



## Policy and Advocacy Committee Minutes

This Policy and Advocacy Committee Meeting was webcasted. A record of the webcast is available at <https://www.youtube.com/watch?v=IZd6f9v1mDs&feature=youtu.be>.

**DATE** April 5, 2019

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

**TIME** 9:00 a.m.

### ATTENDEES

**Members Present:** Christina Wong, Chair, LCSW Member  
Betty Connolly, LEP Member  
Jonathan Maddox, LMFT Member  
Dr. Christine Wietlisbach, Public Member

**Members Absent:** *All members present*

**Staff Present:** Kim Madsen, Executive Officer  
Steve Sodergren, Assistant Executive Officer  
Sabina Knight, Legal Counsel  
Rosanne Helms, Legislative Analyst  
Christy Berger, Regulatory Analyst  
Christina Kitamura, Administrative Analyst

**Other Attendees:** *See voluntary sign-in sheet (available upon request)*

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### I. Call to Order, Establishment of Quorum, and Introductions

Christina Wong, Chair of the Policy and Advocacy Committee (Committee), called the meeting to order at 9:06 a.m. Christina Kitamura called roll, and a quorum was established.

**II. Approval of February 8, 2019 Committee Meeting Minutes**

**MOTION:** Approve the February 8, 2019 meeting minutes. Wietlisbach moved; Wong seconded. Vote: 4 yea, 0 nay. Motion carried.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**III. Discussion and Possible Recommendation Regarding Assembly Bill 184 (Mathis) Board of Behavioral Sciences: Registrants and Licensees**

AB 184 would require the Board to offer its applicant, registrants, and licensees the option to keep their home address confidential.

Intent

The author’s office states that personal home addresses for all BBS therapists and social workers are required to be public knowledge. This requirement creates concern for the potential of harm towards clinicians. The author’s office also states that a clinician may list a P.O. Box as their primary address; however, they are penalized for keeping their address private.

Permitted Addresses

It is incorrect that a Board licensee must either provide their home address or a post office box. The law also currently permits a secondary address to be used, such as an office or place of employment. The address they choose is shown as their address of record if a consumer performs a licensee/registrant search via the Board’s website.

Conflict in Law

This proposal creates a conflict in law with BPC section 27, which states that specified boards and bureaus under DCA shall disclose a licensee’s address of record.

Discussion

Concerns were raised regarding the costs incurred to have a P.O. Box address and regarding child welfare workers.

The Committee decided to watch the bill. No action was taken.

**IV. Discussion and Possible Recommendation Regarding Assembly Bill 544 (Brough) Professions and Vocations: Inactive License Fees and Accrued and Unpaid Renewal Fees**

This item was removed from the agenda. Staff is working with the author on technical amendments.

**V. Discussion and Possible Recommendations Regarding Assembly Bill 613 (Low) Professions and Vocations: Regulatory Fees**

AB 613 would allow the Board to increase any of its authorized fees once every four years by an amount up to the Consumer Price Index (CPI) for the preceding four years.

This bill would require a board seeking to increase its fees by the CPI to provide its calculations and proposed fees to the director. The director must approve the fee increase except in the following circumstances:

- a) The Board has unencumbered funds that are equal to more than the board's operating budget for the next two fiscal years; or
- b) The fee would exceed the reasonable cost to the board to administer the provisions the fee is paying for; or
- c) The director determines the fee increase would injure public health, safety, or welfare.

Intent

The intent of this bill is to allow boards to raise their fees once every four years by the CPI without going through the rulemaking or legislative process. They note that because the legislative and rulemaking processes are cumbersome, boards tend to delay raising fees until necessary to support ongoing operations, and the resulting fee increase is then significant and controversial. The author believes that allowing a fee increase adjustment by the CPI will allow fees to adjust more modestly over time.

Current Board Fee Audit

The Board has not raised its fees since the 1990s. The Board is in the process of conducting a fee audit and expects to pursue legislation and regulations to raise fees within the next year. It is unlikely that this bill would allow the Board to avoid pursuing a fee increase via legislation or regulations this time but having a CPI adjustment option in the future may allow the Board to better keep pace with rising costs.

**MOTION:** Recommend to the Board to support AB 613. Connolly moved; Wong seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**VI. Discussion and Possible Recommendation Regarding Assembly Bill 769 (Smith) Federally Qualified Health Centers and Rural Health Clinics: Licensed Professional Clinical Counselor**

AB 769 would allow Medi-Cal reimbursement for covered mental health services provided by a licensed professional clinical counselor (LPCC) employed by a federally qualified health center (FQHC) or a rural health clinic (RHC).

There are approximately 600 FQHCs and 350 RHCs in California. These clinics serve the uninsured and underinsured and are reimbursed by Medi-Cal on a “per visit” basis. Currently, psychologists, marriage and family therapists (LMFTs), and clinical social workers (LCSWs) are authorized for Medi-Cal reimbursement in these settings. However, LPCCs are not, creating a disincentive for these clinics to hire them.

2017 Legislation

AB 1591 was identical to AB 769. The Board took a “support” position; however, the bill was vetoed by the Governor. In his veto message, he stated the following: *“The Department of Health Care Services is developing a new payment model for these health clinics that will eliminate the need to add specific providers to an approved list. Consequently, this bill is unnecessary.”*

The new payment model the Governor referred to was not approved, and in 2018, that project was terminated.

Discussion

The Committee expressed support for AB 769. CAMFT also expressed support for AB 769.

**MOTION:** Recommend to the Board to support AB 769. Wietlisbach moved; Maddox seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**VII. Discussion and Possible Recommendation Regarding Assembly Bill 850 (Lackey) Clinical Social Workers: Licensure Requirements**

This bill does not affect the Board; therefore, this item was removed from the agenda.

**VIII. Discussion and Possible Recommendation Regarding Assembly Bill 1145 (Garcia) Child Abuse: Reportable Conduct**

AB 1145 would specify that voluntary acts of sodomy, oral copulation, and sexual penetration are not considered acts of sexual assault that must be reported by a mandated reporter as child abuse if there are no indicators of abuse, unless it is between a person age 21 or older and a minor under age 16.

Intent

The author is attempting to clarify the law due to concerns and feedback that requirements for mandated reporters of child abuse are confusing, inconsistent, and discriminatory.

Some mandated reporters interpret the law to read that consensual sodomy and oral copulation is illegal with anyone under age 18, and that it requires a mandated report as sexual assault under Child Abuse and Neglect Reporting Act (CANRA). They argue that the same reporting standards do not apply to consensual heterosexual intercourse.

There are also contradictory opinions that the law does not read this way, and that sodomy and oral copulation are not treated differently from other acts in the code. However, lack of a clear answer leads to confusion about what is reportable and what is not.

Therefore, the author is seeking to make the law consistent by ensuring that all types of voluntary activities are treated equally for purposes of mandated reporting under CANRA.

**MOTION:** Recommend to the Board to support AB 1145 and direct staff to provide technical support to the author's office. Wietlisbach moved; Wong seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**IX. Discussion and Possible Recommendation Regarding Assembly Bill 1540 (Holden) Music Therapy**

AB 1540 seeks to define music therapy in statute and to provide guidance to consumers and agencies regarding the education and training requirements of a qualified music therapist.

Intent

The author is seeking to create a uniform definition for music therapy in statute to ensure continuity and uniformity of service. They note that several agencies have established definitions of music therapy in regulation. However, the definitions are inconsistent and sometimes refer to obsolete entities. The goal of the bill is to protect consumers from harm and misrepresentation from practitioners who are not board-certified music therapists and who are not practicing under the Certified Board for Music Therapists' Code of Professional Practice.

Effect on Board Licensees

The bill contains language stating that the use of music therapy is not restricted to any profession. This would permit Board licensees who use music therapy to continue doing so. However, Board licensees must not state that they are a Board-Certified Music Therapist, unless they hold that certification.

Discussion

Ms. Helms clarified that the bill does not create a new license; it creates title protection.

Mr. Maddox expressed concerns regarding potential harm of consumers:

- Difficulty for a client to discriminate between a mental health practitioner and a person who is not a mental health practitioner, and the potential for a client to seek service that is not in their best interest.
- How would the industry ensure that clients who have mental health disorders seek out services from a mental health provider versus a music therapist?
- Music therapists potentially lacking clinical training regarding suicide.

Ms. Helms stated that the scope of practice already exists; the bill would codify the practice that could be misunderstood.

Ms. Connolly expressed concerns: legislation that clarifies the certification adds an implied capability of practice.

Dr. Wietlisbach feels that the language is strictly about title protection and does not feel that it sends the wrong message.

**MOTION:** Recommend to the Board to take a neutral position on AB 1540. Wietlisbach moved; Wong seconded. The motion carried; 3 yea, 1 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox		x			
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**X. Discussion and Possible Recommendation Regarding Assembly Bill 1651 (Medina) Licensed Educational Psychologists: Supervision of Associates and Trainees**

AB 1651 would allow applicants for licensure as a marriage and family therapist, professional clinical counselor, or clinical social worker to gain some supervised experience hours under a licensed educational psychologist (LEP).

AB 1651 does the following:

1. Would permit LEPs to be supervisors of marriage and family therapist and professional clinical counselor associates and trainees, and associate clinical social workers, if they meet all of the Board's other requirements to supervise.
2. Limits hours that may be gained under supervision of an LEP to no more than 1,200 hours.
3. Adds unprofessional conduct provisions into LEP statute related to supervision of unlicensed persons.

Intent

The California Association of School Psychologists (CASP) states that a 2011 law change shifted the responsibility to provide special education students' mental health services from county mental health departments to school districts.

School districts provide Educationally Related Mental Health Services (ERMHS) to students with disabilities. ERMHS can occur in both educational and clinical settings, and the purpose is to provide mental health support so that students can access their educational programs.

CASP notes that many school districts are employing BBS associates to provide ERMHS and that the law requires ERMHS service providers to be supervised by someone with a pupil personnel services (PPS) credential. LEPs have PPS credentials and training in the educational system, but they are currently not permitted to supervise BBS associates. Supervisors (LMFTs, LPCCs, LCSWs, psychologists, and psychiatrists) that can supervise BBS associates, do not necessarily have a PPS credential or the specialized educational system experience that LEPs have.

### LEP Supervision Settings

The rationale for allowing LEPs to serve as supervisors is that they have qualifications to supervise in ERMHS settings that other types of supervisors are unlikely to have. However, the bill does not limit LEP supervision to ERMHS settings.

### Previous Discussion

At a previous committee meeting, there was a question of whether allowing LEPs to supervise associates would affect California licensees' ability to seek licensure in another state. In response, staff surveyed several states to determine the impact and found that some states would allow it and some states would not.

### Discussion

Mr. Maddox expressed several concerns regarding LEPs supervising other associates and trainees:

- LEPs hold a distinctively different license with a distinctively different scope of practice.
- The LEP educational pathway is distinctively different from other licensees.
- Differences in coursework. Mr. Maddox cited examples of specific coursework.
- Does not see a connection between educational evaluation/testing and psychological counseling for families, and therefore, concerned about the LEP's ability to provide supervision for family counseling.
- Associates' roles are to focus on the mental health component of the issues that arise from the IEP. They work with the clients that meet medical necessity.
- LEPs are not significantly trained to work with therapists.



Ms. Connolly responded to Mr. Maddox's concerns:

- Course content on school psychology degree programs contain a substantial counseling component that includes many of the variables cited by Mr. Maddox.
- Most school psychologists have counseling credentials.
- School psychologists are not trained in a medical model, which is why school psychologists are in a better position to supervise ERMHS services. ERMHS service is not based on a medical model. It's based on the educational model of impact on educational performance in functioning and outcomes.
- School psychologists assess for behavioral and mental health issues. School psychologists are trained to intervene in the context of the school system, but no less valuable and no less in depth than marriage and family therapist training.

Mr. Maddox stated that many school districts hire LCSW's, LMFT's, LPCC's, who have the PPS credential, as school social workers, and who understand the nuances of a classroom and provide that level of supervision for associates.

Ms. Connolly responded that the bill is addressing the fact that not all school districts employ social workers, but they all employ school psychologists, many of whom are LEPs. The bill would provide increased access and make it easier for schools to recruit associates and have someone in place to provide supervision. The school would not have to hire another licensee, which is a huge cost if it is a smaller educational entity that may not have those resources.

Chris Jones, CASP, answered questions regarding private practice. LEPs may work in a private practice setting. The bill would also allow LEPs to provide supervision in a private practice setting.

Mr. Jones provided information regarding the National Association of School Psychologists coursework and training standards, stating that it includes counseling, consultation, and family. LEPs must be able to bridge mental health and education.

Ms. Madsen suggested amending the language to specify that supervision is only applicable to associates who are providing ERMHS services.

Discussion shifted to the 1,200 hours. Mr. Jones explained that CASP chose 1,200 hours because it equates to a school year. School districts hire interns for one academic year.

Mr. Maddox requested a reduction in hours and requested that staff work with the author to establish a more feasible number of hours.

Ms. Connolly and Ms. Wietlisbach did not support Mr. Maddox’s request.

**MOTION:** Recommend to the Board to support AB 1651 if amended to define ERMHS services. Wong moved; Connolly seconded. The motion carried; 3 yea, 1 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox		x			
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**XI. Discussion and Possible Recommendation Regarding Senate Bill 10 (Beall) Mental Health Services: Peer, Parent, Transition-Age, and Family Support Specialist Certification**

SB 10 requires the State Department of Health Care Services (DHCS) to establish a certification body for adult, parent, transition-age youth, and family peer support specialists. It also requires DHCS to amend the state’s Medicaid plan to include these providers as a provider type within the Medi-Cal program.

Intent

The goal of this bill is to:

- Require DHCS to establish a certification program for peer support providers; and
- Provides increased family support and wraparound services.

The author notes that California lags behind the rest of the country in implementing a peer support specialist certification program. Currently, the Department of Veteran’s Affairs and 48 states either have or are developing such a program.

Concerns

*Scope of Practice:*

The bill appears to outline a scope of practice for peer support specialists, although somewhat indirectly in the Welfare Institution Code (WIC) §§14045.12, and 14045.13(l).

The bill does not contain explicit language that the Board has typically recommended for similar bills. However, WIC §14045.19 contains language that excludes “providing clinical services” from work that peer support specialists are qualified or authorized to do.

*Identification of Supervisors:*

The bill does not mention supervision requirements for peer support specialists or specify the amount of supervision that would be needed. Past versions of the bill have identified acceptable supervisors but left out LPCCs.

*Fingerprinting:*

This bill does not specify fingerprinting as a requirement to obtain certification as a peer support specialist.

Previous Legislation

The Board considered a similar bill proposal in 2018 (SB 906). The Board took a “support if amended” position, requesting inclusion of LPCCs as acceptable supervisors and requesting fingerprint requirement. The Governor vetoed SB 906.

Discussion

Ms. Wong and Mr. Maddox expressed support, stating that the role of peers is critical in mental health systems of care. It also provides specialists with opportunities for training and career development.

Mr. Maddox suggested adding assessment and treatment planning to the services that cannot be provided by peer specialists.

Ms. Madsen stated that the amendments may be addressed during the regulation process.

The Committee suggested that Ms. Helms continue to work with the author to address the scope of practice, identification of supervisors, and fingerprinting requirements.

**MOTION:** Recommend to the Board to support SB 10. Wong moved; Wietlisbach seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

## **XII. Discussion and Possible Recommendation Regarding Senate Bill 163 (Portantino) Healthcare Coverage: Pervasive Developmental Disorder or Autism**

SB 163 seeks to close some of the loopholes that insurance companies use to deny treatment for behavioral health treatment for pervasive developmental disorder or autism. It also revises the definitions of a “qualified autism service professional” and a “qualified autism service paraprofessional.”

SB 163 does the following:

1. Modifies the definition of “behavioral health treatment.” The new definition specifies that it means professional services and treatment programs based on behavioral, developmental, behavior-based, or other evidence-based models, including applied behavior analysis and other evidence-based behavior intervention programs, that develop or restore functioning.
2. Closes loopholes that are used to deny coverage regarding parent participation.
3. Makes changes to the definition of a “qualified autism service professional”:
  - a. Specifies that they may provide behavioral health treatment, including clinical case management and case supervision, under the direction of a qualified autism service provider
  - b. Must meet requirements to be classified as a vendor by a California regional center to provide services or Have a Bachelor of Arts or science degree plus experience/coursework outlined in 1 of 5 specified categories. One category allows for BBS associates to qualify.
4. Makes changes to the definition of a “qualified autism service paraprofessional.”

### Intent

The author’s office states that currently, patients with pervasive development disorder or autism are being denied treatment coverage for prescribed behavioral health treatment due to loopholes in the law. Some of these loopholes include the requirement for parental participation and location of service requirements. In addition, in some cases, coverage is only being offered for one form of behavioral health treatment, leading to a shortage of network providers and a 6 to 12 month waiting list for services. This bill seeks to remove these loopholes and to increase the requirements to qualify as an autism service paraprofessional.

Prior Year Legislation

Last year, the Board considered a similar bill, SB 399. At its May meeting, the Board took a “support if amended” position on the bill and asked that LEPs also be included as someone who can be a qualified autism service professional.

However, staff learned that making this change would likely be counter-productive for LEPs. LEPs are already included as qualified autism service providers, which is a higher category than qualified autism service professionals.

The sponsor advised that including LEPs as professionals could be counter-productive, because it could allow insurance companies to require them to be supervised and to be paid at a reduced rate.

SB 399 was vetoed by Governor Brown.

**MOTION:** Recommend to the Board to support SB 163. Wong moved; Connolly seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**XIII. Discussion and Possible Recommendation Regarding Senate Bill 425 (Hill) Health Care Practitioners: Licensee’s Rule: Probationary Physician’s and Surgeon’s Certificate: Unprofessional Conduct**

SB 425 requires health facilities and clinics, health care service plans, or other entities that make arrangements for a healing arts licensee to practice in or provide care for patients to report allegations of sexual abuse or sexual misconduct by a licensee to the applicable state licensing board within 15 days. The reporting requirements also extend to employees of these entities.

Intent

The author is seeking to close legal loopholes that can allow a practitioner with repeated sexual abuse and misconduct complaints to keep practicing at a health facility for years without their licensing board being notified.

The issue was brought to light in a May 2018 report by the L.A. Times, which disclosed multiple unresolved complaints by a USC gynecologist who had

worked at the university for almost 30 years. None of the complaints had been reported to the Medical Board.

The author of SB 425, Senator Jerry Hill, conducted a hearing on sexual misconduct reporting in the medical profession in response to the L.A. Times report. The hearing found that there are different reporting standards for different types of health facilities.

#### Expansion of Settling Reporting Requirements

This bill expands reporting by requiring a report to be filed for any allegation of sexual abuse or sexual misconduct. The individuals who must report are also greatly expanded: a health facility or clinic, the administrator or chief executive officer of a health care service plan, or other entity that makes arrangements for a healing arts licensee to practice in or provide care for patients. The reporting requirements also extend to employees of these entities.

Board licensees practice in a variety of settings. These include not only health facilities and clinics, but also private practices, schools, and corporations. Staff asked the author's office to clarify whether "other entities" that arrange for a Board licensee to practice in or provide care for patients would include all practice settings in the reporting requirements. The author's office indicated that their intent is to ensure that all instances or complaints of sexual misconduct be reported in any setting anytime a licensee is seeing a patient.

#### Potential Fiscal Impact on Board Operations

SB 425 could result in an increase in complaints because it significantly changes the reporting requirements to the Board for licensee sexual misconduct. It is unknown if the new reporting requirements will lead to a significant increase in complaints. Complaints by a 3rd party are more likely to close because the victim does not wish to participate and without their participation, there is often a lack of evidence. For this reason, staff believes that the increased caseload would be minimal and could be absorbed within existing resources.

#### Discussion

The Committee expressed concerns regarding third-party allegations.

SB 425 will be heard in Senate Committee on Monday, April 8<sup>th</sup>. The Committee decided to watch the bill and wait until May when the committee analysis is presented to the full Board. No action was taken.

**XIV. Discussion and Possible Recommendation Regarding Senate Bill 601 (Morrell) State Agencies: Licensees: Fee Waiver**

SB 601 would allow the Board to reduce or waive fees for a license or registration, license or registration renewal, or replacement of a physical display license if the licensee or registrant can demonstrate being affected or displaced by a state or federal emergency.

Intent

The author notes that in recent years, California has experienced several costly natural disasters. They state that these disasters have affected an estimated 381,700 businesses, and many of these individuals must replace licensing documents. The goal of this bill is to help relieve pressure on these individuals and help them get back to work.

Potential Fiscal Impact

It is difficult to predict the potential fiscal impact to the Board of lost fee revenue due to declared emergencies.

Need for Regulation

If this bill were to pass, the Board may need to consider regulations to determine the process to request a fee waiver, and to determine acceptable proof of being displaced or affected. Alternatively, the Board could choose to leave this decision to be made on a case-by-case basis.

**MOTION:** Recommend to the Board to support SB 601. Wietlisbach moved; Wong seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**XV. Discussion and Possible Recommendation Regarding Senate Bill 660 (Pan) Postsecondary Education: Mental Health Counselors**

SB 660 would require specified higher educational entities in California to hire one full-time equivalent mental health counselor per 1,500 students enrolled at each of their campuses.

SB 660 does the following:

- Requires the California State University and the community college districts to have one full-time equivalent mental health counselor per 1,500 students enrolled at each respective campus during all academic terms, to the extent consistent with state and federal law.
- Defines “mental health counselor.”
- Requires reporting data to the legislature every three years.

#### Intent

The authors office states that the International Association of Counseling Services (IACS) recommends one full-time equivalent mental health counselor for every 1,000 to 1,500 students, and that exceeding this ratio could lead to longer wait lists for services, and more instances of students dropping out of school. They note that while the UC system reports that their ratio falls within this recommended range, it is estimated to be significantly higher for the CSU system. However, it is difficult to know exact ratios because of a lack of reporting and data.

The author believes this bill will address the mental health crisis facing California’s public higher education system by requiring CSUs and community colleges to hire an appropriate number of mental health counselors and instituting consistent reporting requirements.

#### Definition of a “Mental Health Counselor”

- Would it be preferable to specifically state which licensing boards are considered “applicable licensing entities?”
- Should associates and trainees be included in the definition of “mental health counselor?”

#### Previous Legislation

Last year, the Board took a “support if amended” position on SB 968, which was similar to this bill. The Board requested that in addition to its licensees, trainees and registered associates also be permitted to be hired to meet the ratio requirement.

Governor Brown vetoed SB 986.

Mr. Maddox: Supports the bill but is concerned about the use of “trainees” in the language. He stated that trainees should not be counted in the ratio because they are students, and they cannot be hired.



The Committee suggested amendments to specify the licensing boards that are “applicable licensing entities,” to add BBS licensed or registered associates, and either separate or remove “trainees.”

**MOTION:** Recommend to the Board to support SB 660 if amended to specify the licensing boards that are “applicable licensing entities,” to add BBS licensed or registered associates, and either separate or remove “trainees.” Maddox moved; Wong seconded. The motion carried; 4 yea, 0 nay.

Roll call vote:

Member	Yea	Nay	Abstain	Absent	Recusal
Betty Connolly	x				
Jonathan Maddox	x				
Dr. Christine Wietlisbach	x				
Christina Wong	x				

**XVI. Discussion and Possible Recommendations Regarding Other Legislation Affecting the Board**

This item was removed from the agenda.

**XVII. Update on Board-Sponsored Legislation**

Ms. Helms provided a brief update on Board-sponsored legislative proposals:

1. SB 679: Licensed Portability to California  
SB 679 will be heard in the Senate Business and Professions Committee on Monday, April 8<sup>th</sup>.
2. AB 630: Psychotherapy Services: Required Notice to Clients  
AB 630 was heard in the Assembly Business and Professions Committee and passed on consent.
3. SB 786: Omnibus Legislation  
Staff is currently working on SB 786 with the Senate Business and Professions Committee.

**XVIII. Update on Board Rulemaking Proposals**

Ms. Berger provided a brief update on Board regulation proposals.

1. Enforcement Process

Staff is currently working on the public notice and Initial Statement of Reasons, which will then go to legal counsel for review.

2. Examination Rescoring; Application Abandonment; APCC Subsequent Registration Fee

The proposal was noticed to the public on February 22<sup>nd</sup>. The regulation hearing will be held on Monday, April 8<sup>th</sup>.

3. Supervision

Staff submitted the completed documents to legal counsel for pre-review before it begins the DCA initial review process. Being that these are extensive regulations, it is expected to take some time.

**XIX. Public Comment for Items Not on the Agenda**

No public comments.

**XX. Suggestions for Future Agenda Items**

An LMFT requested that the Board treat misleading claims of evidence-based therapy as false advertising. She stated that the label “evidence-based” is used indiscriminately and is very misleading. She can explain how it is misleading to the public and how it is being used to exclude certain orientations that are affected by the term. She requested that this be discussed as a future agenda item.

**XXI. Adjournment**

The Committee adjourned at 1:47 p.m.