

MEMORANDUM

DATE	June 8, 2026
TO	California Board of Behavioral Sciences
FROM	Rosanne Helms, Legislative Manager
SUBJECT	Legislative Update

BOARD-SPONSORED LEGISLATION

The Board is pursuing the following legislative proposals this year:

1. AB 1598 (Quirk-Silva): Behavioral Sciences

This proposal represents the first step in restructuring and modernizing the Board's licensing process in order to make the path to licensure more accessible and responsive to real-world challenges faced by applicants without compromising the standards required for safe and competent practice. Key amendments are as follows:

- Removes the requirement for associates to attempt the California Law and Ethics Exam each year in order to renew their registration.
- Requires the California Law and Ethics Exam to be passed no more than seven years prior to application for an initial license.
- Increases the amount of time supervised experience hours remain valid from six to seven years.
- Increases the maximum number of associate registration renewals from five to six, allowing a total of seven years of registration before a new number is required.
- Allows associates with a subsequent registration number to request a one-time, two-year hardship extension to work in one private practice setting with their subsequent registration number.

Additionally, this bill modernizes the exemption language for faith-based counseling by clarifying the criteria for when faith-based counseling is exempt from licensure.

The Board approved these proposed amendments at its August 22, 2025 meeting. It approved additional amendments to the bill at its May 8, 2026 meeting.

Status: This bill was introduced on January 16, 2026. It is currently in the Senate Committee on Business, Professions, and Economic Development.

2. SB 1445 (Senate Committee on Business, Professions and Economic Development) Healing Arts

This is the Committee (Omnibus) bill for this year. The Board identified several technical or nonsubstantive amendments needed to clarify or clean up its current practice acts. They are as follows:

- Amendments to clarify when supervisors must assess for appropriateness of utilizing videoconference supervision.
- Amendments to modernize the statutes requiring coursework in human sexuality and child abuse assessment.
- Amendments to correct references to incorrect section numbers.
- Technical amendments to the advertising and client disclosure requirements to make the requirements consistent across the Board's license types.

Discussions with Committee staff are ongoing regarding the inclusion of the amendments outlined in bullet points 2 and 4.

The Board approved these proposed amendments at its September 20, 2024 and November 21, 2025 meetings.

Status: This bill was introduced on March 17, 2026. It is currently in the Assembly Business and Professions Committee.

BOARD-SUPPORTED LEGISLATION

1. AB 1988 (Pellerin) Companion Chatbots: Crisis Interruption Pauses

This bill improves safety protocols for companion chatbots by requiring operators to establish policies for detecting credible crisis expressions, issue warnings, and initiate a mandatory crisis interruption pause after two credible crisis expressions within 72 hours, including directing users to the 988 Suicide and Crisis Lifeline.

At its May 8, 2026 meeting, the Board took a "support" position on this bill and additionally asked staff to reach out to the author's office with some technical feedback, including recommending requiring training for the human moderator referenced in the bill. Staff has provided the requested feedback to the author's office.

Status: This bill is in the Senate Privacy, Digital Technologies, and Consumer Protection Committee.

2. AB 1979 (Bonta) Health Care Services: Artificial Intelligence

This bill requires health facilities and medical offices to make sure no clinical decision is based solely on the output of a clinical decision support system and requires them to ensure licensed healthcare professionals utilizing these systems exercise independent professional judgement. It also bans the use of AI to direct, guide, or instruct unlicensed personnel in performing any functions that require a professional license.

At its May 8, 2026 meeting, the Board took a “support” position on this bill

Status: This bill is in the Senate Privacy, Digital Technologies, and Consumer Protection Committee.

3. AB 2011 (Hart) Nonquantitative Treatment Limitations

This bill seeks to strengthen California’s mental health parity law by codifying the 2024 Federal Mental Health Parity and Addiction Equity Act rules into California law. This is in response to the Trump Administration stating that it will not enforce the 2024 rules pending litigation surrounding them.

At its May 8, 2026 meeting, the Board took a “support” position on this bill

Status: This bill is in the Senate Health Committee.

4. AB 2259 (Ransom) Prisons: Mental Health

This bill proposed establishing a 3-year pilot program at the California Department of Corrections and Rehabilitation (CDCR) to provide access to mental health therapy at two institutions to certain incarcerated people meeting specific criteria and who are not already classified to receive mental health treatment from CDCR.

At its May 8, 2026 meeting, the Board took a “support if amended” position on this bill, requesting amendments to the language specifying the types of services to be provided, and amendments to clarify allowable settings.

Status: This bill died in the Assembly Appropriations Committee.

5. AB 2352 (Valencia) Prisons: Medi-Cal Providers: Nonprofit Public Benefit Corporations

The Department of Health Care Services (DHCS), which administers the state’s Medi-Cal program, has been denying Medi-Cal provider enrollment to nonprofit public benefit corporation 501(c)(3)s based on its interpretation of the law that only individual providers or professional corporations may enroll. Many of these non-profit community-based

organizations provide Medi-Cal beneficiaries with mental health care. These denials have created barriers for community mental health providers as they are finding that they are unable to enroll or re-certify, leaving them unable to serve this population. This bill addresses this issue by explicitly allowing nonprofit public benefit corporation 501(c)(3)s that provide nonspecialty mental health services to enroll in Medi-Cal.

At its May 8, 2026 meeting, the Board took a “support” position on this bill. Since the Board meeting, a technical amendment has been made to the bill that should not affect the Board’s position.

Status: This bill is in the Senate Rules Committee awaiting referral.

6. AB 2511 (Ahrens) Behavioral Health Provider Comparable Worth Study

This bill proposed requiring the Department of Industrial Relations to conduct a study comparing the compensation and reimbursement of behavioral health providers with that of similarly situated medical-surgical providers.

At its May 8, 2026 meeting, the Board took a “support” position on this bill. Separate from its position, it directed staff to provide feedback to the author suggesting the study be conducted on an ongoing basis rather than as a one-time effort. Staff relayed this suggestion to the author.

Status: This bill died in the Assembly Appropriations Committee.

7. AB 2551 (Elhawary) Health Care Coverage

This bill seeks to gather information on the prevalence of individuals going out-of-network and paying out-of-pocket for behavioral health care, and the reasons behind them doing so.

At its May 8, 2026 meeting, the Board took a “support” position on this bill.

Status: This bill is in the Senate Rules Committee awaiting referral.

8. SB 903 (Padilla) Mental Health Professionals: Artificial Intelligence

This bill establishes laws for the use of artificial intelligence (AI) when delivering psychotherapy services.

- It prohibits an individual, corporation or entity from providing, advertising, or offering psychotherapy services (including via AI) unless the services are conducted by a licensed professional.
- It allows licensed professionals offering therapy to use AI for administrative or supplementary support.

- It prohibits any psychotherapeutic communications or psychotherapy sessions from being recorded or transcribed unless specific consent requirements are met.
- It prohibits anyone from using AI to make independent therapeutic decisions, generate therapeutic recommendations or diagnoses, detect emotions or mental states, or assess symptom urgency.

At its May 8, 2026 meeting, the Board took a “support if amended” position on this bill, requesting several technical and clarifying amendments.

Status: This bill is in the Assembly Business and Professions Committee.

9. SB 934 (Wiener) Sexual Orientation Or Gender Identity Change Efforts: Actions For Recovery Of Damages: Statute Of Limitations

This bill seeks to establish civil remedies for people harmed by sexual orientation or gender identity change efforts.

At its May 8, 2026 meeting, the Board took a “support” position on this bill. Since the Board took its position, there have been minor amendments to the bill that are technical in nature.

Status: This bill is in the Assembly Judiciary Committee.

BOARD-MONITORED LEGISLATION

1. AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act

This bill proposed enacting the Uniform Emergency Volunteer Health Practitioners Act to standardize how volunteer health practitioners are registered, verified, and deployed during declared emergencies in California. It proposed defining what constitutes a registration system, defining scope-of-practice rules, and providing the Emergency Medical Services Authority (EMSA) authority to regulate volunteer deployment and coordination during emergencies.

At its May 8, 2026 meeting, the Board opted not to take a position on this bill.

Status: This bill died in the Assembly Appropriations Committee.

2. AB 2575 (Ortega) Health Care Services: Artificial Intelligence

This bill sets guardrails for health care workers using clinical decision support systems in health care settings by doing the following:

- Prevents developers from avoiding liability by claiming that a health care worker’s failure to override an output absolves them from liability.

- Requires that each health care provider or person using a clinical decision support system provided by their employer receives a written notice explaining how the system works, its limits, and its data.
- Protects health care workers from employer retaliation or discrimination based on their override or reliance on the output of a clinical decision system.

At its May 8, 2026 meeting, the Board opted not to take a position on this bill.

Status: This bill is in the Senate Rules Committee awaiting referral.

3. SB 993 (Ochoa Bogh) Board of Behavioral Sciences: Licensees: Notices

This bill creates an exception to existing law requiring Board licensees and registrants to disclose their full name and license information in a written notice to the client when working in acute psychiatric hospitals, correctional treatment centers, or other settings serving incarcerated individuals. It allows these facilities to decline providing that information when necessary for staff safety, as long as clients are given a clear process to obtain the required details for filing a complaint with the Board.

At its May 8, 2026 meeting, the Board opted not to take a position on this bill.

Status: This bill is in the Assembly Business and Professions Committee.

4. SB 1248 (Cabaldon) State Agencies: Automated Decision Systems

This bill proposed establishing safeguards for the use of automated decision systems by state agencies.

At its May 8, 2026 meeting, the Board opted not to take a position on this bill.

Status: This bill died in the Senate Appropriations Committee.

Updated: June 8, 2026