Board of Behavioral Sciences

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Gavin Newsom, Governor, State of California | Business and Consumer Services Agency | Department of Consumer Affairs

MEMORANDUM

DATE	July 23, 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 is in the Senate Appropriations Committee.

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 is in the Assembly Appropriations Committee.

BOARD-SUPPORTED LEGISLATION

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

This bill proposed improving 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 provided the requested feedback to the author's office.

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

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

This bill requires health facilities, clinics, or group practices to take reasonable steps to ensure licensed healthcare professionals acting in their scope of practice retain their ability to exercise independent professional judgement when their care of a patient is informed by the output of a clinical decision support system. It also bans the use of AI to direct, guide, supervise, or instruct unlicensed personnel in performing any clinical functions that require a professional license, or from allowing AI to independently perform clinical functions that by law require a license.

At its May 8, 2026 meeting, the Board took a "support" position on this bill. However, the bill has undergone significant amendments since that time.

Status: This bill is in the Senate Appropriations 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. Since that time, minor technical amendments have been made that should not affect the Board's position.

Status: This bill is in the Senate Appropriations 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 Appropriations Committee.

6. <u>AB 2511 (Ahrens) Behavioral Health Provider Comparable Worth Study</u>

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. <u>AB 2551 (Elhawary) Health Care Coverage</u>

This bill sought 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 was gut-and-amended to address an unrelated topic.

8. <u>SB 903 (Padilla) Mental Health Professionals: Artificial Intelligence</u>

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

- It only permits an individual, corporation or entity that provides or facilitates psychotherapy services to use AI in providing administrative support or supplementary support.

- It prohibits any psychotherapeutic communications, psychotherapy sessions, or triage screenings from being recorded or transcribed unless specific client consent requirements are met.

- It prohibits individuals, corporations, or entities from advertising or purporting to offer psychotherapy services via companion chatbots.

- It prohibits individuals, corporations, or entities providing psychotherapy from allowing AI to make therapeutic decisions, directly interact with clients in a psychotherapeutic communication, detect mental or emotional states, or generate therapeutic recommendations, assessments, diagnoses, or treatment plans without the review and approval of a licensed professional.

At its May 8, 2026 meeting, the Board took a "support if amended" position on this bill, requesting several technical and clarifying amendments. The bill has been substantively amended since that time. Amendments address some, but not all, of the Board's requests.

Status: This bill is in the Assembly Appropriations Committee.

9. SB 934 (Wiener) Sexual Orientation Or Gender Identity Change Efforts

This bill updates the definition of "sexual orientation change efforts" as it pertains to the prohibition on therapists providing such efforts to minors. It also 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, substantive amendments have been made to the bill.

Status: This bill is in the Assembly Appropriations 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 health clinics or practices using a clinical decision support position for patient care must make available specified information about the clinical decision support system, including intended use and known risks and limitations. This information must be available upon request to licensed health professionals and other persons using the system.

- Protects health care workers from employer retaliation or discrimination based on them using their professional judgement to make an assessment or decision within their scope of practice based solely 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. The bill has been substantively amended since that time.

Status: This bill is in the Senate Appropriations Committee.

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 Appropriations 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: July 23, 2026