

AGENDA ITEM 17

LEGISLATIVE UPDATE.

The following are provided:

- 2025 Legislative Calendar
- Legislative Update Report

Bills discussed available at the links provided:

- [Assembly Bill \(AB\) 277](#)
- [AB 346](#)
- [AB 348](#)
- [AB 489](#)
- [AB 667](#)
- [AB 742](#)
- [AB 951](#)
- [AB 1009](#)
- [Senate Bill \(SB\) 641](#)
- [SB 813](#)

2025 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised October 16, 2024

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
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26	27	28	29	30	31	

FEBRUARY						
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MARCH						
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30	31					

APRIL						
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MAY						
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- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature Reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 20** Martin Luther King, Jr. Day.
- Jan. 24** Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(a)(1), (J.R. 54(a)).

- Mar. 31** Cesar Chavez Day

- Apr. 10** **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- Apr. 21** Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).

- May 2** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(a)(2)).
- May 9** Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(a)(3)).
- May 16** Last day for **policy committees** to meet prior to June 9 (J.R. 61(a)(4)).
- May 23** Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 9 (J.R. 61 (a)(6)).
- May 26** Memorial Day.

*Holiday schedule subject to Senate Rules committee approval.

2025 TENTATIVE LEGISLATIVE CALENDAR

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JUNE						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
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29	30					

June 2 - 6 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(7)).

June 6 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 9 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be **passed by midnight** (Art. IV, Sec. 12(c)(3)).

JULY						
S	M	T	W	TH	F	S
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July 4 Independence Day.

July 18 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer Recess** begins upon adjournment of session provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST						
S	M	T	W	TH	F	S
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31						

Aug. 18 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 29 Last day for **fiscal committees** to meet and report bills to the Floor. (J.R. 61(a)(11)).

SEPTEMBER						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
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14	15	16	17	18	19	20
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28	29	30				

Sept. 1 Labor Day.

Sept. 2-12 Floor Session Only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(a)(12)).

Sept. 5 Last day to **amend** on the Floor (J.R. 61(a)(13)).

Sept. 12 Last day for **each house to pass bills** (J.R. 61(a)(14)). **Interim Study Recess** begins at end of this day's session (J.R. 51(a)(4)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2025

Oct. 12 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 12 and in the Governor's possession after Sept. 12 (Art. IV, Sec.10(b)(1)).

2026

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).
Jan. 5 Legislature reconvenes (J.R. 51(a)(4)).

California Board of Occupational Therapy
Legislative Update as of February 24, 2025

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 277	Alanis	<p>Behavioral health centers, facilities, and programs: background checks. This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo a background check, as specified.</p>		Referred to Com. on HUM. S.
AB 346	Nguyen	<p>In-home supportive services: licensed health care professional certification. This bill would instead define “licensed health care professional” for those purposes to mean any person who engages in acts that are the subject of licensure or regulation under specified provisions of the Business and Professions Code or under any initiative act referred to in those specified provisions. The bill would also clarify that as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified.</p>		Referred to Com. on HUM. S.
AB 348	Krell	<p>Full service partnerships. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would exceed full-service partnership funding.</p>		Referred to Com. on Health.

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 489	Bonta	<p>Health care professions: deceptive terms or letters: artificial intelligence. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.</p> <p>This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.</p>		Introduced. May be heard in committee March 13 th .
AB 667	Solache	<p>Professions and vocations: license examinations: interpreters. This bill would, beginning July 1, 2026, require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.</p>		Introduced. May be heard in committee March 17 th .
AB 742	Elhawary	<p>Department of Consumer Affairs: licensing: applicants who are descendants of slaves. This bill would DCA boards to prioritize applicants who are descendants of slaves seeking licenses, especially applicants who are descended from a person enslaved within the United States.</p>		Introduced. May be heard in committee March 21 st .
AB 951	Ta	<p>Health care coverage: behavioral diagnoses. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request.</p>		Introduced. May be heard in committee March 23 rd .

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 1009	Rubio	<p>Teacher credentialing: administrative services credential: occupational and physical therapists. Existing law requires the Commission on Teacher Credentialing to establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law sets forth the minimum requirements for a preliminary services credential with a specialization in administrative services, which include, among other requirements, possession of one of various types of credentials and the completion of a minimum of 3 years of certain work experience, as provided. This bill would provide that a valid license to practice occupational therapy or physical therapy and verification of meeting a basic skills requirement, as specified, and 3 years of experience as a school-based occupational therapist or physical therapist may be used to satisfy the above-described respective requirements for a preliminary services credential with a specialization in administrative services, as provided.</p>		Introduced. May be heard in committee March 23 rd .
SB 641	Ashby	<p>Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions. This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements.</p>		Introduced. May be acted upon March 23 rd .
SB 813	McNerney	<p>Increase client record maintenance period. Existing law requires an occupational therapist to document the occupational therapist's evaluation, goals, treatment plan, and summary of treatment in the client record. Existing law further requires client records to be maintained for a period of not less than 7 years following the discharge of the client, except as specified. This bill would increase the above timeframe to 10 years following discharge of the client.</p>		Introduced. Rules Committee for assignment.

AMENDED IN ASSEMBLY FEBRUARY 20, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 277

Introduced by Assembly Member Alanis

January 21, 2025

An act to ~~add Part 1.5 (commencing with Section 4439) to Division 4.1 of the Welfare and Institutions Code, relating to autism.~~ *add Chapter 2.10 (commencing with Section 18980) to Division 8 of the Business and Professions Code, relating to behavioral health centers, facilities, and programs.*

LEGISLATIVE COUNSEL’S DIGEST

AB 277, as amended, Alanis. ~~Autism: behavioral technician certification.~~ *Behavioral health centers, facilities, and programs: background checks.*

Existing law generally provides requirements for the licensing of business establishments. Existing law requires a business that provides services to minors, as defined, to provide written notice to the parent or guardian of a minor participating in the service offered by the business regarding the business’ policies relating to criminal background checks for employees, as specified.

Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including a human resource agency or an employer. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.

This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo

a background check, as specified. By expanding the scope of the crime of unlawful disclosure of state summary criminal history information, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~Existing law authorizes the State Department of Developmental Services (DDS) to perform various duties relating to the prevention, diagnosis, and treatment of persons with intellectual and developmental disabilities, including disseminating educational information, providing advice, conducting educational and related work, and organizing, establishing, and maintaining community mental health clinics and overseeing regional centers for people with developmental disabilities.~~

~~Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including the agency or entity identified in a statute. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.~~

~~This bill would require DDS to establish a certification process for behavioral technicians, as defined, including, among others, qualified autism service providers. The bill would require the certification process to include, at a minimum, a criminal background check, except as specified. The bill would prohibit the department from certifying an individual who has been convicted of a crime involving a minor. The bill would require a behavioral technician to request certification from the department if their duties include, or would include, working with a patient who is under 18 years of age. The bill would prohibit a developmental center, facility, or program that provides services to a person who is under 18 years of age from employing a behavioral technician who is not certified by the department. By expanding the scope of the crime of unlawful disclosure of state summary criminal history information, this bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

- 1 (e) ~~As used in this part, the following terms have the following~~
2 ~~meanings:~~
- 3 (1) ~~“Behavioral technician” means any of the following:~~
- 4 (A) ~~A qualified autism service provider.~~
- 5 (B) ~~A qualified autism service professional.~~
- 6 (C) ~~A qualified autism service paraprofessional.~~
- 7 (2) ~~“Qualified autism service provider” means either of the~~
8 ~~following:~~
- 9 (A) ~~An individual who is certified by a national entity, such as~~
10 ~~the Behavior Analyst Certification Board, with a certification that~~
11 ~~is accredited by the National Commission for Certifying Agencies~~
12 ~~who designs, supervises, or provides treatment for pervasive~~
13 ~~developmental disorder or autism, provided the services are within~~
14 ~~the experience and competence of the person who is nationally~~
15 ~~certified.~~
- 16 (B) ~~A person licensed as a physician and surgeon, physical~~
17 ~~therapist, occupational therapist, psychologist, marriage and family~~
18 ~~therapist, educational psychologist, clinical social worker,~~
19 ~~professional clinical counselor, speech-language pathologist, or~~
20 ~~audiologist, pursuant to Division 2 (commencing with Section~~
21 ~~500) of the Business and Professions Code, who designs,~~
22 ~~supervises, or provides treatment for pervasive developmental~~
23 ~~disorder or autism, provided the services are within the experience~~
24 ~~and competence of the licensee.~~
- 25 (3) ~~“Qualified autism service professional” means an individual~~
26 ~~who meets all of the following criteria:~~
- 27 (A) ~~Provides behavioral health treatment, which may include~~
28 ~~clinical case management and case supervision under the direction~~
29 ~~and supervision of a qualified autism service provider.~~
- 30 (B) ~~Is supervised by a qualified autism service provider.~~
- 31 (C) ~~Provides treatment pursuant to a treatment plan developed~~
32 ~~and approved by the qualified autism service provider.~~
- 33 (D) ~~Is either of the following:~~
- 34 (i) ~~A behavioral service provider who meets the education and~~
35 ~~experience qualifications described in Section 54342 of Title 17~~
36 ~~of the California Code of Regulations for an Associate Behavior~~
37 ~~Analyst, Behavior Analyst, Behavior Management Assistant,~~
38 ~~Behavior Management Consultant, or Behavior Management~~
39 ~~Program.~~

1 ~~(ii) (I) A psychological associate, an associate marriage and~~
2 ~~family therapist, an associate clinical social worker, or an associate~~
3 ~~professional clinical counselor as defined and regulated by the~~
4 ~~Board of Behavioral Sciences or the Board of Psychology.~~

5 ~~(H) If an individual meets the requirement described in subclause~~
6 ~~(I), they shall also meet the criteria set forth in the regulations~~
7 ~~adopted pursuant to Section 4686.4 for a Behavioral Health~~
8 ~~Professional.~~

9 ~~(E) Has training and experience in providing services for~~
10 ~~pervasive developmental disorder or autism pursuant to Division~~
11 ~~4.5 (commencing with Section 4500) of this code or Title 14~~
12 ~~(commencing with Section 95000) of the Government Code.~~

13 ~~(F) Is employed by the qualified autism service provider or an~~
14 ~~entity or group that employs qualified autism service providers~~
15 ~~responsible for the autism treatment plan.~~

16 ~~(4) “Qualified autism service paraprofessional” means an~~
17 ~~unlicensed and uncertified individual who meets all of the~~
18 ~~following criteria:~~

19 ~~(A) Is supervised by a qualified autism service provider or~~
20 ~~qualified autism service professional at a level of clinical~~
21 ~~supervision that meets professionally recognized standards of~~
22 ~~practice.~~

23 ~~(B) Provides treatment and implements services pursuant to a~~
24 ~~treatment plan that was developed and approved by the qualified~~
25 ~~autism service provider.~~

26 ~~(C) Meets the education and training qualifications described~~
27 ~~in Section 54342 of Title 17 of the California Code of Regulations.~~

28 ~~(D) Has adequate education, training, and experience, as~~
29 ~~certified by a qualified autism service provider or an entity or~~
30 ~~group that employs qualified autism service providers.~~

31 ~~(E) Is employed by the qualified autism service provider or an~~
32 ~~entity or group that employs qualified autism service providers~~
33 ~~responsible for the autism treatment plan.~~

34 ~~4439.01. (a) The department shall establish a certification~~
35 ~~process for behavioral technicians, which shall include, at a~~
36 ~~minimum, a criminal background check as described in Section~~
37 ~~4439.02.~~

38 ~~(b) The department shall not certify an individual who has been~~
39 ~~convicted of a crime involving a minor.~~

1 ~~4439.02. (a) (1) As part of the certification process required~~
 2 ~~by Section 4439.01 and pursuant to subdivision (u) of Section~~
 3 ~~11105 of the Penal Code, the department shall submit to the~~
 4 ~~Department of Justice fingerprint images and related information~~
 5 ~~required by the Department of Justice for an individual seeking to~~
 6 ~~become a certified behavioral technician whose duties include, or~~
 7 ~~would include, working with a patient who is under 18 years of~~
 8 ~~age.~~

9 ~~(2) When requested by a facility providing behavioral services,~~
 10 ~~the department shall disclose the certification status of the~~
 11 ~~individual, but shall not disclose any of the details of the state~~
 12 ~~summary criminal history information.~~

13 ~~(3) If certification is denied, the department shall notify the~~
 14 ~~person whose certification was denied and allow them the~~
 15 ~~opportunity to contest the determination.~~

16 ~~(b) The Department of Justice shall provide a state or~~
 17 ~~federal-level response pursuant to paragraph (1) of subdivision (p)~~
 18 ~~of Section 11105 of the Penal Code.~~

19 ~~(c) A professional license in good standing that requires a state~~
 20 ~~summary criminal history that meets or exceeds the standards of~~
 21 ~~this section shall be considered by the department as meeting this~~
 22 ~~requirement and the person may be certified based on that license~~
 23 ~~without the fingerprint submission required in subdivision (a).~~

24 ~~SEC. 2. No reimbursement is required by this act pursuant to~~
 25 ~~Section 6 of Article XIII B of the California Constitution because~~
 26 ~~the only costs that may be incurred by a local agency or school~~
 27 ~~district will be incurred because this act creates a new crime or~~
 28 ~~infraction, eliminates a crime or infraction, or changes the penalty~~
 29 ~~for a crime or infraction, within the meaning of Section 17556 of~~
 30 ~~the Government Code, or changes the definition of a crime within~~
 31 ~~the meaning of Section 6 of Article XIII B of the California~~
 32 ~~Constitution.~~

ASSEMBLY BILL

No. 346

Introduced by Assembly Member Nguyen

January 29, 2025

An act to amend Sections 12300.1 and 12309.1 of the Welfare and Institutions Code, relating to in-home supportive services.

LEGISLATIVE COUNSEL’S DIGEST

AB 346, as introduced, Nguyen. In-home supportive services: licensed health care professional certification.

Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with specified services in order to permit them to remain in their own homes and avoid institutionalization. Existing law defines supportive services for purposes of the IHSS program to include those necessary paramedical services that are ordered by a licensed health care professional, which persons could provide for themselves, but for their functional limitations. Existing law requires an applicant for, or recipient of, in-home supportive services, as a condition of receiving these services, to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care, and defines a licensed health care professional to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code.

This bill would instead define “licensed health care professional” for those purposes to mean any person who engages in acts that are the subject of licensure or regulation under specified provisions of the Business and Professions Code or under any initiative act referred to in those specified provisions. The bill would also clarify that as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12300.1 of the Welfare and Institutions
 2 Code is amended to read:
 3 12300.1. (a) As used in Section 12300 and in this article,
 4 “supportive services” include those necessary paramedical services
 5 that are ordered by a licensed health care professional who is
 6 lawfully authorized to do so, which persons could provide for
 7 ~~themselves themselves~~, but for their functional limitations.
 8 Paramedical services include the administration of medications,
 9 puncturing the skin or inserting a medical device into a body
 10 orifice, activities requiring sterile procedures, or other activities
 11 requiring judgment based on training given by a licensed health
 12 care professional. These necessary services shall be rendered by
 13 a provider under the direction of a licensed health care professional,
 14 subject to the informed consent of the recipient obtained as a part
 15 of the order for service. Any and all references to Section 12300
 16 in any statute heretofore or hereafter enacted shall be deemed to
 17 be references to this section. All statutory references to the
 18 supportive services specified in Section 12300 shall be deemed to
 19 include paramedical services.
 20 (b) *For purposes of this section, “licensed health care*
 21 *professional” has the same definition as “health care*
 22 *practitioner,” as defined in Section 680 of the Business and*
 23 *Professions Code.*
 24 SEC. 2. Section 12309.1 of the Welfare and Institutions Code
 25 is amended to read:
 26 12309.1. (a) (1) As a condition of receiving services under
 27 this article, *including, but not limited to, paramedical services, or*

1 Section 14132.95 or 14132.952, an applicant for or recipient of
2 services shall obtain a certification from a licensed health care
3 professional, including, but not limited to, a physician, physician
4 assistant, regional center clinician or clinician supervisor,
5 occupational therapist, physical therapist, psychiatrist, psychologist,
6 optometrist, ophthalmologist, or public health nurse, *or a nurse*
7 *or nurse practitioner who is working under the direction of the*
8 *licensed health care professional*, declaring that the applicant or
9 recipient is unable to perform some activities of daily living
10 independently, and that without services to assist the applicant or
11 recipient with activities of daily living, the applicant or recipient
12 is at risk of placement in out-of-home care.

13 ~~(1) For purposes of this section, a licensed health care~~
14 ~~professional means an individual licensed in California by the~~
15 ~~appropriate California regulatory agency, acting within the scope~~
16 ~~of their license or certificate as defined in the Business and~~
17 ~~Professions Code.~~

18 (2) *For purposes of this section, “licensed health care*
19 *professional” has the same definition as “health care*
20 *practitioner,” as defined in Section 680 of the Business and*
21 *Professions Code.*

22 ~~(2)~~

23 (3) Except as provided in subparagraph (A) or (B), or
24 subdivision (c), the certification shall be received prior to service
25 authorization, and services shall not be authorized in the absence
26 of the certification.

27 (A) Services may be authorized prior to receipt of the
28 certification when the services have been requested on behalf of
29 an individual being discharged from a hospital or nursing home
30 and services are needed to enable the individual to return safely
31 to their home or into the community.

32 (B) Services may be authorized temporarily pending receipt of
33 the certification when the county determines that there is a risk of
34 out-of-home placement.

35 ~~(3)~~

36 (4) The county shall consider the certification as one indicator
37 of the need for in-home supportive services, but the certification
38 shall not be the sole determining factor.

39 ~~(4)~~

1 (5) The *licensed* health care professional's certification shall
2 include, at a minimum, both of the following:

3 (A) A statement by the ~~professional, as defined in subdivision~~
4 ~~(a)~~, *licensed health care professional* that the individual is unable
5 to independently perform one or more activities of daily living,
6 and that one or more of the services available under the IHSS
7 program is recommended for the applicant or recipient, in order
8 to prevent the need for out-of-home care.

9 (B) A description of any condition or functional limitation that
10 has resulted in, or contributed to, the applicant's or recipient's
11 need for assistance.

12 (b) The department, in consultation with the State Department
13 of Health Care Services and with stakeholders, including, but not
14 limited to, representatives of program recipients, providers, and
15 counties, shall develop a standard certification form for use in all
16 counties that includes, but is not limited to, all of the conditions
17 in paragraph ~~(4)~~ (5) of subdivision (a). The form shall include a
18 description of the In-Home Supportive Services program and the
19 services the program can provide when authorized after a social
20 worker's assessment of eligibility. The form shall not, however,
21 require *licensed* health care professionals to certify the applicant's
22 or recipient's need for each individual service.

23 (c) The department, in consultation with the State Department
24 of Health Care Services and stakeholders, ~~as defined~~ *described* in
25 subdivision (b), shall identify alternative documentation that shall
26 be accepted by counties to meet the requirements of this section,
27 including, but not limited to, hospital or nursing facility discharge
28 plans, minimum data set forms, individual program plans, or other
29 documentation that contains the necessary information, consistent
30 with the requirements specified in subdivision (a).

31 (d) The department shall develop a letter for use by counties to
32 inform recipients of the requirements of subdivision (a). The letter
33 shall be understandable to the recipient, and shall be translated
34 into all languages spoken by a substantial number of the public
35 served by the In-Home Supportive Services program, in accordance
36 with Section 7295.2 of the Government Code.

37 (e) This section does not apply to a recipient who is receiving
38 services in accordance with this article or Section 14132.95 or
39 14132.952 on the operative date of this section until the date of

1 the recipient's first reassessment following the operative date of
2 this section, as provided in subdivision (g).

3 (1) The recipient shall be notified of the certification requirement
4 before or at the time of the reassessment, and shall submit the
5 certification within 45 days following the reassessment in order
6 to continue to be authorized for receipt of services.

7 (2) A county may extend the 45-day period for a recipient to
8 submit the medical certification on a case-by-case basis, if the
9 county determines that good cause for the delay exists.

10 (f) A licensed health care professional shall not charge a fee
11 for the completion of the certification form.

12 (g) This section shall become operative on the first day of the
13 first month following 90 days after the effective date of Chapter
14 8 of the Statutes of 2011, or July 1, 2011, whichever is later.

15 (h) The State Department of Health Care Services shall provide
16 notice to all Medi-Cal managed care plans, directing the plans to
17 assess all Medi-Cal recipients applying for or receiving in-home
18 supportive services, in order to make the certifications required
19 by this section.

20 (i) If the Director of Health Care Services determines that a
21 Medicaid State Plan amendment is necessary to implement
22 subdivision (b) of Section 14132.95, this section shall not be
23 implemented until federal approval is received.

ASSEMBLY BILL

No. 348

Introduced by Assembly Member Krell

January 29, 2025

An act to amend Section 5887 of the Welfare and Institutions Code, relating to behavioral health.

LEGISLATIVE COUNSEL’S DIGEST

AB 348, as introduced, Krell. Full service partnerships.

Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The MHSA establishes the Mental Health Services Fund, a continuously appropriated fund, which is administered by the State Department of Health Care Services (department), to fund specified county mental health programs. Existing law, the Behavioral Health Services Act (BHSA), a legislative act amending the MHSA that was approved by the voters as Proposition 1 at the March 5, 2024, statewide primary election, recast the MHSA by, among other things, renaming the fund to the Behavioral Health Services Fund and reallocating how moneys from that fund may be spent. The BHSA requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions.

This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail.

The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would exceed full-service partnership funding.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Individuals with serious mental illness face significant
4 barriers to accessing necessary services, which results in adverse
5 health outcomes and system inefficiencies.

6 (b) High-risk individuals with serious mental illness, including
7 individuals experiencing homelessness, frequent psychiatric crises,
8 or recent transitions from incarceration or institutional settings,
9 are disproportionately affected by gaps in care, which leads to
10 repeated hospitalizations, emergency room visits, and interactions
11 with the criminal justice system.

12 (c) Full-service partnerships have been shown to improve
13 outcomes for individuals with serious mental illness by providing
14 comprehensive, coordinated care tailored to individual needs.

15 (d) Establishing presumptive eligibility for high-risk individuals
16 ensures timely access to critical services, which reduces delays
17 that exacerbate mental health crises and system costs.

18 (e) Presumptive eligibility aligns with California’s goals to
19 improve behavioral health equity, reduce health disparities, and
20 advance whole-person care for individuals with complex needs.

21 SEC. 2. Section 5887 of the Welfare and Institutions Code is
22 amended to read:

23 5887. (a) Each county shall establish and administer a ~~full~~
24 ~~service~~ *full-service* partnership program that include the following
25 services:

26 (1) Mental health services, supportive services, and substance
27 use disorder treatment services.

28 (2) Assertive Community Treatment and Forensic Assertive
29 Community Treatment fidelity, Individual Placement and Support
30 model of Supported Employment, high fidelity wraparound, or
31 other evidence-based services and treatment models, as specified
32 by the State Department of Health Care Services. Counties with

1 a population of less than 200,000 may request an exemption from
2 these requirements. Exemption requests shall be subject to approval
3 by the State Department of Health Care Services. The State
4 Department of Health Care Services shall collaborate with the
5 California State Association of Counties and the County Behavioral
6 Health Directors Association of California on reasonable criteria
7 for those requests and a timely and efficient exemption process.

8 (3) Assertive field-based initiation for substance use disorder
9 treatment services, including the provision of medications for
10 addiction treatment, as specified by the State Department of Health
11 Care Services.

12 (4) Outpatient behavioral health services, either clinic or field
13 based, necessary for the ongoing evaluation and stabilization of
14 an enrolled individual.

15 (5) Ongoing engagement services necessary to maintain enrolled
16 individuals in their treatment plan inclusive of clinical and
17 nonclinical services, including services to support maintaining
18 housing.

19 (6) Other evidence-based services and treatment models, as
20 specified by the State Department of Health Care Services.

21 (7) The service planning process pursuant to Sections 5806 or
22 5868 and all services identified during the applicable process.

23 (8) Housing interventions pursuant to Section 5830.

24 (b) (1) (A) Full-service partnership services shall be provided
25 pursuant to a whole-person approach that is trauma informed, age
26 appropriate, and in partnership with families or an individual's
27 natural supports.

28 (B) These services shall be provided in a streamlined and
29 coordinated manner so as to reduce any barriers to services.

30 (2) Full-service partnership services shall support the individual
31 in the recovery process, reduce health disparities, and be provided
32 for the length of time identified during the service planning process
33 pursuant to Sections 5806 and 5868.

34 (c) Full-service partnership programs shall employ
35 community-defined evidence practices, as specified by the State
36 Department of Health Care Services.

37 (d) (1) (A) Full-service partnership programs shall enroll
38 eligible adults and older adults, as defined in Section 5892, who
39 meet the priority population criteria specified in subdivision-(e)

1 (d) of Section 5892 and other criteria, as specified by the State
2 Department of Health Care Services.
3 ~~(2)~~
4 (B) Full-service partnership programs shall enroll eligible
5 children and youth, as defined in Section 5892.
6 (2) (A) *An individual with a serious mental illness is*
7 *presumptively eligible for a full-service partnership if they meet*
8 *one or more of the following criteria:*
9 (i) *Is currently experiencing unsheltered homelessness as*
10 *described in Section 91.5 of Title 24 of the Code of Federal*
11 *Regulations.*
12 (ii) *Is transitioning to the community after six months or more*
13 *in a secured treatment or residential setting, including, but not*
14 *limited to, a mental health rehabilitation center, institution for*
15 *mental disease, secured skilled nursing facility, or out-of-county*
16 *placement.*
17 (iii) *Has experienced two or more emergency department visits*
18 *related to a serious mental illness or a psychiatric event in the last*
19 *six months.*
20 (iv) *Is transitioning to the community after six months or more*
21 *in the state prison or county jail.*
22 (v) *Has experienced two or more arrests in the last six months.*
23 (B) *A county is not required to enroll an individual who meets*
24 *the presumptive eligibility criteria in subparagraph (A) if doing*
25 *so would exceed full-service partnership funding pursuant to*
26 *Section 5892.*
27 (e) Full-service partnership programs shall have an established
28 standard of care with levels based on an individual's acuity and
29 criteria for step-down into the least intensive level of care, as
30 specified by the State Department of Health Care Services, in
31 consultation with the Behavioral Health Services Oversight and
32 Accountability Commission, counties, providers, and other
33 stakeholders.
34 (f) All behavioral health services, as defined in subdivision ~~(j)~~
35 ~~(k)~~ of Section ~~5891.5~~, 5892, and supportive services provided to
36 a client enrolled in a full-service partnership shall be paid from
37 the funds allocated pursuant to paragraph (2) of subdivision (a) of
38 Section 5892, subject to Section 5891.
39 (g) (1) The clinical record of each client participating in a full
40 service partnership program shall describe all services identified

1 during the service planning process pursuant to Sections 5806 and
2 5868 that are provided to the client pursuant to this section.

3 (2) The State Department of Health Care Services may develop
4 and revise documentation standards for service planning to be
5 consistent with the standards developed pursuant to paragraph (3)
6 of subdivision (h) of Section 14184.402.

7 (3) Documentation of the service planning process in the client’s
8 clinical record pursuant to paragraph (1) may fulfill the
9 documentation requirements for both the Medi-Cal program and
10 this section.

11 (h) For purposes of this part, the following definitions shall
12 apply:

13 (1) “Community-defined evidence practices” means an
14 alternative or complement to evidence-based ~~practices~~, *practices*
15 that offer culturally anchored interventions that reflect the values,
16 practices, histories, and lived-experiences of the communities they
17 serve. These practices come from the community and the
18 organizations that serve them and are found to yield positive results
19 as determined by community consensus over time.

20 (2) “Substance use disorder treatment services” means those
21 services as defined in subdivision (c) of Section 5891.5.

22 (3) “Supportive services” means those services necessary to
23 support clients’ recovery and wellness, including, but not limited
24 to, food, clothing, linkages to needed social services, linkages to
25 programs administered by the federal Social Security
26 Administration, vocational and education-related services,
27 employment assistance, including supported employment,
28 psychosocial rehabilitation, family engagement, psychoeducation,
29 transportation assistance, occupational therapy provided by an
30 occupational therapist, and group and individual activities that
31 promote a sense of purpose and community participation.

32 (i) This section shall be implemented only to the extent that
33 funds are provided from the Behavioral Health Services Fund for
34 purposes of this section. This section does not obligate the counties
35 to use funds from any other source for services pursuant to this
36 section.

ASSEMBLY BILL

No. 489

Introduced by Assembly Member Bonta

February 10, 2025

An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 489, as introduced, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the

jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

By expanding the scope of existing crimes, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 15.5 (commencing with Section 4999.8)
2 is added to Division 2 of the Business and Professions Code, to
3 read:

4

5 CHAPTER 15.5. HEALTH ADVICE FROM ARTIFICIAL
6 INTELLIGENCE

7

8 4999.8. (a) For purposes of this chapter, “artificial intelligence”
9 has the same meaning as set forth in Section 11546.45.5 of the
10 Government Code.

1 (b) For purposes of this chapter, “health care profession” means
2 any profession that is the subject of licensure or regulation under
3 this division or under any initiative act referred to in this division.

4 4999.9. (a) A violation of this chapter is subject to the
5 jurisdiction of the appropriate health care professional licensing
6 board or enforcement agency.

7 (b) Any provision of this division that prohibits the use of
8 specified terms, letters, or phrases to indicate or imply possession
9 of a license or certificate to practice a health care profession,
10 without at that time having the appropriate license or certificate
11 required for that practice or profession, shall be enforceable against
12 a person or entity who develops or deploys a system or device that
13 uses one or more of those terms, letters, or phrases in the
14 advertising or functionality of an artificial intelligence system,
15 program, device, or similar technology.

16 (c) The use of a term, letter, or phrase in the advertising or
17 functionality of an AI system, program, device, or similar
18 technology that indicates or implies that the care or advice being
19 offered through the AI technology is being provided by a natural
20 person in possession of the appropriate license or certificate to
21 practice as a health care professional, is prohibited.

22 (d) Each use of a prohibited term, letter, or phrase shall
23 constitute a separate violation of this chapter.

24 SEC. 2. No reimbursement is required by this act pursuant to
25 Section 6 of Article XIII B of the California Constitution because
26 the only costs that may be incurred by a local agency or school
27 district will be incurred because this act creates a new crime or
28 infraction, eliminates a crime or infraction, or changes the penalty
29 for a crime or infraction, within the meaning of Section 17556 of
30 the Government Code, or changes the definition of a crime within
31 the meaning of Section 6 of Article XIII B of the California
32 Constitution.

ASSEMBLY BILL

No. 667

Introduced by Assembly Member Solache

February 14, 2025

An act to add Section 41 to the Business and Professions Code, and to add Sections 1337.25 and 1736.3 to the Health and Safety Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 667, as introduced, Solache. Professions and vocations: license examinations: interpreters.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions. Existing law provides for the certification and regulation of nurse assistants and home health aids by the State Department of Public Health.

This bill would, beginning July 1, 2026, require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination. The bill would also require those boards and the State Department of Public Health to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in

English and if they meet all other requirements for licensure or certification.

This bill would require those boards and the State Department of Public Health to include in their licensure or certification applications a section that asks the applicant to identify their preferred language and, beginning July 1, 2027, to conduct an annual review of the language preferences of applicants. The bill would require the State Department of Public Health and those boards, beginning July 1, 2029 and until January 1, 2033, to annually report to specified committees of the Legislature on language preference data.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 41 is added to the Business and
2 Professions Code, to read:
3 41. (a) For purposes of this section:
4 (1) "Board" means any board under the jurisdiction of the
5 Department of Consumer Affairs, as specified in Section 101.
6 (2) "Interpreter" means an individual who satisfies all of the
7 following conditions:
8 (A) Is fluent in English and in the preferred language of the
9 applicant.
10 (B) Has not acted as an interpreter for the examination within
11 the year preceding the date of the examination.
12 (C) Is not licensed and has not been issued the license for which
13 the applicant is taking the examination.
14 (D) Is not a current or former student in an educational program
15 for the license for which the applicant is taking the examination.
16 (E) Is not a current or former student in an apprenticeship or
17 training program for the license for which the applicant is taking
18 the examination.
19 (F) Is not a current or former owner or employee of a school
20 for the license for which the applicant is taking the examination.
21 (b) Notwithstanding any other law, beginning July 1, 2026, each
22 board shall do all of the following:
23 (1) Permit an applicant who cannot read, speak, or write in
24 English to use an interpreter, at no cost to the applicant, to interpret
25 the English verbal and oral portions of a state-administered or

1 contracted license examination to their preferred language,
2 provided the applicant meets all other requirements for licensure.

3 (2) Post on the board’s internet website that an applicant may
4 use an interpreter to interpret a license examination if the applicant
5 cannot read, speak, or write in English, provided the applicant
6 meets all other competency requirements for licensure. This notice
7 shall be posted in English, Spanish, Farsi, Hindi, Chinese,
8 Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic.

9 (3) Include an additional section in a license application that
10 asks an applicant to identify their preferred written, spoken, and
11 signed languages.

12 (c) Beginning July 1, 2027, each board shall conduct an annual
13 review of the language preferences of applicants for licensure that
14 is collected from license applications.

15 (d) (1) Beginning January 1, 2029, each board shall annually
16 report to the Senate Business, Professions, and Economic
17 Development and the Assembly Business and Professions
18 Committees on language preference data collected from license
19 applications.

20 (2) The report shall be submitted in compliance with Section
21 9795 of the Government Code.

22 (3) Pursuant to Section 10231.5 of the Government Code, this
23 subdivision shall become inoperative on January 1, 2033.

24 SEC. 2. Section 1337.25 is added to the Health and Safety
25 Code, immediately following Section 1337.2, to read:

26 1337.25. (a) For purposes of this section, “interpreter” means
27 an individual who satisfies all of the following conditions:

28 (1) Is fluent in English and in the preferred language of the
29 applicant.

30 (2) Has not acted as an interpreter for an examination for
31 certification as a nurse assistant within the year preceding the date
32 of the examination.

33 (3) Is not a certified nurse assistant and has not held a certificate
34 as a nurse assistant in the state.

35 (4) Is not a current or former student in an educational program
36 for certification as a nurse assistant.

37 (5) Is not a current or former student in a certified nurse assistant
38 apprenticeship or training program.

39 (6) Is not a current or former owner or employee of a school
40 for certification as a nurse assistant.

1 (b) Notwithstanding any other law, beginning July 1, 2026, the
2 department shall do all of the following:

3 (1) Permit an applicant who cannot read, speak, or write in
4 English to use an interpreter, at no cost to the applicant, to interpret
5 the English verbal and oral portions of a state-administered or
6 contracted certified nurse assistant examination to their preferred
7 language, provided the applicant meets all other requirements for
8 certification.

9 (2) Post on the department’s internet website that an applicant
10 may use an interpreter to interpret the certified nurse assistant
11 examination if the applicant cannot read, speak, or write in English,
12 provided the applicant meets all other competency requirements
13 for certification. This notice shall be posted in English, Spanish,
14 Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese,
15 Tagalog, and Arabic.

16 (3) Include an additional section in the certified nurse assistant
17 application that asks an applicant to identify their preferred written,
18 spoken, and signed languages.

19 (c) Beginning July 1, 2027, the department shall conduct an
20 annual review of the language preferences of applicants for nurse
21 assistant certification that is collected from applications.

22 (d) (1) Beginning January 1, 2029, the department shall annually
23 report to the Senate and Assembly Health Committees on language
24 preference data collected from nurse assistant certification
25 applications.

26 (2) The report shall be submitted in compliance with Section
27 9795 of the Government Code.

28 (3) Pursuant to Section 10231.5 of the Government Code, this
29 subdivision shall become inoperative on January 1, 2033.

30 SEC. 3. Section 1736.3 is added to the Health and Safety Code,
31 to read:

32 1736.3. (a) For purposes of this section, “interpreter” means
33 an individual who satisfies all of the following conditions:

34 (1) Is fluent in English and in the preferred language of the
35 applicant.

36 (2) Has not acted as an interpreter for an examination for
37 certification as a home health aid within the year preceding the
38 date of the examination.

39 (3) Is not a certified home health aid and has not held a
40 certificate as a home health aid in the state.

1 (4) Is not a current or former student in an educational program
2 for certification as a nurse assistant.

3 (5) Is not a current or former student in a certified home health
4 aid apprenticeship program.

5 (6) Is not a current or former owner or employee of a school
6 for certification as a nurse assistant.

7 (b) Notwithstanding any other law, beginning July 1, 2026, the
8 department shall do all of the following:

9 (1) Permit an applicant who cannot read, speak, or write in
10 English to use an interpreter, at no cost to the applicant, to interpret
11 the English verbal and oral portions of the certified home health
12 aid examination to their preferred language, provided the applicant
13 meets all other requirements for certification.

14 (2) Post on the department's internet website that an applicant
15 may use an interpreter to interpret the certified home health aid
16 examination if the applicant cannot read, speak, or write in English,
17 provided the applicant meets all other competency requirements
18 for certification. This notice shall be posted in English, Spanish,
19 Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese,
20 Tagalog, and Arabic.

21 (3) Include an additional section in the certified home health
22 aid application that asks an applicant to identify their preferred
23 written, spoken, and signed languages.

24 (c) Beginning July 1, 2027, the department shall conduct an
25 annual review of the language preferences of applicants for home
26 health aid certification that is collected from applications.

27 (d) (1) Beginning on January 1, 2029, the department shall
28 annually report to the Senate and Assembly Health Committees
29 on language preference data collected from home health aid
30 certification applications.

31 (2) The report shall be submitted in compliance with Section
32 9795 of the Government Code.

33 (3) Pursuant to Section 10231.5 of the Government Code, this
34 subdivision shall become inoperative on January 1, 2033.

ASSEMBLY BILL

No. 742

Introduced by Assembly Member Elhawary

**(Principal coauthors: Assembly Members Bonta, Bryan, Gipson,
Jackson, McKinnor, Sharp-Collins, and Wilson)**

(Principal coauthors: Senators Richardson, Smallwood-Cuevas, and
Weber Pierson)

February 18, 2025

An act to add and repeal Section 115.7 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 742, as introduced, Elhawary. Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions.

This bill would require those boards to prioritize applicants who are descendants of slaves seeking licenses, especially applicants who are descended from a person enslaved within the United States.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 115.7 is added to the Business and
- 2 Professions Code, to read:
- 3 115.7. Notwithstanding any other law, a board shall prioritize
- 4 applicants who are descendants of slaves seeking licenses,

- 1 especially applicants who are descended from a person enslaved
- 2 within the United States.

ASSEMBLY BILL

No. 951

Introduced by Assembly Member Ta

February 20, 2025

An act to amend Section 1374.73 of the Health and Safety Code, and to amend Section 10144.51 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL’S DIGEST

AB 951, as introduced, Ta. Health care coverage: behavioral diagnoses.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism.

This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1374.73 of the Health and Safety Code
2 is amended to read:

3 1374.73. (a) (1) Every health care service plan contract that
4 provides hospital, medical, or surgical coverage shall also provide
5 coverage for behavioral health treatment for pervasive
6 developmental disorder or autism no later than July 1, 2012. The
7 coverage shall be provided in the same manner and shall be subject
8 to the same requirements as provided in Section 1374.72.

9 (2) Notwithstanding paragraph (1), as of the date that *the*
10 proposed final rulemaking for essential health benefits is issued,
11 this section does not require any benefits to be provided that exceed
12 the essential health benefits that all health plans will be required
13 by federal regulations to provide under Section 1302(b) of the
14 federal Patient Protection and Affordable Care Act (Public Law
15 111-148), as amended by the federal Health Care and Education
16 Reconciliation Act of 2010 (Public Law 111-152).

17 (3) This section shall not affect services for which an individual
18 is eligible pursuant to Division 4.5 (commencing with Section
19 4500) of the Welfare and Institutions Code or Title 14
20 (commencing with Section 95000) of the Government Code.

21 (4) This section shall not affect or reduce any obligation to
22 provide services under an individualized education program, as
23 defined in Section 56032 of the Education Code, or an individual
24 service plan, as described in Section 5600.4 of the Welfare and
25 Institutions Code, or under the federal Individuals with Disabilities
26 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing
27 regulations.

28 (b) Every health care service plan subject to this section shall
29 maintain an adequate network that includes qualified autism service
30 providers who supervise or employ qualified autism service

1 professionals or paraprofessionals who provide and administer
2 behavioral health treatment. A health care service plan is not
3 prevented from selectively contracting with providers within these
4 requirements.

5 *(c) (1) A health care service plan contract issued, amended, or*
6 *renewed on or after January 1, 2026, shall not require an enrollee*
7 *previously diagnosed with pervasive developmental disorder or*
8 *autism to receive a rediagnosis to maintain coverage for behavioral*
9 *health treatment for pervasive developmental disorder or autism.*

10 *(2) This subdivision does not prohibit or restrict a treating*
11 *provider from reevaluating an enrollee for purposes of determining*
12 *the appropriate treatment. The treatment plan shall be made*
13 *available to the health care service plan upon request.*

14 *(3) This subdivision does not prohibit a treating provider from*
15 *prescribing a rediagnosis at the discretion of the physician licensed*
16 *pursuant to Chapter 5 (commencing with Section 2000) of Division*
17 *2 of the Business and Professions Code or a psychologist licensed*
18 *pursuant to Chapter 6.6 (commencing with Section 2900) of*
19 *Division 2 of the Business and Professions Code.*

20 *(4) A health care service plan shall not discontinue or delay*
21 *existing treatment while waiting for a rediagnosis to be completed.*

22 *(5) This subdivision does not prohibit a health care service plan*
23 *from requiring utilization review. For the purpose of this section,*
24 *utilization review is distinct from a rediagnosis.*

25 ~~(e)~~

26 *(d) For the purposes of this section, the following definitions*
27 *shall apply:*

28 *(1) “Behavioral health treatment” means professional services*
29 *and treatment programs, including applied behavior analysis and*
30 *evidence-based behavior intervention programs, that develop or*
31 *restore, to the maximum extent practicable, the functioning of an*
32 *individual with pervasive developmental disorder or autism and*
33 *that meet all of the following criteria:*

34 *(A) The treatment is prescribed by a physician and surgeon*
35 *licensed pursuant to Chapter 5 (commencing with Section 2000)*
36 *of, or is developed by a psychologist licensed pursuant to Chapter*
37 *6.6 (commencing with Section 2900) of, Division 2 of the Business*
38 *and Professions Code.*

1 (B) The treatment is provided under a treatment plan prescribed
2 by a qualified autism service provider and is administered by one
3 of the following:

4 (i) A qualified autism service provider.

5 (ii) A qualified autism service professional supervised by the
6 qualified autism service provider.

7 (iii) A qualified autism service paraprofessional supervised by
8 a qualified autism service provider or qualified autism service
9 professional.

10 (C) The treatment plan has measurable goals over a specific
11 timeline that is developed and approved by the qualified autism
12 service provider for the specific patient being treated. The treatment
13 plan shall be reviewed no less than once every six months by the
14 qualified autism service provider and modified whenever
15 appropriate, and shall be consistent with Section 4686.2 of the
16 Welfare and Institutions Code pursuant to which the qualified
17 autism service provider does all of the following:

18 (i) Describes the patient's behavioral health impairments or
19 developmental challenges that are to be treated.

20 (ii) Designs an intervention plan that includes the service type,
21 number of hours, and parent participation needed to achieve the
22 plan's goal and objectives, and the frequency at which the patient's
23 progress is evaluated and reported.

24 (iii) Provides intervention plans that utilize evidence-based
25 practices, with demonstrated clinical efficacy in treating pervasive
26 developmental disorder or autism.

27 (iv) Discontinues intensive behavioral intervention services
28 when the treatment goals and objectives are achieved or no longer
29 appropriate.

30 (D) The treatment plan is not used for purposes of providing or
31 for the reimbursement of respite, ~~day care~~, *daycare*, or educational
32 services and is not used to reimburse a parent for participating in
33 the treatment program. The treatment plan shall be made available
34 to the health care service plan upon request.

35 (2) "Pervasive developmental disorder or autism" shall have
36 the same meaning and interpretation as used in Section 1374.72.

37 (3) "Qualified autism service provider" means either of the
38 following:

39 (A) A person who is certified by a national entity, such as the
40 Behavior Analyst Certification Board, with a certification that is

1 accredited by the National Commission for Certifying Agencies,
2 and who designs, supervises, or provides treatment for pervasive
3 developmental disorder or autism, provided the services are within
4 the experience and competence of the person who is nationally
5 certified.

6 (B) A person licensed as a physician and surgeon, physical
7 therapist, occupational therapist, psychologist, marriage and family
8 therapist, educational psychologist, clinical social worker,
9 professional clinical counselor, speech-language pathologist, or
10 audiologist pursuant to Division 2 (commencing with Section 500)
11 of the Business and Professions Code, who designs, supervises,
12 or provides treatment for pervasive developmental disorder or
13 autism, provided the services are within the experience and
14 competence of the licensee.

15 (4) “Qualified autism service professional” means an individual
16 who meets all of the following criteria:

17 (A) Provides behavioral health treatment, which may include
18 clinical case management and case supervision under the direction
19 and supervision of a qualified autism service provider.

20 (B) Is supervised by a qualified autism service provider.

21 (C) Provides treatment pursuant to a treatment plan developed
22 and approved by the qualified autism service provider.

23 (D) Is either of the following:

24 (i) A behavioral service provider who meets the education and
25 experience qualifications described in Section 54342 of Title 17
26 of the California Code of Regulations for an Associate Behavior
27 Analyst, Behavior Analyst, Behavior Management Assistant,
28 Behavior Management Consultant, or Behavior Management
29 Program.

30 (ii) A psychological associate, an associate marriage and family
31 therapist, an associate clinical social worker, or an associate
32 professional clinical counselor, as defined and regulated by the
33 Board of Behavioral Sciences or the Board of Psychology.

34 (E) (i) Has training and experience in providing services for
35 pervasive developmental disorder or autism pursuant to Division
36 4.5 (commencing with Section 4500) of the Welfare and
37 Institutions Code or Title 14 (commencing with Section 95000)
38 of the Government Code.

39 (ii) If an individual meets the requirement described in clause
40 (ii) of subparagraph (D), the individual shall also meet the criteria

1 set forth in the regulations adopted pursuant to Section 4686.4 of
2 the Welfare and Institutions Code for a Behavioral Health
3 Professional.

4 (F) Is employed by the qualified autism service provider or an
5 entity or group that employs qualified autism service providers
6 responsible for the autism treatment plan.

7 (5) “Qualified autism service paraprofessional” means an
8 unlicensed and uncertified individual who meets all of the
9 following criteria:

10 (A) Is supervised by a qualified autism service provider or
11 qualified autism service professional at a level of clinical
12 supervision that meets professionally recognized standards of
13 practice.

14 (B) Provides treatment and implements services pursuant to a
15 treatment plan developed and approved by the qualified autism
16 service provider.

17 (C) Meets the education and training qualifications described
18 in Section 54342 of Title 17 of the California Code of Regulations.

19 (D) Has adequate education, training, and experience, as
20 certified by a qualified autism service provider or an entity or
21 group that employs qualified autism service providers.

22 (E) Is employed by the qualified autism service provider or an
23 entity or group that employs qualified autism service providers
24 responsible for the autism treatment plan.

25 (6) “Rediagnosis” means a subsequent undertaking by any
26 method, device, or procedure, whether gratuitous or not, to
27 ascertain or establish if a person is suffering from a physical or
28 mental health disorder, pursuant to Section 2038 of the Business
29 and Professions Code. “Rediagnosis” also means prescription of
30 a subsequent diagnosis of pervasive developmental disorders or
31 autism to ascertain or establish if a person is suffering from a
32 pervasive developmental disorder or autism.

33 (7) “Utilization review” means utilization review or utilization
34 management functions that prospectively, retrospectively, or
35 concurrently review and approve, modify, or deny, based in whole
36 or in part on medical necessity to cure and relieve, treatment
37 recommendations by physicians licensed pursuant to Chapter 5
38 (commencing with Section 2000) of Division 2 of the Business and
39 Professions Code before, after, or concurrent with the provision
40 of medical treatment services. “Utilization review” refers to an

1 *evaluation of existing treatment to ensure an enrollee receives the*
2 *proper care at the proper time.*

3 ~~(d)~~

4 (e) This section shall not apply to the following:

5 (1) A specialized health care service plan that does not deliver
6 mental health or behavioral health services to enrollees.

7 (2) A health care service plan contract in the Medi-Cal program
8 (Chapter 7 (commencing with Section 14000) of Part 3 of Division
9 9 of the Welfare and Institutions Code).

10 ~~(e)~~

11 (f) This section does not limit the obligation to provide services
12 under Section 1374.72.

13 ~~(f)~~

14 (g) As provided in Section 1374.72 and in paragraph (1) of
15 subdivision (a), in the provision of benefits required by this section,
16 a health care service plan may utilize case management, network
17 providers, utilization review techniques, prior authorization,
18 copayments, or other cost sharing.

19 SEC. 2. Section 10144.51 of the Insurance Code is amended
20 to read:

21 10144.51. (a) (1) Every health insurance policy shall also
22 provide coverage for behavioral health treatment for pervasive
23 developmental disorder or autism no later than July 1, 2012. The
24 coverage shall be provided in the same manner and shall be subject
25 to the same requirements as provided in Section 10144.5.

26 (2) Notwithstanding paragraph (1), as of the date that *the*
27 proposed final rulemaking for essential health benefits is issued,
28 this section does not require any benefits to be provided that exceed
29 the essential health benefits that all health insurers will be required
30 by federal regulations to provide under Section 1302(b) of the
31 federal Patient Protection and Affordable Care Act (Public Law
32 111-148), as amended by the federal Health Care and Education
33 Reconciliation Act of 2010 (Public Law 111-152).

34 (3) This section shall not affect services for which an individual
35 is eligible pursuant to Division 4.5 (commencing with Section
36 4500) of the Welfare and Institutions Code or Title 14
37 (commencing with Section 95000) of the Government Code.

38 (4) This section shall not affect or reduce any obligation to
39 provide services under an individualized education program, as
40 defined in Section 56032 of the Education Code, or an individual

1 service plan, as described in Section 5600.4 of the Welfare and
 2 Institutions Code, or under the federal Individuals with Disabilities
 3 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing
 4 regulations.

5 (b) Pursuant to Article 6 (commencing with Section 2240) of
 6 Subchapter 2 of Chapter 5 of Title 10 of the California Code of
 7 Regulations, every health insurer subject to this section shall
 8 maintain an adequate network that includes qualified autism service
 9 providers who supervise or employ qualified autism service
 10 professionals or paraprofessionals who provide and administer
 11 behavioral health treatment. A health insurer is not prevented from
 12 selectively contracting with providers within these requirements.

13 (c) (1) *A health insurance policy issued, amended, or renewed*
 14 *on or after January 1, 2026, shall not require an insured previously*
 15 *diagnosed with pervasive developmental disorder or autism to*
 16 *receive a rediagnosis to maintain coverage for behavioral health*
 17 *treatment for pervasive developmental disorder or autism.*

18 (2) *This subdivision does not prohibit or restrict a treating*
 19 *provider from reevaluating an insured for purposes of determining*
 20 *the appropriate treatment. The treatment plan shall be made*
 21 *available to the insurer upon request.*

22 (3) *This subdivision does not prohibit a treating provider from*
 23 *prescribing a rediagnosis at the discretion of the physician licensed*
 24 *pursuant to Chapter 5 (commencing with Section 2000) of Division*
 25 *2 of the Business and Professions Code or a psychologist licensed*
 26 *pursuant to Chapter 6.6 (commencing with Section 2900) of*
 27 *Division 2 of the Business and Professions Code.*

28 (4) *A health insurer shall not discontinue or delay existing*
 29 *treatment while waiting for a rediagnosis to be completed.*

30 (5) *This subdivision does not prohibit a health insurer from*
 31 *requiring utilization review. For the purpose of this section,*
 32 *utilization review is distinct from a rediagnosis.*

33 (e)

34 (d) For the purposes of this section, the following definitions
 35 shall apply:

36 (1) “Behavioral health treatment” means professional services
 37 and treatment programs, including applied behavior analysis and
 38 evidence-based behavior intervention programs, that develop or
 39 restore, to the maximum extent practicable, the functioning of an

1 individual with pervasive developmental disorder or autism, and
2 that meet all of the following criteria:

3 (A) The treatment is prescribed by a physician and surgeon
4 licensed pursuant to Chapter 5 (commencing with Section 2000)
5 of, or is developed by a psychologist licensed pursuant to Chapter
6 6.6 (commencing with Section 2900) of, Division 2 of the Business
7 and Professions Code.

8 (B) The treatment is provided under a treatment plan prescribed
9 by a qualified autism service provider and is administered by one
10 of the following:

- 11 (i) A qualified autism service provider.
- 12 (ii) A qualified autism service professional supervised by the
13 qualified autism service provider.
- 14 (iii) A qualified autism service paraprofessional supervised by
15 a qualified autism service provider or qualified autism service
16 professional.

17 (C) The treatment plan has measurable goals over a specific
18 timeline that is developed and approved by the qualified autism
19 service provider for the specific patient being treated. The treatment
20 plan shall be reviewed no less than once every six months by the
21 qualified autism service provider and modified whenever
22 appropriate, and shall be consistent with Section 4686.2 of the
23 Welfare and Institutions Code pursuant to which the qualified
24 autism service provider does all of the following:

- 25 (i) Describes the patient’s behavioral health impairments or
26 developmental challenges that are to be treated.
- 27 (ii) Designs an intervention plan that includes the service type,
28 number of hours, and parent participation needed to achieve the
29 plan’s goal and objectives, and the frequency at which the patient’s
30 progress is evaluated and reported.
- 31 (iii) Provides intervention plans that utilize evidence-based
32 practices, with demonstrated clinical efficacy in treating pervasive
33 developmental disorder or autism.
- 34 (iv) Discontinues intensive behavioral intervention services
35 when the treatment goals and objectives are achieved or no longer
36 appropriate.

37 (D) The treatment plan is not used for purposes of providing or
38 for the reimbursement of respite, ~~day care~~, *daycare*, or educational
39 services and is not used to reimburse a parent for participating in

1 the treatment program. The treatment plan shall be made available
2 to the insurer upon request.

3 (2) “Pervasive developmental disorder or autism” shall have
4 the same meaning and interpretation as used in Section 10144.5.

5 (3) “Qualified autism service provider” means either of the
6 following:

7 (A) A person who is certified by a national entity, such as the
8 Behavior Analyst Certification Board, with a certification that is
9 accredited by the National Commission for Certifying Agencies,
10 and who designs, supervises, or provides treatment for pervasive
11 developmental disorder or autism, provided the services are within
12 the experience and competence of the person who is nationally
13 certified.

14 (B) A person licensed as a physician and surgeon, physical
15 therapist, occupational therapist, psychologist, marriage and family
16 therapist, educational psychologist, clinical social worker,
17 professional clinical counselor, speech-language pathologist, or
18 audiologist pursuant to Division 2 (commencing with Section 500)
19 of the Business and Professions Code, who designs, supervises,
20 or provides treatment for pervasive developmental disorder or
21 autism, provided the services are within the experience and
22 competence of the licensee.

23 (4) “Qualified autism service professional” means an individual
24 who meets all of the following criteria:

25 (A) Provides behavioral health treatment, which may include
26 clinical case management and case supervision under the direction
27 and supervision of a qualified autism service provider.

28 (B) Is supervised by a qualified autism service provider.

29 (C) Provides treatment pursuant to a treatment plan developed
30 and approved by the qualified autism service provider.

31 (D) Is either of the following:

32 (i) A behavioral service provider who meets the education and
33 experience qualifications described in Section 54342 of Title 17
34 of the California Code of Regulations for an Associate Behavior
35 Analyst, Behavior Analyst, Behavior Management Assistant,
36 Behavior Management Consultant, or Behavior Management
37 Program.

38 (ii) A psychological associate, an associate marriage and family
39 therapist, an associate clinical social worker, or an associate

1 professional clinical counselor, as defined and regulated by the
2 Board of Behavioral Sciences or the Board of Psychology.

3 (E) (i) Has training and experience in providing services for
4 pervasive developmental disorder or autism pursuant to Division
5 4.5 (commencing with Section 4500) of the Welfare and
6 Institutions Code or Title 14 (commencing with Section 95000)
7 of the Government Code.

8 (ii) If an individual meets the requirement described in clause
9 (ii) of subparagraph (D), the individual shall also meet the criteria
10 set forth in the regulations adopted pursuant to Section 4686.4 of
11 the Welfare and Institutions Code for a Behavioral Health
12 Professional.

13 (F) Is employed by the qualified autism service provider or an
14 entity or group that employs qualified autism service providers
15 responsible for the autism treatment plan.

16 (5) “Qualified autism service paraprofessional” means an
17 unlicensed and uncertified individual who meets all of the
18 following criteria:

19 (A) Is supervised by a qualified autism service provider or
20 qualified autism service professional at a level of clinical
21 supervision that meets professionally recognized standards of
22 practice.

23 (B) Provides treatment and implements services pursuant to a
24 treatment plan developed and approved by the qualified autism
25 service provider.

26 (C) Meets the education and training qualifications described
27 in Section 54342 of Title 17 of the California Code of Regulations.

28 (D) Has adequate education, training, and experience, as
29 certified by a qualified autism service provider or an entity or
30 group that employs qualified autism service providers.

31 (E) Is employed by the qualified autism service provider or an
32 entity or group that employs qualified autism service providers
33 responsible for the autism treatment plan.

34 (6) “Rediagnosis” means a subsequent undertaking by any
35 method, device, or procedure, whether gratuitous or not, to
36 ascertain or establish if a person is suffering from a physical or
37 mental health disorder, pursuant to Section 2038 of the Business
38 and Professions Code. “Rediagnosis” also means prescription of
39 a subsequent diagnosis of pervasive developmental disorders or

1 autism to ascertain or establish if a person is suffering from a
2 pervasive developmental disorder or autism.

3 (7) "Utilization review" means utilization review or utilization
4 management functions that prospectively, retrospectively, or
5 concurrently review and approve, modify, or deny, based in whole
6 or in part on medical necessity to cure and relieve, treatment
7 recommendations by physicians licensed pursuant to Chapter 5
8 (commencing with Section 2000) of Division 2 of the Business and
9 Professions Code before, after, or concurrent with the provision
10 of medical treatment services. "Utilization review" refers to an
11 evaluation of existing treatment to ensure an enrollee receives the
12 proper care at the proper time.

13 ~~(d)~~

14 (e) This section shall not apply to the following:

15 (1) A specialized health insurance policy that does not cover
16 mental health or behavioral health services or an ~~accident only~~,
17 ~~accident-only~~, specified disease, hospital indemnity, or Medicare
18 supplement policy.

19 (2) A health insurance policy in the Medi-Cal program (Chapter
20 7 (commencing with Section 14000) of Part 3 of Division 9 of the
21 Welfare and Institutions Code).

22 ~~(e)~~

23 (f) This section does not limit the obligation to provide services
24 under Section 10144.5.

25 ~~(f)~~

26 (g) As provided in Section 10144.5 and in paragraph (1) of
27 subdivision (a), in the provision of benefits required by this section,
28 a health insurer may utilize case management, network providers,
29 utilization review techniques, prior authorization, copayments, or
30 other cost sharing.

31 SEC. 3. No reimbursement is required by this act pursuant to
32 Section 6 of Article XIII B of the California Constitution because
33 the only costs that may be incurred by a local agency or school
34 district will be incurred because this act creates a new crime or
35 infraction, eliminates a crime or infraction, or changes the penalty
36 for a crime or infraction, within the meaning of Section 17556 of
37 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O

ASSEMBLY BILL

No. 1009

Introduced by Assembly Member Blanca Rubio

February 20, 2025

An act to amend Section 44270 of the Education Code, relating to teacher credentialing.

LEGISLATIVE COUNSEL'S DIGEST

AB 1009, as introduced, Blanca Rubio. Teacher credentialing: administrative services credential: occupational and physical therapists.

Existing law requires the Commission on Teacher Credentialing to establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law sets forth the minimum requirements for a preliminary services credential with a specialization in administrative services, which include, among other requirements, possession of one of various types of credentials and the completion of a minimum of 3 years of certain work experience, as provided.

This bill would provide that a valid license to practice occupational therapy or physical therapy and verification of meeting a basic skills requirement, as specified, and 3 years of experience as a school-based occupational therapist or physical therapist may be used to satisfy the above-described respective requirements for a preliminary services credential with a specialization in administrative services, as provided.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 44270 of the Education Code is amended
2 to read:

3 44270. (a) The minimum requirements for the preliminary
4 services credential with a specialization in administrative services
5 are all of the following:

6 (1) Possession of one of the following:

7 (A) A valid teaching credential requiring the possession of a
8 baccalaureate degree and a professional preparation program
9 including student teaching.

10 (B) A valid designated subjects career technical education, adult
11 education, or special subjects teaching credential, as specified in
12 Section 44260, 44260.1, 44260.2, 44260.3, or 44260.4, provided
13 the candidate also possesses a baccalaureate degree.

14 (C) A valid services credential with a specialization in pupil
15 personnel, health, or clinical or rehabilitative services, as specified
16 in Section 44266, 44267, 44267.5, or 44268, or a valid services
17 credential authorizing service as a teacher librarian, as specified
18 in Section 44269.

19 (D) *A valid license to practice occupational therapy issued by*
20 *the California Board of Occupational Therapy or a valid license*
21 *to practice physical therapy issued by the Physical Therapy Board*
22 *of California and verification of meeting a basic skills requirement*
23 *as outlined in subdivision (b) of Section 44252.*

24 ~~(D)~~

25 (E) A valid credential issued under the laws, rules, and
26 regulations in effect on or before December 31, 1971, which
27 authorizes the same areas as in subparagraphs (B) and (C).

28 (2) Completion of a minimum of (A) three years of successful,
29 full-time classroom teaching experience in the public schools,
30 including, but not limited to, service in state- or county-operated
31 schools, or in regionally accredited private schools of equivalent
32 ~~status or status~~, (B) three years of experience in the fields of pupil
33 personnel, health, clinical or rehabilitative, or librarian-~~services-~~
34 ~~services~~, or (C) three years of experience as a school-based
35 *occupational therapist or physical therapist.*

36 (3) Completion of an entry-level program of specialized and
37 professional preparation in administrative services approved by
38 the commission or a one-year internship in a program of supervised

1 training in administrative services, approved by the commission
2 as satisfying the requirements for the preliminary services
3 credential with a specialization in administrative services.

4 (4) Current employment in an administrative position after
5 completion of professional preparation as defined in paragraph
6 (3), whether full or part time, in a public school or regionally
7 accredited private school of equivalent status. The commission
8 shall encourage school districts to consider the recency of
9 preparation or professional growth in school administration as one
10 of the criteria for employment.

11 (b) The preliminary administrative services credential shall be
12 valid for a period of five years from the date of initial employment
13 in an administrative position, whether full or part time, and shall
14 not be renewable.

15 (c) A candidate who completed, by September 30, 1984, the
16 requirements for the administrative services credential in effect
17 on June 30, 1982, is eligible for the credential authorized under
18 those requirements. All other candidates shall satisfy the
19 requirements set forth in this section.

**Introduced by Senator Ashby
(Principal coauthors: Senators Cervantes, Cortese, Gonzalez,
Grayson, Hurtado, and Pérez)
(Coauthors: Senators Allen, Cabaldon, Padilla, Rubio, and Wahab)**

February 20, 2025

An act to amend Sections 122, 136, and 10176 of, and to add Sections 108.1, 136.5, 7058.9, and 10089 to, the Business and Professions Code, relating to professions and vocations, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 641, as introduced, Ashby. Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Real Estate to license and regulate real estate licensees, and the Department of Consumer Affairs, which is composed of various boards that license and regulate various businesses and professions.

This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the Department of Real Estate or

boards under the Department of Consumer Affairs to provide the board or department with an email address. The bill would prohibit a contractor licensed pursuant to the Contractors State License Law from engaging in private debris removal unless the contractor has one of specified license qualifications or as authorized by the registrar of contractors during a declared state of emergency or for a declared disaster area. The bill would require the Real Estate Commissioner, upon the declaration of a state of emergency, to determine the nature and scope of any unlawful, unfair, or fraudulent practices, as specified, and provide specified notice to the public regarding those practices. The bill would authorize the commissioner to suspend or revoke a real estate license if the licensee makes an unsolicited offer to an owner of real property to purchase or acquire an interest in the real property for an amount less than the fair market value of the property or interest of the property if the property is located in a declared disaster area, and would also make a violation of that provision a misdemeanor. By creating a new crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. It is the intent of the Legislature to provide
- 2 boards, bureaus, commissions, and regulatory entities within the
- 3 jurisdiction of the Department of Consumer Affairs and the
- 4 Department of Real Estate with authority to address licensing and
- 5 enforcement concerns in real time after an emergency is declared.
- 6 The Legislature does not intend for any provision of this bill to
- 7 require regulations to implement.
- 8 SEC. 2. Section 108.1 is added to the Business and Professions
- 9 Code, to read:

1 108.1. (a) For purposes of this section, “disaster area” means
2 an area for which a federal, state, or local emergency or disaster
3 has been declared.

4 (b) To aid in the protection of the public health, the provision
5 of patient care, the continuity of services, and to support impacted
6 individuals, the Department of Real Estate or any board under the
7 jurisdiction of the Department of Consumer Affairs, as specified
8 in Section 101, may waive the application of any provision of law
9 that the board or department is charged with enforcing for licensees
10 and applicants impacted by a declared federal, state, or local
11 emergency or whose home or business is located in a disaster area,
12 that is related to any of the following:

- 13 (1) Examination eligibility and timing requirements.
- 14 (2) Licensure renewal deadlines.
- 15 (3) Continuing education completion deadlines.
- 16 (4) License display requirements.
- 17 (5) Fee submission timing requirements.
- 18 (6) Delinquency fees.

19 (c) The authority specified in subdivision (b) shall extend
20 through the duration of a declared federal, state, or local emergency
21 or disaster for licensees and applicants located in a disaster area
22 and for either of the following, as determined by the board or the
23 Department of Real Estate and will aid in the protection of the
24 public health, the provision of patient care, the continuity of
25 services, or the support of impacted individuals:

- 26 (1) One year after the end of the declared emergency or disaster.
- 27 (2) An additional period of time beyond one year after the end
28 of the declared emergency or disaster, as determined by the board
29 or the Department of Real Estate.

30 SEC. 3. Section 122 of the Business and Professions Code is
31 amended to read:

32 122. (a) Except as *specified in subdivision (b) or otherwise*
33 *provided by law*, the department and each of the boards, bureaus,
34 committees, and commissions within the department may charge
35 a fee for the processing and issuance of a duplicate copy of any
36 certificate of licensure or other form evidencing licensure or
37 renewal of licensure. The fee shall be in an amount sufficient to
38 cover all costs incident to the issuance of the duplicate certificate
39 or other form but shall not exceed twenty-five dollars (\$25).

1 **(b)** *This section shall not apply to a licensee impacted by a*
2 *declared federal, state, or local emergency or disaster or whose*
3 *home or business is located in an area for which a federal, state,*
4 *or local emergency or disaster has been declared.*

5 SEC. 4. Section 136 of the Business and Professions Code is
6 amended to read:

7 136. (a) Each person holding a license, certificate, registration,
8 permit, or other authority to engage in a profession or occupation
9 issued by a board within the department shall notify the issuing
10 board at its principal office of any change in the person's mailing
11 address within 30 days after the change, unless the board has
12 specified by regulations a shorter time period.

13 (b) Except as otherwise provided by law, failure of a licensee
14 to comply with the requirement in subdivision (a) constitutes
15 grounds for the issuance of a citation and administrative fine, if
16 the board has the authority to issue citations and administrative
17 fines.

18 **(c)** *This section shall not apply to a licensee whose home or*
19 *business mailing address is located in an area for which a federal,*
20 *state, or local emergency or disaster area is declared.*

21 SEC. 5. Section 136.5 is added to the Business and Professions
22 Code, to read:

23 136.5. Every applicant for licensure and every licensee of the
24 Department of Real Estate or a board under the jurisdiction of the
25 Department of Consumer Affairs, as specified in Section 101, shall
26 provide the Department of Real Estate or the board with an email
27 address.

28 SEC. 6. Section 7058.9 is added to the Business and Professions
29 Code, to read:

30 7058.9. (a) A contractor shall not engage in private debris
31 removal unless the contractor has one of the following licenses or
32 classifications:

33 (1) A - General Engineering Contractor.

34 (2) B - General Building Contractor.

35 (3) A C-61 - Limited Specialty Contractor Classification for
36 Debris Removal and Flood Muck Out. The board may adopt
37 regulations to define the scope and requirements of this
38 classification.

39 (b) During a declared federal, state, or local emergency or for
40 a declared disaster area, the registrar may authorize additional

1 classifications to perform private debris removal or muck out
2 services based on the needs of the declared emergency or disaster.

3 (1) The registrar may make the determination on a case-by-case
4 basis and without requiring regulations.

5 (2) The registrar may require the qualifier for the license to have
6 passed an approved hazardous substance certification examination
7 as the disaster requires.

8 SEC. 7. Section 10089 is added to the Business and Professions
9 Code, to read:

10 10089. Immediately upon the declaration of a federal, state, or
11 local emergency or disaster area, the commissioner, in consultation
12 with other agencies and departments, as appropriate, shall do the
13 following:

14 (a) Expeditiously, and until 90 days following the end of the
15 emergency, determine the nature and scope of any unlawful, unfair,
16 or fraudulent practices employed by any individual or entity
17 seeking to take advantage of property owners in the wake of the
18 emergency.

19 (b) Provide notice to the public of the nature of these practices,
20 their rights under the law, relevant resources that may be available,
21 and contact information for authorities to whom violations may
22 be reported.

23 SEC. 8. Section 10176 of the Business and Professions Code
24 is amended to read:

25 10176. The commissioner may, upon ~~his or her~~ *their* own
26 motion, and shall, upon the verified complaint in writing of any
27 person, investigate the actions of any person engaged in the
28 business or acting in the capacity of a real estate licensee within
29 this state, and ~~he or she~~ *the commissioner* may temporarily suspend
30 or permanently revoke a real estate license at any time where the
31 licensee, while a real estate licensee, in performing or attempting
32 to perform any of the acts within the scope of this chapter has been
33 guilty of any of the following:

- 34 (a) Making any substantial misrepresentation.
- 35 (b) Making any false promises of a character likely to influence,
36 persuade, or induce.
- 37 (c) A continued and flagrant course of misrepresentation or
38 making of false promises through licensees.
- 39 (d) Acting for more than one party in a transaction without the
40 knowledge or consent of all parties thereto.

1 (e) Commingling with ~~his or her~~ *their* own money or property
2 the money or other property of others ~~which~~ *that* is received and
3 held by ~~him or her~~ *the licensee*.

4 (f) Claiming, demanding, or receiving a fee, compensation, or
5 commission under any exclusive agreement authorizing a licensee
6 to perform any acts set forth in Section 10131 for compensation
7 or commission where the agreement does not contain a definite,
8 specified date of final and complete termination.

9 (g) The claiming or taking by a licensee of any secret or
10 undisclosed amount of compensation, commission, or profit or the
11 failure of a licensee to reveal to the buyer or seller contracting with
12 the licensee the full amount of the licensee's compensation,
13 commission, or profit under any agreement authorizing the licensee
14 to do any acts for which a license is required under this chapter
15 for compensation or commission prior to or coincident with the
16 signing of an agreement evidencing the meeting of the minds of
17 the contracting parties, regardless of the form of the agreement,
18 whether evidenced by documents in an escrow or by any other or
19 different procedure.

20 (h) The use by a licensee of any provision, which allows the
21 licensee an option to purchase, in an agreement with a buyer or
22 seller that authorizes the licensee to sell, buy, or exchange real
23 estate or a business opportunity for compensation or commission,
24 except when the licensee, prior to or coincident with election to
25 exercise the option to purchase, reveals in writing to the buyer or
26 seller the full amount of the licensee's profit and obtains the written
27 consent of the buyer or seller approving the amount of the profit.

28 (i) Any other conduct, whether of the same or of a different
29 character than specified in this section, which constitutes fraud or
30 dishonest dealing.

31 (j) Obtaining the signature of a prospective buyer to an
32 agreement which provides that the prospective buyer shall either
33 transact the purchasing, leasing, renting, or exchanging of a
34 business opportunity property through the broker obtaining the
35 signature, or pay a compensation to the broker if the property is
36 purchased, leased, rented, or exchanged without the broker first
37 having obtained the written authorization of the owner of the
38 property concerned to offer the property for sale, lease, exchange,
39 or rent.

1 (k) Failing to disburse funds in accordance with a commitment
2 to make a mortgage loan that is accepted by the applicant when
3 the real estate broker represents to the applicant that the broker is
4 either of the following:

5 (1) The lender.

6 (2) Authorized to issue the commitment on behalf of the lender
7 or lenders in the mortgage loan transaction.

8 (l) Intentionally delaying the closing of a mortgage loan for the
9 sole purpose of increasing interest, costs, fees, or charges payable
10 by the borrower.

11 (m) Violating any section, division, or article of law which
12 provides that a violation of that section, division, or article of law
13 by a licensed person is a violation of that person's licensing law,
14 if it occurs within the scope of that person's duties as a licensee.

15 (n) (1) *Making an unsolicited offer to an owner of real property,*
16 *on their own behalf or on behalf of a client, to purchase or*
17 *otherwise acquire any interest in the real property for an amount*
18 *less than the fair market value of the property or interest in the*
19 *property when that property is located in an area included in a*
20 *declared federal, state, or local emergency or disaster area, for*
21 *the duration of the declared emergency and for three months*
22 *thereafter.*

23 (2) *Any person, including, but not limited to, an officer, director,*
24 *agent, or employee of a corporation, who violates this subdivision*
25 *is guilty of a misdemeanor punishable by a fine of up to ten*
26 *thousand dollars (\$10,000), by imprisonment for up to six months,*
27 *or both.*

28 SEC. 9. No reimbursement is required by this act pursuant to
29 Section 6 of Article XIII B of the California Constitution because
30 the only costs that may be incurred by a local agency or school
31 district will be incurred because this act creates a new crime or
32 infraction, eliminates a crime or infraction, or changes the penalty
33 for a crime or infraction, within the meaning of Section 17556 of
34 the Government Code, or changes the definition of a crime within
35 the meaning of Section 6 of Article XIII B of the California
36 Constitution.

37 SEC. 10. This act is an urgency statute necessary for the
38 immediate preservation of the public peace, health, or safety within
39 the meaning of Article IV of the California Constitution and shall
40 go into immediate effect. The facts constituting the necessity are:

1 In order to support licensed professionals impacted by the
2 disasters caused by the Palisades and Eaton wildfires, it is
3 necessary that this act take effect immediately.

O

Introduced by Senator McNerney

February 21, 2025

An act to amend Section 2570.18.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 813, as introduced, McNerney. Occupational therapy. Existing law, the Occupational Therapy Practice Act, establishes the California Board of Occupational Therapy for the licensure and regulation of the practice of occupational therapy. Existing law prohibits a person from practicing occupational therapy or working as an occupational therapy assistant under the supervision of an occupational therapist without being licensed under the act.

Existing law requires an occupational therapist to document the occupational therapist's evaluation, goals, treatment plan, and summary of treatment in the client record. Existing law further requires client records to be maintained for a period of not less than 7 years following the discharge of the client, except as specified.

This bill would increase the above timeframe to 10 years following discharge of the client.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2570.18.5 of the Business and
Professions 2 Code is amended to read:

1 2570.18.5. (a) An occupational therapist shall document the
2 occupational therapist's evaluation, goals, treatment plan, and
3 summary of treatment in the client record.

4 (b) An occupational therapy assistant shall document the services
5 provided in the client record.

6 (c) Occupational therapists and occupational therapy assistants
7 shall document and sign the client record legibly.

8 (d) Client records shall be maintained for a period of no less
9 than ~~seven~~ 10 years following the discharge of the client, except
10 that the records of unemancipated minors shall be maintained at
11 least one year after the minor has reached the age of 18 years, and
12 not in any case less than seven years.

AGENDA ITEM 18

REVIEW AND VOTE ON APPROVAL OF THE BOARD'S 2025 – 2030 STRATEGIC PLAN.



California Board of Occupational Therapy

2025-2030 Strategic Plan

Adopted: [Month Day, Year]

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

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Board Members

Beata Morcos, President, Public Member

Christine Wietlisbach, Vice President, OT Member

Richard Bookwalter, Secretary, Occupational Therapist (OT) Member

Hector Cabrera, Public Member

Lynna Lan Tien Do, Public Member

Gavin Newsom, Governor

Tomiquia Moss, Secretary, Business, Consumer Services and Housing Agency

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Austin Porter, Interim Executive Officer, California Board of Occupational Therapy

About the Board

The occupational therapy profession was established in 1917 and is one of the oldest allied health professions in the United States.

Senate Bill 1046 (Murray, Chapter 697, Statutes of 2000) created the California Board of Occupational Therapy, effective January 1, 2001. The Board is responsible for the licensure and regulation of Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs) in California. The Board's mission is to regulate occupational therapy by serving and protecting California's consumers of occupational therapy services through effective regulation, licensure, and enforcement.

California passed a title control/trademark law for occupational therapy in 1977, establishing Business and Professions Code (BPC), Section 2570, prohibiting individuals from using the professional titles recognized for Occupational Therapists (OT, OTR) and Occupational Therapy Assistants (OTA, COTA) without appropriate professional training/education. The law was updated in 1993 to further clarify the minimum education and examination requirements for practicing occupational therapists and occupational therapy assistants. The law had no registration process with the state or enforcement structure, nor did it prevent an unqualified individual from practicing occupational therapy if the individual did not refer to themselves as an occupational therapist or occupational therapy assistant.

Occupational therapy licensees provide important health, habilitation, and rehabilitation services to people of all ages who, because of illness, injury, or developmental or psychological impairment, need specialized interventions to regain, develop, or build the skills necessary for independent performance of everyday activities (known as 'occupations').

Over the years, there have been amendments to the Board's laws and regulations that have enhanced the Board's ability to protect the consumer, such as development of the Board's Disciplinary Guidelines and adding Citation and Fine authority. To further bolster the regulation of the profession, the Board established supervision requirements, advanced practice education and practice requirements, minimum standards for infection control, and continuing education/competency requirements.

Business and Professions Code (BPC) Section 2570.25 mandates that "protection of the public shall be the highest priority for the California Board of Occupational Therapy in exercising its licensing, regulatory, and disciplinary functions."

To accomplish its mission, the Board:

- Ensures only eligible and qualified individuals are issued a license
- Investigates complaints and criminal convictions; and
- Responds to emerging changes and trends in the profession through legislative or regulatory amendments.

The Board's statutes require individuals, with a few exceptions, engaging in the practice of occupational therapy to possess a license.

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Message from the President

[Most board presidents use this space to express enthusiasm for the new strategic plan. Let us know if you would like some examples.]

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Board Mission, Vision, and Values

Mission

To protect California consumers of occupational therapy services through effective regulation, licensing, and enforcement.

Vision

The California Board of Occupational Therapy is a model consumer protection agency recognized for valuing all stakeholders.

Values

- Consumer Protection - We make effective and informed decisions in the best interest, and for the safety of, Californians.
- Efficiency - We diligently identify the best ways to deliver high quality services with the most efficient use of our resources.
- Fairness - We treat people equally and make decisions without favoritism or prejudice.
- Integrity - We are committed to honesty, ethical conduct, and responsibility.
- Commitment - We take responsibility and are accountable to the public.
- Transparency - We hold ourselves accountable to the people of California. We operate openly so that stakeholders can trust that we are fair and honest.
- Diversity, Equity, and Inclusion (DEI) - We support diversity, equity, and inclusion in the workplace and in the delivery of our services.

Goal 1: Licensing

The Board ensures those seeking licensure meet minimum standards of conduct, education, fieldwork, and examination.

- 1.1 Review communication processes to identify efficiencies and other improvements.
- 1.2 Improve communication with applicants and licensees regarding the licensure process, requirements, and processing times.
- 1.3 Review licensing fees to balance fiscal responsibilities and reduce barriers to licensure.
- 1.4 Explore creating a law and ethics exam, or mandatory continuing education, to maintain licensee awareness of laws and regulations surrounding their profession and improve compliance.

Goal 2: Enforcement

The Board enforces the laws and regulations governing the practice of occupational therapy by effectively investigating complaints, non-compliance, and irregularities, and concludes with an appropriate response.

- 2.1 Evaluate and update the subject matter expert (SME) program to improve recruitment, training, retention, and diversity.
- 2.2 Research enforcement options in addition to cite and fine and formal discipline.

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Goal 3: Outreach and Communication

The Board strives to increase communication, education and outreach efforts to consumers, applicants, licensees, and other stakeholders regarding laws, regulations and the practice of occupational therapy.

- 3.1 Explore having the ability to capture additional licensee contact information to communicate quickly and effectively.
- 3.2 Expand outreach presentations to increase stakeholder engagement and involvement.
- 3.3 Expand the Board's use of social media platforms to create new avenues of communication.
- 3.4 Conduct outreach to explain the Board's role and clarify the difference between consumer protection and advocacy.

Goal 4: Laws and Regulations

The Board implements and enforces statutes and regulations that strengthen and support the Board's mandate and mission.

- 4.1 Increase communication about new, or changes to, laws and regulations to keep licensees informed and compliant.
- 4.2 Review and update regulations as necessary to ensure they are relevant and effective.

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Goal 5: Organization and Administration Effectiveness

The Board strives to build an excellent organization by ensuring responsible fiscal stewardship and through proper governance, effective leadership, and outstanding customer service.

- 5.1 Develop relationships between management and staff to promote a safe, diverse, and equitable workplace.
- 5.2 Increase staff training to provide the resources necessary for increasing effectiveness and efficiency.
- 5.3 Review and refine board processes and procedures to improve efficiencies and effectiveness.
- 5.4 Explore and implement the most effective methods for delivering board meeting agendas and materials.
- 5.5 Promote awareness of board member vacancies to foster a diverse candidate pool.

Strategic Planning Process

To understand the environment in which the Board operates as well as identify factors that could impact the Board's success in carrying out its regulatory duties, the Department of Consumer Affairs' SOLID Planning Unit (SOLID) conducted an environmental scan of the Board's internal and external environments by collecting information through the following methods:

- SOLID interviewed leadership and conducted an online survey for staff during the months of November and December 2024.
- SOLID interviewed or conducted a survey for board members during the months of November and December 2024.
- SOLID conducted an online survey for external stakeholders during the months of November and December 2024.

The most significant themes and trends identified from the environmental scan were discussed by board members, board leadership, and staff during a strategic planning session facilitated by SOLID on January 24, 2025. This information guided the Board in the development of its strategic objectives outlined in this 2025-2030 strategic plan.

California Board of Occupational Therapy

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Strategic plan adopted on [type date here].

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the California Board of Occupational Therapy on January 24, 2025. Subsequent amendments may have been made after the adoption of this plan.



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