

UNFINISHED BUSINESS

Bill No: SB 993
Author: Ochoa Bogh (R), et al.
Amended: 8/18/26
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 4/20/26
AYES: Wahab, Choi, Archuleta, Caballero, Grayson, Niello, Smallwood-Cuevas,
Strickland, Umberg
NO VOTE RECORDED: Arreguín, Menjivar

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

SENATE FLOOR: 38-0, 5/18/26
AYES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear,
Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez,
Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar,
Ochoa Bogh, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas,
Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
NO VOTE RECORDED: Niello, Padilla

ASSEMBLY FLOOR: Passed, 8/24/26

SUBJECT: Board of Behavioral Sciences: licensees: notices

SOURCE: American Federation of State, County and Municipal Employees,
AFL-CIO

DIGEST: This bill revises licensure disclosure requirements for Board of Behavioral Sciences (BBS) licensees or registrants, if certain requirements are met.

Assembly Amendments authorize a BBS licensee or registrant, instead of an employing entity or agency of a licensee or registrant, in specified practice settings, to exercise discretion whether to include specified information required to be included in a client notice based on individual safety concerns if the employing entity or agency authorizes the licensee or registrant to exercise discretion and

requires the specified practice setting maintain a process allowing a client to obtain sufficient identifying information to file a complaint with the BBS, that process is disclosed to the client as part of the notice, and a copy of the notice is preserved in the client's records.

ANALYSIS:

Existing law:

- 1) Establishes the BBS to license and regulate Marriage and Family Therapists (LMFT), Educational Psychologists (LEP), Clinical Social Workers (LCSW), and Professional Clinical Counselors (LPCC). (Business and Professions Code (BPC) § 4980 *et seq.*)
- 2) Defines a MFT and PCC “associate” as an unlicensed person who has earned a master’s or doctoral degree qualifying the individual for licensure, as specified. (BPC § 4980.03(b) 4999.12(f))
- 3) Defines a MFT and PCC “trainee” as an unlicensed person who is currently enrolled in a master’s or doctoral degree program that is designed to qualify the person for licensure and who has completed no less than 12 semester or 18 quarter units in any qualifying degree program. (BPC § 4980.03 (c) 4999.12(g))
- 4) Requires a LMFT, LEP, LCSW, and LPCC to display their license in a conspicuous place in the licensee’s primary place of practice. (BPC §§ 4980.31, 4989.48, 4996.7, 4999.70)
- 5) Requires a LMFT, LEP, LCSW, and LPCC to provide a written notice to clients prior to initiating psychotherapy services, that informs the client that the BBS receives and reviews complaints, as specified. (BPC §§ 4980.32, 4989.17, 4996.75, 4999.71)
- 6) Unless specifically exempted, requires a person to obtain a valid license or registration with the Board before engaging in the practice of marriage and family therapy, clinical social work, or professional clinical counseling (BPC §§ 4980(b), 4996(b), 4999.30))

This bill:

- 1) Authorizes an employing entity or agency of a licensee or registrant to exercise discretion, in specific practice settings, whether to include any or all of the

following information: the licensee's or registrant's full name as filed with the board, the license or registration number, the type of license or registration and the registration expiration date in the notice required prior to initiating psychotherapy services, if the setting has an established process by which the client may request and obtain sufficient identification information to file a complaint with the board, that process is disclosed to the client as part of the notice and a copy of the notice is preserved as part of the client's records. Requires the licensee or registrant to be responsible, if exercising discretion is utilized, for ensuring the process to request and obtain identification is in place.

- 2) Includes the following specific practice settings: an acute psychiatric hospital, a correctional treatment center, any setting where mental health services are provided to incarcerated individuals under the jurisdiction of a local, state, or federal correctional authority, including but not limited to, a state prison, county jail, juvenile detention facility, or other correctional setting operated by or under contract with a governmental entity.

Background

The Board of Behavioral Sciences (BBS) licenses and regulates Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Educational Psychologists (LEPs), and Licensed Professional Clinical Counselors (LPCCs). Additionally, the Board registers Associate Clinical Social Workers (ASWs), Associate Marriage and Family Therapists (AMFTs), and Associate Professional Clinical Counselors (APCCs).

The Board is responsible for the regulatory oversight of over 148,000 licensees and registrants. Each profession has its own scope of practice, entry-level requirements, and professional settings with some overlap in areas. LMFTs are employed in mental health agencies, counseling centers, and private practice. LMFT's utilize counseling or therapeutic techniques to assist individuals, couples, families, and groups with a focus on marriage, family, and relationship issues. AMFTs have completed the required educational program and are in the process of obtaining the hours of supervisory experience required for licensure. LCSWs are employed in health facilities, private practice, and state and county mental health agencies. LCSWs utilize counseling and psychotherapeutic techniques to assist individuals, couples, families, and groups. ASWs have completed the required educational program and are in the process of obtaining the hours of supervisory experience required for licensure. LEPs work in schools or in private practice and provide educational counseling services such as aptitude and achievement testing or psychological testing. LEPs may not provide psychological testing or counseling

services that are unrelated to academic learning processes in the education system. LPCCs work in a variety of settings including hospitals, private practice, and community-based mental health organizations. They apply counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. LPCCs work in a variety of settings including hospitals, private practice, and community-based mental health organizations. APCCs have completed the required educational program and are in the process of obtaining the hours of supervisory experience required for licensure.

Disclosure Requirements. Current law requires a licensee prominently display their license in their primary place of practice when conducting mental health services in person confirming for the patient that they are licensed with the BBS. Licensees or registrants licensed by the BBS are also required to provide a client with written notice prior to initiating mental health services, or as soon as possible, that states that the BBS receives and responds to complaints from consumers about mental health services rendered and document in a client's record. Due to the rise in telehealth services the requirements to physically display a license outside a traditional office setting became impractical. In response, SB 1024 (Ochoa Bogh, Chapter 160, Statutes of 2024) updated the procedures for licensed professionals regulated by the BBS by requiring that the written notice also includes the licensee's or registrant's full name as filed with the Board, the license and registration number, the type of license or registration, and the expiration date of the license or registration, amongst other provisions. Providing this identifying information to the client receiving telehealth services was a practical solution to create transparency and allow clients to obtain sufficient information to file a complaint, if needed.

As a precautionary measure, this bill seeks to restore previous protections for licensees and registrants who work in high-risk practice settings by allowing employers, based on individual safety concerns, to limit the amount of identifying information that is disclosed to the client, if the practice setting has an established process for the client to obtain said information to file a complaint, the process is disclosed to the client and recorded in the client file.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Assembly Committee on Appropriations, the BBS anticipates minor and absorbable costs.

SUPPORT: (Verified 8/24/26)

American Federation of State, County and Municipal Employees, (AFSCME),
AFL-CIO (sponsor)
County Behavioral Health Directors Association (CBHDA)
The California Baptist Capitol Ministry

OPPOSITION: (Verified 8/24/26)

None received

ARGUMENTS IN SUPPORT: AFSCME, CBHDA and The California Baptist Capitol Ministry write in support, “The challenges surrounding mental health staffing in California’s state civil service are well-illustrated by recent JLAC audit findings and by the Coleman Receivership. Numerous public agencies are currently experiencing acute shortages of licensed mental health professionals, particularly those who work with incarcerated individuals. Creating and maintaining safe work environments is crucial for recruiting and retaining qualified professionals in this field. By supporting SB 993 we can take a significant step toward ensuring that mental health practitioners feel secure and supported in their roles, allowing them to focus on delivering essential services to incarcerated individuals without compromising their own safety. This bill restores longstanding protections for therapists by allowing them to withhold identifying information, allowing therapists and other professionals to continue delivery of care without risks to personal safety.”

Prepared by: Anna Billy / B., P. & E.D. /
8/24/26 17:17:37

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