

Policy and Advocacy Committee Minutes April 7, 2011

Department of Consumer Affairs
El Dorado Room
1625 North Market Blvd., #N220
Sacramento, CA 95834

Members Present

Donna DiGiorgio, Chair, Public Member
Renee Lonner, LCSW Member

Staff Present

Kim Madsen, Executive Officer
Tracy Rhine, Asst. Executive Officer
Rosanne Helms, Legislative Analyst
Marina Karzag, Policy & Statistical Analyst
Christina Kitamura, Administrative Analyst
Michael Santiago, Legal Counsel

Members Absent

Guest List

On file

I. Introductions

Donna DiGiorgio, Policy and Advocacy Committee (Committee) Chair, called the meeting to order at approximately 9:35 a.m. Christina Kitamura called roll, and a quorum was established. Staff, Committee members, and attendees introduced themselves.

II. Review and Approval of the January 13, 2011 Policy and Advocacy Committee Meeting Minutes

Dean Porter, California Association for Licensed Professional Clinical Counselors (CALPCC) stated that her comment on page two should read: Ms. Porter preferred that this requirement be a condition of license renewal as opposed to a pre-licensure requirement.

Renee Lonner moved to approve the January 13, 2011 Policy and Advocacy Committee meeting minutes as amended. Ms. DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

III. Discussion and Possible Action Regarding Acceptance of Post-Degree Hours of Experience Toward Licensure as a Professional Clinical Counselor

Tracy Rhine briefly presented. At its February 23, 2011 meeting the Board discussed double counting of hours for Marriage and Family Therapist (MFT) Interns and Associate Clinical Social Workers (ASW) towards License Professional Clinical Counselor (LPCC) licensure. The Board decided to refer the issue back to Committee for further policy discussion. The consensus among both stakeholders and Board members at the February meeting was to

make no changes to current law and allow the double counting of hours under current statutory and regulatory constraints.

Ms. DiGiorgio stated that she had no objections, and opened the matter to the public for comment. No comments were made. No action was taken.

IV. Discussion and Possible Action Regarding Pending Legislation Including:

a. Assembly Bill 40 (Yamada)

Marina Karzag presented AB 40, Elder Abuse Reporting.

Existing law specifies that certain individuals, including MFTs, LCSWs, and Licensed Educational Psychologists (LEP), are mandated reporters of suspected instances of elder and dependent adult abuse, financial abuse, and abuse that occurred in a long term care facility, and must report the abuse by calling either the local ombudsman or the local law enforcement agency and submit a written report to that agency. The laws also restricts local ombudsman programs from sharing reports of elder or adult abuse with local law enforcement agencies without the consent of the subject of the reported abuse or his or her legal representative.

This bill would require mandated reporters to report suspected instances of elder or dependent adult abuse and elder or dependent adult financial abuse that occurred in a long-term care facility to *both* the local ombudsman and local law enforcement agency. This bill also allows non-mandated reporters to report suspected instances of elder or dependent adult financial abuse that occurred in a long-term care facility to either the local long-term care ombudsman program or the local law enforcement agency or both entities.

Ms. Karzag explained that the local ombudsman's limited ability to share information on reported abuses with local law enforcement may inhibit a thorough investigation, and ultimately, resolution of certain elder and dependent adult abuse reports. Requiring mandated reporters to report suspected abuse that occurred in a long-term care facility with both the local ombudsman and local law enforcement would ensure that law enforcement is aware of all reports of this type of criminal activity.

Ms. Karzag explained that mandated reporters may not report suspected instances of abuse to local law enforcement for fear of losing the trust of the subject/client. However, Welfare and Institutions Code Section 15633.5 ensures the confidentiality of the identity of the reporter, except as disclosed to specified agencies and under specified circumstances.

Ms. DiGiorgio and Ms. Lonner both agreed that it is important to protect the elderly population from these instances of abuse.

Mary Riemersma, California Association of Marriage and Family Therapists (CAMFT), stated that CAMFT opposed AB 40. The mandated reporter has a duty to report the abuse two or three times with the phone call report and the written report. Furthermore, there is a conflict: ombudsman representatives claim that reporters have a duty to inform law enforcement. However, federal law states that reporters cannot inform law enforcement without the authorization of the victim. CAMFT hopes to work out something with the author of the bill.

Rebecca Gonzales, National Association of Social Workers (NASW) - California Chapter, stated that NASW-CA is supportive of AB 40 and added that with the additional requirements of the reporter, it did not outweigh the benefits of protecting the elderly.

Renee Lonner moved to support AB 40. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

b. Assembly Bill 154 (Beall)

Rosanne Helms presented AB 154, Mental Health and Substance Abuse Parity.

This bill requires a health care services plan contract or health insurance policy that provides hospital, medical, or surgical coverage that is issued, amended, or renewed on or after January 1, 2012 to provide coverage for the diagnosis and medically necessary treatment of a mental illness of a person of any age, including a child, under the same terms and conditions applied to other medical conditions.

The intent of the bill is to end discrimination against patients with mental disorders and substance abuse issues by requiring treatment and coverage of those illnesses at a level equitable to the coverage provided for other medical illnesses. The author notes that many health plans do not provide coverage for mental disorders, and the plans that do impose much stricter limits on mental health care coverage than on other medical care.

Current 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, regardless of age, and of serious emotional disturbances of a child. It defines severe mental illnesses as:

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder (manic-depressive illness)
- Major depressive disorders
- Panic disorder
- Obsessive-compulsive disorder
- Pervasive developmental disorder or autism
- Anorexia nervosa
- Bulimia nervosa.

Existing law also defines “serious emotional disturbances of a child.” Existing law 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.

AB 154 expands the coverage so that it is not limited to the current list of severe mental illnesses. The benefits provided under this legislation must include outpatient services, inpatient hospital services, partial hospital services, and prescription drugs.

AB 154 defines “mental illness” as a mental disorder defined in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV).

Ms. Helms explained that the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Act) was enacted in October 2008, which is a federal law. The Act banned differences in co-pays, deductibles, coinsurance, out of network

coverage, out of pocket expenses and treatment limitations such as caps on visits, limits on days, and limits on duration of treatment for mental health or addiction therapy. This law does not apply to employers with fewer than 50 employees.

The Act did not mandate mental health or substance use disorder benefit coverage but only stated that if mental health/substance use disorder benefits are offered through a health insurance plan, that those benefits must not be more restrictive or limiting than those offered for medical and surgical coverage under the plan.

The 2010 Patient Protection and Affordable Care Act (PPACA, also known as the National Health Care Reform) requires private insurance plans to include certain mental health and substance use disorder treatment beginning in 2014. The mental health and substance use disorders covered are to be determined through rulemaking.

California's current mental health parity law, AB 88, was enacted in 2000. The bill requires health plans to provide coverage for mental health services that are equal to medical services. However, they are required to cover only certain diagnoses that are defined as a severe mental illness or a serious emotional disturbance of a child. AB 154 would extend parity to mental illnesses not currently defined as a serious mental illness, as well as substance use disorders.

Although the PPACA requires health insurance plans to provide mental health and substance use disorder treatment, the law does not yet define mental health and substance use treatments to be covered. Additionally, the law does not go into effect until 2014, leaving many without coverage for treatment until then.

Staff recommends only one minor technical amendment to make language consistent in Insurance Code §10144.8(d) and Health and Safety Code §1374.74(g).

Ms. DiGiorgio expressed that the Board should support this.

Olivia Loewy, American Association for Marriage and Family Therapy - California Division (AAMFT-CA), stated that AAMFT-CA supports AB 154. Not knowing what form National Health Care Reform will take in relation to mental health care, it is important to have this law in place.

Ms. Riemersma stated that CAMFT supports AB 154. Regardless of the Federal Health Care Reform, this bill contains provisions that exceed the Federal Health Care requirements.

Ms. Gonzalez stated that NASW California Chapter also supports AB 154.

Renee Lonner moved to support AB 154. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

c. Assembly Bill 171 (Beall)

Rosanne Helms presented AB 171, Autism Spectrum Disorder.

Current 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, regardless of age, and of serious emotional disturbances of a child. The bill outlines the list of "severe mental

illnesses.” One of the mental illnesses listed is “pervasive developmental disorder or autism.”

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.

Due to loopholes in current law, those with autism spectrum disorders (ASD) are frequently denied coverage for their disorder. When they are denied coverage, those with ASD must go without treatment, pay for treatment privately, or spend time appealing health plan and insurer denials. Many with health insurance who are denied coverage for ASD seek treatment through Regional Centers, school districts, or counties, shifting the cost burden to the taxpayers. The goal of this bill is to end health care discrimination against those with ASD by specifically requiring health plans and insurers to cover screening, diagnosis, and all medically necessary treatment related to the disorder.

This bill would require every health care service plan contract or health insurance policy issued, amended, or renewed after January 1, 2012, that provides hospital, medical, or surgical coverage must provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders.

AB 171 defines “treatment for autism spectrum disorders” to mean the following care, and necessary equipment that is ordered for an individual with autism spectrum disorder by an appropriately licensed or certified provider who deems it medically necessary:

- Behavioral health treatment
- Pharmacy care
- Psychiatric care
- Psychological care
- Therapeutic care
- Any other care for individuals with autism spectrum disorders that is demonstrated based on best practices or evidence based research, to be medically necessary.

This bill requires coverage to include all medically necessary services and prohibits any limitations based on age, number of visits, or dollar amounts.

This bill requires provisions for lifetime maximums, deductibles, copayments, coinsurance or other terms and conditions for coverage of autism spectrum disorders must not be less favorable than the provisions that apply to general physical illnesses covered by the plan.

AB 171 also prohibits coverage for autism spectrum disorder from being denied on the basis that treatment is habilitative, nonrestorative, educational, academic, or custodial in nature.

AB 171 requires a health care service plan and health insurer to establish and maintain an adequate network of qualified autism service providers.

This bill requires insurers to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders. The bill specifically defines “diagnosis of autism spectrum disorders” and “treatment of autism spectrum disorders,” citing specific care that these

entail. However, there is no definition of “screening of autism spectrum disorders.” As the purpose of this bill is to close loopholes allowing denial of medically necessary coverage, staff suggests that “screening of autism spectrum disorders” also be specifically defined.

Ms. Lonner stated that this is a bill that the Board should support. No public comments were made.

Renee Lonner moved to support AB 171 if amended. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

d. Assembly Bill 181 (Portantino)

Rosanne Helms presented AB 181, Foster Youth Mental Health Bill of Rights.

Current law establishes a list of rights for children in foster care, which includes the right “to receive medical, dental, vision, and mental health services.” Current law also establishes the Office of the State Foster Care Ombudsperson for the purposes of providing foster children with a way to resolve issues related to their care, placement, or services, and requires the Office of the State Foster Care Ombudsperson to disseminate information on the rights of foster children.

The goal of this bill is to provide additional rights to foster youth related to mental health services. According to the author’s office, although mental health treatment is listed as one of the foster youth’s rights, barriers often prevent foster children from receiving the mental health care that they need.

AB 181 creates a list of rights for children in foster care and transition-age foster youth relating to mental health services, and requires the Office of the State Foster Care Ombudsperson to develop standardized information explaining the above rights in an age-appropriate manner and to disseminate the information pursuant to the provisions of this bill.

The author’s office cite research that shows that 50-60% of children in foster care have moderate to severe mental health problems. However, only 28% of these children receive mental health services during the year after their contact with the child welfare system.

Although this bill outlines the rights of foster youth, it fails to require that mental health services be provided to those who may qualify.

Ms. Gonzalez stated that NASW California Chapter supports AB 181.

Ms. Riemersma stated that CAMFT supports AB 181.

Renee Lonner moved to support AB 181. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

e. Assembly Bill 367 (Smyth)

Rosanne Helms presented AB 367, Elder Abuse Reporting.

This bill is sponsored by CAMFT. Current law states that a report of child abuse and neglect must be accepted by specified agencies even if the agency to which the report is being made lacks the subject matter or geographical jurisdiction to investigate the reported case. However, a law does not exist for the reporting of elder and dependent abuse and neglect.

This bill requires a county adult protective services agency or local law enforcement agency that lacks jurisdiction to immediately refer the report of suspected abuse by telephone, facsimile, or electronic transmission to a county adult protective services agency or a local law enforcement agency with proper jurisdiction. Examples of when this may happen are when the alleged perpetrator lives out of the area, or if the investigation will be conducted out of the area. The mandated reporter then must spend time tracking down the appropriate authority. The intent of this legislation is to eliminate the burden on the mandated reporter to find the authority that actually has jurisdiction of the case.

Ms. Lonner and Ms. DiGiorgio both expressed support for this bill. No public comments were made.

Donna DiGiorgio moved to support AB 367. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

f. Assembly Bill 671 (Portantino)

Rosanne Helms presented AB 671, Child Welfare Services Education and Training Requirements. This bill is sponsored by NASW California Chapter.

Current law requires all counties to establish and maintain specialized entities within their county welfare department which are responsible for the child welfare services program, and provides a list of services that define “child welfare services.”

The author notes that “currently, there are no educational requirements for supervisors in child welfare services. While counties provide supervisor training, it is no substitute for a master’s level education in social work or in a behavioral science.” The goal of this bill is to enhance consumer protection with respect to child welfare services by ensuring that supervisors have appropriate training, experience and education.

This bill requires a child welfare services social work supervisor to have one of the following types of education

- a. A master’s degree in social work from a program accredited by the Council on Social Work Education, OR
- b. A master’s degree in behavioral science from an accredited academic institution.
 - i. Twenty contact hours of population-specific education;
 - ii. One year and 1,500 hours of documented, paid, supervised, equivalent master’s post-graduate degree social work experience with children, youth, and families;
 - iii. An evaluation from a supervisor;
 - iv. A reference from an MSW or master’s degree in behavioral sciences colleague; and
 - v. An agreement to adhere to a professional code of ethics.

This bill declares a child welfare services social work supervisor that is employed before January 1, 2012 to be exempt from the above educational requirements.

Current law does not provide a definition of a “child welfare services social work supervisor.” This creates a situation in which it is unclear if this is a supervisor for a particular agency, department, or county. Staff recommends an amendment be made to specify the department or agency under which such a person is employed.

This bill allows a master’s degree in social work and a master’s degree in behavioral science from an accredited academic institution. Behavioral science is a broad field and there could be a wide range of degrees encompassed under this title, which may or may not prepare someone to be a child welfare services social work supervisor. Staff recommends narrowing the degree type to degrees that would be accepted by the Board. The Board could specify acceptable degrees in regulation.

Some of the conditions of certification need additional detail in order to be meaningful:

- §16501.4(b)(2)(B)(iv) A reference from an MSW or master’s degree in behavioral services colleague. Staff recommends requiring a letter of recommendation from a supervisor of the certificate-holder instead.
- §16501.4(b)(2)(B)(iv) An agreement to adhere to a professional code of ethics. Staff recommends it be specified that this agreement is to be in writing and signed by the certificate-holder.

This bill declares that “A child welfare services social work supervisor employed before January 1, 2012, is exempt from the requirements of this section”.

To avoid ambiguity, the legislation should define the specific agency that the child welfare social work supervisor must be employed at before January 1, 2012, in order for the supervisor is be exempt from the requirements of this section.

Ms. Lonner stated that this is a positive bill if it is amended; there is a lot of confusion and a lot of drafting issues with this bill. She expressed concern over the exemptions. Ms. Lonner suggested a position of support if amended.

Ms. Loewy has questions pertaining to the definition and duties of a child welfare services supervisor. Furthermore, with the lack of definition/duties of a child welfare services supervisor, it is not clear as to why the qualifications and experience need to change.

Ms. Riemersma stated that CAMFT is opposed to AB 671. CAMFT feels that this privileges those with MSWs over those with other degree types. Some of the positions this bill would affect are those that currently only require a drivers license. CAMFT also believes that there needs to be clarification as to what jobs this bill is aimed at because it is not clear. CAMFT also has concerns regarding the behavioral science degree.

Ms. Gonzales stated that NASW California Chapter has no problem working on the issues pointed out. NASW California Chapter believes that in child welfare services there have been many examples of children whose lives have ended or abuse continued. It is an area where there must be well-qualified supervisors, and feels that the Masters degree is appropriate when there are such complex cases that require excellent judgment and critical thinking skills. The education provided by the MSW programs is specific and

unique to work in child welfare services. NASW California Chapter is planning to amend the bill.

Ms. DiGiorgio stated that she would like to see the bill amended.

Ms. Lonner stated that this should be discussed at the Board level and suggests position of support if amended.

Renee Lonner moved to support AB 671 if amended.

Ms. Helms outlined amendments:

- Define the term “employed,”
- The work setting must specify the place of employment,
- Placement of Section 16501.4 proposed to be added to the Welfare and Institutions Code,
- Narrow the acceptable degrees,
- Clarify the requirements for conditions of certification,
- Clarify the exemption from educational requirements.

Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

The Committee took a short break at 10:31 a.m. and reconvened at 10:43 a.m.

g. Assembly Bill 675 (Hagman)

Rosanne Helms presented AB 675, Continuing Education Prohibition of Specified Courses.

Current law requires the director of the Department of Consumer Affairs (Department) to establish guidelines, by regulation, to prescribe components for mandatory continuing education (CE) programs administered by and board within the Department. The law states that the purpose of the guidelines are to ensure that mandatory CE is used to create a more competent licensing population, thereby enhancing public protection.

Current law requires that training, education, and coursework by approved providers must incorporate one or more of the following:

- a. Aspects of the discipline that are fundamental to the understanding or practice of marriage and family therapy, social work, or professional clinical counseling.
- b. Aspects of the discipline of marriage and family therapy, social work, or professional clinical counseling in which significant recent developments have occurred.
- c. Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy, social work, or professional clinical counseling.

Current law requires a provider to ensure the content of a course is relevant to the practice of marriage and family therapy or clinical social work and meets the requirements of the law. The content of a course must also be related to direct or indirect patient/client care:

- Direct patient/client care courses cover specialty areas of therapy, such as theoretical frameworks for clinical practice or intervention techniques with individuals, couples, or groups.
- Indirect patient/client care courses cover pragmatic aspects of clinical practice, such as legal or ethical issues, consultation, recordkeeping, office management, insurance risks and benefits, managed care issues, research obligations, or supervision training.

Current law requires a CE provider to meet the Board's course content and instructor qualifications criteria to become a board-approved provider, and allows the Board to revoke its approval of a provider or deny a provider application for good cause.

The author sponsored this bill after it came to his attention that the California Nurses Association (CNA) was offering CE credits to registered nurses (RNs) as an incentive to attend political events. The CNA also offers CE credits to RNs attending classes focused on lobbying and political organizing. The law does not specifically prohibit this. This bill seeks to revise existing law.

This bill requires a board requiring CE to only allow CE credit for courses with content relevant to the particular practice regulated by that board pursuant to its laws and regulations.

This bill prohibits acceptance of CE courses that advance or promote labor organizing on behalf of a union and courses that advance or promote statutory or regulatory changes, political candidates, political advocacy, or political strategy.

This bill prohibits an approved provider who offers a course that is described above as prohibited from being accepted as CE courses must not represent that the course is acceptable for meeting the CE requirements, and requires that if a provider violates this requirement, then the board shall withdraw its approval of the provider.

Ms. Helms stated that this bill appears to be consistent with the intent of the law to ensure that mandatory CE is used to create a more competent licensing population. Classes promoting labor organizing or promote political agendas do not appear to meet Board regulations specifying that the content of a course must be related to direct or indirect patient/client care. Therefore, this bill would simply specify a component of law that is already implied in the Board's statute.

Ms. Helms explained that it is unclear whether CE courses that discuss the legislative process and any changes to statutes and regulations affecting the profession would constitute "courses that advance or promote statutory or regulatory changes." It is very important for the board's licensees to know the law regarding their profession and be informed of recent statutory and regulatory changes that affect their profession. To avoid any confusion, staff recommends that language be added to clarify that courses containing discussion of recent statutory and regulatory changes to the profession for which the CE is being offered is permitted.

Ms. Helms added that the bill proposes to add a code section that appears to be misplaced.

Ms. Lonner stated she opposes AB 675 unless amended. Ms. DiGiorgio agreed.

Ms. Gonzales stated that NASW California Chapter opposes AB 675. NASW California Chapter directs social workers and advocates for them and their clients. They teach social workers about the legislative process, the budget process, how to get involved, and how to advocate and part of NASW California Chapter's Lobby Days.

Renee Lonner moved to oppose AB 675 unless amended. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

h. Assembly Bill 774 (Campos)

Ms. Rhine presented AB 774, Clinical Social Workers; Health Facilities; Licensure.

Current law requires that licensure requirements for professional personnel in state and other government health facilities licensed by the State Department of Public Health (DPH) not be less than those for professional personnel in health facilities under private ownership. Current law allows for a waiver to allow individuals working toward licensure as an MFT and LCSW for up to four years without a current license.

The law also allows DPH to extend the waiver from licensure requirements for those seeking licensure as an MFT and LCSW for an additional year based on extenuating circumstances.

This bill requires any department that employs a marriage and family therapist or clinical social worker to grant an extension of a waiver for extenuating circumstances if certain conditions are met.

According to the Author's office, clinical social workers are working in many different California agencies and departments, however, only an extension for the licensure waiver is only applied to those working in DPH licensed facilities.

This bill does not meet the intent stated by the author. As currently drafted, this bill would allow any state department employing an MFT or LCSW to issue an extension to a licensure waiver. This is problematic for several reasons: 1) a department is extending a waiver issued by another entity; 2) this legislation makes the employer and the entity issuing the extension of the waiver the same, which appears to be a conflict.

Furthermore, the code section in this legislation only requires licensure for personnel in governmental health facilities licensed by DPH. The author states that there are other health facilities that employ LCSWs and MFTs that are not licensed by DPH that cannot allow for a one year extension for extenuating circumstances, however, it is unclear if facilities not licensed by DPH are mandated to meet the licensure requirement and therefore need the waiver from licensure. If the requirement for licensure *does* apply to other government health facilities not licensed by DPH, then the amendments in this bill are misplaced and the code sections governing non-DPH health facilities should instead be amended.

Ms. Rhine concluded by stating that AB 774 does not do what is intended, and amendment are necessary before the Board can have a discussion on this bill. Board staff has been in touch with the author's staff and is providing technical assistance.

Ms. DiGiorgio stated that AB 774 is confusing and does not wish to declare a position on the bill until amendments are made.

Renee Lonner moved to not take a position on AB 774. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

i. Assembly Bill 956 (Hernandez, R.)

Ms. Helms presented AB 956, Marriage and Family Therapy: Interns and Trainees; Advertisement. This bill is sponsored by CAMFT.

Current law allows the Board to adopt regulations that define services to be advertised by professions under its jurisdiction for the purpose of determining whether advertisements are false or misleading.

Current law also requires an unlicensed MFT intern or an unlicensed MFT trainee to inform each client or patient, prior to performing any professional services, that he or she is unlicensed and under the supervision of a licensed MFT, LCSW, psychologist, or physician or surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.

Current law requires an advertisement of services performed by a trainee to include the trainee's name, and the supervisor's license designation or abbreviation and license number.

Current law requires all persons or referral services regulated by the Board who advertise their services to include their license or registration number in the advertisement unless the advertisement contains the full name of the licensee or registered referral service and a designation of the type of license or registration held.

Current law specifies an unlicensed MFT intern may advertise if the advertisement complies with law stating that the patient is informed, prior to performance of any professional services, that he or she is unlicensed and under the supervision of a licensed MFT, LCSW, psychologist, or physician or surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.

This bill requires an unlicensed MFT intern to inform each client or patient, prior to performing any professional services:

- That he or she is unlicensed and is a registered MFT Intern,
- The name of his or her employer,
- Indicate whether he or she is under the supervision of a licensed MFT, LCSW, psychologist, or a licensed physician and surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.

This bill requires any advertisement by or on behalf of an MFT registered intern must include that he or she is unlicensed and is a registered MFT intern, the name of his or her employer, and that he or she is supervised by a licensed person.

This bill also prohibits the use of the abbreviation "MFTI" in an advertisement unless the title "marriage and family therapist registered intern" appears in the advertisement.

This bill requires that the provisions regarding informing a client or patient and advertisement also apply to a MFT trainee.

The intent of this bill is to clear up inconsistencies in current law about advertising requirements for MFT interns and trainees. This bill would require MFT interns and trainees to be clear in their advertising that they are not yet licensed, and are under supervision. It would prohibit the acronym "MFTI" unless "marriage and family therapy intern" is spelled out in the advertisement.

The Board has been attempting to address the inconsistencies regarding advertising law for the past several years. At its meeting on November 18, 2008, the Board approved proposed language to CCR §1811 related to advertising, and directed staff to initiate a rulemaking package. However, the proposed rulemaking has been delayed by the LPCC rulemaking package that is currently in the approval process. This is because the LPCC rulemaking package also modifies Section 1811, and the Board is unable to propose two rulemaking packages modifying the same section at the same time.

Staff is planning to initiate the regulations process once the LPCC regulations are approved. The proposed advertising regulations include the following provisions that are not addressed in this bill:

- Requires that an advertisement include the individual's license or registration number;
- Requires that an advertisement for a registrant's services include the name, complete title or acceptable abbreviation of the supervisor's license, and the supervisor's license number.
- Allows inclusion of academic credentials in an advertisement, as long as the degree is earned and statements regarding the degree are true and not misleading.

The Board approved regulations require that advertisements include a license or registration number. The Committee may wish to discuss whether this bill should contain the same requirement. Additionally, the Committee may want to discuss requiring an MFT intern to provide each patient, prior to performance of any professional services, his or her registration number.

This bill would require an MFT intern or trainee to provide the name of his or her employer prior to performing any professional services; however, it is the supervisor, not the employer, who is responsible for the services performed by the intern or trainee.

Ms. Lonner stated that this bill should be supported with staff's suggested amendments. Ms. DiGiorgio agreed and stated that she would like to see it include LPCCs also.

Ms. Riemersma stated that CAMFT does not have any objections to disclosure of the registration number. She clarified that the employer is ultimately responsible for the acts of employees. The supervisor is responsible for the quality of supervision that is provided. Therefore, it is important to include the name of the employer.

Renee Lonner moved to support AB 956 if amended.

Ms. Helms listed the suggested amendments:

- Require that advertisements include registration number, and
- Require that the registration number be provided to each patient prior to services.

Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

j. Assembly Bill 958 (Berryhill, B.)

Ms. Helms presented AB 958, Regulatory Board: Limitations Periods.

Current law requires that any accusation filed against a Board of Behavioral Sciences licensee or registrant must be filed within whichever occurs first of the following timeframes: 1) within three years from the date the board discovers the alleged act or omission; or 2) within seven years from the date the alleged act or omission occurred.

Current law allows the above statute of limitations period be tolled during any period if material evidence necessary for prosecuting or determining if disciplinary action is appropriate is not available to the Board due to an ongoing criminal investigation.

Current law states that an accusation alleging the procurement of a license by fraud or misrepresentation is not subject to the statute of limitations.

Current law also allows the statute of limitations to be tolled for the length of time required to obtain compliance when a report required to be filed with the Board by the licensee or registrant is not filed in a timely fashion.

Current law requires that if the alleged act or omission involves a minor, the statute of limitation is tolled until the minor reaches the age of majority. Furthermore, current law states that if the Board discovers an alleged act of sexual contact with a minor, under certain conditions described in the Penal Code, after the statute of limitations periods have expired, and if independent corroborating evidence exists, then an accusation shall be filled within three years from the date the Board discovers the alleged act.

Current law requires, for a complaint received by the Board on or after January 1, 2002, an accusation filled against a licensee alleging sexual misconduct must be filed within three years after the Board discovers the act or omission, or within ten years after the act or omission occurs, whichever is first.

AB 958 requires that an accusation filed against a licensee of a board under the DCA must be filed within whichever occurs first of the following timeframes: 1) within one year after the Board discovers the alleged act or omission; or 2) within four years after the alleged act or omission occurs.

This bill states that if the alleged act or omission involves a minor, then the four year limitations period shall be tolled until the minor reaches the age of majority, and states that if a licensee intentionally conceals evidence of wrongdoing, then the four year limitations period shall be tolled during the period of concealment.

This bill repeals statute of limitations law for several boards and bureaus under DCA, but not all of the board and bureaus.

The author's office notes the statute of limitations for crimes like fraud or grand theft have a four year statute of limitations. For professions under DCA, the Business and Professions Code (BPC) sets limitations for most boards at around three years from when a board is notified or seven years after the act or omission is alleged. They argue

that a shorter statute of limitations reinforces the right to a speedy trial, and lessens the likelihood of prosecution based on improper or arbitrary motives.

BPC §4990.16 states that “Protection of the public shall be the highest priority of the board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.” The intent of this bill to shorten the statute of limitations period is contrary to the Board’s mandate to protect the public.

This bill does not contain language exempting a license obtained by fraud or misrepresentation. It repeals the Board’s language, but does not replace it with new language. This could leave the Board unable to investigate an instance of obtaining a license by fraudulent means if the statute of limitations has passed. If this were to happen, then an unqualified individual who is not competent to safely practice would be allowed to continue unlicensed practice, jeopardizing consumer safety.

There are several exemptions with regard to minors and tolling statute of limitations that are not included in this bill but are included in the Board’s law, which are planned to be repealed.

In 2008, SB 797 amended the unprofessional conduct codes of the Board’s licenses to add new grounds for refusal, suspension, or revocation of a license based upon engaging in specified sexual acts with a minor regardless of whether the act occurred prior to or after the time the registration or license was issued by the Board.

The Board’s enforcement division typically needs between six to twelve months to investigate an accusation upon discovery. After the Board’s investigation, a case may also need to be reviewed by an expert consultant, which can take approximately two additional months. If unprofessional conduct is found, the case would then proceed to the Attorney General’s office. A one year statute of limitations would inhibit the Board’s ability to conduct a complete investigation, and would therefore jeopardize consumer protection.

Ms. DiGiorgio expressed opposition of AB 958 because it jeopardizes consumer protection.

Ms. Lonner agreed stating that this is conflict of all the legislation that has taken place over the past few years in regards to fingerprinting.

No public comments were made.

Donna DiGiorgio moved to oppose AB 958. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

k. Assembly Bill 993 (Wagner)

Ms. Helms presented AB 993, Mediation and Counseling Services: Discipline and Immunity.

According to the Author, California family courts regularly appoint lawyers, social workers, marriage and family therapists, and psychiatrists to perform mediation, custody evaluations, co-parenting counseling, or parenting coordinator duties. When appointed by the court, their role is for providing fact finding, not for providing psychological

services. However, these professionals are licensed by different government entities, and are governed by different laws, approaches, and standards for discipline.

While acting as a court appointed neutral professional for these purposes, these professionals are often subject to attack in contentious family or custody disputes. Because they are working under a code of conduct as a court appointee that may be different from the code of conduct of their licensed profession, they risk facing duplicative but potentially inconsistent disciplinary proceedings. Additionally, because these professionals are licensed by different agencies, one type of professional may not be held to the exact same code of conduct as another professional, even if they are performing identical duties for the court. As a result of this situation, many qualified professionals are no longer willing to take appointments by family courts.

Current law specifies that in the case of a court petition, application, or other pleading to obtain or modify child custody or visitation that is being contested, the court shall set the contested issues for mediation. The law also states that mediation of cases involving custody and visitation concerning children shall be governed by uniform standards of practice adopted by the judicial council.

Current law allows a court to require parents or any other party involved in a custody or visitation dispute, and the minor child, to participate in outpatient counseling with a licensed mental health professional or a mediator.

Current law states that a court-connected or private child custody evaluator must be a licensed marriage and family therapist, clinical social worker, or other specified licensed professional or certified evaluator.

Current law also states that a court-connected or private child custody evaluator licensed by the Board is subject to disciplinary action by the Board for unprofessional conduct.

AB 993 specifies that a mediator and a licensed mental health professional are not liable for damages for an act or omission constituting ordinary negligence that occurs on or after January 1, 2012, if the act or omission is within the scope of his or her duties and occurs while providing mediation services in cases involving custody and visitation of children required by a court.

This bill defines a "licensed mental health professional" as a person providing counseling services in a child custody or visitation dispute and defines a "mediator" as a person who is a mediator in cases involving child custody and visitation.

This bill requires a complaint made by any person against a mediator or licensed mental health professional regarding an act or omission must be made to the court that set the matter for mediation. The bill requires the court to consider the complaint and determine whether it establishes unprofessional conduct that would subject the mediator or licensed mental health professional to disciplinary action by the board that issued his or her license to practice. If the court makes such a finding, it must refer the matter to that board for disciplinary action.

The bill states that a complaint may not be made to a board that issued a license to a mediator or licensed mental health professional for an act or omission of ordinary negligence during the performance of mediation and counseling services required by a court in a child custody or visitation dispute.

A licensed mental health professional that is not acting in a mediator role, would be acting as a licensed mental health professional, which would fall under the jurisdiction of the Board. Therefore, staff recommends an amendment to include only mediators within the scope of this bill.

The law currently specifies that a court-connected or private child custody evaluator that is licensed by the Board is subject to disciplinary action by the Board for unprofessional conduct. However, this bill does not address court-connected child custody evaluators.

This bill specifies absence of liability for “ordinary negligence,” but does not define what constitutes ordinary negligence.

Ms. Lonner stated that she opposes AB 993 unless amended, and expressed concerns about taking jurisdiction away from the Board.

Ms. DiGiorgio also opposed AB 993.

Ms. Riemersma stated that the Board has more authority because it has authority over gross negligence. Since the bill only addresses ordinary negligence, the Board’s authority is not taken away. She stated that ordinary negligence is defined in law.

Renee Lonner moved to oppose AB 993 unless amended. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

I. Assembly Bill 1205 (Berryhill, B.)

Ms. Helms presented AB 1205, Certified Applied Behavior Analyst. This bill was sponsored by California Association for Behavior Analysis. This bill is an attempt to apply standards, criteria, and state recognition via licensure, to the profession of Applied Behavioral Analysis (ABA).

Current law in the BPC, there is no language that requires regulation of ABA. There are professions in existing law that discuss behavior analysis and defines several types of professions used in regional centers.

The bill was recently been amended since the bill analysis was provided.

AB 1205 requires that no person may hold him or herself out to be a licensed ABA or a licensed assistant ABA unless the person is licensed by the Board of Behavioral Sciences.

The bill specifies the services that a licensed ABA and a licensed assistant ABA may provide. One item that was recently added to the list of services is supervision of unlicensed persons who implement treatment plans that they have designed or maintained.

The bill requires the Board to issue a certified applied behavior analyst license to an applicant who:

- Possess a bachelor’s and master’s degree that is relevant to the field of behavior analysis as determined by the Board and from a specified accredited institution,
- Has completed 225 classroom hours of graduate instruction,

- Has completed 1,500 hours of supervised independent fieldwork under supervision of a certified applied behavior analyst; 75 of those hours must be direct supervisor contact,
- Passed an exam administered by the Board, the Behavior Analyst Certification Board, or another similar entity approved by the Board, and
- Is certified by the Behavior Analyst Certification Board or another similar entity approved by the Board.

The bill requires the Board to issue a certified assistant applied behavior analyst license to an applicant who:

- Possess a bachelor's and master's degree by an accredited institution
- Completed 135 classroom hours of related instruction
- Completed 1,000 of supervised independent fieldwork under supervision of a certified applied behavior analyst; 50 of those hours must be direct supervisor contact
- Passed an exam administered by the Board, the Behavior Analyst Certification Board, or another similar entity approved by the Board,
- Is certified by the Behavior Analyst Certification Board or another similar entity approved by the Board.

This bill allows the ABA and assistant ABA to:

- Conduct assessment activities related to the need for behavioral interventions,
- Design, implement, and monitor behavior analysis programs for clients,
- Oversee the implementation of behavior analysis programs by others,
- Perform other activities normally performed by a behavior analyst directly related to the field.

Recent amendments allow the Board to:

- Implement regulations to implement this license and establish fees for licensure,
- Allow time limits for supervised experience,
- Establish guidelines for denial of license or suspension of license,
- Allows the Board to place a licensee on probation,
- Outline a license renewal process, and
- Outline a process for requiring continuing education.

The author's office states that because there is no licensure of ABAs, it is difficult for consumers to make an informed decision when choosing an applied behavior analyst. In some cases, ABA programs may be designed, supervised, and/or implemented by someone who lacks training and experience in ABA.

The Behavior Analyst Certification Board (BACB) provides the certification for Board Certified Behavior Analyst (BCBA) and Board Certified Assistant Behavior Analyst (BCaBA). The requirements for certification are the same as those outlined in this bill.

This bill currently does not contain a definition of a qualifying degree program for the assistant ABA licensure. The Committee may want to recommend that this bill define a qualifying degree program, including specific types of degrees accepted.

Staff has major concerns about the implementation of an additional license. The Board has currently been unable to obtain the resources it needs to implement the LPCC

licensing program. Additionally, due to budget constraints and the hiring freeze, the Board has been unable to fill vacancies that serve its current licensees.

This bill establishes a title act, which prohibits the use of certain professional titles if a license is not held. A practice act would prohibit engagement in the practice of behavior analysis unless a license is held. A practice act offers public protection.

This bill does not require a license in order to practice behavior analysis. Additionally, this bill would still permit a certified applied behavior analyst or a certified assistant ABA to oversee the implementation of behavior analysis programs by others. The board has received public comment indicating that this is a major concern, because potentially unlicensed, unqualified practitioners would still be able to perform behavior analysis while the licensee supervises.

Staff suggests a number of additional topics be addressed in this bill:

- Greater detail of exam eligibility standards
- Requirement of a law and ethics exam
- Limit on number of years an examination score is valid
- Greater supervision standards, including maximum number supervised at once and qualifications for supervision
- Reciprocity and grandparenting requirements
- Guidelines for obtaining a retired license or an inactive license

In addition to the above mentioned topics, staff also suggested several technical amendments.

Ms. DiGiorgio stated that the Board is experiencing challenges in fulfilling its mandate now. She expressed that since this bill is more of a title issue than a practice issue, she does not support it at this time.

Ms. Lonner agreed. She expressed concern regarding the focus in the Board's mandate. This is a single diagnosis license that is proposed, and no other license is a single-diagnosis license. A certification is more appropriate for a single-diagnosis service.

Jane Howard, California Association for Behavior Analysis (CalABA), stated that while most of behavior analysts are working with developmentally disabled individuals, not all analysts are working solely with that population. Therefore, the statement that this is a single-diagnosis profession is not true. Behavior analysts also work with a broader range of individuals including people with traumatic brain injuries, adolescents with destructive behavior problems, and they work in the schools and with pediatricians.

Ms. Riemersma stated that CAMFT opposes AB 1205 for the same reasons that were identified. The proposed legislation talks about and it excludes long term counseling. That leaves open anything that can be done through long term counseling. She agrees that some regulatory mechanism is necessary, but the Board is not able to do so at this time. There are licensed individuals in the mental health profession who are trained in this area and are treating this population.

Brianna Lierman Hintze, attorney for CalABA, stated that CalABA is willing to work on technical amendments. Some new amendments in the bill should address some of the issues identified. Implementation has been pushed out to 2015 to give the Board time to

address issues with CalABA and refine the bill. The amendments move this from a title act to a practice act, and this is the direction that CalABA is moving towards. The newest version of the bill it is not just a title act prohibiting holding out as a *licensed* behavior analyst, but it also prohibits holding out as a *behavior analyst*. Ms. Lierman Hintze added that if AB 171 passes, health plans will still make the argument that they are not required to cover expenses because professionals are not licensed. The mandate to cover would not still ensure these services can be provided to these children if the professionals are not licensed.

Ms. Loewy asked if other states are licensing behavior analysts. Ms. Howard responded that there are six other states licensing behavior analysts. Ms. Howard offered to provide information on how each of those states is licensing this population.

Renee Lonner moved to not take a position on AB 1205 at this time. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

m. Senate Bill 146 (Wyland)

Ms. Helms presented SB 146, Healing Arts: Professional Clinical Counselors. This bill is sponsored by the California Association for Licensed Professional Clinical Counselors.

The purpose of this bill is to add LPCCs to statutory code sections where MFTs are already included. Adding LPCCs to other codes where other Board licensees are already included will allow LPCCs to be more effectively utilized in California.

This bill:

- Includes LPCCs in existing law requiring certain licensees to complete training in human sexuality,
- Includes LPCCs in the licensees for which Board must provide license status information on the internet,
- Adds a section setting guidelines for professional clinical counselor corporations,
- Adds LPCCs to the list of mandated reporters, and
- Makes clean up amendments to add LPCCs to several codes of law.

Ms. DiGiorgio and Ms. Lonner both stated that they support SB 146. No public comments were made.

Donna DiGiorgio moved to support SB 416. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

n. Senate Bill 718 (Vargas)

Ms. Karzag presented SB 718, Elder Abuse Mandate Reporting. Ms. Karzag stated that this bill was recently amended.

Current law requires mandated reporters of elder or adult physical abuse to report suspected instances of abuse by telephone immediately or as soon as possible and submit a written report within two working days.

As introduced, this bill would allow mandated reporters to send the required written report to the county adult protective service agencies through a confidential Internet reporting tool, if the county chooses to implement such a system.

Due to a currently lengthy wait time for elder or dependent adult abuse reporters calling on San Diego County's abuse reporting phone line, there is concern that public callers may hang up and not report the abuse, thus leaving seniors or adults at risk of further abuse. San Diego County would like to allow mandated reporters to submit reports through either the phone line or a secure electronic web referral system in order to decrease the wait time on the phone line and reduce this risk to elders and adults.

Due to recent budget cuts, which led to decreased staffing, and a high volume of calls, wait time has increased by 50 percent. As of November 2010, 27 percent of calls were abandoned.

As introduced there was an issue with the intent of the bill. The bill's language appeared to allow required written reports to be sent electronically. However, the language only referred to "reports" in general and did not clearly indicate whether or not the electronic report would be sent instead of the telephone call or the written report. The bill did not seem to change the requirement for mandated reporters to call immediately or as soon as possible.

The amended bill allows the mandated reported to report abuse by telephone *or* by the Internet reporting tool. If reported via telephone, the reporter can either send a written report or an electronic report.

The author's office stated that the funding for this web referral system would come out of San Diego County's existing budget. A County of San Diego, Adult Protective Services background paper states that the County is currently building a new software system that will include a component for web based reporting. If San Diego County is already creating a web referral system, then it may be able to use the system for the adult abuse reporting program at a minimal cost.

Ms. DiGiorgio stated that she supports SB 718; Ms. Lonner agreed.

Donna DiGiorgio moved to support SB 718. Renee Lonner seconded. The Committee voted unanimously (2-0) to pass the motion.

o. Senate Bill 747 (Kehoe)

Ms. Helms presented SB 747, Continuing Education: Lesbian, Gay, Bisexual and Transgender Patients. This bill was recently amended.

Current law requires the director of DCA to establish, by regulation, guidelines to prescribe components for mandatory continuing education programs administered by any board within the department. The guidelines shall be developed to ensure that mandatory continuing education is used as a means to create a more competent licensing population, thereby enhancing public protection.

Current law requires licensees of the Board, upon renewal of their license, to certify to the Board that he or she has completed at least 36 hours of approved continuing education in or relevant to their field of practice.

Current law states that the system of continuing education shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served

This bill requires MFTs and LCSWs to take at least one continuing education course, between two and five hours in length, that provides instruction on cultural competency, sensitivity, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender persons.

This bill requires the content of the course be similar to the content described in the publication of the Gay and Lesbian Medical Association titled "Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients."

This bill requires the Board to establish the required contents of the course by regulation, and to enforce this requirement in the same manner as it enforces other required continuing education requirements.

This new version of this bill makes the provisions of this bill effective January 1, 2014. Persons licensed by the Board must complete the course no later than January 1, 2017. Persons newly licensed by the Board must complete the course within four years of their initial license issuance date, or their second license renewal date, whichever occurs first.

According to the author's office, research, studies and human experiences have demonstrated that members of the lesbian, gay, bisexual and transgender (LGBT) community receive sub-par quality medical and mental health care when compared with the health care quality provided to the general population.

The Board does have a requirement that may offer its licensees some exposure to LGBT issues. Applicants seeking an MFT or LPCC license who begin graduate study after August 1, 2012 or complete graduate study after December 31, 2018, must have a degree that includes instruction in "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." There is no equivalent educational requirement for students seeking an LCSW license.

The Board does have several one-time continuing educational requirements that must be completed by all MFT, LCSW, and LPCC licensees. These additional courses must be completed prior to licensure or at the first renewal, depending on when the applicant began graduate study. These courses are:

- Spousal/partner abuse (7 hours);
- Human Sexuality (10 hours);
- Child Abuse (7 hours);
- Substance Abuse (15 hours);
- Aging/long term care (3 hours); and
HIV/AIDS (7 hours, currently MFTs and LCSWs only, Board is pursuing regulations to require this for LPCCs also)

All licensees must take a 6-hour law and ethics course every renewal period. This bill does not allow previous educational coursework covering LGBT issues to fulfill the requirements of this bill. Staff proposed language that would allow that.

This bill does not include the LPCCs, and they have the same continuing education as MFTs and LCSWs. The bill also does not include the LEP licensees.

Ms. DiGiorgio stated that she would like to see this include previous qualifying education. She also suggested to take this back to the Board to receive input from the LEPs. Ms. Lonner agreed.

Ms. Riemersma stated that CAMFT opposes SB 747 because CAMFT is opposed to any content-specific mandatory continuing education. CAMFT believes that this should be addressed early at the educational level, not after one has been practicing for years. Some licensees have years of experience working with this population and should not be forced to take this course as a continuing education requirement.

Ms. Gonzalez stated that NASW California Chapter has similar concerns regarding content-specific mandatory continuing education.

Ms. Loewy stated that AAMFT-CA supports SB 747 if amended. One amendment would be to provide an exception to a licensee that has a specialization or training within this area. She also suggested 2 hours instead of up to five hours.

Ms. Lonner stated that she would like to get more information, particularly in regards to the coursework. Ms. DiGiorgio suggested taking this to the Board and requested more information: inclusion of LEPs and LPCCs, and qualifying education.

Renee Lonner moved to support SB 747 if amended. Donna DiGiorgio seconded. The Committee voted unanimously (2-0) to pass the motion.

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

Ms. Rhine reported that there was no other legislation to discuss for this item.

VI. Legislative Update

The Legislative Update was provided for review. Ms. Helms reported that the Omnibus Bill was assigned a number, SB 943.

VII. Rulemaking Update

The Rulemaking Update was provided for review. Ms. Helms reported that the LPCC regulation package was approved by the State and Consumer Services Agency. Next, it must be reviewed by the Department of Finance and then by the Office of Administrative Law.

VIII. Public Comment for Items Not on the Agenda

No public comments were made.

IX. Suggestions for Future Agenda Items

No suggestions for future agenda items were made.

The meeting was adjourned at 12:22 p.m.