November 16, 2026

California BBS
1625 North Market Blvd., Suite S-200
Sacramento, CA 95834

By email to Christina Kitamura, christina.kitamura@dca.ca.gov

Re: Agenda Item 30, rulemaking to accept the AMFTRB national examination, Board meeting of November 19-20, 2026

Dear Chair Strack and Members of the Board:

The Board's 2026-2030 Strategic Plan sets the vision that "All Californians have access to quality mental health services," and it gives the Board the mission to "Protect and serve Californians by setting, communicating, and enforcing standards for safe, competent, and culturally responsive mental health practices" (California BBS, 2026f, p. 5). The plan also names accessibility, diversity, equity and inclusion among the Board's values. In its 2025 sunset report, the Board told the Legislature that "California is experiencing a significant mental health workforce shortage," one that is "particularly acute in certain regions and for specific types of mental health professionals" (California BBS, 2025c, p. 92). The Legislature's background paper for that review adds that nearly one-third of Californians live in designated mental health professional shortage areas (California Legislature, 2025, p. 31).

In its May 2025 draft response to the Legislature, the Board wrote that it is "uniquely positioned" to support the state's workforce efforts by ensuring that the licensure process is "transparent, efficient, and free of unnecessary barriers" (California BBS, 2025b, p. 21-45). The transition to the national MFT examination is one of the most direct steps available to the Board toward the vision and mission in its new Strategic Plan. I ask the Board to make completing that transition a priority, to provide the funding and resources the work requires, and to empower staff to carry it through.

Continuity of care

When a client moves out of state, the client's California therapist usually needs a license in the new state to continue treatment, and several states give no credit for California's examination (AAMFT, 2026). New York, for example, "does not accept the California examination for licensure" (New York State Education Department, n.d.). As a clinic director, I have seen many times how clients are put at risk when they move out of state and their California therapist is not allowed to keep treating them. A California license earned through the national examination would make it easier for a therapist to become licensed where a client moves, so that care already under way can continue.

Telehealth makes it practical for a therapist to keep treating a client after a move, and the Board

has connected the national examination to telehealth. In 2024, Board staff wrote that heightened stakeholder interest in the national examination "is largely attributed to the growing utilization of telehealth services and the subsequent need for portability in licensing requirements" (California BBS, 2024, p. 18-1), and the Legislature's background paper reports the Board's view that national standards enhance telehealth capabilities (California Legislature, 2025, p. 19). The Chair's message in the Strategic Plan names "advances in telehealth" among the forces reshaping mental health care (California BBS, 2026f, p. 4).

The value of a California license

California is the only state that uses its own MFT clinical examination (California Legislature, 2025, p. 18). In the Board's words, "Adopting a national clinical exam will allow a California LMFT license to be more portable to other states" (California BBS, 2025c, p. 105), and the background paper reports the Board's view that national standards reduce the cost of seeking licensure in multiple jurisdictions (California Legislature, 2025, p. 19). The VA's advanced MFT positions at grade GS-12 require either a degree from a COAMFTE-accredited program or a passing score on the national examination (U.S. Department of Veterans Affairs, 2026), so a California MFT who graduated from a program without COAMFTE accreditation needs the national examination to qualify. California licensees value portability, and 97% of CAMFT members surveyed in 2023 said they wanted it (CAMFT, 2023).

The same draft response says that clear communication about "the value of these professions can help attract new individuals into the workforce" (California BBS, 2025b, p. 21-45). A license that travels adds to that value, and it is likely to draw more people into training and licensure in California.

Fair examinations

Goal 3 of the Strategic Plan calls for "fair, valid, comprehensive, culturally responsive, and relevant licensing examinations" (California BBS, 2026f, p. 8). AMFTRB uses differential item analysis to screen its questions for bias, which the Board's draft response describes as "something that is not currently done for the California Clinical exam" (California BBS, 2025b, p. 21-38). A 2025 national survey of examinees found similar disparities on both examinations, and Black respondents passed at nearly the same rate on each: 51% on the national examination and 50% on California's (Lyness et al., 2025). Fair examinations also bear on who enters the profession. In January 2024, the Workforce Development Committee reviewed HCAI data showing that Hispanic Californians are the most underrepresented group in the state's health workforce (HCAI, as cited in California BBS, 2025c), and an examination screened for bias supports the plan's values of diversity and equity.

Bringing qualified therapists into California

California law already contains the route. BPC 4980.74(d) lets a therapist licensed or registered

in another state qualify for a California license without California's clinical examination after passing "the clinical licensing examination set forth in regulation as accepted by the board" (Cal. Bus. & Prof. Code § 4980.74, 2026). Naming the national examination in regulation would open that route to therapists who passed it elsewhere. Today, MFTs licensed elsewhere for under two years, and associates in other states who have already passed the national examination, must take a second clinical examination to be licensed in California, because the clinical examination waiver in BPC 4980.72 applies only after two years of licensure (Cal. Bus. & Prof. Code § 4980.72, 2026).

The Board has seen how removing barriers draws applicants. After SB 679 streamlined the out-of-state pathway, out-of-state applicants across the three clinical licenses rose from 791 in FY 2019-20 to over 1,000 in FY 2023-24 (California Legislature, 2025, p. 20), and the Board reported that its portability pathway "has led to a rise in out-of-state licensees applying for licensure" (California BBS, 2025c, p. 8). A national examination fits the licensing standards that Goal 2 describes, which "protect consumers and allow reasonable and timely access to the profession" (California BBS, 2026f, p. 7).

The Board's evaluation

The Board has studied the national examination for more than a decade (California BBS, 2024, p. 18-1). OPES reviewed the examination in 2022 and presented a new evaluation to the Board in closed session in August 2026 (California BBS, 2026a, p. 22-1; 2026c, p. 11-3), and the Board will consider acceptance of the examination in closed session at this meeting under the exception for licensing examinations (California BBS, 2026e, p. 4). I respect that work and the Board's duty to use a valid exam, and I ask the Board to give the transition the priority and resources to finish it.

Concerns raised over the years

Board members and staff have raised four kinds of concerns over the years: content specific to California, fair results for every group of candidates, oversight of an examination the Board does not own, and access for candidates.

The first concern is whether the national examination measures the parts of practice that are specific to California. The 2026 evaluation was commissioned "to determine whether there are any areas of LMFT practice that are not measured by the national exam" (California BBS, 2026a, p. 22-1). California covers practice that is specific to the state through several layers of its licensing system. BPC 4980.36 requires California degree programs to teach recovery-oriented care, California cultures and socioeconomic position, systems of care for people with severe mental illness, and California law and ethics, and every candidate must pass the California Law and Ethics Examination (Cal. Bus. & Prof. Code §§ 4980.36, 4980.397, 2026). The Board already licenses MFTs whose clinical examination was the national examination, because after two years of licensure in another state, BPC 4980.72 waives California's clinical examination

and relies on California law and ethics coursework, one semester unit or 15 hours of instruction in California cultures and socioeconomic position, training in child abuse assessment and suicide risk, and the Law and Ethics Examination (Cal. Bus. & Prof. Code § 4980.72, 2026). LCSWs and LPCCs already take national clinical examinations (California BBS, 2025c, p. 114).

The second concern is whether the examination produces fair results for every group of candidates (California BBS, 2025a, pp. 13-14). AMFTRB collects voluntary demographic data from its candidates and screens its questions for bias (California Legislature, 2025, p. 19), and a 2025 national survey of examinees found similar results on both examinations (Lyness et al., 2025).

The third concern is oversight of an examination the Board does not own. Early in 2026, AMFTRB tested candidates on a content outline it had not published, and it then offered free retakes and refunds of retake fees to candidates who failed from January through April (Caldwell, 2026). The Board already relies on national examination providers for LCSW and LPCC licensure (California BBS, 2025c, p. 114). California's candidates would nearly double AMFTRB's candidate pool (California BBS, 2024, p. 18-3), which would give the Board a strong voice in the examination. Members have also asked to keep the ability to change course (California BBS, 2026d, p. 10-15), and because the statute leaves the choice of clinical examination to the Board's regulations, the Board keeps the authority to change that choice (Cal. Bus. & Prof. Code § 4980.397, 2026).

The fourth concern is access for candidates, including cost, monthly testing windows, the wait for scores, and any gap in testing during the switch (California BBS, 2026b, p. 25-3; 2026d, p. 10-15). In January 2026, AMFTRB was considering two testing weeks a month, and staff were considering a transition approach that would transfer eligibilities, refund unused California examination fees, and extend eligibilities that expire early in the switch (California BBS, 2026a, pp. 22-2 to 22-3). AMFTRB also offers an official practice examination, which the California examination lacks (California BBS, 2025b, p. 21-39), and a licensee who later seeks a license in a state that requires the national examination will already have passed it.

Summary

I ask the Board to make completing the transition to the national examination a priority. The transition serves the Strategic Plan's vision, its mission, Goal 2 and Goal 3 at once, and it protects continuity of care for clients who move. The plan already includes the national examination in Objective 3.4 (California BBS, 2026f, p. 8). At this meeting, I ask the Board to take the rulemaking off hold, where it has stood "until the Board reviews additional information" (California BBS, 2026c, p. 11-28), and to direct and empower staff to complete it with the staffing and funding the work requires.

The work also fits the Board's resources. The Board's draft response notes that alignment with the national examination "may also reduce redundancy in exam development and oversight,

allowing the Board to reallocate valuable resources toward other key areas of licensure and regulation" (California BBS, 2025b, p. 21-38). The Board has funds for the transition as well, since its reserves exceed the 24-month limit in BPC 128.5(b) and it is lowering fees through June 2030 to reduce them (California BBS, n.d.).

Making the national examination a priority, and giving staff the resources to complete it, moves the Board toward its vision that all Californians have access to quality mental health services.

Thank you for your consideration.

Sincerely,

Tony Rousmaniere, PsyD

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