Board of Behavioral Sciences

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Gavin Newsom, Governor
State of California

Business and Consumer Services Agency
Department of Consumer Affairs

POLICY AND ADVOCACY COMMITTEE MINUTES

Archived recordings of this meeting held on April 17, 2026, is available for viewing at the following links:

- BBS_Policy & Advocacy Committee Meeting - April 17, 2026 1of 2
- BBS_Policy & Advocacy Committee Meeting - April 17, 2026 2 of 2

DATE April 17, 2026

TIME 1:00 p.m.

LOCATIONS

Primary Location
Department of Consumer Affairs
Lou Galiano Hearing Room
1625 North Market Blvd., #S-102
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations
Christopher Jones, Chair, LEP Member
Kelly Ranasinghe, Public Member
John Sovec, LMFT Member
Wendy Strack, Public Member

Staff Present at Primary Location
Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Christy Berger, Regulations Manager
Shelley Ganaway, Legal Counsel
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst

Other Attendees Public participation via WebEx video conference/phone conference and in-person at Department of Consumer Affairs

1. Call to Order and Establishment of Quorum

Christopher Jones, Chair of the Policy & Advocacy Committee (Committee), called the meeting to order at 10:00 a.m. Roll was called, and a quorum was established.

2. Introductions

Committee members introduced themselves during role call; staff and public attendees introduced themselves.

3. Consent Calendar: Discussion and Possible Approval of January 15, 2026 Committee Meeting Minutes

Motion: Approve the January 15, 2026 Policy and Advocacy Committee meeting minutes.

M/S: Sovec/Ranasinghe

Public Comment: None

Vote: 4 yea, 0 nay. Motion carried.

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

4. Discussion and Possible Action to Make Recommendations Regarding Possible Statutory Amendments to Assembly Bill 1598 (Quirk-Silva) (Business and Professions Code (BPC) §§4980.01, 4980.397, 4980.398, 4980.399, 4980.40, 4980.41, 4980.43, 4980.50, 4984.01, 4984.7, 4984.72, 4989.20, 4989.68, 4992.05, 4992.07, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.13, 4996.23, 4996.28, 4999.22, 4999.46, 4999.46.1, 4999.50, 4999.52, 4999.53, 4999.55, 4999.64, 4999.100, and 4999.120)

The Board is sponsoring AB 1598. Key provisions of AB 1598, including extending validity periods for exams, supervised hours, and associate registrations; allowing a hardship extension for subsequent registrations; and updating faith-based counseling exemptions. Amendments are needed because proposed language unintentionally restricted physicians and psychologists from using terms like “psychotherapy.” The Board is revising sections for LMFTs, LCSWs, and LPCCs to correct this while preserving each act’s structure

Discussion: None

Motion: Direct staff to make any discussed changes and any non-substantive changes and bring to the Board for approval as an amendment to AB 1598.

M/S: Strack/Ranasinghe

Public Comment

Shanti Ezrine, California Association of Marriage and Family Therapists (CAMFT) expressed appreciation for the work put into the bill and for the responsiveness shown to the various stakeholders who reached out during the process. He noted that the team will review the recent amendment released a few days ago and assess their position based on that review.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

5. Discussion and Possible Action to Make Recommendations Regarding Stipend and Loan Repayment Allowances and Submission of 1099 Tax Forms

The Board requires all supervised experience to be completed only as an employee or volunteer, never as an independent contractor. Applicants must submit W-2s for employment or a volunteer verification letter. Historically, 1099s were not accepted unless they reflected limited reimbursements for volunteer expenses. The law later removed the reimbursement cap and added exceptions for true stipends or educational loan repayment programs intended to support underserved areas or underrepresented groups.

Some applicants now incorrectly assume that working in rural or underserved settings means they should receive a 1099, but only stipends or loan repayment awards from qualifying programs may result in acceptable 1099s. Hours are not accepted when a 1099 reflects non-employee compensation.

Staff proposed clarifying the law or adding regulations to define acceptable proof that a 1099 is tied to a legitimate stipend or loan repayment program, or to delete the clauses in statute.

Staff gathered information on multiple federal, state, and county stipend and loan-repayment programs to better understand the various stipend and loan repayment programs that seek to encourage demographically underrepresented groups to enter the mental health profession as well as strengthen the

recruitment and retention of mental health professionals in underserved areas. This information was provided in the meeting materials as Attachments A-D.

Discussion

Mr. Sovec stated that the issue was confusing and asked whether the Board was focusing too heavily on a problem that affects only a small number of applicants.

Ms. Risso confirmed it is indeed rare but noted that unclear statutory language has still caused problems when cases do arise, prompting consideration of clarifying or removing the language.

Mr. Sovec raised concerns about agencies handling 1099s inconsistently, making it difficult to craft language that covers every scenario.

Ms. Risso suggested clarifying that the exception applies broadly to governmental or nonprofit stipend and loan-repayment programs.

Mr. Sovec responded that obtaining required documentation from nonprofits could be challenging for applicants.

Mr. Jones asked what the simplest and most effective solution would be to ensure people working in underserved areas can access loan-repayment benefits without being overwhelmed by complex requirements.

Ms. Helms explained that some applicants incorrectly argue their 1099 should count simply because they work in an underserved setting. Since 1099s generally cannot be accepted—and employers often cannot legally issue them — the Board doesn't want to remove the existing exception entirely. The exception is still necessary to protect applicants in rare, legitimate cases where a stipend or loan-repayment program happens to issue a 1099. However, the law needs clearer language so applicants cannot misuse the exception. Staff recommend refining the statute to specify that only 1099s from legitimate government or nonprofit stipend/loan-repayment programs qualify, not payments from the work setting for services.

Motion: Direct staff to clarify the existing language in statute and bring it back to the next meeting.

M/S: Ranasinghe/Strack

Public Comments

Mr. Ezrine stated that CAMFT had no concerns about the staff's proposal, emphasizing the importance of ensuring providers in underserved areas can access needed financial assistance as they work to further education toward licensure. He will take the proposed options back to their team for review and will

return with feedback, acknowledging the need for clearer, more refined statutory language.

Lisa Wenninger, LPCC, expressed concern that California's strict rules — especially prohibitions on 1099 arrangements and the requirement that trainees be W-2 employees — make it very hard for pre-licensed clinicians to be paid fairly and for nonprofits to support them. She wants to help address these systemic barriers and is eager to stay involved in whatever solution the Board develops.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

6. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act

AB 1558 creates a uniform system for registering, verifying, and deploying volunteer health practitioners during declared emergencies in California. It defines registration and scope of practice rules and gives EMSA authority to oversee and coordinate volunteer deployment.

Author's Intent

The author of AB 1558 explained that California lacks a clear state law for deploying volunteer health practitioners during emergencies, which causes delays. Federal systems like ESAR-VHP were created to streamline cross-state credentialing, and many states have since adopted the Uniform Emergency Volunteer Health Practitioners Act. In California, EMSA manages volunteer systems, but volunteers often cannot be deployed until formally approved — a process that slows response efforts. A temporary workaround used during the Los Angeles wildfires highlighted the need for a consistent statewide law, rather than case-by-case approvals, to avoid future delays and uncertainty.

Staff Comments

Past Waivers: During the COVID-19 emergency, EMSA temporarily allowed certain out-of-state licensed health providers — including several hundred master's-level mental health professionals — to practice in California without a state license. That authority ended in February 2023. In early 2025, EMSA again granted temporary practice approval during the Southern California wildfires, authorizing nine out-of-state master's-level mental health clinicians, most serving with the Red Cross.

Provision of Practitioner Information to the Applicable Licensing Board: It is unclear whether EMSA must report information about temporarily authorized practitioners to the relevant licensing boards. EMSA has voluntarily shared this information with the Board during past emergencies, and the Board may want to consider whether making this reporting a formal requirement is necessary.

GC §8599.57(a) – Similarly Licensed Practitioner: This subdivision requires that volunteer health practitioners must adhere to the scope of practice for a similarly licensed practitioner in California.

"Similarly" is vague. Staff recommends the term "similarly" be replaced with "equivalently."

GC §8599.57(e) – Unauthorized Practice: The subdivision shields volunteer practitioners from unauthorized-practice findings unless they had reason to know they were acting outside California's rules. This raises consumer-protection concerns because a practitioner could avoid accountability by claiming ignorance. A suggested fix is to require volunteers to attest that they have reviewed and will follow California's scope of practice requirements before providing services.

Fiscal Impact: Staff do not expect the bill to create major costs for the Board. While there may be small, manageable enforcement expenses if out-of-state or California licensees act outside their scope, these impacts should be minimal. However, the bill allows licensing boards to serve as volunteer-practitioner registration systems. Although optional, if the Board ever chose — or was required — to take on that role, the costs to build and run such a system would be significant and beyond existing resources.

Discussion

Mr. Sovec shared that, in his experience as a Red Cross mental health volunteer, there was no vetting of his license — only a brief training. He expressed concern that during wildfire responses, well-meaning but unregulated clinicians provided short-term sessions without oversight. He asked whether EMSA will address this under the bill, ensuring not just quick deployment but also proper vetting and regulation of volunteer mental health practitioners, especially for longer term community impact.

Ms. Helms explained that the goal of the bill is to establish clearer systems and protocols for deploying volunteer health practitioners, reducing red tape so qualified individuals can respond more effectively during emergencies.

Mr. Sovec expressed concern about scope of practice and consumer protection. He noted that volunteers who are not trained in emergency response could unintentionally provide inappropriate services and worry that the bill leaves gaps that could allow unauthorized or unsuitable practice. He agreed that the

unauthorized practice section needs tightening and urged stronger protections to ensure volunteers provide safe, appropriate care during emergency situations.

Ms. Strack expressed uncertainty about supporting the bill given the concerns raised.

Mr. Ranasinghe acknowledged Mr. Sovec's comments, noting they are valid, especially given the potential chaos during disasters.

Ms. Helms suggested preparing a draft response for the May meeting that would create a specific exemption for mental health professionals, giving the Board something concrete to review and decide whether to take a position.

Public Comment

Mr. Ezrine stated that CAMFT is still reviewing this bill and plans to take it back to their team for further assessment as more information becomes available.

The Committee did not recommend a position. It directed staff to work with the author's office and report back to the May Board meeting.

7. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 1988 (Pellerin) Companion Chatbots: Crisis Interruption Pauses

AB 1988 strengthens safety requirements for companion chatbots by mandating crisis-detection policies, user warnings, and a mandatory interruption pause after two credible crisis indications within 72 hours, including directing users to the 988 Suicide and Crisis Lifeline.

Author's Intent

The author aims to ensure that AI companion chatbots handle suicidal or violent crisis signals safely and responsibly. They note that people increasingly seek emotional support from these chatbots, but the systems are not therapists and can mishandle serious crises or foster unhealthy dependence. The intent of AB 1988 is to require an urgent, protective pause when a user expresses credible suicidal intent, redirecting them away from the chatbot and toward trained human professionals.

Discussion

Mr. Jones expressed support for the bill, saying it's important to regulate how AI chatbots are used, especially for young people.

Mr. Ranasinghe suggested supporting AB 1988.

Mr. Sovec stressed that having a human moderator is important and suggests that this person should have at least basic crisis-intervention training. They note

that even crisis hotline workers receive substantial training, so applying a minimum standard for those moderating AI interactions could be valuable.

Mr. Sovec expressed concern that the 72-hour window is too long from a crisis intervention standpoint and suggested consulting mental health professionals to determine a more appropriate timeframe, potentially narrowing it to something like 24 hours.

Motion: Recommend that the Board consider taking a support position on this bill, and direct staff to work with the author regarding the Committee's concerns.

M/S: Ranasinghe/Strack

Additional Comment

Mr. Sovec explained that he cannot support the bill as written because it would require human moderators who may be overworked and underpaid — similar to what often happens in general customer service. They emphasize that crisis response, especially involving suicide risk, requires specific training, comfort with certain questions, and ability to follow specific processes. Since the bill does not define who the moderators would be or what training they must have, he cannot support it or recommend support to the Board.

Public Comments

Mr. Ezrine stated that CAMFT is watching this bill.

Dr. Ben Caldwell, PsyD, LMFT: Noted that the bill treats "desire to harm" and "intent to harm" as the same, even though they are very different. Expressions of desire to harm — such as fleeting, non-serious thoughts like wanting to "smack someone" out of frustration — are common and usually not signs of crisis. As written, the bill would capture many non-crisis situations, creating unnecessary administrative burden without improving safety. He suggested narrowing the bill so it applies only to genuine expressions of intent to harm.

Cathy Atkins, CAMFT noted that CAMFT is not taking a position yet but appreciated the legislative efforts being made around mental health and AI. She also noted that many bills, including their own, are imperfect because the technology is still evolving.

Vote: 3 yea, 1 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	No
Wendy Strack	Yes

8. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 1979 (Bonta) Health Care Services: Artificial Intelligence

AB 1979 would prohibit health facilities from using AI in ways that replace the professional judgment of licensed clinicians or direct unlicensed staff to perform tasks that require a license.

The Assembly Health Committee's analysis says AI has potential in health care but also serious risks, including bias, threats to patient safety, and situations where clinicians may trust flawed AI outputs. It cites research showing biased AI can significantly reduce diagnostic accuracy and stresses that human judgment, empathy, and compassion can't be replaced by algorithms. The author argues that stronger safeguards are needed as AI tools increasingly access medical records.

Opponents argue the bill is overly broad and could block useful, already-common AI tools for tasks like assessments and documentation, reducing efficiency without improving safety.

Staff Comments

What is "Professional Judgement?": The bill bans health care practices from using AI in ways that replace a licensed professional's judgment. Although it allows AI for tasks like documentation that don't involve judgment, the term "professional judgment" is vague. Without a clear definition, clinicians may avoid using helpful AI tools out of concern that they might inadvertently violate the law.

Comparison with SB 903: The bill broadly restricts AI use across all healing arts professions, while SB 903 focuses specifically on psychotherapy.

- AB 1979 bans using AI to replace professional judgment or to direct unlicensed staff in tasks requiring a license.
- SB 903 regulates AI in psychotherapy by requiring that only licensed professionals provide therapy, allowing AI only for administrative support, restricting recording of sessions without consent, and prohibiting AI from making independent therapeutic decisions, recommendations, diagnoses, or mental state assessments.

There may be overlap between the two bills: SB 903 permits certain AI uses in psychotherapy with client consent, while AB 1979 broadly prohibits AI from replacing professional judgment. Any potential conflicts or overly broad restrictions should be carefully reviewed.

Discussion

Mr. Ranasinghe stated that leaving the issue unresolved and up to the courts is not ideal and is interested to see how the legislature ultimately handles it.

Board members Strack and Jones agreed with board member Ranasinghe.

Mr. Sovec stated that SB 903 is more directly relevant to their board and the population they serve, and that their focus should be on shaping SB 903 more effectively.

Public Comments

Mr. Ezrine stated that CAMFT is watching AB 1979.

Dr. Caldwell shared opponents' concerns that the bill is overly broad and could block useful, non-problematic AI tools already used in mental health supervision. He noted the bill could prohibit systems that generate supervision-related summaries or recommendations, which seem unreasonable. He requested that the Committee delay taking a position and continue working with the author to address these issues, especially the vague definition of "professional judgment."

The Committee did not recommend a position. It directed staff to work with the author's office.

9. Discussion and Possible Action to Make Recommendation Regarding Senate Bill 903 (Padilla) Mental Health Professionals: Artificial Intelligence

SB 903 sets rules for using AI in psychotherapy. It requires that only licensed professionals provide or advertise therapy, allows AI only for administrative support, restricts recording or transcription without proper consent, and bans AI from making independent therapeutic decisions, recommendations, diagnoses, or mental state assessments.

Author's Intent

The bill aims to protect consumers from unregulated AI being used in place of trained therapists. The author argues that while AI can assist with administrative tasks, it cannot replace the clinical judgment, ethical responsibilities, or human connection provided by licensed professionals. Because misused AI could harm patients, especially in high-risk mental health settings, the bill seeks to ensure that commercial interests do not override consumer safety and well-being.

Staff Comments

Complaints to the Board: The Enforcement Unit reports a few recent complaints about therapists' use of AI, including using AI to write notes without client consent, accidentally entering a client's personal information into an AI system, and using AI to guide interactions during a therapy session.

Fiscal Impact: The Board anticipates that increased reliance on AI could raise complaint volume by about 5% (around 150 additional cases per year). To manage the added workload, it is requesting a permanent half-time Analyst II. If

cases escalate to the Attorney General or administrative hearings, enforcement costs may increase, though some expenses could be offset by collected fines.

Technical Considerations:

a) **BPC §4989.82(d) - Use of Evidence Code §1010 to Define "Licensed Professional."** The bill uses Evidence Code §1010 to define "licensed professional," but this definition does not include LEPs or social work interns. The Board believes these groups were likely intended to be included.
b) **BPC §4989.82(g) - Religious Counseling Definition**. The bill's definition of "religious counseling" differs from language the Board is pursuing in AB 1598 to define faith-based counseling exemptions. Because this bill applies across multiple boards, definitions may vary, but the Board should consider whether the differing definitions create clarity or enforcement issues.
c) **BPC §4989.82(i) - Supplementary Support Definition.** The definition of "supplementary support" states that AI-generated analyses are "subject to review" by a licensed professional; it may be clearer to require active review. Staff also question whether all listed tasks, not just one, should require such review.
d) **Definition of "Use of Artificial Intelligence" – Potential Confusion in Permitted Scope.** The bill's definition of "use of artificial intelligence" bundles administrative and supplementary support together with prohibited psychotherapeutic uses, creating confusion because permitted uses are only implied through cross-referenced definitions. This structure may be too subtle and hard to interpret. For clarity, the bill should explicitly list allowed and prohibited AI uses for licensed professionals, and separately for non-licensed individuals or entities.
e) **Consent Only Required for Recording or Transcribing?** Consent requirements are only explicitly stated for recording or transcribing sessions. It is unclear whether consent is also required when AI is used for administrative or supplementary support. If intended, this should be clearly stated.
f) **Jurisdiction Ambiguity.** The bill leaves jurisdiction unclear when an entity uses AI to provide psychotherapy without identifying with any specific licensed profession. Because "licensed professional" is defined by referencing Evidence Code §1010, which covers multiple professions across several boards, it is uncertain which board should investigate violations when the violator's license type is unknown. Clarifying how jurisdiction is assigned would help ensure consistent enforcement.

Discussion

Ms. Stack suggested the Committee could consider taking a "support if amended" position, addressing the extensive questions and concerns raised by staff.

Mr. Ranasinghe agreed with Ms. Strack.

Mr. Sovec recommended asking the authors to remove the option for verbal consent, noting that clients may feel pressured to agree verbally. Written consent provides a clearer and safer process because it requires clients to pause, review the information, and sign.

Motion: Recommend that the Board consider a support if amended position to include the list under “Technical Considerations” in the memo and board member Sovec’s request to remove verbal consent.

M/S: Strack/Sovec

Public Comments

Mr. Ezrine stated that CAMFT is co-sponsoring the bill along with the California Psychological Association, the California Behavioral Health Association, and the National Union of Healthcare Workers. At a high level, the bill aims to promote safe and ethical use of AI by providers and to protect consumers by ensuring therapy remains human-centered. Supporters emphasize that the bill protects patients from unregulated AI therapy, safeguards privacy, and maintains clinical responsibility and accountability.

Ms. Wenninger: Noted that many therapists may feel overwhelmed by its requirements. Questioned whether the Board has authority to require tech companies to comply. She emphasized protecting clients’ right to refuse AI, noting some insurers already require AI-based platforms. She urged prohibiting the use of psychotherapy data to train AI models across all technologies, including platforms like Zoom, and raised caution about how administrative AI support is defined.

Ms. Atkins noted that BBS staff have provided helpful suggested amendments and questions, and the co-sponsors are continuing to review them. She stated that CAMFT is still taking notes on all feedback.

Dr. Caldwell thanked Ms. Helms for her thorough work on a highly technical bill and also expressed appreciation to the sponsors. He noted, as both a licensee and educator, that CAMFT’s ongoing efforts around AI in mental health care are valuable. He acknowledged the bill still has a long way to go and thanked the sponsors for their openness to feedback to ensure it becomes strong law.

Bindu Mukkamala, National Association of Social Workers-California Chapter (NASW-CA) stated that many bills, including SB 903, are on NASW-CA watch list. As AI tools expand in mental health care, innovation must not come at the expense of client safety, informed consent, or professional accountability. She stressed that AI lacks the clinical judgment and human understanding needed for safe treatment, and that clients deserve transparency and assurance that licensed professionals remain responsible for their care. SB 903 establishes necessary guardrails by keeping therapy under licensed oversight, prohibiting AI

from making clinical decisions, and requiring disclosure and consent when AI is used to record or transcribe sessions. NASW-CA strongly supports the bill and praised the sponsors' work.

Vote: 4 yea, 0 nay. Motion carried.

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

10. Discussion and Possible Action to Make Recommendation Regarding Assembly Bill 2575 (Ortega) Health Care Services: Artificial Intelligence

AB 2575 creates guardrails for health care workers using AI and clinical decision support tools. It prevents developers from avoiding liability when workers rely on AI outputs, requires employers to give users written information explaining how the AI tool works and its limitations, and protects workers' professional judgment by prohibiting employers from restricting it or retaliating when workers override or follow AI recommendations.

Author's Intent

The author's office states that health care workers are required by employers to use AI tools, but they should not be forced to set aside their professional judgment to follow AI recommendations. Workers also should not be held liable for AI errors when they choose to follow or override the AI. Above all, they must remain free to act in the best interest of patient health and safety.

Discussion

Mr. Ranasinghe noted that AI-related laws are being scattered across multiple code sections — including labor, business and professions, and evidence codes — which could make navigating AI regulations cumbersome and confusing. He recommended not taking a position.

Public Comments

Mr. Ezrine stated that CAMFT is watching AB 2575.

Dr. Caldwell highlighted an emerging theme in AI regulation: professionals must remain fully responsible for their decisions, even when they use AI tools. For example, updated clinical ethics codes state that clinicians cannot shift accountability to AI systems when something goes wrong. He argues that the anti-retaliation clause in a proposed bill conflicts with this principle because it would protect employees who follow AI guidance — even when that guidance is clearly unsafe or unreasonable. This could allow employees to avoid responsibility by blaming the AI, while employers would still be held accountable.

He recommended an amendment to the bill so employers can discipline employees who fail to exercise appropriate professional judgment when using AI.

The Committee directed staff to work with the author and report to the Board in May.

11. Discussion and Possible Action to Make Recommendation Regarding Senate Bill 1146 (Gonzalez) Health-Related Consumer Products and Services: Artificial Intelligence

This item was removed from the agenda.

12. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2011 (Hart) Nonquantitative Treatment Limitations

AB 2011 aims to strengthen California's mental health parity laws by writing the 2024 federal Mental Health Parity and Addiction Equity Act rules into state law. This action responds to the Trump Administration's announcement that it will not enforce the 2024 federal rules while they are tied up in litigation.

Author's Intent

The author explains that the 2008 federal Mental Health Parity and Addiction Equity Act was intended to prevent health plans from placing stricter limits on mental health and substance use treatment than on medical or surgical care. However, enforcement has been inconsistent, especially around non-quantitative treatment limits such as prior authorization, medical necessity standards, network adequacy, and reimbursement policies. To improve clarity and enforcement, the Biden Administration issued a 2024 federal rule requiring plans to gather data and analyze whether these limits create inequities, and to take corrective action if needed.

Because the Trump Administration has stated it will not enforce the 2024 rules while litigation is ongoing, the bill seeks to incorporate those federal rules into California law to ensure they remain effective in the state. The author notes that not all parts of the federal rule were codified; this was intentional to avoid weakening areas where California law already provides stronger protections.

Discussion

Mr. Ranasinghe suggested supporting this bill.

Ms. Strack echoed Mr. Ranasinghe.

Public Comment

Mr. Ezrine stated that CAMFT is watching AB 2011 and has no comments to provide.

Motion: Recommend that the Board consider taking a "support" position on AB 2011.

M/S: Ranasinghe/Jones

Public Comment: None

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

13. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2259 (Ransom) Prisons: Mental Health

AB 2259 creates a three-year pilot program within the California Department of Corrections and Rehabilitation (CDCR) to offer mental health therapy at two prisons for eligible incarcerated individuals who meet set criteria and are not already receiving mental health services from CDCR.

Author's Intent

The author stated that California has increasingly prioritized rehabilitation within the justice system, emphasizing that mental health therapy supports personal growth and successful reentry. AB 2259 would create a pilot program offering therapy to pre-release individuals who currently only receive services if they have a diagnosis or are placed in high acuity treatment. The author noted that the bill ensures access to therapeutic services for all justice-involved individuals, diagnosed or not, to support their health and safety.

Staff Comments

Consider Clarifying Allowable Settings (PC §2693(a)(1) and (2)): PC Section 2693(a) requires the pilot program to provide incarcerated individuals access to mental health therapy either through virtual services or through contracted licensed or registered providers, with all services delivered in a confidential setting. It is unclear what specific "setting" is intended for contracted providers, and the author may wish to clarify whether this refers to in-person services provided by contracted staff.

Discussion

Mr. Sovec expressed support for implementing the proposal as a pilot program with a sunset date to allow evaluation of its effectiveness. He raised concerns regarding issue number four, noting that the requirement for a "short term evidence-based therapeutic model" may not reflect the needs of all clients. He

suggested removing the term “short term” and carefully consider the meaning of “evidence-based therapeutic model” in the content.

Mr. Ranasinghe noted that he shared similar concerns, stating that the bill’s language is somewhat broad and could benefit from refinement consistent with the suggestions made by Mr. Sovec. He indicated that a position of support if amended may be appropriate.

Motion: Recommend that the Board consider taking a position of support if amended to remove “short term” and “evidence-based” language.

M/S: Ranasinghe/Sovec

Public Comments

Mr. Ezrine thanked the committee for identifying the technical issue regarding clarification of allowable settings and expressed appreciation for members’ feedback. He noted that the suggestions to remove “short term” and “evidence-based” from the bill language will be brought back to his team for consideration. He also reiterated that CAMFT is co-sponsoring the bill alongside the Anti-Recidivism Coalition and Mental Health America of California and explained that the bill closely resembles Assembly Bill 2142 (2024), which expanded access to mental health therapy for individuals incarcerated in CDCR settings. He highlighted that the primary difference in the current bill is the three-year pilot program applying to two institutions rather than three. Mr. Ezrine requested the committee and board’s support and confirmed that the noted considerations will be shared with his team.

Ms. Wenninger expressed gratitude for efforts to support individuals with the greatest needs. She emphasized the existing imbalance in the criminal justice system and highlighted the importance of providing mental health support where it is most needed.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

14. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2345 (Bains) Student Loans: Medical, Nursing, and Social

AB 2345 establishes the California Health Care Workforce Supplemental Loan Program to help students in medical, nursing, social work, and social welfare programs maintain access to loan amounts similar to federal unsubsidized and

Grad PLUS loans that will be reduced under upcoming federal changes. The bill authorizes the California Student Aid Commission to offer state-backed supplemental loans that cover the gap between a student's financial aid and their total cost of attendance.

Background

Beginning July 1, 2026, federal loan policy changes will significantly reduce borrowing options for graduate students, including those in master's-level mental health programs. Graduate PLUS Loans will be eliminated for new borrowers, and most graduate students will be limited to $20,500 per year in unsubsidized loans, with a $100,000 lifetime cap including undergraduate borrowing. Because many graduate programs exceed these limits, new students after that date will face major funding gaps and may need private loans or personal funds. Students already enrolled and borrowing before July 1, 2026, may continue under current rules for up to three additional years.

Board License Types Excluded

The bill now includes students in accredited social work programs but still excludes students pursuing degrees that lead to licensure as marriage and family therapists, educational psychologists, or professional clinical counselors.

Discussion

Ms. Helms clarified that LEPs require slightly different wording. She proposed phrasing it to include post-graduate degree programs leading to credentialing as a school psychologist. Mr. Jones confirmed that her wording was perfect.

Mr. Jones emphasized that limited access to graduate mental-health programs is a significant issue for the profession. He stated support for the proposal if it is amended to include the other three licenses.

Mr. Sovec expressed that excluding the profession from qualifying for these loans would severely limit the future workforce and worsen long-term access to mental health care in the state.

Mr. Ranasinghe expressed strong support for the bill, noting that limiting Graduate PLUS loans is nonsensical given the urgent mental-health needs.

Motion: Recommend that the Board consider taking a "support if amended" position on this bill and request the inclusion of post-graduate degree programs leading to licensure as an LMFT and LPCC, and also inclusion of post-graduate degree programs leading to credentialing as a school psychologist

M/S: Jones/Sovec

Public Comments

Mr. Ezrine stated that CAMFT is closely reviewing the bill and agrees with the concerns raised by Ms. Helms and other committee members. He highlighted the importance of the bill in light of recent federal actions limiting loans for therapy and counseling graduate programs. He noted social work was included but not other master's-level therapy and counseling professions. His team has contacted the author's office about plans to include those professions and will determine their position and advocacy efforts once they receive more information.

Ms. Mukkamala stated that access to graduate education is crucial for building California's behavioral health workforce, especially amid recent federal loan changes that threaten pathways to the MSW. She noted that financial access determines whether many students can enter the social work profession, particularly in community settings. She shared that NASW-CA engaged with the author's office regarding inclusion of social workers, acknowledging budget and implementation considerations. She stated they strongly advocated for inclusion and announced that social workers were ultimately added to the bill and requested Board support for AB 2345.

Ms. Atkins noted that CAMFT is part of a federal coalition working on the related issue. She appreciated the clarification of the bill's strengths and concerns. While CAMFT has not yet taken an official position, she emphasized the need to advocate for inclusion of mental health providers — such as marriage and family therapists and others under BBS — so they can maintain access to educational pathways and continue serving clients. She said CAMFT will monitor the author's direction before determining its stance.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

15. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2352 (Valencia) Medi-Cal Providers: Nonprofit Public Benefit Corporations

DHCS has been denying Medi-Cal provider enrollment to nonprofit public benefit 501(c)(3) organizations based on its interpretation that only individual providers or professional corporations may enroll, creating barriers for community mental health providers. These denials prevent many organizations from enrolling or re-certifying, limiting access to care for Medi-Cal beneficiaries. AB 2352 resolves this issue by explicitly allowing nonprofit public benefit 501(c)(3) organizations that provide non-specialty mental health services to enroll in Medi-Cal.

Background

Attachment A (provided in the meeting materials) highlights widespread concerns from community counseling centers and other nonprofit group providers about Medi-Cal enrollment barriers. DHCS has been denying enrollment through the PAVE system because it interprets current law to allow only professional corporations — not 501(c)(3) nonprofits — to enroll as group providers. As a result, qualified organizations delivering non-specialty mental health services cannot enroll or recertify, lose access to Medi-Cal reimbursement, and face threats to continuity of care, workforce stability, and broader behavioral health initiatives.

Author's Intent

The author's fact sheet emphasizes that nonprofit community-based organizations are essential providers of non-specialty mental health services for Medi-Cal beneficiaries and support key state behavioral health initiatives. However, many are being denied Medi-Cal enrollment through the PAVE system due to an interpretation requiring group providers to be professional corporations, leading to loss of reimbursement, service disruptions, workforce impacts, and reduced access to outpatient mental health care.

Discussion: None

Motion: Recommend that the Board consider taking a support position on AB 2352.

M/S: Strack/Ranasinghe

Public Comments

Mr. Ezrine explained that nonprofit behavioral-health providers have long faced barriers enrolling in Medi-Cal's PAVE system due to DHCS interpreting group providers as needing to be professional corporations. The bill would clarify that nonprofit public-benefit corporations with 501(c)(3) status employing licensed mental-health professionals can enroll as group providers for non-specialty mental-health services. He stated CAMFT strongly supports the bill, noted it is currently on the appropriations suspense file due to fiscal costs, and expressed that board support would help move it forward.

Dr. Caldwell affirmed that this issue significantly affects access to mental-health care for Medi-Cal participants and requested that the committee recommend a support position.

Ms. Atkins expressed appreciation for Ms. Helms and BBS's extensive support on the bill, noting CAMFT has worked on the issue for years alongside other stakeholders. She underscored how valuable BBS's contributions have been and expressed sincere gratitude.

Ms. Mukkamala emphasized that community nonprofits are essential to California's behavioral-health system and many social workers provide care in these settings. Barriers to enrolling or recertifying in Medi-Cal's PAVE system reduce community access to needed mental-health services. She stated that AB 2352 would help remove those barriers and strengthen community-based care. NASW-CA supports the bill and requests board support.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

16. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2511 (Ahrens) Behavioral Health Provider Comparable Worth Study

AB 2511 requires the Department of Industrial Relations to study and compare compensation and reimbursement for behavioral health providers with those of comparable medical-surgical providers.

Author's Intent

The bill's intent language states that California's behavioral health crisis is worsened by insurers' longstanding undervaluation and underpayment of behavioral health services, leading to lower provider compensation, higher out-of-network use, and payment practices that reinforce disparities. These reimbursement gaps discourage behavioral health professionals from accepting insurance. The author is seeking this study to pinpoint where and why underpayment occurs so policymakers can target needed reforms.

Discussion

Mr. Sovec asked whether the survey would include all mental-health providers across all license types in the state.

Ms. Helms responded that the Department of Industrial Relations will need to determine a methodology for how health providers report the required information. The bill does not specify the process, and it will likely be established later through regulations or policy.

Motion: Recommends that the Board consider taking a support position on AB 2511.

M/S: Jones/Strack

Public Comments

Mr. Ezrine stated that CAMFT is currently in a watch position on the bill.

Ms. Mukkamala noted that NASW-CA is a recent co-sponsor of AB 2511. She explained that amendments are shifting responsibility from the Department of Industrial Relations to HCAI. She highlighted how inadequate reimbursement rates and compensation disparities strain the behavioral-health workforce, reducing provider retention and limiting timely access to care. AB 2511 would use a data-driven study to compare compensation for behavioral-health providers with similarly situated medical-surgical providers, including payment flows through intermediaries. The findings would inform future policy to improve parity, strengthen the workforce, and expand access. NASW-CA requests board support for AB 2511.

Ms. Wenninger expressed gratitude that this work is moving forward, noting many agenda items — like 1099 issues, student loan changes, and parity concerns — have major financial impacts on the field. She highlighted serious reimbursement disparities, including regional rate differences and lower payments for BBS-licensed providers compared to similar professions. She emphasized that addressing parity is essential for equity, cost of living, and maintaining the workforce, and urged the board to support this effort.

Further Discussion

Mr. Sovec asked Mr. Jones whether CASP has a position on this item. Mr. Jones responded that CASP is discussing this.

Mr. Jones responded that CASP is still discussing the issue with its legislative committee. Because LEPs often start their careers in schools and have different pay structures, CASP is reviewing the bill through the LEP lens. He added that CASP ensures its lobbyist is aware of such bills and helps analyze them as LEPs gain greater representation.

Mr. Sovec asked Mr. Shanti why CAMFT is currently taking a watch-and-see position on the bill.

Mr. Ezrine said he would need to consult CAMFT’s legislative team to further assess the bill. He noted he did not have additional details about why CAMFT is currently in a watch position but will bring the question back to their legislative committee for follow-up.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

17. Discussion and Possible Action to Make Recommendations Regarding Assembly Bill 2551 (Elhawary) Health Care Coverage

AB 2551 seeks to gather information on how often people go out-of-network and pay out-of-pocket for behavioral health care, and the reasons behind these decisions.

Author's Intent

The author aims to increase transparency around how often Californians must go out-of-network to obtain behavioral health care. Their fact sheet notes that access to behavioral health services remains a statewide crisis, with many communities — especially those of color, LGBTQIA+ individuals, people who speak languages other than English, and other BIPOC communities — facing significant barriers to equitable care despite major public investments and legal requirements for coverage.

Discussion

Mr. Ranasinghe asked what the impact would be on staff. Ms. Helms responded that there is no impact on staff.

Motion: Recommends that the Board consider taking a support position on AB 2551.

M/S: Ranasinghe/Jones

Public Comment

Mr. Ezrine stated that CAMFT is currently in a watch position on AB 2551.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

18. Discussion and Possible Action to Make Recommendations Regarding Senate Bill 934 (Wiener) Sexual Orientation or Gender Identity Change Efforts: Actions for Recovery of Damages: Statute of Limitations

SB 934 seeks to establish civil remedies for people harmed by sexual orientation or gender identity change efforts.

Author's Intent

The bill's intent language explains that psychological harm from sexual orientation or gender identity change efforts often emerges long after the experience, meaning current statutes of limitations prevent many survivors from seeking justice. The author seeks to give victims adequate time to pursue civil remedies. Their fact sheet notes that the trauma and shame associated with conversion therapy frequently surface years later, silencing survivors and hindering timely access to legal recourse.

Recent Supreme Court Ruling

SB 934 responds to a March 31, 2026 Supreme Court ruling in *Chiles v. Salazar*, which addressed Colorado's ban on conversion therapy for minors. The decision applied only to Colorado and does not affect California law, which remains fully in force. California's licensure requirements and standards of practice are unchanged, and licensees must continue complying with state law. The Board will monitor developments in the case and provide updates as needed.

Use of the Term "Marriage and Family Therapist Registered Intern"
Code of Civil Procedure (CCP) section 340.12(a)(1)(C) incorrectly refers to a "marriage and family therapist registered intern" instead of "associate marriage and family therapist." Staff has contacted the author's office to request this correction.

Discussion

Mr. Sovec stated that the bill deserves strong support, noting that the treatment in question is scientifically and medically proven to be harmful. He emphasized the need to ensure affected individuals have access to appropriate care.

Motion: Recommends that the Board consider taking a support position on this bill

M/S: Sovec/Jones

Public Comments

Mr. Ezrine explained that CAMFT is still evaluating the bill and noted that their team is meeting with the author's office and the bill sponsors as part of that assessment.

Ms. Wenninger expressed strong appreciation that California is acting on this issue. She emphasized recognizing the harm of conversion therapy, including

talk-therapy forms, and noted the bill's long liability window as an important deterrent for therapists. She urged clarity in defining conversion therapy to ensure talk-therapy practices are included.
Dr. Caldwell noted that all major mental-health associations agree that sexual-orientation and gender-identity change efforts are ineffective and pose significant harm and thus are not accepted practice. He stated that recent court rulings may shield practitioners from disciplinary action, but harmful practices should still carry consequences. Allowing civil damages helps ensure these practices remain disallowed, and he requested the committee recommend a support position.

Ms. Atkins noted CAMFT is meeting with the author and sponsors to better understand the bill's language, including backward-looking limitations. She emphasized appreciation for the sponsors' efforts to account for recent federal and Supreme Court developments and said CAMFT is working to prevent unintended consequences while supporting the bill.

Vote: 4 yea, 0 nay. Motion carried

Member	Vote
Christopher Jones	Yes
Kelly Ranasinghe	Yes
John Sovec	Yes
Wendy Strack	Yes

19. Discussion and Possible Action to Make Recommendations Regarding Senate Bill 993 (Ochoa Bogh) Marriage and Family Therapists

SB 993 creates an exception to current disclosure rules for Board licensees working in acute psychiatric hospitals, correctional treatment centers, or facilities serving incarcerated individuals. It allows these settings to withhold staff names and license details when necessary for safety, while ensuring clients still have a clear way to obtain that information for filing complaints with the Board.

Author's Intent
The author notes that, following SB 1024, mental health professionals in correctional settings expressed concerns that disclosing their full name and license number could create safety risks. They emphasize that laws should anticipate potential harm rather than react after the fact. This bill is intended to strengthen safety protections for these providers.

Background
Board licensees and registrants must give clients a written notice before starting psychotherapy, including Board contact information. SB 1024 (2024) expanded this notice to require the provider's full name, license or registration number, license type, and expiration date. Since its enactment, many providers working with incarcerated populations have raised safety concerns, noting that disclosing

their full name and license number could expose them and their families to harassment or retaliation.

Additional Research

Staff consulted multiple correctional agencies to understand their complaint processes, privacy safeguards, and challenges with implementing SB 1024. California Correctional Health Care Services (CCHCS) reported that providers traditionally use only their last name and professional title in correctional settings, consistent with longstanding safety protocols. CCHCS described existing procedures that protect provider identity while still allowing incarcerated individuals to file complaints without needing full legal names. They also expressed concerns that requiring full names and licensing details in written notices could expose providers to additional safety risks, noting that current privacy tools do not fully mitigate those concerns.

Previous Board and Committee Discussion

The Policy and Advocacy Committee reviewed this issue at its October 24, 2025 and January 15, 2026 meetings, after which the Board directed staff to develop draft legislative language. When the Board considered the draft on February 20, 2026, members raised transparency concerns and chose not to pursue legislation. However, Senator Ochoa Bogh, who previously authored SB 1024, is moving forward with the bill in response to constituent safety concerns for therapists working in correctional settings.

Discussion

Mr. Ranasinghe said this is a difficult decision because it affects both vulnerable patients in correctional settings and the safety of providers. He noted the board's duty to protect the public includes both groups, making the choice challenging.

Mr. Sovec stressed that requiring vulnerable patients in oppressive institutional systems to report concerns to the very people in power over them creates an impossible and unsafe dynamic. He acknowledged provider safety concerns but urged caution, recommending a watch-and-see approach to allow time for potential improvements to the bill's language. He said it is too early to take a firm support or opposition position.

Ms. Strack recommended remaining neutral, noting the discussion has highlighted multiple complications, inequities, and safety concerns without a clear solution.

Public Comment

Mr. Ezrine stated that CAMFT is neutral on SB 993 at this time.

The Committee did not take a position on SB 993.

20. Discussion and Possible Action to Make Recommendations Regarding Senate Bill 1248 (Cabaldon) State Agencies: Automated Decision Systems

SB 1248 establishes safeguards for the use of automated decision systems by state agencies.

Author's Intent

The bill's intent language explains that Californians increasingly rely on automated systems for fast decision-making in areas like loans and insurance, while government services lag behind — especially in processing professional license applications and certifications, contributing to economic hardship and workforce shortages. The author argues that automated decision-making could significantly reduce delays and free staff to focus on complex cases, but must be implemented with safeguards to ensure equity, prevent bias, protect privacy, and maintain meaningful human review.

Prohibition on Inputting Personally Identifiable Information

Government Code Section 12898.1(h) requires state agencies to safeguard personally identifiable information by prohibiting it from being entered into an automated decision system, except when needed for service administration and subject to proper safeguards. Board members were asked to consider whether this restriction is too limiting or whether the exemption language is sufficient, given that identifying applicants or licensees will likely require some use of personal information such as Social Security numbers.

Discussion

Mr. Sovec asked Mr. Sodergren how he envisions a system like this functioning within the Board—specifically in relation to Board staff, current operational structures, and the direction in which the Board is moving.

Mr. Sodergren responded that the Board is always looking forward, and he appreciates the system's built-in safeguards. He noted the importance of thoroughly reviewing decisions to ensure they are not biased or incorrect and emphasized that staff should retain final authority over the outputs. He believes SB 1248 is a good bill.

Mr. Sovec stated that he would oppose the bill. He explained that in both corporate and nonprofit settings, past rollouts of automated, systematic decision-making processes — though not AI-based — failed to deliver the promised efficiency. Instead, they resulted in errors and overlooked important nuances that required human judgment. He expressed concern that similar systems in a field with strong humanistic elements could lead to inappropriate approvals.

Mr. Sodergren clarified that the bill does not authorize the Board to adopt automated decision-making systems, as the Board could already explore such

options. Instead, the bill strengthens oversight and review requirements through the Department of Technology. He noted that implementing any such system would take years due to existing review processes and acknowledged concerns about efficiency and potential problems. He added that the bill provides stronger guidance for reviewers before any system could be considered.

Mr. Ranasinghe noted that the bill is opposed by the American Federation of County, State and Municipal Employees and asked whether the lack of support is due to the bill's early stage or because no groups are in favor of it.

Ms. Helms explained that the bill is still in its early stages and noted that the analysis reflects concerns that the author did not engage with stakeholders, suggesting possible miscommunication. She added that unions tend to have concerns about worker displacement with these types of proposals, and she expects that this type of opposition may grow. She stated that it will be important to see how support and opposition evolve over time.

Mr. Ranasinghe and Ms. Strack suggested remaining neutral on SB 1248.

Ms. Helms explained that she included the bill because it relates to AI and references the licensing process, which affects the Board. She clarified that the bill does not mandate any action but simply establishes foundational elements for potential future use, making it relevant for the Board's consideration.

The Committee did not take a position on SB 1248.

Public Comment

Mr. Ezrine stated that CAMFT is currently in a watch position on SB 1248.

21. Update on Board-Sponsored and Board-Monitored Legislation:

a. Assembly Bill 1598 (Quirk-Silva) Behavioral Sciences

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

AB 1598 passed the Assembly Business and Professions Committee and will next move to the Assembly Appropriations Committee.

SB 1598 was introduced on March 17 and is now beginning to move through the legislative process.

Discussion: None

Public Comment

Ms. Atkins expressed appreciation for BBS staff for their work on complex legislation and their collaboration with multiple stakeholders to identify improvements.

22. Update on Board Rulemaking Proposals

Advertising Guidelines
Status: Approved by OAL; effective April 1, 2026

Fee Reductions
Status: Approved by OAL; effective July 1, 2026

Continuing Education
Status: Modified text noticed to the public March 12, 2026; comments to be considered by the Board at the May 2026 meeting

English as a Second Language: Additional Examination Time
Status: Submitted for DCA Production Phase Review August 14, 2025

AMFTRB National LMFT Examination
Status: Staff preparing documents for Production Phase Review

Licensed Educational Psychologist (LEP) Experience
Status: Submitted for DCA Production Phase Review on April 6, 2026

Discussion: None

Public Comments

Mr. Ezrine thanked Ms. Berger for her work on the various regulatory packages and praised the advertising regulations, FAQs, and supporting materials, noting the high quality of her efforts.

Dr. Caldwell echoed the praise for the regulations and added that the additional resources have been very well received, thanking Ms. Berger for her work.

23. Suggestions for Future Agenda Items

None

24. Public Comment for Items not on the Agenda

Mr. Jones thanked staff for their hard work and insights, noting their contributions help the Board make informed decisions.

Dr. Wenninger suggested creating a brochure to educate both the public and counseling community about the illegality of conversion therapy. She also

expressed gratitude for upcoming fee reductions and shared her appreciation for the Board's work and the sense of community among colleagues.

Roya expressed gratitude for the meeting and noted she had been told that AB 690 is being revisited by the Board. She shared challenges she has faced pursuing subsequent licensure due to time limits, employment barriers, lack of supervision, and personal circumstances, urging the Board to consider how such restrictions impact committed candidates.

Ms. Helms clarified that the bill Roya was referring to is AB 1598, not AB 690. She explained that AB 1598 includes a one-time, two-year hardship extension allowing a registrant to request a private practice exemption with a subsequent number. She noted that the bill is still moving through the process and, if approved, would take effect on January 1, 2027.

Dr. Caldwell reiterated his gratitude to Board staff, noting the technical complexity of the many bills on the agenda. He highlighted Ms. Helm's analytical work and thanked both staff and the committee for their thoughtful contributions, stating that the analyses are extremely helpful to stakeholders.

25. Adjournment

The Committee adjourned at 3:18 p.m.

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Board of Behavioral Sciences

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Gavin Newsom, Governor
State of California

Business and Consumer Services Agency
Department of Consumer Affairs

POLICY AND ADVOCACY COMMITTEE MINUTES

An archived recording of this meeting held on June 16, 2026, is available for viewing at BBS Policy & Advocacy Committee 6.16.2026.

DATE June 16, 2026

TIME 9:00 a.m.

LOCATIONS

Primary Location
Department of Consumer Affairs
Lou Galiano Hearing Room
1625 North Market Blvd., #S-102
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations
Christopher Jones, Chair, LEP Member
John Sovec, LMFT Member
Rebecca Thiess, Public Member

Members Absent Wendy Strack, Public Member

Staff Present at Primary Location
Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Christy Berger, Regulations Manager
Shelley Ganaway, Legal Counsel
Rosanne Helms, Legislative Manager
Christina Kitamura, Administrative Analyst
Syreeta Risso, Research Analyst

Other Attendees Public participation via WebEx video conference/phone conference and in-person at Department of Consumer Affairs

1. Call to Order and Establishment of Quorum

Christopher Jones, Chair of the Policy & Advocacy Committee (Committee), called the meeting to order at 9:02 a.m. Roll was called, and a quorum was established.

2. Introductions

Committee members introduced themselves during role call; staff and public attendees introduced themselves.

3. Consent Calendar: Discussion and Possible Action to Approve of April 17, 2026 Committee Meeting Minutes

This item was tabled.

4. Discussion and Possible Action to Make Recommendations to the Board for Legislative Amendments Regarding Stipend and Loan Repayment Allowances and Submission of 1099 Tax Forms (Amend Business and Professions Code (BPC) §§4980.43.3, 4996.23.2, and 4999.46.3)

The Board's practice acts require that trainees, associates, and licensure applicants provide mental health services only as employees or volunteers; they may not obtain supervised experience as independent contractors. For licensure applications, associates must submit documentation verifying their employment or volunteer status, including W-2 forms for paid experience or an employer verification letter for volunteer work.

Past law allowed applicants who volunteered and received no more than $500 per month in expense reimbursements to be considered employees rather than independent contractors. As a result, some applicants submitted 1099 forms with their licensure applications, though a 1099 typically indicates work performed as an independent contractor, which is not permitted for gaining supervised experience. Applicants were required to prove that any payments reflected on a 1099 were strictly reimbursements.

During later discussions, staff and the former Supervision Committee noted that stipends and educational loan repayments — often provided to interns and associates working in underserved areas or participating in programs supporting underrepresented groups — could also appear on 1099 forms. An exception for stipends and loan repayments was proposed to address these situations.

Current law reflects updates made through the Supervision Committee's work, including removal of the former $500 monthly reimbursement provision. New provisions clarify that trainees, associates, and licensure applicants who receive stipends or educational loan repayments from programs aimed at supporting

underrepresented groups or improving recruitment in underserved areas are considered employees. These payments may be audited, and applicants must demonstrate they meet the specified criteria.

Since implementation, staff have observed misunderstandings of this clause. Some applicants incorrectly assume that working in a rural or underserved area means their employer should issue a 1099. The intent of the law is limited to stipends and loan repayments from qualifying programs. Supervised experience hours are not accepted if documented with a 1099 unless the applicant can show the 1099 reflects an awarded stipend or loan repayment.

Following discussion at the April 2026 Policy and Advocacy Committee meetings, it was agreed that the statutory language regarding stipends and educational loan repayments needed clarification.

Staff drafted amendments to Business and Professions Code section 4980.43.3(h) for LMFTs (provided in the meeting materials as Attachment A) to clarify:

1. A program that awards a stipend or educational loan repayment is defined as governmental or nonprofit and is not employer-funded.

2. A qualifying stipend or educational loan repayment does not include payment issued by the work setting or employer as compensation for services rendered by the supervisee, regardless of the tax form used

3. If a trainee, associate, or applicant for licensure receives a 1099 form for an awarded stipend of educational loan repayment, upon an audit from the board, the applicant has the burden of demonstrating the payment meets all the following criteria:

    - Issued by the governmental or nonprofit program administrator,
    - Not employer-funded compensation for clinical services, and
    - Made solely as part of a qualifying stipend or educational loan repayment program described in the subdivision

Discussion

Mr. Sovec expressed support for the proposed direction, saying it closes a loophole and gives applicants clearer guidance, so they avoid problems later in the process. He stated that he supports the change.

Mr. Jones agreed with Mr. Sovec.

Motion: Direct staff to make any discussed changes and any non-substantive changes and to draft language for the LPCC and LCSW practice acts and bring it to the Board for consideration as a legislative proposal.

M/S: Sovec/Jones

Public Comment

Shanti Ezrine, California Association of Marriage and Family Therapists (CAMFT) thanked Ms. Risso and the staff for their work on the proposed amendments, stating that the changes are clear. He noted that CAMFT had provided feedback and was pleased to see that it was considered and incorporated into the materials. He reported no additional concerns.

Vote: 3 yea, 0 nay, 1 absent. Motion carried

Member	Vote
Christopher Jones	Yes
John Sovec	Yes
Wendy Strack	Absent
Rebecca Thiess	Yes

5. Discussion and Possible Action to Make Recommendations to the Board Regarding Legislative Amendments to Address Applicants Whose Schools are in Accreditation Candidacy, and to Make Legislative Amendments to Remove Statutory References to Schools Approved by the Bureau for Private Postsecondary Education (Amend Business and Professions Code (BPC) §§4980.03, 4980.36, 4980.37, 4980.38, 4980.41, 4980.54, 4980.72, 4980.78, 4990.26.2, 4996.17.1, 4996.17.2, 4996.18, 4996.22, 4999.12, 4999.27, 4999.32, 4999.33, 4999.40, 4999.60, 4999.62, 4999.76, and Health and Safety Code (HSC) §124260)

Applicants for LMFT and LPCC licensure must graduate from schools that are either unconditionally approved by BPPE or accredited by a U.S. Department of Education-recognized accrediting agency. LCSW applicants must graduate from a CSWE-accredited program. Accreditation and the Bureau for Private Postsecondary Education (BPPE) approval ensure institutions meet established quality and state standards.

Accreditation Candidacy

The Board has seen more applicants graduating from schools still in accreditation candidacy. While LCSW law already outlines how these applicants may proceed — allowing registration as an associate but prohibiting the clinical exam until accreditation is achieved — LMFT and LPCC statutes contain no comparable provisions.

Staff proposes adding similar language to those practice acts, along with a clarification across all three professions defining what constitutes a school's failure to obtain accreditation and specifying that applicants may not continue renewing their associate registration once accreditation is denied. Schools would also be required to inform prospective students that failure to obtain accreditation

affects license eligibility. The proposed language was provided in meeting materials as Attachment A.

These proposed amendments raise an issue specific to LMFT and LPCC degrees: unlike LCSW applicants, whose programs must be CSWE-accredited, LMFT and LPCC degrees may come from either BPPE approved schools or institutions accredited by recognized regional or national agencies. However, BPPE's definition of school approval changed in 2015, creating additional complexity that must be addressed.

BPPE School Approval

BPPE formerly approved unaccredited institutions in California, but this changed with SB 1247 (2014), which requires all degree-granting institutions to become accredited by a U.S. Department of Education-recognized agency. Schools that are not yet accredited may receive provisional BPPE approval, usually for up to five years, and must inform students that they are not accredited.

Because BPPE approval now essentially equates to accreditation, updating statutory references to BPPE approval has not been urgent. However, leaving the term in law could lead applicants from provisionally approved schools that later fail accreditation to incorrectly claim their degree still qualifies. To prevent confusion, staff propose removing BPPE approval references from statute.

Proposed amendments also include a grandfather clause allowing the Board to accept degrees awarded on or before January 1, 2015, when BPPE still approved unaccredited schools, provided the school had unconditional BPPE approval at the time. This protects applicants who earned degrees before the accreditation requirement changed.

Proposed amendments were provided as Attachment B in the meeting materials.

Discussion

Mr. Jones said he reviewed the proposed changes and found them clear. He appreciated the work done to improve clarity and stated he had no issues with the proposal.

Ms. Thiess agreed with the previous remarks and asked for clarification about how things have worked in practice given that the law has been silent on LMFT and LPCC. She wanted to know what has occurred when this issue has come up.

Ms. Helms explained that a few schools have recently been in accreditation candidacy, and one school even failed to obtain accreditation—a rare situation she had not seen in her 15 years with the Board. This raised the question of how to handle such cases, which is why clarification is now being proposed. She added that new programs must matriculate students as part of the accreditation process, and with workforce needs increasing, students want to enroll in these

programs even while accreditation is pending. The goal is to create a pathway that allows students to begin their education and provide services while the school completes the accreditation process.

Mr. Sovec asked whether schools should be required to notify students in a more explicit and standardized way, noting that students may be overwhelmed during this period. He suggested considering more directive requirements — such as specific timing, format, or prominence of the notification — so that important information isn't hidden or hard to find.

Ms. Helms said the suggestion was reasonable and that she could work on language to address it, possibly by requiring a separate, signed notice to ensure students are clearly informed.

Mr. Sovec emphasized the need for more specific, prominent notifications to students. He noted that important information can easily be buried in marketing materials and said notifications should be clear and front-and-center—not to penalize schools, but to ensure students fully understand the situation when applying to programs.

Ms. Helms explained that enforcement in this area is difficult because the Board does not regulate schools. She said she could model the requirement after the existing required notice.

Ms. Berger noted that even without direct enforcement authority, adding the requirement could still protect students. If a school failed to provide the notice, students might have grounds to take legal action because the requirement would be established in law.

Motion: Direct staff to make any discussed changes to Attachments A and B and to make the notice more specific, on a separate paper in a specified font size, and signed; and recommend that the Board pursue the language in Attachments A and B as a legislative proposal.

M/S: Jones/Thiess

Public Comments and Discussions

Mr. Ezrine agreed that the LMFT and LPCC practice acts should align with current law under SB 1247 and appreciated the amendments, including those addressing the grandfather clause for BPPE-approved degrees before 2015 and for applicants whose schools remain in accreditation candidacy. However, he raised concerns about possible unintended consequences for applicants from 2015 to now, noting that current law still allows BPPE approval as acceptable. He asked how many schools are BPPE-approved but not accredited, whether any applicants may have unknowingly fallen through the cracks since SB 1247

passed, and how the proposed amendments would affect those applicants to ensure they are not harmed.

Ms. Helms explained that after 2015, “approval” by BPPE no longer existed in the way the law previously defined it — schools were either accredited or they failed accreditation. Because of that, applicants after 2015 would need an accredited degree to qualify for licensure. The grandfather clause covers anyone who might have been affected before 2015, and after that point, schools were already operating under the updated requirements. She noted that BPPE had notified schools when the law changed, so programs understood they needed accreditation. At this stage, programs are either accredited or not, and no one would be applying with a BPPE-approved degree from later years because BPPE approval no longer existed. The proposed amendments simply clean up the practice act language to match what has already been happening in practice.

Sara Carrasco, William Jessup University, asked for clarification about a potential ripple effect involving transfer units. Specifically, she wanted to know whether units earned at a school that was not accredited would still count if a student later transferred into an accredited university, and whether any limitations would apply.

Ms. Helms explained that if a school failed accreditation, but a student transferred those units into an accredited program, the degree would still qualify. As long as the accredited institution accepts the units and grants the degree, the student meets the requirements.

Dr. Caldwell asked about universities in accreditation candidacy and how long they can typically remain in that status before either achieving accreditation or failing out. He noted that accreditors might be inclined to extend candidacy to give schools every chance to succeed, which could leave students in limbo. He emphasized this was simply a question for clarification, not an objection to the proposed language.

Ms. Helms explained that under BPPE rules, schools seeking conditional approval must show they have entered accreditation candidacy within two years and demonstrate evidence of accreditation within five years. She added that the law appears to allow possible extensions — likely up to two additional years — though she could not locate the specific provision at that moment.

Vote: 3 yea, 0 nay, 1 absent. Motion carried

Member	Vote
Christopher Jones	Yes
John Sovec	Yes
Wendy Strack	Absent
Rebecca Thiess	Yes

6. Update on Board-Sponsored and Board-Monitored Legislation

Board-Sponsored Legislation

The Board is pursuing the following legislative proposals this year:

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

   This proposal is the Board's first step toward updating and modernizing the licensing process to make it more accessible and better aligned with real-world challenges, while still maintaining necessary standards for safe and competent practice. It also updates and clarifies the exemption criteria for faith-based counseling.

   Status: AB 1598 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 Board's annual Omnibus Committee bill, which includes several technical, non-substantive amendments intended to clarify and clean up the Board's current practice acts. The amendments are:

   - To clarify when supervisors must assess for appropriateness of utilizing videoconference supervision.
   - To modernize the statutes requiring coursework in human sexuality and child abuse assessment.

     Ms. Helms noted that the child abuse assessment language was considered too substantive for inclusion in the omnibus bill. Staff will continue refining that language through the Workforce Committee and the MFT Education Review, so those amendments are on hold for now.

   - 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.

     Ms. Helms explained that these amendments simply standardize advertising and client-disclosure requirements across all associate and trainee types. Previously, MFTs, social workers, and LPCCs had different requirements, with some being less specific. These changes make the rules consistent for everyone. The Business and Professions Committee felt the revisions were too detailed for the omnibus bill, so the language was instead added to SB 1598 this past week.

Status: SB 1445 was introduced on March 17, 2026. t is currently in the Assembly Business and Professions Committee.

Board-Supported Legislation

AB 2551 (Elhawary) Health Care Coverage
This bill originally intended to gather information on how often individuals go out of network and pay out-of-pocket for behavioral health care, was amended this week to address a different topic.

SB 903 (Padilla) Mental Health Professionals: Artificial Intelligence
The Board previously took a position of support if amended. This bill has new amendments and will be returned to the Board in August for further review.

SB 934 (Wiener) Sexual Orientation or Gender Identity Change Efforts: Actions for Recovery of Damages: Statute of Limitations
This bill, addressing sexual orientation or gender identity change efforts, also received substantive amendments and will be returned to the Board in August.

Discussion

Mr. Sovec asked what concerns existed with the proposed child abuse assessment language.

Ms. Helms explained that the changes were too substantive for inclusion in the omnibus bill. She noted that the current law contains outdated language allowing a waiver of the child-abuse requirement for applicants not working with children, which is problematic. Because the omnibus bill must remain strictly technical, they could not remove that language at this time. Instead, those provisions will be reevaluated as part of the broader Workforce Committee and MFT education review and amended later in a comprehensive update.

Public Comment and Discussion

Dr. Caldwell asked about the status of the human sexuality coursework language.

Ms. Helms explained that the Board is proposing to remove outdated language requiring coordination with other boards, as the requirement has long been established and the old wording is no longer relevant. She noted that recent changes moved the human sexuality and child-abuse sections from the general Business and Professions Code into board specific sections, making them easier to update. This restructuring allows the Board to modernize these requirements without needing broader cross-board consensus.

7. Update on Board Rulemaking Proposals

Continuing Education
Status: Staff preparing documents for DCA Final Review Process

English as a Second Language: Additional Examination Time
Status: Submitted for DCA Production Phase Review August 14, 2025

AMFTRB National LMFT Examination
Status: Staff preparing documents for Production Phase Review (on hold until the Board reviews additional information at the August 2026 Board Meeting)

Licensed Educational Psychologist Experience
Status: Submitted for DCA Production Phase Review on April 6, 2026

Discussion: None

Public Comment: None

8. Suggestions for Future Agenda Items

None

9. Public Comment for Items not on the Agenda

None

10. Adjournment

The Committee adjourned at 9:57 a.m.