.

Ms. Gonzales responded that the bill needs to include some type of enforcement piece; NASW-CA is hopeful that this will act as a deterrent.

Ms. Epstein stated that it is very punitive to discipline an individual due to a title that their employer gave them and does not see any value of involving the Board.

Ms. Madsen stated that even though this is permissive, the Board will receive complaints. The public will not be able to distinguish between a counselor and a therapist; the titles are used interchangeably. Board staff will have to review the complaint, decide how to proceed, and provide a response.

Dianne Dobbs explained that if the Board is removed from this bill, there would need to be language to clarify that those with a social work degree are not required to be licensed with the Board.

The Committee suggested the following amendments:

- Delayed implementation,
- Include language indicating that the bill is not intended to exclude other qualified licensees from employment,
- Clarification that the employer is responsible for issuing the job title,
- Remove the grandfather clause,
- Removing the Board from the enforcement mechanism,
- Include clarifying language to state that individuals with a social work degree are not required to be licensed with the Board.

***Christina Wong moved to recommend to the Board to support AB 252 if amended. Renee Lonner seconded. The Committee voted unanimously (3-0) to pass the motion.***

**d. Assembly Bill 376 – Regulations: Notice**

Ms. Helms presented AB 376. This bill would require a state agency enforcing a regulation that is promulgated on or after January 1, 2014 to notify a business that is required to comply, thirty days before its effective date.

Current law requires a state entity proposing a regulation to provide a 45-day public comment period, before which notice of the proposed regulation must be mailed to specified individuals, groups and entities, and posted on the state agency's website.

Current law requires that once a proposed regulation has been approved by OAL, a state entity must post the regulation on its website in an easily marked and identifiable location within 15 days of it being filed with the Secretary of State.

Current law requires the newly adopted regulation to remain posted on the state entity's web site for at least six months.

This bill would also require the state agency to send notice via email, or if that is not possible, via U.S. Mail. The bill would require the state agency to cooperate with the Secretary of State to access business records to obtain the business contact information needed to provide the notice.

The author notes that a number of businesses are leaving this state, and California is ranked as having one of the worst business climates in the country. This bill is an attempt to ease the regulatory burden on businesses by notifying affected businesses of any new regulations ahead of time, thus giving them time to comply.

The Board puts considerable effort into ensuring that affected licensees are notified of pending regulations that affect them. All regulatory proposals currently go before the Board and the Board's Policy and Advocacy Committee before they are approved, which allows feedback from the Board's professional associations and any interested parties.

Once a regulatory proposal is approved by the Board, a 45-day public comment period is held. The Board mails a notice to interested parties who have notified the Board they want to be on the mailing list for these proposals, as well as the professional associations and the educational institutions within California. The notice is also posted on the Board's website, and an email notification is sent to those who subscribe to the Board's website.

Once a regulation is adopted and is to become effective, the Board posts information regarding the changes on the website and sends an email alert to everyone who subscribes to the Board's website.

Staff is concerned that this bill would affect the Board's ability to run regulations when they are needed because the bill requires a notification email be sent to all affected parties. First, it would require a significant amount of staff resources to collect and maintain current email addresses for all licensees. Second, a letter must be mailed if an email address was no longer valid. Tracking this effort would require a significant amount of staff time.

Staff also has concerns regarding cost of production of materials and mailing materials to over 80,000 licensed/registered individuals, as well as the cost of staff time.

Ms. Lonner suggested opposing this bill.

***Renee Lonner moved to recommend to the Board to oppose AB 376. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.***

The Committee took a break at 10:53 a.m. and reconvened at 11:08 a.m.

**e. Assembly Bill 512 – Healing Arts: Licensure Exemption**

Ms. Helms presented AB 512. This bill extends the current provisions (AB 2699) in law until January 1, 2018.

Existing law allows a health care provider who is not licensed in this state to participate in a health care-sponsored event in this state without a California license if specified conditions are met. The event must also meet specified conditions. These provisions remain in effect until January 1, 2014.

As part of AB 2699, healing arts boards were required to promulgate regulations in order to implement this program. As of August 2012, the medical board's regulations were not yet in effect, and therefore, out-of-state physicians were not able to volunteer at last fall's event. As the provisions of AB 2699 are set to expire before many boards have had a chance to promulgate regulations, the author's office is seeking to extend its provisions to allow more time to demonstrate the potential for the program's success.

Due to the immediate staffing needs related to the Board's new LPCC license, the examination restructure, and the implementation of BreEZe, staff has not been able to complete the AB 2699 regulations. However, the Board anticipates submitting the regulations to the Office of Administrative Law (OAL) in April 2013.

The Board has not had any requests from out-of-state practitioners for permission to participate in any non-profit health care events. A representative from the sponsor of the bill noted that on occasion, prior events have utilized the services of the Los Angeles County Department of Mental Health.

Dr. Wietlisbach recalled that the Board opposed AB 2699 unless amended to not include the Board in the bill.

***Dr. Christine moved to recommend to the Board to oppose AB 512 unless amended to remove the Board of Behavioral Sciences from the bill. Renee Lonner seconded. The Committee voted unanimously (3-0) to pass the motion.***

**f. Assembly Bill 790 – Child Abuse: Reporting**

Ms. Helms presented AB 790. This bill deletes the provision that allows a team of mandated reporters to designate one member to make a single mandated report. Therefore, all mandated reporters who obtain knowledge of suspected child abuse or neglect would be required to make their own report.

The author's office reports that allowing a team of mandated reporters to make a single report about a case of suspected child abuse creates an opportunity for such abuse to go unreported. They note that this reporting exemption also delays immediate reporting by implying that the team of mandated reporters may first meet to discuss the situation and decide who is to report it. This would be harmful to the child who is potentially being abused.

The author also indicates that agencies benefit from receiving multiple reports because it allows agencies to compile a list of all witnesses. Furthermore, multiple reports provide different perspectives from the various reporters, which can be helpful in an investigation.

Finally, there is a concern that designating a single reporter may provide an opportunity for the reporter to conceal or cover up any involvement if he/she is involved in the abuse or has a personal relationship with the abuser.

Ms. Wong and Ms. Lonner expressed that this is a good bill.

Mr. Caldwell stated that AAMFT-CA has concerns regarding this bill, citing reasons of duplicative reporting and a potential increase in incidents that do not get reported.

Ms. Epstein stated that CAMFT opposes this bill. The agencies that take these reports are overwhelmed, and this will add to the agencies' workload with multiple reports. Ms. Gonzales commented that NASW-CA is not taking a position on this bill.

***Ms. Lonner moved to recommend to the Board to take no position on AB 790. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.***

**g. Assembly Bill 809 (Logue) – Healing Arts: Telehealth**

This item was removed from the agenda.

**h. Assembly Bill 1057(Medina) – Licenses: Military Service**

Ms. Helms presented AB 1057. This bill would require boards within DCA to ask on all licensing applications if the applicant is serving in or had previously served in the military.

While licensing boards under DCA are required to have a process for methods of evaluating education, training, and experience obtained in the military, applicants are not asked on the licensing application if he/she is or has been in the military. The intent of this bill is to make it easier for boards to identify applicants who may have applicable military training or experience.

The new BreEZe database will accommodate this new information, allowing the Board to keep data on the number of applicants that are veterans or serving in the military. The bill has an implementation date of January 1, 2015 to accommodate the implementation of BreEZe.

***Dr. Christine Wietlisbach moved to recommend to the Board to support AB 1057. Renee Lonner seconded. The Committee voted unanimously (3-0) to pass the motion.***

**i. Assembly Bill 1372 (Bonilla) – Health Insurance: PDD or Autism**

AB 1372 has been withdrawn.

**j. Senate Bill 22 (Beall) – Health Care Coverage: Mental Health Parity**

Ms. Helms presented SB 22. This bill would require every health care service plan, contractor of a health care service plan, and health insurer to submit an annual report to the Department of Managed Health Care or Department of Insurance. The report must certify that the plan is compliant with applicable state law and the Mental Health Parity and Addiction Equity Act (MHPAEA).

Currently, the law requires health care service plan contracts and disability insurance policies that provide hospital, medical or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses as defined in law.

Current law requires the benefits provided to include outpatient services, inpatient hospital services, partial hospital services, and prescription drugs.

Current law also requires that maximum lifetime benefits, copayments, and individual and family deductibles that apply to these benefits have the same terms and conditions as they do for any other benefits under the plan contract.

This bill requires the report to contain an analysis of the plan's compliance with state law and the MHPAEA regarding mental health parity, as well as the plan's compliance with specified standards set forth in the American Accreditation HealthCare Commission's Health Plan Accreditation Guide.

The author's office notes that state and federal parity laws are not being enforced sufficiently in California because enforcement of the laws is based on complaints. If mental health providers and patients don't complain, there is no way to ensure compliance. The purpose of this bill is to require health plans and insurers to submit annual reports to regulators. These reports will demonstrate the plan's compliance with parity laws.

Position of support was expressed by CAMFT, NASW-CA, and AAMFT-CA.

***Dr. Christine Wietlisbach moved to recommend to the Board to support SB 22. Renee Lonner seconded. The Committee voted unanimously (3-0) to pass the motion.***

**k. Senate Bill 126 – Health Care Coverage: PDD or Autism**

Ms. Helms presented SB 126. This bill would extend the operation of the provisions in current law until July 1, 2019 and would repeal these provisions on January 1, 2020.

Current law requires health care service plan contracts and health insurance policies to provide benefits, including coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism, except as specified.

***Christina Wong moved to recommend to the Board to support SB 126. Renee Lonner seconded. The Committee voted unanimously (3-0) to pass the motion.***

**l. Senate Bill 282 (Yee) – Confidential Medical Information**

Ms. Helms presented SB 282. Current law requires a settlement or compromise offer against a physician or surgeon to be accompanied by authorization to disclose medical information to the organizations insuring or defending the physician or surgeon. The bill proposes an amendment to also apply this requirement to settlement or compromise offers against a licensed marriage and family therapist (LMFT).

According to the author's office, this bill seeks to protect LMFTs from claims of breaching confidentiality under the Confidentiality of Medical Information Act when they provide patient medical information to their medical malpractice insurer in order to defend themselves in a demand for settlement or offer of compromise.

The author's office further notes that requiring the patient's authorization to release these records to the insurer will allow the insurer to evaluate and respond to claims in a timely manner.

Ms. Wong recommended including all BBS license types in this bill.

Mr. Caldwell expressed AAMFT-CA's support of SB 282.

Ms. Gonzales informed the Committee that she will take this back to NASW-CA before agreeing to include LCSWs in the bill.

Luisa Mardones, California Society for Clinical Social Work (CSCSW), also expressed that she will take this back to her committee.

Renee Lonner moved to recommend to the Board to support SB 282 if amended to include all BBS license types. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.

**m. Senate Bill 322 (Price) – Applied Behavioral Analysts**

SB 322 has been withdrawn.

**n. Senate Bill 578 (Wyland) – LMFTs Unprofessional Conduct**

Ms. Helms presented SB 578. This bill adds engaging in certain types of dual relationships with a patient to the list of provisions that may be considered unprofessional conduct for a marriage and family therapist licensee or registrant.

Current law does not define an inappropriate dual relationship; instead, the Board typically cites the unprofessional conduct section regarding gross negligence or incompetence and/or the unprofessional conduct section regarding intentionally or recklessly causing physical/emotional harm to the client. If the dual relationship involved sexual conduct, the Board would cite the section regarding sexual relations with a client or former client within two years of terminating therapy.

The author's office notes that since the Board takes disciplinary action against licensees for inappropriate dual relationships, the law should state specifically that certain types of dual relationships are unprofessional conduct, and should also clarify which types of dual relationships are considered inappropriate.

This bill clarifies inappropriate dual relationships in the unprofessional conduct provisions of marriage and family therapist licensing law, but it does not add this provision to licensing laws for the Board's other three license types. If the Board decides to support this proposed amendment, it may wish to consider including the other license categories.

Ms. Lonner pointed out that according to the Mental Health Services Act, dual relationships in community mental health centers with serious mentally ill clients and in rural areas are normal. These relationships are not inappropriate, but they are indeed dual relationships.

Ms. Wong agreed and further added that in a rural county, a dual relationship is very difficult to avoid.

Ms. Epstein stated that there is confusion over what is an unethical dual relationship. She agreed that some dual relationships are clinically appropriate. However, it is not clearly defined which dual relationships are inappropriate.

Ms. Lonner responded that the Board cannot define each dual relationship situation.

Ms. Dobbs was asked for her opinion. She responded that it would help if there was a definition. Any confusion over interpretation would alleviate the confusion, and it would not hamper the Board in its enforcement actions.

Mr. Caldwell expressed that there should be some language defining dual relationship.

Ms. Wong agreed that clarification is needed, but doesn't believe that it belongs in the Business and Professions Code (BPC). She suggested adding the clarification in the Code of Ethics.

Ms. Epstein disagreed, stating that if the Board is taking disciplinary action on dual relationships, then the clarification belongs in the BPC.

Dr. Wietlisbach expressed that the proposed language does not clarify a dual relationship. Ms. Lonner agreed.

***Renee Lonner moved to recommend to the Board to oppose SB 578. Christina Wong seconded. The Committee voted unanimously (3-0) to pass the motion.***

The Committee took a lunch break at 12:15 p.m. and reconvened at 12:51 p.m.

**IV. Discussion and Recommendations for Possible Legislative Change Regarding Implementation of Senate Bill 704, Statutes of 2011, Chapter 387 - Examination Restructure**

*This item was taken out of order. It was heard after item V.*

Ms. Madsen presented an update. She was recently informed that the BreEZe system will not go live in May 2013 as expected. This impacts the Board's ability to implement the examination restructure. Staff will go to the full Board in May to request legislation for a 2-year extension to implement the examination restructure. It is the Board's intent to utilize the ASWB national exam; however, it cannot be utilized until the infrastructure is in place.

**V. Discussion and Recommendations for Possible Action Regarding Other Legislation Affecting the Board**

Ms. Helms presented AB 555. This bill would require a board under DCA to consider any relevant training an applicant received in the military toward licensing requirements. It would allow a board to consult with the Department of Veterans Affairs and the Military Department when evaluating whether training received in the military is applicable to that board's licensing requirements.

The Board has very specific requirements for education and experience in its licensing laws. Currently, if an applicant for licensure or registration had military education and experience, the Board would conduct a review to determine whether or not it was substantially equivalent to current licensing requirements.

The Board is not aware of specific circumstances in which an individual had military education or experience. If this bill was implemented, it would be essential that the Board be provided with a direct contact person at the Department of Veteran's Affairs and the Military Department who would be able to assist its evaluators with questions about military education and experience on an as-needed basis.

A speaker in the audience informed the Committee that AB 555 was recently gutted and amended with new language.

No action was taken.

**VI. Discussion and Recommendations for Possible Action Regarding Therapist Mandated Reporting of Sexual Activity of Minors – Dr. Benjamin Caldwell**

Ms. Helms presented the background for discussion. Currently, the California Child Abuse and Neglect Reporting Act (CANRA) specifies types of sexual contact that must be reported as child abuse to law enforcement by mandated reporters.

At the February 2013 Board meeting, Ben Caldwell, AAMFT-CA, gave a presentation on therapist mandated reporting of sexual activity of minors. He reported that there are specific guidelines in law outlining circumstances when consensual, heterosexual intercourse is not reportable. For example, a therapist would not be required to report a case of two 14-year old minors engaging in consensual, heterosexual sexual activity unless there is evidence of exploitation.

Mr. Caldwell believes that the law does not treat other types of sexual activity, including oral copulation and anal sex, in the same manner. He is requesting the Board's support to sponsor legislation to correct this.

The Board directed staff to prepare a legal opinion on current law, and to research past efforts to reform CANRA.

Dianne Dobbs presented DCA's legal opinion. Ms. Madsen agreed to release the legal opinion to the public. DCA found that CANRA does not require a mandated reporter to report incidents of consensual sex between minors of a similar age for any actions described in Penal Code Section 11165.1, unless there is reasonable suspicion of force, exploitation, or other abuse.

Based on past court cases, courts have found that the legislative intent of the reporting law is to leave the distinction between abusive and non-abusive sexual relations to the judgment of professionals who deal with children.

Review of other legal cases has found that the law does not require reporting of consensual sexual activities between similarly-aged minors for any sexual acts unless there is evidence of abuse.

It is the opinion of DCA Legal Affairs that it is not necessary to amend the statute to remove sodomy and oral copulation, as those acts are not treated differently from other acts outlined in the code.

## **VII. Legislative Update**

Ms. Helms presented the legislative update.

AB 404 regarding retired licenses and AB 451 regarding LMFT and LPCC out-of-state applicant requirements both passed Assembly Committee on Business, Professions, and Consumer Protection and have been referred to the Assembly Appropriations Committee.

AB 428 regarding LMFT and LCSW applicant remediation of coursework has passed the Assembly Committee on Business, Professions, and Consumer Protection.

AB 958 regarding child custody evaluators and SB 821 regarding the omnibus legislation are both awaiting hearings.

## **VIII. Rulemaking Update**

Ms. Helms presented the rulemaking update. Regulations on advertising revisions, supervision of ASWs, and HIV/AIDS continuing education for LPCCs were approved and became effective on April 1, 2013.

The enforcement regulation and disciplinary guidelines regulation were approved and become effective on July 1, 2013.

## **IX. Public Comment for Items Not on the Agenda**

There were no public comments.

## **X. Suggestions for Future Agenda Items**

Ms. Epstein suggested a discussion on the recent regulation allowing LCSWs to gain supervision by out-of-state licensees. For consistency, CAMFT would like LMFTs to be considered for the same reason.

Dr. Wietlisbach suggested a discussion on unlicensed practice based on issues that were raised during the hearing of SB 1172 on sexual orientation therapy. If licensed practitioners cannot

provide this type of treatment, then there is potential for unlicensed people to provide “coaching” for sexual orientation therapy.

**XI. Adjournment**

The meeting was adjourned at 1:26 p.m.

**Blank Page**

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

**To:** Policy and Advocacy Committee Members      **Date:** October 14, 2013  
**From:** Rosanne Helms  
Legislative Analyst      **Telephone:** (916) 574-7897  
**Subject: Proposed 2014 Omnibus Legislation**

---

Each year, the Board sponsors an omnibus bill, which makes minor, technical, or noncontroversial changes to Board licensing laws. These changes must be unopposed, and are meant to correct such things as spelling/grammar errors, or inconsistent or confusing language.

Staff is suggesting amendments to the following sections of the Business and Professions Code (BPC) pertaining to the Board of Behavioral Sciences (**Attachment A**):

**1. Amend BPC Sections 27, 4980, 4980.41, 4980.45, 4980.55, 4987.5, 4987.7, 4987.8, 4988, 4988.1, 4988.2, 4990.20, 4998, and 4999.123, and Chapter 13 Title – Use of the Term “Licensed Marriage and Family Therapist”**

Background: At its August 2011 meeting, the Board voted to gradually phase-in the reference “licensed marriage and family therapist” in place of “marriage and family therapist” in the statutes and regulations. Staff has identified several places where this change is appropriate.

Recommendation: Make the change in the identified sections.

**2. Amend BPC Sections 4980.36, 4980.37, and 4980.78 –USDE Recognition of COAMFTE**

Background: The American Association for Marriage and Family Therapy (AAMFT) has issued a memo to state licensing programs asking them to review their licensing laws to see if there is a requirement that degrees from a COAMFTE (Commission on Accreditation of Marriage and Family Therapy Education) accredited institution also require USDE (United States Department of Education) recognition.

At this time, COAMFTE is recognized by the USDE. However, there have been discussions of COAMFTE discontinuing its renewal of USDE recognition. AAMFT points out that this should not cause concern about the quality of a COAMFTE-accredited education, as the role of COAMFTE is to ensure the quality of LMFT graduate programs, while the purpose of USDE is to ensure accreditors are able to appropriately monitor the federal funding process.

However, as a precaution, AAMFT has reviewed each state’s licensing laws to make sure that the law is not written to require COAMFTE accredited programs to also have USDE recognition of COAMFTE. This could create an unintended consequence that graduates of these COAMFTE programs are unable to obtain a license.

AAMFT review of licensing laws found that this is not going to be an issue in California. However, AAMFT is still recommending a couple of minor, technical clarifying amendments, in order to make it abundantly clear that COAMFTE degrees do not need to be recognized by USDE in order to be accepted for licensure by the Board.

An in depth discussion of this issue, as well as the reasoning behind COAMFTE deciding to no longer pursue USDE recognition, can be found in **Attachment B**.

Recommendation: Make the minor changes to BPC Sections 4980.36, 4980.37, and 4980.78 recommended by AAMFT.

### **3. Amend BPC Sections 4980.43 and 4996.23 – Private Practice Settings**

Background: Sections 4980.43(d)(1)(C) and 4996.23(h) discuss private practice settings and when they are or are not appropriate work settings for Board trainees or associates. Both sections list licensed marriage and family therapists (LMFTs), licensed clinical social workers (LCSWs), licensed psychologists, and licensed physicians and surgeons as acceptable owners of a private practice setting where psychotherapy is performed. Both of these sections fail to include licensed professional clinical counselors (LPCCs) in the list of acceptable owners.

Recommendation: Amend both of these sections to include LPCCs in the list of professionals who may own a private practice setting where psychotherapy is performed.

### **4. Amend BPC Sections 4980.72, 4999.58, 4999.59, and 4999.60 –Clinical Exam Exemption**

Background: These sections allow an applicant for LMFT or LPCC licensure, who already holds a license in another state, to be exempt from re-taking the clinical exam in order to obtain their California license California licensure if they meet certain conditions. The conditions are as follows:

1. They must have already taken and passed the national licensing exam the Board is accepting as the clinical exam; and
2. Their license or registration in the other jurisdiction is in good standing, and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.

There is a concern that the term “as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction” is unnecessarily restrictive to only discipline brought by the licensing authority; in reality, another entity could have brought forth discipline affecting the license status.

Recommendation: Staff recommends striking the term “as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction” in these sections.

### **5. Amend BPC Sections 4987.5 and 4998 – LMFT and LCSW Corporations**

Background: Current law allows licensed marriage and family therapist and licensed clinical social worker corporations to have other mental health license types as shareholders, officers, directors and employees. For example, a licensed marriage and family therapy corporation may have some LCSW shareholders or directors. However, LPCCs are not included in the list of allowable mental health licensees.

LPCC licensing law allows LMFTs and LCSWs to be shareholders, officers, directors, and employees of an LPCC corporation. In addition, Section 13401.5 of the Corporation Code permits LPCCs to

have such roles in LMFT and LCSW corporations. Therefore, staff believes that LPCCs being left out in the Business and Professions Code is an oversight.

Recommendation: Add LPCCs to the list of mental health professionals allowed to be a shareholder, officer, director, and employee of LMFT and LCSW corporations.

## **6. Add BPC Section 4990.33 – Jurisdiction of the Board and Change in Status of License or Registration.**

Background: This new section is proposed to clarify that the Board has jurisdiction to investigate and/or take disciplinary action even if the status of a license or registration changes or the license or registration expires. This is being proposed for two reasons:

- a) **Medical Board Case Ruling:** The California Medical Board recently lost a court of appeal case where it was attempting to take disciplinary action against a licensee who held a retired license. The court ruled that a retired license status is not considered a licensee under the Medical Board's jurisdiction, and that the disciplinary authority is valid "only if and when the retired licensee seeks to return to the practice of medicine and files an application" with the Medical Board.

Because of this ruling, in 2012 the Medical Board sought an amendment to one of its statutes related to enforcement via the omnibus bill. The amendment added retired and inactive license statuses within that board's authority to investigate and take disciplinary action.

- b) **Deficiencies in BPC Section 118:** BPC Section 118 (**Attachment C**) is the statute that provides the Board with authority to continue a disciplinary proceeding or take disciplinary action even if a license is expired, suspended, or forfeited. However, there is a loophole in Section 118 that only allows this authority during the period of time during which the license is able to be renewed, restored, reissued, or reinstated.

The Board's enforcement division is running into a problem with taking disciplinary action on registrants with an expired or expiring registration number. Under the law, a registration number is only valid for six years. After six years the registration expires and cannot be renewed, so the applicant must apply for a new registration number.

This is creating a situation where the Board cannot proceed with any disciplinary action once a registrant needs a new registration number. The registrant can then wait for the statute of limitations to run out on his or her violation, and then apply for a new number.

Recommendation: Add section 4990.33 so that the Board may take disciplinary action on its licensees and registrants regardless of the status of a license or registration. This section would apply to the Board's LMFT, LEP, LCSW, and LPCC licensees and registrants.

### **Recommendation**

Direct staff to make any non-substantive changes to the proposed language and recommend that the Board sponsor legislation to make the proposed changes.

### **Attachments**

**Attachment A:** Proposed Language

**Attachment B:** COAMFTE Memo: Notice and Rationale for COAMFTE Decision to Withdraw from Recognition by the U.S. Department of Education (USDE)

**Attachment C:** BPC Section 118

**Blank Page**

**ATTACHMENT A  
2014 BOARD OMNIBUS BILL  
PROPOSED AMENDMENTS**

**AMEND §27.**

(a) Each entity specified in subdivision (b) shall provide on the Internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the Internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. In providing information on the Internet, each entity shall comply with the Department of Consumer Affairs Guidelines for Access to Public Records. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of his or her home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as his or her address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the Internet.

(b) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Acupuncture Board shall disclose information on its licensees.

(2) The Board of Behavioral Sciences shall disclose information on its licensees, including [licensed](#) marriage and family therapists, licensed clinical social workers, [licensed professional clinical counselors](#), and licensed educational psychologists.

(3) The Dental Board of California shall disclose information on its licensees.

(4) The State Board of Optometry shall disclose information regarding certificates of registration to practice optometry, statements of licensure, optometric corporation registrations, branch office licenses, and fictitious name permits of its licensees.

(5) The Board for Professional Engineers and Land Surveyors shall disclose information on its registrants and licensees.

(6) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(7) The Bureau of Automotive Repair shall disclose information on its licensees, including auto repair dealers, smog stations, lamp and brake stations, smog check technicians, and smog inspection certification stations.

(8) The Bureau of Electronic and Appliance Repair shall disclose information on its licensees, including major appliance repair dealers, combination dealers (electronic and appliance), electronic repair dealers, service contract sellers, and service contract administrators.

(9) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(10) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(11) The Contractors' State License Board shall disclose information on its licensees in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(12) The Board of Psychology shall disclose information on its licensees, including psychologists, psychological assistants, and registered psychologists.

(13) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(c) "Internet" for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (e) of Section 17538.

## **AMEND CHAPTER 13 TITLE CHAPTER 13. LICENSED MARRIAGE AND FAMILY THERAPISTS**

### **§4980. NECESSITY OF LICENSE**

(a) Many California families and many individual Californians are experiencing difficulty and distress, and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships. Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society, and are our most precious and valuable natural resource. Licensed Marriage and family therapists provide a crucial support for the well-being of the people and the State of California.

(b) No person may engage in the practice of marriage and family therapy as defined by Section 4980.02, unless he or she holds a valid license as a marriage and family therapist, or unless he or she is specifically exempted from that requirement, nor may any person advertise himself or herself as performing the services of a marriage, family, child, domestic, or marital consultant, or in any way use these or any similar titles, including the letters "L.M.F.T.", "M.F.T." or "M.F.C.C.," or other name, word initial, or symbol in connection with or following his or her name to imply that he or she performs these services without a license as provided by this chapter. Persons licensed under Article 4 (commencing with Section 4996) of Chapter 14 of Division 2, or under Chapter 6.6 (commencing with Section 2900) may engage in such practice or advertise that they practice

**AMEND §4980.36.**

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctoral or master's degree program that qualifies for licensure or registration shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to, integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in subdivision (c) of Section 4980.42.

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.

(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following:

(I) Client centered advocacy, as defined in Section 4980.03.

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects.

(iv) A variety of cultural understandings of human development.

(v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.

(C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:

(i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28, and any regulations promulgated thereunder.

(ii) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(iii) Cultural factors relevant to abuse of partners and family members.

(iv) Childbirth, child rearing, parenting, and stepparenting.

(v) Marriage, divorce, and blended families.

(vi) Long-term care.

(vii) End of life and grief.

(viii) Poverty and deprivation.

(ix) Financial and social stress.

(x) Effects of trauma.

(xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

(viii) Populations at risk with regard to substance use disorders and co-occurring disorders.

(ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.

(x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.

(xi) The prevention of substance use disorders and addiction.

(J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:

(i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.

(ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.

(iii) The current legal patterns and trends in the mental health professions.

(iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

(vi) Differences in legal and ethical standards for different types of work settings.

(vii) Licensing law and licensing process.

(e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

**AMEND §4980.37.**

(a) This section shall apply to applicants for licensure or registration who begin graduate study before August 1, 2012, and complete that study on or before December 31, 2018. Those applicants may alternatively qualify under paragraph (2) of subdivision (a) of Section 4980.36.

(b) To qualify for a license or registration, applicants shall possess a doctor's or master's degree in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university accredited by a regional accrediting agency [that is](#) recognized by the United States Department of Education or approved by the Bureau for Private Postsecondary Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval. In order to qualify for licensure pursuant to this section, a doctor's or master's degree program shall be a single, integrated program primarily designed to train marriage and family therapists and shall contain no less than 48 semester or 72 quarter units of instruction. This instruction shall include no less than 12 semester units or 18 quarter units of coursework in the areas of marriage, family, and child counseling, and marital and family systems approaches to treatment. The coursework shall include all of the following areas:

(1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.

(2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups.

(3) Developmental issues and life events from infancy to old age and their effect on individuals, couples, and family relationships. This may include coursework that focuses on specific family life events and the psychological, psychotherapeutic, and health implications that arise within couples and families, including, but not limited to, childbirth, child rearing, childhood, adolescence, adulthood, marriage, divorce, blended families, stepparenting, abuse and neglect of older and dependent adults, and geropsychology.

(4) A variety of approaches to the treatment of children. The board shall, by regulation, set forth the subjects of instruction required in this subdivision.

(c) (1) In addition to the 12 semester or 18 quarter units of coursework specified in subdivision (b), the doctor's or master's degree program shall contain not less than six semester or nine quarter units of supervised practicum in applied psychotherapeutic technique, assessments, diagnosis, prognosis, and treatment of premarital, couple, family, and child relationships, including dysfunctions, healthy functioning, health promotion, and illness prevention, in a supervised clinical placement that provides supervised fieldwork experience within the scope of practice of a marriage and family therapist.

(2) For applicants who enrolled in a degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(3) The practicum hours shall be considered as part of the 48 semester or 72 quarter unit requirement.

(d) As an alternative to meeting the qualifications specified in subdivision (b), the board shall accept as equivalent degrees those master's or doctor's degrees granted by educational institutions whose degree program is approved by the Commission on Accreditation for Marriage and Family Therapy Education.

(e) In order to provide an integrated course of study and appropriate professional training, while allowing for innovation and individuality in the education of marriage and family therapists, a degree program that meets the educational qualifications for licensure or registration under this section shall do all of the following:

(1) Provide an integrated course of study that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

(2) Prepare students to be familiar with the broad range of matters that may arise within marriage and family relationships.

(3) Train students specifically in the application of marriage and family relationship counseling principles and methods.

(4) Encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(5) Teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

(6) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(7) Prepare students to be familiar with cross-cultural mores and values, including a familiarity with the wide range of racial and ethnic backgrounds common among California's population, including, but not limited to, Blacks, Hispanics, Asians, and Native Americans.

(f) Educational institutions are encouraged to design the practicum required by this section to include marriage and family therapy experience in low-income and multicultural mental health settings.

(g) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

**AMEND §4980.41.**

(a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in subdivision (d) of Section 4980.40:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(C) The current legal patterns and trends in the mental health profession.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.37.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37.

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an

accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(8) The requirements added by paragraphs (6) and (7) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for [licensed](#) marriage and family therapists.

(b) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

### **AMEND §4980.43.**

(a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctoral degree.

(4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctoral degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctoral degree.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

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

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client contact is gained in each setting. No more than five hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, [a licensed professional clinical counselor](#), a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied the requirements of subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Except when employed in a private practice setting, all postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars (\$500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

#### **AMEND §4980.45.**

(a) A licensed professional in private practice who has satisfied the requirements of subdivision (g) of Section 4980.03 may supervise or employ, at any one time, no more than a total of three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker in that private practice.

(b) A licensed marriage and family therapy corporation may employ, at any one time, no more than a total of three individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker for each employee or shareholder who has satisfied the requirements of subdivision (g) of Section 4980.03. In no event shall any licensed marriage and family therapy corporation employ, at any one time, more than a total of 15 individuals registered as a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. In no event shall any supervisor supervise, at any one time, more than a total of three individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker. Persons who supervise individuals registered as either a marriage and family therapist intern, clinical counselor intern, or associate clinical social worker shall be employed full time by the licensed marriage and family therapy corporation and shall be actively engaged in performing professional services at and for the licensed marriage and family therapy corporation. Employment and supervision within a licensed marriage and family therapy corporation shall be subject to all laws and regulations governing experience and supervision gained in a private practice setting.

#### **AMEND §4980.55.**

As a model for all therapeutic professions, and to acknowledge respect and regard for the consuming public, all licensed marriage and family therapists are encouraged to provide to each client, at an appropriate time and within the context of the psychotherapeutic relationship, an accurate and informative statement of the therapist's experience, education, specialties, professional orientation, and any other information deemed appropriate by the licensee.

#### **AMEND §4980.72.**

(a) This section applies to persons who are licensed outside of California and apply for licensure on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4980.78. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(2) The applicant complies with Section 4980.76, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the California law and ethics examination.

(5) The applicant passes a clinical examination designated by the board. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

#### **AMEND §4980.78.**

(a) This section applies to persons who apply for licensure or registration on or after January 1, 2016.

(b) For purposes of Sections 4980.72 and 4980.74, education is substantially equivalent if all of the following requirements are met:

(1) The degree is obtained from a school, college, or university accredited by an accrediting agency that is recognized by the United States Department of Education and consists of, at a minimum, 48 semester or 72 quarter units, including, but not limited to, both of the following:

(A) Six semester or nine quarter units of practicum, including, but not limited to, a minimum of 150 hours of face-to-face counseling.

(B) Twelve semester or 18 quarter units in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, as specified in subparagraph (A) of paragraph (1) of subdivision (d) of Section 4980.36.

(2) The applicant completes any units and course content requirements under subdivision (d) of Section 4980.36 not already completed in his or her education.

(3) The applicant completes credit level coursework from a degree-granting institution that provides all of the following:

(A) Instruction regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery model practice environments.

(B) An understanding of various California cultures and the social and psychological implications of socioeconomic position.

(C) Structured meeting with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(D) Instruction in addiction and co-occurring substance abuse and mental health disorders, as specified in subparagraph (l) of paragraph (2) of subdivision (d) of Section 4980.36.

(4) The applicant completes an 18-hour course in California law and professional ethics. The content of the course shall include, but not be limited to, advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, differences in legal and ethical standards in different types of work settings, and licensing law and licensing process.

(5) The applicant's degree title need not be identical to that required by subdivision (b) of Section 4980.36.

#### **AMEND §4987.5.**

A [licensed](#) marriage and family therapy corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are [licensed](#) marriage and family therapists, physicians and surgeons, psychologists, [licensed professional clinical counselors](#), licensed clinical social workers, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a [licensed](#) marriage and family therapy corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the Board of Behavioral Sciences.

#### **AMEND §4987.7.**

The name of a [licensed](#) marriage and family therapy corporation shall contain one or more of the words "marriage," "family," or "child" together with one or more of the words "counseling," "counselor," "therapy," or "therapist," and wording or abbreviations denoting corporate existence. A [licensed](#) marriage and family therapy corporation that conducts business under a fictitious business name shall not use any name that is false, misleading or deceptive, and shall inform the patient, prior to the commencement of treatment, that the business is conducted by a [licensed](#) marriage and family therapy corporation.

#### **AMEND §4987.8.**

Except as provided in Section 13403 of the Corporations Code, each director, shareholder, and officer of a [licensed](#) marriage and family therapy corporation shall be a licensed person as defined in the Moscone-Knox Professional Corporation Act.

**AMEND §4988.**

The income of a licensed marriage and family therapy corporation attributable to professional services rendered while a shareholder is a disqualified person (as defined in the Moscone-Knox Professional Corporation Act) shall not in any manner accrue to the benefit of that shareholder or his or her shares in the licensed marriage and family therapy corporation.

**AMEND §4988.1.**

A licensed marriage and family therapy corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute, rule or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by statutes, rules and regulations to the same extent as a person holding a license as a marriage and family therapist.

**AMEND §4988.2.**

The board may formulate and enforce rules and regulations to carry out the purposes and objectives of this article, including rules and regulations requiring (a) that the articles of incorporation or bylaws of a licensed marriage and family therapy corporation shall include a provision whereby the capital stock of the corporation owned by a disqualified person (as defined in the Moscone-Knox Professional Corporation Act), or a deceased person, shall be sold to the corporation or to the remaining shareholders of the corporation within the time that rules and regulations may provide, and (b) that a licensed marriage and family therapy corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

**AMEND §4990.20.**

(a) The board may adopt rules and regulations as necessary to administer and enforce the provisions of this chapter and the other chapters it administers and enforces. The adoption, amendment, or repeal of those rules and regulations shall be made in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(b) The board may formulate and enforce rules and regulations requiring the following:

(1) That the articles of incorporation or bylaws of a licensed marriage and family therapist corporation, a licensed clinical social worker corporation, or a professional clinical counselor corporation include a provision whereby the capital stock of that corporation owned by a disqualified person, as defined in the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), or a deceased person shall be sold to the corporation or to the remaining shareholders of that corporation within the time that the rules and regulations may provide.

(2) That a licensed marriage and family therapist corporation, a licensed clinical social worker corporation, or a professional clinical counselor corporation shall provide adequate security by insurance or otherwise for claims against it by its patients arising out of the rendering of professional services.

### **ADD §4990.33**

Notwithstanding any other law, the expiration, cancellation, forfeiture, or suspension of a license, registration, practice privilege, or other authority to practice by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license or registration by a licensee or registrant, of any license or registration within the board's authority, shall not deprive the board of jurisdiction to commence or proceed with any investigation of or action or disciplinary proceeding against the licensee or registrant, or to render a decision suspending or revoking the license or registration.

### **AMEND §4996.23.**

The experience required by subdivision (c) of Section 4996.2 shall meet the following criteria:

(a) All persons registered with the board on and after January 1, 2002, shall have at least 3,200 hours of postmaster's degree supervised experience providing clinical social work services as permitted by Section 4996.9. At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a licensed mental health professional acceptable to the board as defined by a regulation adopted by the board. This experience shall consist of the following:

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

(2) A maximum of 1,200 hours in client-centered advocacy, consultation, evaluation, and research.

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

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

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

(b) "Supervision" means responsibility for, and control of, the quality of clinical social work services being provided. Consultation or peer discussion shall not be considered to be supervision.

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

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

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

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

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

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

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

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

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

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

(f) Experience shall not be gained until the applicant has been registered as an associate clinical social worker.

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

(h) A private practice setting is a setting that is owned by a licensed clinical social worker, a licensed marriage and family therapist, [a licensed professional clinical counselor](#), a licensed psychologist, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

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

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

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

(l) An associate shall not do the following:

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

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

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

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

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

#### **AMEND §4998.**

A licensed clinical social worker corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are licensed clinical social workers, physicians and surgeons, psychologists, [licensed professional clinical counselors](#), [licensed](#) marriage and family therapists, registered nurses, chiropractors, or acupuncturists are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs. With respect to a licensed clinical social worker corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the Board of Behavioral Sciences.

#### **AMEND §4999.58.**

(a) This section applies to a person who applies for examination eligibility between January 1, 2011, and December 31, 2015, inclusive, and who meets both of the following requirements:

(1) At the time of application, holds a valid license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States.

(2) Has held the license described in paragraph (1) for at least two years immediately preceding the date of application.

(b) The board may issue a license to a person described in subdivision (a) if all of the following requirements are satisfied:

(1) The education and supervised experience requirements of the other jurisdiction are substantially the equivalent of this chapter, as described in subdivision (e) and in Section 4999.46.

(2) The person complies with subdivision (b) of Section 4999.40, if applicable.

(3) The person successfully completes the examinations required by the board pursuant to paragraph (3) of subdivision (a) of Section 4999.50. An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the national licensing examination that is required by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered. ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

(4) The person pays the required fees.

(c) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure by that state as a licensed professional clinical counselor.

(d) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(e) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section 4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

(2) The applicant remediates his or her specific deficiency by completing the course content and units required by Section 4999.32.

(3) The applicant's degree otherwise complies with this section.

(f) This section shall become inoperative on January 1, 2016, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2016, deletes or extends that date.

#### **AMEND §4999.59.**

(a) This section applies to a person who applies for examination eligibility or registration between January 1, 2011, and December 31, 2015, inclusive, who meets both of the following requirements:

(1) At the time of application, holds a valid license described in paragraph (1) of subdivision (a) of Section 4999.58.

(2) Has held the license described in paragraph (1) for less than two years immediately preceding the date of application.

(b) Experience gained outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to that required by this chapter, if the applicant complies with Section 4999.40, if applicable, and if the applicant has gained a minimum of 250 hours of supervised experience in direct counseling within California while registered as an intern with the board. The board shall consider hours of experience obtained in another state during the six-year period immediately preceding the applicant's initial licensure in that state as a professional clinical counselor.

(c) Education gained while residing outside of California shall be accepted toward the licensure requirements if it is substantially equivalent to the education requirements of this chapter, and if the applicant has completed the training or coursework required under subdivision (e) of Section 4999.32, which includes, in addition to the course described in subparagraph (l) of paragraph (1) of subdivision (c) of Section 4999.32, an 18-hour course in California law and professional ethics for professional clinical counselors.

(d) For purposes of this section, the board may, in its discretion, accept education as substantially equivalent if the applicant's education meets the requirements of Section 4999.32. If the applicant's degree does not contain the content or the overall units required by Section 4999.32, the board may, in its discretion, accept the applicant's education as substantially equivalent if the following criteria are satisfied:

(1) The applicant's degree contains the required number of practicum units under paragraph (3) of subdivision (c) of Section 4999.32.

(2) The applicant remediates his or her specific deficiency by completing the course content and units required by Section 4999.32.

(3) The applicant's degree otherwise complies with this section.

(e) An applicant who obtained his or her license or registration under another jurisdiction by taking a national examination that is required by the board may apply for licensure with the board without retaking that examination if both of the following conditions are met:

(1) The applicant obtained a passing score on the national licensing examination that is required by the board.

(2) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered, ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

(f) This section shall become inoperative on January 1, 2016, and as of that date is repealed, unless a later enacted statute, which is enacted before January 1, 2016, deletes or extends that date.

## **AMEND §4999.60.**

(a) This section applies to persons who are licensed outside of California and apply for examination eligibility on or after January 1, 2016.

(b) The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license as a professional clinical counselor, or other counseling license that allows the applicant to independently provide clinical mental health services, in another jurisdiction of the United States, if all of the following conditions are satisfied:

(1) The applicant's education is substantially equivalent, as defined in Section 4999.62.

(2) The applicant complies with subdivision (b) of Section 4999.40, if applicable.

(3) The applicant's supervised experience is substantially equivalent to that required for a license under this chapter. The board shall consider hours of experience obtained outside of California during the six-year period immediately preceding the date the applicant initially obtained the license described above.

(4) The applicant passes the examinations required to obtain a license under this chapter. An applicant who obtained his or her license or registration under another jurisdiction may apply for licensure with the board without taking the clinical examination if both of the following conditions are met:

(A) The applicant obtained a passing score on the licensing examination set forth in regulation as accepted by the board.

(B) The applicant's license or registration in that jurisdiction is in good standing at the time of his or her application and has not been revoked, suspended, surrendered, denied, or otherwise restricted or encumbered. ~~as a result of any disciplinary proceeding brought by the licensing authority of that jurisdiction.~~

### **AMEND §4999.123.**

A professional clinical counselor corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees who are rendering professional services and who are licensed professional clinical counselors, licensed marriage and family therapists, physicians and surgeons, psychologists, licensed clinical social workers, registered nurses, chiropractors, or acupuncturists, are in compliance with the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), this article, and any other statute or regulation pertaining to that corporation and the conduct of its affairs. With respect to a professional clinical counselor corporation, the term "governmental agency" in the Moscone-Knox Professional Corporation Act (Part 4 (commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code) shall be construed to mean the Board of Behavioral Sciences.

**Blank Page**



## **NOTICE AND RATIONALE FOR COAMFTE DECISION TO WITHDRAW FROM RECOGNITION BY THE U.S. DEPARTMENT OF EDUCATION (USDE)**

*(Authored by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and approved at the COAMFTE meeting in April 2013)*

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is recognized by the U.S. Department of Education and Council for Higher Education Accreditation (CHEA) as an accrediting agency for graduate degree and clinical training programs in marriage and family therapy.

### **Background**

*Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)* – The purpose of COAMFTE accreditation is to assure quality education in graduate marriage and family therapy programs. It provides a reasonable basis for evaluation of potential employees and a safeguard for the protection of clients.

*U.S. Department of Education (USDE)* – USDE recognizes accreditors as gatekeepers for federal funds. In this role, USDE is concerned mainly with the mechanisms accreditors have in place to monitor the federal funding process. Accreditors recognized under Title IV of the Higher Education Act of 1965, like regional accrediting agencies, fall primarily in that category and provide its accredited institutions with access to major federal financial funds. COAMFTE is not recognized under Title IV and provides access to only a small number of financial programs.

*Council for Higher Education Accreditation (CHEA)* - CHEA's purpose is quality assurance of higher education through accreditation. In this role, it provides a "seal of approval" for COAMFTE. Since CHEA's focus is quality assurance through accreditation, CHEA recognition enables COAMFTE to fulfill its purpose while providing an external review of COAMFTE processes, procedures and standards for accreditation. COAMFTE and COAMFTE-accredited programs directly benefit from CHEA's review process as it provides a system of checks and balances.

Since the federal regulations render COAMFTE ineligible to operate as a gatekeeper for major federal financial assistance programs, the benefit of USDE recognition is negligible. Yet, the cost of maintaining USDE recognition has steadily increased over the years, i.e., tracking changes in federal regulations, developing policies that do not apply to COAMFTE-accredited programs and would impose on institutional freedom. After long and careful deliberation at its November 2012 meeting, COAMFTE determined that the costs of maintaining USDE recognition outweighed the benefits and voted not to pursue USDE recognition, effective April 15, 2013. In making the decision, COAMFTE also determined that such a course of action at this time would not prevent COAMFTE from pursuing such recognition in the future if things changed such that USDE recognition was determined to be relevant and vital for COAMFTE and its accredited programs. This document provides information and the rationale for this decision (See also Appendix A).

## History

### *USDE*

At the time the American Association for Marriage and Family Therapy (AAMFT) was working on being recognized as a core mental health profession, it looked to USDE as a way of legitimizing the profession through education. COAMFTE (formerly Committee on Accreditation of AAMFT) gained official recognition by the United States Office of Education, Department of Health, Education, and Welfare in 1978. In 1980, the Department was renamed to the USDE and has continued its recognition of COAMFTE. Originally, COAMFTE was recognized by USDE under Title IV of the Higher Education Act of 1965. Recognition under Title IV, allowed programs accredited by COAMFTE to establish eligibility to participate in the federal student financial assistance programs administered by the Department.

At the time, USDE was the only organization to provide external recognition. While the purpose of USDE recognition was to ensure that federal funds were appropriately distributed and managed through Title IV accreditors, as the only external recognition agency, it created a perception of providing a stamp of approval for quality. During that period, the benefit of USDE recognition to COAMFTE was significant. Even with the time it took COAMFTE to gain USDE recognition and maintain it by placing certain constraints on accredited programs, it was worth it. COAMFTE-accredited programs were eligible to participate in the major federal student financial assistance programs, creating a direct benefit to students.

Fast forward to the early 1990s when USDE implemented re-authorization of Higher Education Act (HEA) and changed its recognition criteria, rendering COAMFTE ineligible to be recognized as a Title IV accreditor. That role was shifted primarily to regional accreditors who accredited universities. COAMFTE was eligible to be recognized only under the non-Higher Education Act criteria. The change in the USDE recognition criteria meant that COAMFTE-accredited programs were no longer eligible to participate in the federal student financial assistance programs administered by the Department. That eligibility was now determined through regional accreditation of universities. As long as COAMFTE-accredited programs were housed in regionally accredited universities, their students were still eligible for federal financial programs. This change, however, effectively diminished the benefit of USDE recognition to COAMFTE.

### *CHEA*

While the re-authorization of the HEA was taking place, the world of higher education was still looking for a recognition entity that would provide a stamp of approval for quality. Like other accrediting agencies, COAMFTE sought a separate recognition by an entity with a direct interest in the quality of education not weighed down by fiscal interests. In 1994, COAMFTE achieved recognition by the Commission on Recognition of Postsecondary Accreditation (CORPA), the successor to the Council on Postsecondary Accreditation (COPA). In 1997, CORPA was dissolved and the Council on Higher Education Accreditation (CHEA) was created.

### *Licensure: Unintended consequences*

The unintended consequences of USDE recognition are such that it made its way into the licensure laws. Upon review of state licensure, eight states (CA, CT, GA, FL, KY, MA, MO, and RI) were identified as having references to USDE in their language. In many cases these references were incorrect, referring to USDE as granting accreditation/approval of *academic programs* instead of its role as providing recognition for *accrediting agencies*. AAMFT began working with the divisional leaders in those states to correct the language.

Licensure is controlled at a state level. The purpose of licensure is to protect the public by ensuring that practitioners meet the minimum requirements for education, practice and examination. Part of the minimum requirements is an educational degree from a program accredited by an agency appropriate to that field. COAMFTE accreditation of MFT programs provides assurance of the quality of education in the field of marriage and family therapy. USDE recognition, the purpose of which is to monitor financial funds flowing to institutions, has no bearing on either the quality of MFT educational programs or an applicant's ability to become licensed. The Commission does not anticipate that COAMFTE withdrawal from USDE recognition will impact graduates in obtaining licensure.

States where the language erroneously links an applicant's ability to become licensed to USDE accreditation/approval/recognition of MFT programs and/or the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) were identified and encouraged to revise the language. Following a meeting in Spring 2012 with AAMFT Divisional Leaders of those states (CA, CT, GA, FL, KY, MA, MO, RI), the AAMFT staff shared a fact sheet with the Divisions and COAMFTE-accredited programs. Staff also worked with divisions to propose a revision in language to assist the divisions in correcting the state licensure language in order to protect MFT applicants in those states. Already, four states have introduced bills that will effectively eliminate USDE references in state law. The remaining states have access to the staff to guide them through the process. For more information on the status of these changes, please see Appendix B.

### **Current Status**

#### *Cost-Benefit analysis*

The diminishing benefits of USDE recognition compelled COAMFTE to review the cost of maintaining it. In 2010, USDE significantly changed their recognition criteria resulting in further regulation that included federal definition of a credit hour; changing the definition of Public Member; requiring programs to provide accreditors with copies of all student complaints; state authorization, etc. All USDE-recognized accreditors had to absorb these changes regardless if they operated as a gatekeeper for major federal financial assistance programs or not. The new regulations were directed at Title IV accreditors with oversight of major federal financial aid programs. They were not intended for accreditors like COAMFTE who are not eligible to be a Title IV accreditor. And yet, COAMFTE had to amend its process, policy, and procedures to meet the criteria.

More and more hours of staff time was spent in tracking changes in state regulation, reviewing COAMFTE policies and procedures in relation to the federal changes, and working towards changes that will mostly hinder the flexibility of the accreditation process. COAMFTE staff's role is to provide support to programs going through the accreditation process, assist the Commission with creating and delivering training workshops, expanding the pool of volunteers, and staying current with best practices, among many. Staff's ability to focus on these important issues was challenged by the time spent on tracking federal regulations. As COAMFTE began the process of seeking renewal of recognition with USDE in 2011, it was faced with a dilemma of higher costs and few benefits.

In 2011, COAMFTE surveyed its accredited programs to assess the cost-benefit of dual recognition by USDE and CHEA. The survey showed that 82.9% of respondent programs have never participated in the federal programs accessible through USDE recognition of COAMFTE. Over 97% of respondents reported that the direct benefit of USDE recognition of COAMFTE was inconsequential and/or unknown. When faced with increasing costs of COAMFTE accreditation only 5.7% somewhat agreed that COAMFTE should continue with dual recognition.

#### *Why USDE recognition is no longer a benefit*

The re-authorization of HEA and the change in the recognition criteria also brought more regulation that USDE-recognized accreditors and programs they accredit had to absorb. The changes made it clear that the seal of approval for quality that was previously associated with USDE, correctly or incorrectly, became the seal of approval for management of major federal financial funds. And COAMFTE was not allowed to be a player. Today, USDE recognition of COAMFTE under non-HEA allows COAMFTE-accredited programs to participate in only two remaining programs: National Health Service Corp Loan Repayment Programs and the Faculty Loan Repayment Program. The cost of USDE recognition is meeting an exorbitant number of federal regulations aimed at accrediting agencies who are the major players under Title IV with access to major federal financial assistance programs. The benefit of USDE recognition is all but eliminated. While a small number of COAMFTE-accredited programs indicated that they access federal programs through COAMFTE status of being USDE-recognized, the cost of maintaining the recognition to many is outweighed by the benefit to a few.

#### *Why is CHEA a continuing benefit*

CHEA is “a national advocate and institutional voice for self-regulation of academic quality through accreditation” and has recognized the Commission since CHEA’s inception. As “a primary national voice for accreditation and quality assurance”, CHEA provides COAMFTE with a stamp of approval for quality. With the mission that aligns with the purpose and focus of accreditation, CHEA provides accrediting agencies with a system of checks and balances, and creates a process parallel to accreditation that requires accrediting agencies to self-evaluate and improve. COAMFTE benefits from this process as it provides the validation as an external recognition body and serves as a more appropriate recognition for the intent of COAMFTE specialized professional accreditation and the needs of MFT programs.

Appendix A

**INFORMATION CONSIDERED IN THE DECISION**

<b>Information</b>	<b>Determination</b>
May 2011 survey of COAMFTE programs re: the Cost-Benefit of USDE Recognition	Handful of programs utilizing Federal funding aspects of USDE recognition.
AAMFT Legal Department Review of State Licensure laws regarding inclusion of USDE recognition by the AAMFT Legal Department and notification to State Divisions re: actual or implied licensure language that linked licensure to USDE recognition and that might be potentially problematic for future LMFT applicants seeking licensure (8 states – CA, CT, GA, FL, KY, MA, MO and RI)	Review of the laws revealed that in these states the laws incorrectly referred to USDE recognition (e.g., the law stated that degrees had to be from MFT programs with USDE recognition and the USDE doesn't recognize programs but rather accrediting bodies such as COAMFTE that then accredits MFT programs). The state divisions in these states were notified of language problems and were already in the process of making requisite changes in licensure language.
USDE Scope of Recognition and Meaning. USDE recognizes accreditors as gatekeepers for federal funds, primarily through Title IV funding, however, federal regulation changes render COAMFTE ineligible to operate as a Title IV gatekeeper.	COAMFTE-accredited programs obtain Title IV funding through regional accreditation, <b>not</b> COAMFTE accreditation.
Cost of meeting USDE Recognition requirements (Staff, Policies and Procedures)	In order to meet the USDE requirements, COAMFTE would have to revamp its policies and procedures in order to come into compliance. In addition, COAMFTE would then have to modify how it tracked compliance, with corresponding policy and procedural changes that would require significantly more staff and Commission time.
Intended and unintended consequences of not maintaining USDE Recognition	This included a discussion of the following items: Accredited programs' perceptions and implications, competing mental health profession accreditors, historical value/attachment to USDE recognition, external perceptions of USDE recognition, Education/Understanding of USDE recognition.
Accredited Programs' Perceptions and Implications of Discontinuing USDE Recognition	Important to make sure programs understand the decision and why it was made.
Implications with regard to Competing Mental Health Accreditors and their recognition and influence (i.e. American Psychological Association and American Counseling Association)	Discussion about political arena and the importance of the Association, Board and Divisions being educated and prepared and ready to advocate for the profession and counteract any inaccurate uses by other associations of USDE recognition and/or decision to withdraw recognition.
Historical value/attachment to USDE recognition	Discussion of the history of seeking USDE recognition and the meaning attached to it. Important that others be educated about the true value, cost and benefit of USDE recognition, changes in purpose of

	USDE recognition and transparency in how COAMFTE reached its decision regarding USDE recognition.
External perceptions of USDE recognition	Discussion of how others outside of AAMFT and accredited programs view/use USDE recognition. Again determined that education would be vital to correcting misperceptions about actual purpose/benefits of USDE recognition.
Education/Understanding of Accreditation	With so much of the discussion of items identifying the importance of education and understanding of Accreditation and USDE recognition, COAMFTE discussed how critical this would be once a decision had been made.
Transparency regarding the decision and rationale	Discussion of how important transparency and sharing of the decision and rationale for the decision would need to be.
Regional vs. Specialize Professional Accreditation	Regional USDE Accreditation stills provides coverage to degree granting programs for those that are in regionally accredited institutions
Implications for COAMFTE-accredited Post-degree Institutions (PDIs)	Discussion of how many PDIs actually utilize USDE recognition as means of securing federal funding for students and that changes in USDE recognition no longer make this an avenue for such programs to access such funds.
Standards Review Committee revisions to standards necessitated by USDE requirements	Discussion of standard changes that would be required to come into compliance with requirements and the corresponding time and expenses.
Council for Higher Education Accreditation (CHEA) vs USDE recognition	Discussion of need for external validation as an external recognition body and that CHEA is a more appropriate recognition for the needs and intent of MFT specialized professional accreditation.
Implications for Expansion of COAMFTE-accredited programs, including international programs	With the increased interest from programs around the world, the relevance of USDE recognition becomes less significant.
COAMFTE financial dependence on AAMFT and need to become more financially independent	Discussion of the need to maximize efficiency of COAMFTE resources and keep expenses down.
Cost-Benefit Analysis of Continued Recognition	Review of costs and benefits associated with USDE recognition.
Losing Recognition vs Withdrawal of Recognition	Better to withdraw from the recognition process based on COAMFTE's determination rather than losing it due to non-compliance.
Implications on future USDE Recognition	Better to withdraw from the recognition process and keep the option of pursuing recognition in the future should things change and the benefits of USDE recognition again become relevant and outweigh the costs.

## Appendix B

### **CURRENT STATUS OF CHANGES IN LICENSURE LAW IN STATES WITH INACCURATE REFERENCES IN THE LANGUAGE**

1. California – In March, the Division legislative chair indicated that the state would like to hold off on introducing the suggested language until next year or not introduce it if not needed. AAMFT Legal Staff suggested they could wait until next year, but not abandon all efforts to amend the law. California’s language is the least worrisome.
2. Connecticut – In March, House Bill 6646 was introduced. This bill will eliminate the USDE references in state law.
3. Florida -- In March, House Bill 1161 and Senate Bill 1368 were introduced. These bills will eliminate the USDE references in state law and make some other key changes to the MFT licensure law.
4. Georgia – In February, Senate Bill 128 was introduced. This bill will eliminate the USDE references in state law and add the term “diagnose” to the MFT scope of practice. It passed the Senate and a House committee. However, the House did not pass the bill due to reasons that were unrelated to the legislation. The House will consider this bill in early 2014.
5. Kentucky – No legislation has been introduced on this issue.
6. Massachusetts – In December, the Division decided not to pursue advocacy on this topic. Staff with the licensure board that regulates MFTs told the Division that there would not be any problem recognizing applicants from COAMFTE –accredited programs after any change is made.
7. Missouri – Earlier this year, Senate Bill 234 was introduced and has recently passed the Senate. It will be heard by the House shortly. This bill will eliminate the USDE references in state law and make some other key changes to the MFT licensure law.
8. Rhode Island – No legislation has been introduced on this issue.

**Blank Page**

**ATTACHMENT C  
BUSINESS AND PROFESSIONS CODE  
SECTION 118**

**Business and Professions Code Section 118.**

(a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.

(b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.

(c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

*(Added by Stats. 1961, Ch. 1079.)*

**Blank Page**

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

**To:** Committee Members

**Date:** October 8, 2013

**From:** Rosanne Helms  
Legislative Analyst

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

**Subject:** Legislative Amendment for Exam Restructure

---

Board staff is in the process of implementing the examination restructure, which will change the examination process for applicants who are seeking licensure as a marriage and family therapist (LMFT), clinical social worker (LCSW), or professional clinical counselor (LPCC). Recently, SB 821 (Chapter 473, Statutes of 2013) changed the implementation date of the examination restructure from January 1, 2014 to January 1, 2016.

In order to implement the examination restructure effectively, staff has found the need for additional technical legislative amendments. Staff has confirmed with the Senate Business, Professions, and Economic Development Committee that they are willing to include these amendments in their omnibus bill.

### **Potential Problems**

The need for amendments is based questions staff has received regarding renewal of intern and associate registrations in the months after January 1, 2016, when the examination restructure becomes effective. Currently, the law related to the exam restructure states that a registrant shall take the California law and ethics examination prior to registration renewal. In addition, the law also states that the Board shall not issue a subsequent registration number to someone whose registration is expiring, until they have passed the California law and ethics exam.

This raises two potential problems:

1. An intern or associate renewing a registration in the months after January 1, 2016 will not have had much time to attempt the California law and ethics exam, as the exam will not begin to be offered until January 1, 2016.
2. As of January 1, 2016, an intern or associate who has an expiring registration number (because they have held it six years) will be required to pass the California law and ethics exam *prior* to being issued their second registration number. However, this is a new requirement, leaving those with a registration that expires after January 1, 2016 with little time to prepare.

### **Proposed Amendments**

In order to address these potential problems in an equitable manner, staff proposes the following two amendments:

1. Allow an applicant who holds an active registration, who applies for renewal of that registration between January 1, 2016 and January 1, 2017, to if eligible, be allowed to renew his or her registration without first participating in the California law and ethics examination.

Under this scenario, the registrant will be required to participate in the California law and ethics examination when they apply for their 2017 renewal. This will ensure they have adequate advance notice to sign up for and prepare for the exam.

2. Allow an applicant who holds an active registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, to if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination.

These registrants will still be required to take the examination in order to renew their registration each year, and will still be required to pass the examination before obtaining either a license or another registration number.

### **Recommendation**

Conduct an open discussion regarding the proposed amendments. Direct staff to make any non-substantive changes to the proposed language and submit to the Legislature for inclusion in the 2014 omnibus bill.

### **Attachments**

**Attachment A:** Proposed Amendments

**ATTACHMENT A  
EXAM RESTRUCTURE  
PROPOSED AMENDMENTS**

**AMEND §4980.399.**

(a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination.

~~(c)(d)~~ If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination.

~~(f)~~(h) This section shall become operative on January 1, 2016.

**AMEND §4992.09.**

(a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination.

~~(e)~~(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination.

~~(f)~~(h) This section shall become operative on January 1, 2016.

### **AMEND §4999.55.**

(a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subsection (b), an applicant who holds a registration eligible for renewal, who applies for renewal of that registration between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to renew such registration without first participating in the California law and ethics examination.

~~(e)~~(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision ~~(d)~~(e).

~~(d)~~(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her first renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The

12-hour law and ethics course required by this section shall be taken through a board-approved continuing education provider, a county, state, or governmental entity, or a college or university.

~~(e)~~(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subsection (f), an applicant who holds or has held a registration, who applies for a subsequent registration number between January 1, 2016 and January 1, 2017, shall if eligible, be allowed to obtain such subsequent registration number without first passing the California law and ethics examination.

~~(f)~~(h) This section shall become operative January 1, 2016.

**Blank Page**

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

**To:** Policy and Advocacy Committee

**Date:** October 25, 2013

**From:** Christina Kitamura  
Board of Behavioral Sciences

**Telephone:** (916) 574-7830

**Subject:** **Discussion and Recommendations for Possible Action Regarding Continuing Education Regulations**

---

Materials for this item will be provided under a separate cover and/or at the Policy and Advocacy Committee meeting.

**Blank Page**

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

**To:** Committee Members  
**From:** Rosanne Helms  
Legislative Analyst  
**Date:** October 25, 2013  
**Telephone:** (916) 574-7897  
**Subject:** Review of Board Sponsored and Monitored Legislation

## BOARD-SPONSORED LEGISLATION

### **AB 404 (Eggman): Retired Licenses**

This bill clarifies the law regarding eligibility for a retired license. It states that a licensee is eligible for a retired license if he or she holds a current, active license, or an inactive license, if the license is in good standing. It also reduces the timeline allowed to restore a retired license to active status from five years to three years.

*Chapter 339, Statutes of 2013*

### **AB 428 (Eggman): LMFT and LCSW Applicant Remediation of Coursework**

This bill amends LMFT licensing law to allow an LMFT applicant whose degree is deficient in the alcoholism and other chemical substance dependency requirement, or the spousal or partner abuse assessment requirement, to remediate those deficiencies. Current law does not allow remediation. It also amends LCSW licensing law to clarify that LCSW applicants may also remediate a deficiency in the spousal or partner abuse assessment coursework.

*Chapter 376, Statutes of 2013*

### **AB 451 (Eggman): LMFT and LPCC Out-of-State Applicant Requirements**

Licensing requirements for out-of-state LMFT and LPCC applicants were set to change on January 1, 2014. However, the Board had concerns that the new out-of state requirements may be too stringent, restricting portability of these license types to California.

This bill extends the effective date of the new education requirements for out-of-state licensees from January 1, 2014 to January 1, 2016. This allows the Board additional time to carefully consider solutions to this problem which would increase portability of licenses while maintaining public protection. The Board has formed a special committee, which has been meeting to discuss this issue further. The Board will propose follow-up legislation to this bill.

*Chapter 551, Statutes of 2013*

**SB 821 (Senate Business, Professions, and Economic Development Committee): Omnibus Legislation**

This bill makes technical and non-substantive amendments to add clarity and consistency to current Board licensing law. It also extends the effective date of the exam restructure from January 1, 2014 to January 1, 2016.

*Chapter 473, Statutes of 2013*

**TWO-YEAR BILLS**

**AB 958 (Jones): Child Custody Evaluators**

This bill would specify that the Board may access a child custody evaluation report for the purpose of investigating allegations that one of its licensees, while serving as a child custody evaluator, engaged in unprofessional conduct in the creation of the report. Currently, the law does not give the Board direct access to the child custody evaluation report. This leaves the Board unable to investigate allegations of unprofessional conduct of its licensees while they are serving as a custody evaluator, even though the Board is mandated to do so by law.

*Status: This is a two-year bill.*

**BOARD-SUPPORTED LEGISLATION**

**CHAPTERED BILLS**

**AB 1057 (Medina): Professions and Vocations: Licenses: Military Service**

This bill requires all boards under DCA to ask on licensing applications if the individual applying for licensure is serving in or has served in the military.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

*Chapter 693, Statutes of 2013*

**SB 126 (Steinberg): Health Care Coverage - Autism**

This bill extends the requirement that health care service plans and health insurance policies provide coverage for behavioral health treatment for pervasive developmental disorder or autism, until January 1, 2017.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

*Chapter 680, Statutes of 2013*

**SB 243 (Wyland): Professional Clinical Counselors**

This bill amends the requirements for an LPCC who opts to treat couples and families so that the required training and education in order to do this does not need to be in addition to the minimum training and education required for licensure.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

*Chapter 465, Statutes of 2013*

## TWO-YEAR BILLS

### **SB 22 (Beall): Health Coverage: Mental Health Parity**

This bill would require health care plans and insurers to submit an annual report certifying that the plan is compliant with the mental health parity act.

At its May 23, 2013 meeting, the Board took a “support” position on this bill.

*Status: This is a two-year bill.*

No Board-supported legislation failed passage this year.

## THE BOARD MONITORED THE FOLLOWING LEGISLATION:

### **AB 512 (Rendon): Healing Arts: Licensure Exemption**

This bill extends provisions allowing a health care practitioner who is licensed out-of-state to participate in a free, sponsored health care event in California. The provisions currently expire on January 1, 2014, and are now extended to January 1, 2018.

At its May 23, 2013 meeting, the Board took a “support if amended” position on this bill. The Board noted that the intent of this bill is to provide basic medical, dental, and vision services to the uninsured and underinsured. However, licensees of the Board of Behavioral Sciences do not provide these basic services. Therefore, the Board asked the author to narrow the scope of this bill to exclude the Board of Behavioral Sciences.

Staff learned in subsequent conversations with the author’s office that they did not plan to amend this bill, as they do not believe the Board is required to adopt regulations to implement the bill since it does not apply to its licensees’ services.

*Chapter 111, Statutes of 2013*

### **SB 282 (Yee): Confidential Medical Information: Required Authorization to Disclose**

This bill extends a provision in law, currently in place for physicians and surgeons, to marriage and family therapists. The provision requires that a patient’s demand for settlement or offer to compromise, be accompanied by authorization to disclose medical information to the insuring or defending organization.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, and requested that the Board’s other license types be included. However, due to possible opposition or objections that this may have caused, the other license types were not included.

*Chapter 58, Statutes of 2013*

### **AB 186 (Maienschein): Military Spouses: Temporary Licenses**

This bill requires a Board within DCA to issue a temporary license to an applicant who is eligible for, and requests, an expedited license. Such an applicant must be married to or in a domestic partnership with an active member of the U.S. military who is assigned to active duty in California, and must hold a current license in the same profession in another state.

At its meeting on May 23, 2013, the Board took a “support if amended” position on this legislation, asking for the following amendments:

- An amendment requiring the applicant to provide a transcript to the Board;
- An amendment allowing delayed implementation to accommodate DCA’s BreEZE database system; and
- An amendment requiring the applicant to pass the California law and ethics examination prior to the issuance of the temporary license.

These requested amendments have not been made as of this date.

*Status: This is a two-year bill.*

**AB 213 (Loque): Licensure and Certification Requirements: Military Experience**

This bill, as of July 1, 2015, requires a board that accredits or approves schools offering education course credits toward licensing requirements to require a school seeking accreditation or approval to submit proof that it has procedures in place to evaluate an applicant’s military education, training and experience toward completion of an educational program designed to qualify a person for licensure.

The Board chose not to adopt a position on this bill at its May 23, 2013 meeting.

*Status: This is a two-year bill.*

**AB 252 (Yamada/Eggman): Social Workers**

This bill would limit the use of the title “social worker” to only those who hold a degree from an accredited school of social work.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, and requested that several specific amendments be made.

The requested amendments have not been made at this time, because this legislation became a 2-year bill.

*Status: This is a two-year bill.*

**AB 376 (Donnelly): Regulations: Notice**

This bill would require a state agency enforcing a new regulation to notify all affected businesses 30 days before the regulation goes into effect.

The Board opted to take an “oppose” position on this bill at its May 23, 2013 meeting.

*Status: This is a two-year bill.*

**AB 790 (Gomez) Child Abuse: Reporting**

This bill would delete the provision that allows a team of mandated reporters of suspected child abuse or neglect to designate one member to make a single mandated report. Therefore, all mandated reporters who obtain knowledge of suspected child abuse or neglect would be required to make their own report.

The Board opted to take no position on this bill at its May 23, 2013 meeting, but directed staff to provide technical support to the author’s office on specified points. Staff has provided the author’s office with the Board’s feedback.

*Status: This is a two-year bill.*

**AB 809 (Loque): Healing Arts: Telehealth**

This bill would allow the verbal consent to telehealth given by the patient at its initial use to apply in any subsequent use of telehealth.

The Board opted to take no position on this bill at its May 23, 2013 meeting.

*Status: This is a two-year bill.*

**SB 578 (Wyland): Marriage and Family Therapists: Unprofessional Conduct**

This bill would add engaging in certain types of dual relationships with a patient to the list of provisions that may be considered unprofessional conduct for a marriage and family therapist licensee or registrant.

At its May 23, 2013 meeting, the Board adopted a “support if amended” position on this bill, requesting that a technical amendment be made.

The requested amendment has not been made at this time, because this legislation became a 2-year bill.

*Status: This is a two-year bill.*

*Updated: October 14, 2013*

**Blank Page**

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

**To:** Committee Members **Date:** October 14, 2013  
**From:** Christy Berger **Telephone:** (916) 574-7817  
Regulatory Analyst  
**Subject:** Rulemaking Update

## CURRENT REGULATORY PROPOSALS

**Title 16, CCR Sections 1887, 1887.1, 1887.3, 1887.4, 1887.11; Add Sections 1887.41, 1887.42, 1887.43; Delete Sections 1887.6, 1887.7, 1887.8, 1887.9, 1887.10, 1887.13, 1887.14: Continuing Education**

This proposal makes a number of changes to the Board's continuing education program. These changes are proposed based on the recommendations of the Board's Continuing Education Committee, which was formed in 2011 in response to a number of concerns raised about continuing education.

This proposal was approved by the Board at its meeting on February 28, 2013. The Notice has been filed with the Office of Administrative Law (OAL) and the proposal is currently through its 45-day public comment period. The public hearing for this proposal was on October 22, 2013. Staff is currently considering comments received during the comment period.

## APPROVED REGULATORY PROPOSALS

**Title 16, CCR Section 1833: Regulations to Implement SB 363 (Marriage and Family Therapist Intern Experience)**

SB 363 (Chapter 384, Statutes of 2011) limited the number of client-centered advocacy hours for a marriage and family therapist intern to 500 hours.

This proposal deletes a provision of Board regulations which conflicts with SB 363 and that is no longer needed due to the new legislative provisions enacted by SB 363. This amendment was approved by the Board at its meeting on November 9, 2011. This proposal also deletes an outdated provision in Section 1833 regarding crisis counseling on the telephone, which directly conflicts with telehealth provisions in LMFT licensing law. This amendment was approved by the Board at its meeting on February 29, 2012.

This proposal was approved by the Office of Administrative Law (OAL) and filed with the Secretary of State on July 15, 2013. It became effective on **October 1, 2013.**

**Title 16, CCR Sections 1803, 1845, 1858, 1881; Add Sections 1823, 1888.1, SB 1111: Enforcement Regulations**

This proposal is part of an effort by DCA for healing arts boards to individually seek regulations to implement those provisions of SB 1111 and SB 544 (part of DCA's Consumer Protection Enforcement Initiative) that do not require statutory authority.

The intent of SB 1111, which failed passage in 2010, and SB 544, which failed passage in 2011, was to provide healing arts boards under DCA with additional authority and resources to make the enforcement process more efficient. These regulations propose delegation of certain functions to the executive officer, required actions against registered sex offenders, and additional unprofessional conduct provisions to aid in the enforcement streamlining effort.

This proposal was approved by OAL and filed with the Secretary of State on March 25, 2013. It became effective on **July 1, 2013.**

**Title 16, CCR Section 1888 and Disciplinary Guidelines**

This proposal makes several revisions to the Disciplinary Guidelines, which are incorporated by reference into Board regulations.

This proposal was approved by OAL and filed with the Secretary of State on April 2, 2013. It became effective on **July 1, 2013.**

**PENDING REGULATORY PROPOSALS**

**Title 16, CCR Section 1888 and Disciplinary Guidelines: SB 1441: Uniform Standards for Substance Abuse**

This is a regulatory proposal that the Department of Consumer Affairs (DCA) and the Legislature is asking all healing arts licensing boards to run. It creates uniform standards for discipline that the boards must abide by in cases of licensee or registrant substance abuse. This proposal was prompted by a concern at the Legislature that there is a lack of a consistent policy across DCA's healing arts boards for dealing with licensees or registrants who abuse drugs and alcohol.

This proposal was approved by the Board at its meeting on November 28, 2012. Next, staff will submit it to OAL for publication in its Notice Register, which will begin the 45-day public comment period.

**Title 16, CCR Sections 1805, 1806, 1816, 1816.2, 1816.3, 1816.4, 1816.5, 1816.6, 1816.7, 1829, 1877; Add Sections 1805.01, 1825, 1826, 1830, 1878: Regulations to Implement SB 704 (Examination Restructure)**

This proposal revises current Board regulations in order to be consistent with the statutory changes made by SB 704 (Chapter 387, Statutes of 2011), which restructures the examination process for LMFT, LCSW, and LPCC applicants.

This proposal has been withdrawn. Staff plans on bringing this proposal back to the Policy and Advocacy Committee, with further amendments, in February 2014.

**Title 16, CCR Section 1820.5; Add Sections 1820.6 and 1820.7: Requirements for Licensed Professional Clinical Counselors to Treat Couples or Families**

This proposal clarifies the law regarding requirements for LPCCs to treat couples and families. It also outlines a process by which LPCCs and PCC interns receive Board confirmation that they have met the requirements to treat couples and families.

This proposal was approved by the Board at its meeting on November 28, 2012. This proposal is currently on hold.

**Blank Page**