

Introduced by Committee on Business, Professions and Economic Development (Senators Price (Chair), Block, Corbett, Emmerson, Galgiani, Hernandez, Hill, Padilla, Wyland, and Yee)

March 20, 2013

An act to amend Sections 1613, 1915, 1926.2, 3024, 3025, 3040, 3041.2, 3051, 3057.5, 3077, 3093, 3098, 3103, 3106, 3107, 3109, 3163, 4980.36, 4980.43, 4980.72, 4989.68, 4996.3, 4996.9, 4996.18, 4996.23, 4999.33, 4999.46, 4999.47, and 4999.60 of the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 821, as introduced, Committee on Business, Professions and Economic Development. Healing arts.

(1) Existing law, the Dental Practice Act, establishes the Dental Board of California, which was formerly known as the Board of Dental Examiners of California. Existing law requires the board to have and use a seal bearing its name. Existing law creates, within the jurisdiction of the board, a Dental Hygiene Committee of California, that is responsible for regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions.

This bill would amend those provisions to remove an obsolete reference to the former board and to make other technical changes.

(2) Existing law, the Optometry Practice Act, provides for the licensure and regulation of optometrists by the State Board of Optometry. That act refers to the authorization to practice optometry issued by the board as a certificate of registration.

This bill would instead refer to that authorization issued by the board as an optometrist license and would make other technical and conforming changes.

(3) Existing law provides for the licensure and regulation of marriage and family therapists, licensed educational psychologists, licensed clinical social workers, and licensed professional clinical counselors by the Board of Behavioral Sciences.

Existing law requires all persons applying for marriage and family therapist licensure examinations to have specified hours of experience, not including experience gained by interns or trainees as independent contractors.

This bill would specify that experience for work reported on an IRS Form 1099 does not count towards the necessary experience.

Existing law also authorizes the board to issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a valid license in good standing issued by a board of marriage counselor examiners, board of marriage and family therapists, or corresponding authority, of any state or country if certain conditions are met, considering hours of experience obtained outside of California during the 6-year period immediately preceding the date the applicant initially obtained the license.

This bill would instead require time actively licensed as a marriage and family therapist to be accepted at a rate of 100 hours per month up to a maximum of 1,200 hours if the applicant has fewer than 3,000 hours of qualifying supervised experience.

Existing law establishes a \$75 delinquent renewal fee for a licensed educational psychologist and for clinical social workers.

This bill would instead specify that \$75 is the maximum delinquent renewal fee.

Existing law requires an applicant for registration as an associate clinical social worker to meet specified requirements. Existing law also defines the application of social work principles and methods.

This bill would additionally require that all applicants and registrants be at all times under the supervision of a supervisor responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who is responsible to the board for compliance with all laws, rules, and regulations governing the practice of clinical social work. The bill would also specify that the practice of clinical social

work includes the use, application, and integration of the coursework and experience required.

Existing law requires a licensed professional clinical counselor, to qualify for a clinical examination for licensure, to complete clinical mental health experience, as specified, including not more than 250 hours of experience providing counseling or crisis counseling on the telephone.

This bill instead would require not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth.

(4) The bill would also make other technical, nonsubstantive changes.

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 1613 of the Business and Professions
2 Code is amended to read:

3 1613. The board shall have and use a seal bearing the name
4 ~~“Board of Dental Examiners of California.”~~ *“Dental Board of*
5 *California.”*

6 SEC. 2. Section 1915 of the Business and Professions Code is
7 amended to read:

8 1915. No person other than a registered dental hygienist,
9 registered dental hygienist in alternative ~~functions~~ *practice*, or
10 registered dental hygienist in extended functions or a licensed
11 dentist may engage in the practice of dental hygiene or perform
12 dental hygiene procedures on patients, including, but not limited
13 to, supragingival and subgingival scaling, dental hygiene
14 assessment, and treatment planning, except for the following
15 persons:

16 (a) A student enrolled in a dental or a dental hygiene school
17 who is performing procedures as part of the regular curriculum of
18 that program under the supervision of the faculty of that program.

19 (b) A dental assistant acting in accordance with the rules of the
20 dental board in performing the following procedures:

21 (1) Applying nonaerosol and noncaustic topical agents.

22 (2) Applying topical fluoride.

23 (3) Taking impressions for bleaching trays.

1 (c) A registered dental assistant acting in accordance with the
2 rules of the dental board in performing the following procedures:

3 (1) Polishing the coronal surfaces of teeth.

4 (2) Applying bleaching agents.

5 (3) Activating bleaching agents with a nonlaser light-curing
6 device.

7 (4) Applying pit and fissure sealant.

8 (d) A registered dental assistant in extended functions acting in
9 accordance with the rules of the dental board in applying pit and
10 fissure sealants.

11 (e) A registered dental hygienist, registered dental hygienist in
12 alternative practice, or registered dental hygienist in extended
13 functions licensed in another jurisdiction, performing a clinical
14 demonstration for educational purposes.

15 SEC. 3. Section 1926.2 of the Business and Professions Code
16 is amended to read:

17 1926.2. (a) Notwithstanding any other provision of law, a
18 registered dental hygienist in alternative practice may operate one
19 mobile dental hygiene clinic registered as a dental hygiene office
20 or facility. The owner or operator of the mobile dental hygiene
21 clinic or unit shall be registered and operated in accordance with
22 regulations established by the committee, which regulations shall
23 not be designed to prevent or lessen competition in service areas,
24 and shall pay the fees described in Section 1944.

25 (b) A mobile service unit, as defined in subdivision (b) of
26 Section 1765.105 of the Health and Safety Code, and a mobile
27 unit operated by an entity that is exempt from licensure pursuant
28 to subdivision (b), (c), or (h) of Section 1206 of the Health and
29 Safety Code, are exempt from this article ~~and Article 3.5~~
30 ~~(commencing with Section 1658)~~. Notwithstanding this exemption,
31 the owner or operator of the mobile unit shall notify the committee
32 within 60 days of the date on which dental hygiene services are
33 first delivered in the mobile unit, or the date on which the mobile
34 unit's application pursuant to Section 1765.130 of the Health and
35 Safety Code is approved, whichever is earlier.

36 (c) A licensee practicing in a mobile unit described in
37 subdivision (b) is not subject to subdivision (a) as to that mobile
38 unit.

39 SEC. 4. Section 3024 of the Business and Professions Code is
40 amended to read:

1 3024. The board may grant or refuse to grant ~~certificates of~~
2 ~~registration~~ *an optometrist license* as provided in this chapter and
3 may revoke or suspend the ~~certificate of registration~~ *license* of any
4 optometrist for any of the causes specified in this chapter.

5 It shall have the power to administer oaths and to take testimony
6 in the exercise of these functions.

7 SEC. 5. Section 3025 of the Business and Professions Code is
8 amended to read:

9 3025. The board may make and promulgate rules and
10 regulations governing procedure of the board, the admission of
11 applicants for examination for ~~certificates of registration as~~
12 ~~optometrists~~ *a license as an optometrist*, and the practice of
13 optometry. All ~~such of those~~ rules and regulations shall be in
14 accordance with and not inconsistent with the provisions of this
15 chapter. ~~Such~~ The rules and regulations shall be adopted, amended,
16 or repealed in accordance with the provisions of the Administrative
17 Procedure Act.

18 SEC. 6. Section 3040 of the Business and Professions Code is
19 amended to read:

20 3040. It is unlawful for a person to engage in the practice of
21 optometry or to display a sign or in any other way to advertise or
22 hold himself or herself out as an optometrist without having first
23 obtained a ~~certificate of registration~~ *an optometrist license* from
24 the board under the provisions of this chapter or under the
25 provisions of any former act relating to the practice of optometry.
26 The practice of optometry includes the performing or controlling
27 of any acts set forth in Section 3041.

28 In any prosecution for a violation of this section, the use of test
29 cards, test lenses, or of trial frames is prima facie evidence of the
30 practice of optometry.

31 SEC. 7. Section 3041.2 of the Business and Professions Code
32 is amended to read:

33 3041.2. (a) The State Board of Optometry shall, by regulation,
34 establish educational and examination requirements for licensure
35 to insure the competence of optometrists to practice pursuant to
36 subdivision (a) of Section 3041. Satisfactory completion of the
37 educational and examination requirements shall be a condition for
38 the issuance of an original ~~certificate of registration~~ *optometrist*
39 *license* under this chapter, on and after January 1, 1980. Only those
40 optometrists who have successfully completed educational and

1 examination requirements as determined by the State Board of
 2 Optometry shall be permitted the use of pharmaceutical agents
 3 specified by subdivision (a) of Section 3041.

4 (b) Nothing in this section shall authorize an optometrist issued
 5 an original ~~certificate~~ *optometrist license* under this chapter before
 6 January 1, 1996, to use or prescribe therapeutic pharmaceutical
 7 agents specified in subdivision (d) of Section 3041 without
 8 otherwise meeting the requirements of Section 3041.3.

9 SEC. 8. Section 3051 of the Business and Professions Code is
 10 amended to read:

11 3051. All applicants for examination for ~~a certificate of~~
 12 ~~registration~~ *an optometrist license* in accordance with the
 13 educational and examination requirements adopted pursuant to
 14 Section 3023.1 shall show the board by satisfactory evidence that
 15 he or she has received education in child abuse detection and the
 16 detection of alcoholism and other chemical substance dependency.
 17 This section shall apply only to applicants who matriculate in a
 18 school of optometry on or after September 1, 1997.

19 SEC. 9. Section 3057.5 of the Business and Professions Code
 20 is amended to read:

21 3057.5. Notwithstanding any other provision of this chapter,
 22 the board shall permit a graduate of a foreign university who meets
 23 all of the following requirements to take the examinations for ~~a~~
 24 ~~certificate of registration~~ as an optometrist *license*:

25 (a) Is over the age of 18 years.

26 (b) Is not subject to denial of a ~~certificate~~ *license* under Section
 27 480.

28 (c) Has a degree as a doctor of optometry issued by a university
 29 located outside of the United States.

30 SEC. 10. Section 3077 of the Business and Professions Code
 31 is amended to read:

32 3077. As used in this section, “office” means any office or
 33 other place for the practice of optometry.

34 (a) No person, singly or in combination with others, may have
 35 an office unless he or she is ~~registered~~ *licensed* to practice
 36 optometry under this chapter.

37 (b) An optometrist, or two or more optometrists jointly, may
 38 have one office without obtaining a ~~further~~ *branch office* license
 39 from the board.

1 (c) On and after October 1, 1959, no optometrist, and no two
2 or more optometrists jointly, may have more than one office unless
3 he or she or they comply with the provisions of this chapter as to
4 an additional office. The additional office, for the purposes of this
5 chapter, constitutes a branch office.

6 (d) Any optometrist who has, or any two or more optometrists,
7 jointly, who have, a branch office prior to January 1, 1957, and
8 who desire to continue the branch office on or after that date shall
9 notify the board in writing of that desire in a manner prescribed
10 by the board.

11 (e) On and after January 1, 1957, any optometrist, or any two
12 or more optometrists, jointly, who desire to open a branch office
13 shall notify the board in writing in a manner prescribed by the
14 board.

15 (f) On and after January 1, 1957, no branch office may be
16 opened or operated without a branch office license. Branch office
17 licenses shall be valid for the calendar year in or for which they
18 are issued and shall be renewable on January 1st of each year
19 thereafter. Branch office licenses shall be issued or renewed only
20 upon the payment of the fee therefor prescribed by this chapter.

21 On or after October 1, 1959, no more than one branch office
22 license shall be issued to any optometrist or to any two or more
23 optometrists, jointly.

24 (g) Any failure to comply with the provisions of this chapter
25 relating to branch offices or branch office licenses as to any branch
26 office shall work the suspension of the ~~certificate of registration~~
27 *optometrist license* of each optometrist who, individually or with
28 others, has a branch office. ~~A certificate of registration~~ *An*
29 *optometrist license* so suspended shall not be restored except upon
30 compliance with those provisions and the payment of the fee
31 prescribed by this chapter for restoration of a ~~certificate of~~
32 ~~registration license~~ after suspension for failure to comply with the
33 provisions of this chapter relating to branch offices.

34 (h) The holder or holders of a branch office license shall pay
35 the annual renewal fee therefor in the amount required by this
36 chapter between the first day of January and the first day of
37 February of each year. The failure to pay the fee in advance on or
38 before February 1st of each year during the time it is in force shall
39 ipso facto work the suspension of the branch office license. The
40 license shall not be restored except upon written application and

1 the payment of the penalty prescribed by this chapter, and, in
2 addition, all delinquent branch office fees.

3 (i) Nothing in this chapter shall limit or authorize the board to
4 limit the number of branch offices that are in operation on October
5 1, 1959, and that conform to this chapter, nor prevent an
6 optometrist from acquiring any branch office or offices of his or
7 her parent. The sale after October 1, 1959, of any branch office
8 shall terminate the privilege of operating the branch office, and
9 no new branch office license shall be issued in place of the license
10 issued for the branch office, unless the branch office is the only
11 one operated by the optometrist or by two or more optometrists
12 jointly.

13 Nothing in this chapter shall prevent an optometrist from owning,
14 maintaining, or operating more than one branch office if he or she
15 is in personal attendance at each of his or her offices 50 percent
16 of the time during which the office is open for the practice of
17 optometry.

18 (j) The board shall have the power to adopt, amend, and repeal
19 rules and regulations to carry out the provisions of this section.

20 (k) Notwithstanding any other provision of this section, neither
21 an optometrist nor an individual practice association shall be
22 deemed to have an additional office solely by reason of the
23 optometrist's participation in an individual practice association or
24 the individual practice association's creation or operation. As used
25 in this subdivision, the term "individual practice association" means
26 an entity that meets all of the following requirements:

27 (1) Complies with the definition of an optometric corporation
28 in Section 3160.

29 (2) Operates primarily for the purpose of securing contracts
30 with health care service plans or other third-party payers that make
31 available eye/vision services to enrollees or subscribers through a
32 panel of optometrists.

33 (3) Contracts with optometrists to serve on the panel of
34 optometrists, but does not obtain an ownership interest in, or
35 otherwise exercise control over, the respective optometric practices
36 of those optometrists on the panel.

37 Nothing in this subdivision shall be construed to exempt an
38 optometrist who is a member of an individual practice association
39 and who practices optometry in more than one physical location,
40 from the requirement of obtaining a branch office license for each

1 of those locations, as required by this section. However, an
2 optometrist shall not be required to obtain a branch office license
3 solely as a result of his or her participation in an individual practice
4 association in which the members of the individual practice
5 association practice optometry in a number of different locations,
6 and each optometrist is listed as a member of that individual
7 practice association.

8 SEC. 11. Section 3093 of the Business and Professions Code
9 is amended to read:

10 3093. Before setting aside the revocation or suspension of any
11 ~~certificate~~ *optometrist license*, the board may require the applicant
12 to pass the regular examination given for applicants for ~~certificates~~
13 ~~of registration~~ *an optometrist license*.

14 SEC. 12. Section 3098 of the Business and Professions Code
15 is amended to read:

16 3098. When the holder uses the title of “Doctor” or “Dr.” as a
17 prefix to his *or her* name, without using the word “optometrist”
18 as a suffix to his *or her* name or in connection with it, or, without
19 holding a diploma from an accredited school of optometry, the
20 letters “Opt. D.” or “O.D.” as a suffix to his *or her* name, it
21 constitutes a cause to revoke or suspend his ~~certificate~~ of
22 ~~registration~~ *or her optometrist license*.

23 SEC. 13. Section 3103 of the Business and Professions Code
24 is amended to read:

25 3103. It is unlawful to include in any advertisement relating
26 to the sale or disposition of goggles, sunglasses, colored glasses
27 or occupational eye-protective devices, any words or figures that
28 advertise or have a tendency to advertise the practice of optometry.

29 This section does not prohibit the advertising of the practice of
30 optometry by a ~~registered~~ *licensed* optometrist in the manner
31 permitted by law.

32 SEC. 14. Section 3106 of the Business and Professions Code
33 is amended to read:

34 3106. Knowingly making or signing any ~~certificate~~ *license*,
35 *certificate*, or other document directly or indirectly related to the
36 practice of optometry that falsely represents the existence or
37 nonexistence of a state of facts constitutes unprofessional conduct.

38 SEC. 15. Section 3107 of the Business and Professions Code
39 is amended to read:

1 3107. It is unlawful to use or attempt to use any license *or*
2 *certificate* issued by the board that has been purchased, fraudulently
3 issued, counterfeited, or issued by mistake, as a valid license *or*
4 *certificate*.

5 SEC. 16. Section 3109 of the Business and Professions Code
6 is amended to read:

7 3109. Directly or indirectly accepting employment to practice
8 optometry from any person not having a valid, unrevoked license
9 as an optometrist or from any company or corporation constitutes
10 unprofessional conduct. Except as provided in this chapter, no
11 optometrist may, singly or jointly with others, be incorporated or
12 become incorporated when the purpose or a purpose of the
13 corporation is to practice optometry or to conduct the practice of
14 optometry.

15 The terms “accepting employment to practice optometry” as
16 used in this section shall not be construed so as to prevent a
17 licensed optometrist from practicing optometry upon an individual
18 patient.

19 Notwithstanding the provisions of this section or the provisions
20 of any other law, a licensed optometrist may be employed to
21 practice optometry by a physician and surgeon who holds a
22 ~~certificate~~ *license* under this division and who practices in the
23 specialty of ophthalmology or by a health care service plan
24 pursuant to the provisions of Chapter 2.2 (commencing with
25 Section 1340) of Division 2 of the Health and Safety Code.

26 SEC. 17. Section 3163 of the Business and Professions Code
27 is amended to read:

28 3163. Except as provided in Section ~~3125~~ 3078, the name of
29 an optometric corporation and any name or names under which it
30 may be rendering professional services shall contain and be
31 restricted to the name or the last name of one or more of the
32 present, prospective, or former shareholders and shall include the
33 words optometric corporation or wording or abbreviations denoting
34 corporate existence, provided that the articles of incorporation
35 shall be amended to delete the name of a former shareholder from
36 the name of the corporation within two years from the date the
37 former shareholder dies or otherwise ceases to be a shareholder.

38 SEC. 18. Section 4980.36 of the Business and Professions
39 Code is amended to read:

40 4980.36. (a) This section shall apply to the following:

1 (1) Applicants for licensure or registration who begin graduate
2 study before August 1, 2012, and do not complete that study on
3 or before December 31, 2018.

4 (2) Applicants for licensure or registration who begin graduate
5 study before August 1, 2012, and who graduate from a degree
6 program that meets the requirements of this section.

7 (3) Applicants for licensure or registration who begin graduate
8 study on or after August 1, 2012.

9 (b) To qualify for a license or registration, applicants shall
10 possess a doctor's or master's degree meeting the requirements of
11 this section in marriage, family, and child counseling, marriage
12 and family therapy, couple and family therapy, psychology, clinical
13 psychology, counseling psychology, or counseling with an
14 emphasis in either marriage, family, and child counseling or
15 marriage and family therapy, obtained from a school, college, or
16 university approved by the Bureau for Private Postsecondary
17 Education or accredited by either the Commission on the
18 Accreditation of Marriage and Family Therapy Education or a
19 regional accrediting agency recognized by the United States
20 Department of Education. The board has the authority to make the
21 final determination as to whether a degree meets all requirements,
22 including, but not limited to, course requirements, regardless of
23 accreditation or approval.

24 (c) A doctor's or master's degree program that qualifies for
25 licensure or registration shall do the following:

26 (1) Integrate all of the following throughout its curriculum:

27 (A) Marriage and family therapy principles.

28 (B) The principles of mental health recovery-oriented care and
29 methods of service delivery in recovery-oriented practice
30 environments, among others.

31 (C) An understanding of various cultures and the social and
32 psychological implications of socioeconomic position, and an
33 understanding of how poverty and social stress impact an
34 individual's mental health and recovery.

35 (2) Allow for innovation and individuality in the education of
36 marriage and family therapists.

37 (3) Encourage students to develop the personal qualities that
38 are intimately related to effective practice, including, but not
39 limited to, integrity, sensitivity, flexibility, insight, compassion,
40 and personal presence.

1 (4) Permit an emphasis or specialization that may address any
2 one or more of the unique and complex array of human problems,
3 symptoms, and needs of Californians served by marriage and
4 family therapists.

5 (5) Provide students with the opportunity to meet with various
6 consumers and family members of consumers of mental health
7 services to enhance understanding of their experience of mental
8 illness, treatment, and recovery.

9 (d) The degree described in subdivision (b) shall contain no less
10 than 60 semester or 90 quarter units of instruction that includes,
11 but is not limited to, the following requirements:

12 (1) Both of the following:

13 (A) No less than 12 semester or 18 quarter units of coursework
14 in theories, principles, and methods of a variety of
15 psychotherapeutic orientations directly related to marriage and
16 family therapy and marital and family systems approaches to
17 treatment and how these theories can be applied therapeutically
18 with individuals, couples, families, adults, including elder adults,
19 children, adolescents, and groups to improve, restore, or maintain
20 healthy relationships.

21 (B) Practicum that involves direct client contact, as follows:

22 (i) A minimum of six semester or nine quarter units of practicum
23 in a supervised clinical placement that provides supervised
24 fieldwork experience.

25 (ii) A minimum of 150 hours of face-to-face experience
26 counseling individuals, couples, families, or groups.

27 (iii) A student must be enrolled in a practicum course while
28 counseling clients, except as specified in subdivision (c) of Section
29 4980.42.

30 (iv) The practicum shall provide training in all of the following
31 areas:

32 (I) Applied use of theory and psychotherapeutic techniques.

33 (II) Assessment, diagnosis, and prognosis.

34 (III) Treatment of individuals and premarital, couple, family,
35 and child relationships, including trauma and abuse, dysfunctions,
36 healthy functioning, health promotion, illness prevention, and
37 working with families.

38 (IV) Professional writing, including documentation of services,
39 treatment plans, and progress notes.

- 1 (V) How to connect people with resources that deliver the
2 quality of services and support needed in the community.
- 3 (v) Educational institutions are encouraged to design the
4 practicum required by this subparagraph to include marriage and
5 family therapy experience in low-income and multicultural mental
6 health settings.
- 7 (vi) In addition to the 150 hours required in clause (ii), 75 hours
8 of either of the following:
- 9 (I) Client-centered advocacy, as defined in Section 4980.03.
- 10 (II) Face-to-face experience counseling individuals, couples,
11 families, or groups.
- 12 (2) Instruction in all of the following:
- 13 (A) Diagnosis, assessment, prognosis, and treatment of mental
14 disorders, including severe mental disorders, evidence-based
15 practices, psychological testing, psychopharmacology, and
16 promising mental health practices that are evaluated in peer
17 reviewed literature.
- 18 (B) Developmental issues from infancy to old age, including
19 instruction in all of the following areas:
- 20 (i) The effects of developmental issues on individuals, couples,
21 and family relationships.
- 22 (ii) The psychological, psychotherapeutic, and health
23 implications of developmental issues and their effects.
- 24 (iii) Aging and its biological, social, cognitive, and
25 psychological aspects.
- 26 (iv) A variety of cultural understandings of human development.
- 27 (v) The understanding of human behavior within the social
28 context of socioeconomic status and other contextual issues
29 affecting social position.
- 30 (vi) The understanding of human behavior within the social
31 context of a representative variety of the cultures found within
32 California.
- 33 (vii) The understanding of the impact that personal and social
34 insecurity, social stress, low educational levels, inadequate housing,
35 and malnutrition have on human development.
- 36 (C) The broad range of matters and life events that may arise
37 within marriage and family relationships and within a variety of
38 California cultures, including instruction in all of the following:
- 39 (i) ~~Child and adult abuse assessment and reporting.~~

- 1 (i) *A minimum of seven contact hours of training or coursework*
2 *in child abuse assessment and reporting as specified in Section*
3 *28, and any regulations promulgated thereunder.*
- 4 (ii) Spousal or partner abuse assessment, detection, intervention
5 strategies, and same-gender abuse dynamics.
- 6 (iii) Cultural factors relevant to abuse of partners and family
7 members.
- 8 (iv) Childbirth, child rearing, parenting, and stepparenting.
- 9 (v) Marriage, divorce, and blended families.
- 10 (vi) Long-term care.
- 11 (vii) End of life and grief.
- 12 (viii) Poverty and deprivation.
- 13 (ix) Financial and social stress.
- 14 (x) Effects of trauma.
- 15 (xi) The psychological, psychotherapeutic, community, and
16 health implications of the matters and life events described in
17 clauses (i) to (x), inclusive.
- 18 (D) Cultural competency and sensitivity, including a familiarity
19 with the racial, cultural, linguistic, and ethnic backgrounds of
20 persons living in California.
- 21 (E) Multicultural development and cross-cultural interaction,
22 including experiences of race, ethnicity, class, spirituality, sexual
23 orientation, gender, and disability, and their incorporation into the
24 psychotherapeutic process.
- 25 (F) The effects of socioeconomic status on treatment and
26 available resources.
- 27 (G) Resilience, including the personal and community qualities
28 that enable persons to cope with adversity, trauma, tragedy, threats,
29 or other stresses.
- 30 (H) Human sexuality, including the study of physiological,
31 psychological, and social cultural variables associated with sexual
32 behavior and gender identity, and the assessment and treatment of
33 psychosexual dysfunction.
- 34 (I) Substance use disorders, co-occurring disorders, and
35 addiction, including, but not limited to, instruction in all of the
36 following:
- 37 (i) The definition of substance use disorders, co-occurring
38 disorders, and addiction. For purposes of this subparagraph,
39 “co-occurring disorders” means a mental illness and substance
40 abuse diagnosis occurring simultaneously in an individual.

- 1 (ii) Medical aspects of substance use disorders and co-occurring
- 2 disorders.
- 3 (iii) The effects of psychoactive drug use.
- 4 (iv) Current theories of the etiology of substance abuse and
- 5 addiction.
- 6 (v) The role of persons and systems that support or compound
- 7 substance abuse and addiction.
- 8 (vi) Major approaches to identification, evaluation, and treatment
- 9 of substance use disorders, co-occurring disorders, and addiction,
- 10 including, but not limited to, best practices.
- 11 (vii) Legal aspects of substance abuse.
- 12 (viii) Populations at risk with regard to substance use disorders
- 13 and co-occurring disorders.
- 14 (ix) Community resources offering screening, assessment,
- 15 treatment, and followup for the affected person and family.
- 16 (x) Recognition of substance use disorders, co-occurring
- 17 disorders, and addiction, and appropriate referral.
- 18 (xi) The prevention of substance use disorders and addiction.
- 19 (J) California law and professional ethics for marriage and
- 20 family therapists, including instruction in all of the following areas
- 21 of study:
 - 22 (i) Contemporary professional ethics and statutory, regulatory,
 - 23 and decisional laws that delineate the scope of practice of marriage
 - 24 and family therapy.
 - 25 (ii) The therapeutic, clinical, and practical considerations
 - 26 involved in the legal and ethical practice of marriage and family
 - 27 therapy, including, but not limited to, family law.
 - 28 (iii) The current legal patterns and trends in the mental health
 - 29 professions.
 - 30 (iv) The psychotherapist-patient privilege, confidentiality, the
 - 31 patient dangerous to self or others, and the treatment of minors
 - 32 with and without parental consent.
 - 33 (v) A recognition and exploration of the relationship between
 - 34 a practitioner's sense of self and human values and his or her
 - 35 professional behavior and ethics.
 - 36 (vi) Differences in legal and ethical standards for different types
 - 37 of work settings.
 - 38 (vii) Licensing law and licensing process.
- 39 (e) The degree described in subdivision (b) shall, in addition to
- 40 meeting the requirements of subdivision (d), include instruction

1 in case management, systems of care for the severely mentally ill,
2 public and private services and supports available for the severely
3 mentally ill, community resources for persons with mental illness
4 and for victims of abuse, disaster and trauma response, advocacy
5 for the severely mentally ill, and collaborative treatment. This
6 instruction may be provided either in credit level coursework or
7 through extension programs offered by the degree-granting
8 institution.

9 (f) The changes made to law by this section are intended to
10 improve the educational qualifications for licensure in order to
11 better prepare future licentiates for practice, and are not intended
12 to expand or restrict the scope of practice for marriage and family
13 therapists.

14 SEC. 19. Section 4980.43 of the Business and Professions
15 Code is amended to read:

16 4980.43. (a) Prior to applying for licensure examinations, each
17 applicant shall complete experience that shall comply with the
18 following:

19 (1) A minimum of 3,000 hours completed during a period of at
20 least 104 weeks.

21 (2) Not more than 40 hours in any seven consecutive days.

22 (3) Not less than 1,700 hours of supervised experience
23 completed subsequent to the granting of the qualifying master's
24 or doctoral degree.

25 (4) Not more than 1,300 hours of supervised experience obtained
26 prior to completing a master's or doctoral degree.

27 The applicant shall not be credited with more than 750 hours of
28 counseling and direct supervisor contact prior to completing the
29 master's or doctoral degree.

30 (5) No hours of experience may be gained prior to completing
31 either 12 semester units or 18 quarter units of graduate instruction
32 and becoming a trainee except for personal psychotherapy.

33 (6) No hours of experience may be gained more than six years
34 prior to the date the application for examination eligibility was
35 filed, except that up to 500 hours of clinical experience gained in
36 the supervised practicum required by subdivision (c) of Section
37 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d)
38 of Section 4980.36 shall be exempt from this six-year requirement.

39 (7) Not more than a combined total of 1,000 hours of experience
40 in the following:

1 (A) Direct supervisor contact.

2 (B) Professional enrichment activities. For purposes of this
3 chapter, “professional enrichment activities” include the following:

4 (i) Workshops, seminars, training sessions, or conferences
5 directly related to marriage and family therapy attended by the
6 applicant that are approved by the applicant’s supervisor. An
7 applicant shall have no more than 250 hours of verified attendance
8 at these workshops, seminars, training sessions, or conferences.

9 (ii) Participation by the applicant in personal psychotherapy,
10 which includes group, marital or conjoint, family, or individual
11 psychotherapy by an appropriately licensed professional. An
12 applicant shall have no more than 100 hours of participation in
13 personal psychotherapy. The applicant shall be credited with three
14 hours of experience for each hour of personal psychotherapy.

15 (8) Not more than 500 hours of experience providing group
16 therapy or group counseling.

17 (9) For all hours gained on or after January 1, 2012, not more
18 than 500 hours of experience in the following:

19 (A) Experience administering and evaluating psychological
20 tests, writing clinical reports, writing progress notes, or writing
21 process notes.

22 (B) Client centered advocacy.

23 (10) Not less than 500 total hours of experience in diagnosing
24 and treating couples, families, and children. For up to 150 hours
25 of treating couples and families in conjoint therapy, the applicant
26 shall be credited with two hours of experience for each hour of
27 therapy provided.

28 (11) Not more than 375 hours of experience providing personal
29 psychotherapy, crisis counseling, or other counseling services via
30 telehealth in accordance with Section 2290.5.

31 (12) It is anticipated and encouraged that hours of experience
32 will include working with elders and dependent adults who have
33 physical or mental limitations that restrict their ability to carry out
34 normal activities or protect their rights.

35 This subdivision shall only apply to hours gained on and after
36 January 1, 2010.

37 (b) All applicants, trainees, and registrants shall be at all times
38 under the supervision of a supervisor who shall be responsible for
39 ensuring that the extent, kind, and quality of counseling performed
40 is consistent with the training and experience of the person being

1 supervised, and who shall be responsible to the board for
2 compliance with all laws, rules, and regulations governing the
3 practice of marriage and family therapy. Supervised experience
4 shall be gained by interns and trainees ~~either~~ *only* as an employee
5 or as a volunteer. The requirements of this chapter regarding
6 gaining hours of experience and supervision are applicable equally
7 to employees and volunteers. ~~Experience shall not be gained by~~
8 ~~interns or trainees as an independent contractor.~~ *Work performed*
9 *by an intern or trainee as an independent contractor or reported*
10 *on an IRS Form 1099 shall not satisfy the requirements of this*
11 *chapter regarding gaining hours of supervised experience.*

12 (1) If employed, an intern shall provide the board with copies
13 of the corresponding W-2 tax forms for each year of experience
14 claimed upon application for licensure.

15 (2) If volunteering, an intern shall provide the board with a letter
16 from his or her employer verifying the intern's employment as a
17 volunteer upon application for licensure.

18 (c) Except for experience gained pursuant to subparagraph (B)
19 of paragraph (7) of subdivision (a), supervision shall include at
20 least one hour of direct supervisor contact in each week for which
21 experience is credited in each work setting, as specified:

22 (1) A trainee shall receive an average of at least one hour of
23 direct supervisor contact for every five hours of client contact in
24 each setting.

25 (2) An individual supervised after being granted a qualifying
26 degree shall receive at least one additional hour of direct supervisor
27 contact for every week in which more than 10 hours of client
28 contact is gained in each setting. No more than five hours of
29 supervision, whether individual or group, shall be credited during
30 any single week.

31 (3) For purposes of this section, "one hour of direct supervisor
32 contact" means one hour per week of face-to-face contact on an
33 individual basis or two hours per week of face-to-face contact in
34 a group.

35 (4) Direct supervisor contact shall occur within the same week
36 as the hours claimed.

37 (5) Direct supervisor contact provided in a group shall be
38 provided in a group of not more than eight supervisees and in
39 segments lasting no less than one continuous hour.

1 (6) Notwithstanding paragraph (3), an intern working in a
2 governmental entity, a school, a college, or a university, or an
3 institution that is both nonprofit and charitable may obtain the
4 required weekly direct supervisor contact via two-way, real-time
5 videoconferencing. The supervisor shall be responsible for ensuring
6 that client confidentiality is upheld.

7 (7) All experience gained by a trainee shall be monitored by the
8 supervisor as specified by regulation.

9 (d) (1) A trainee may be credited with supervised experience
10 completed in any setting that meets all of the following:

11 (A) Lawfully and regularly provides mental health counseling
12 or psychotherapy.

13 (B) Provides oversight to ensure that the trainee’s work at the
14 setting meets the experience and supervision requirements set forth
15 in this chapter and is within the scope of practice for the profession
16 as defined in Section 4980.02.

17 (C) Is not a private practice owned by a licensed marriage and
18 family therapist, a licensed psychologist, a licensed clinical social
19 worker, a licensed physician and surgeon, or a professional
20 corporation of any of those licensed professions.

21 (2) Experience may be gained by the trainee solely as part of
22 the position for which the trainee volunteers or is employed.

23 (e) (1) An intern may be credited with supervised experience
24 completed in any setting that meets both of the following:

25 (A) Lawfully and regularly provides mental health counseling
26 or psychotherapy.

27 (B) Provides oversight to ensure that the intern’s work at the
28 setting meets the experience and supervision requirements set forth
29 in this chapter and is within the scope of practice for the profession
30 as defined in Section 4980.02.

31 (2) An applicant shall not be employed or volunteer in a private
32 practice, as defined in subparagraph (C) of paragraph (1) of
33 subdivision (d), until registered as an intern.

34 (3) While an intern may be either a paid employee or a
35 volunteer, employers are encouraged to provide fair remuneration
36 to interns.

37 (4) Except for periods of time during a supervisor’s vacation or
38 sick leave, an intern who is employed or volunteering in private
39 practice shall be under the direct supervision of a licensee that has
40 satisfied the requirements of subdivision (g) of Section 4980.03.

1 The supervising licensee shall either be employed by and practice
2 at the same site as the intern's employer, or shall be an owner or
3 shareholder of the private practice. Alternative supervision may
4 be arranged during a supervisor's vacation or sick leave if the
5 supervision meets the requirements of this section.

6 (5) Experience may be gained by the intern solely as part of the
7 position for which the intern volunteers or is employed.

8 (f) Except as provided in subdivision (g), all persons shall
9 register with the board as an intern in order to be credited for
10 postdegree hours of supervised experience gained toward licensure.

11 (g) Except when employed in a private practice setting, all
12 postdegree hours of experience shall be credited toward licensure
13 so long as the applicant applies for the intern registration within
14 90 days of the granting of the qualifying master's or doctoral
15 degree and is thereafter granted the intern registration by the board.

16 (h) Trainees, interns, and applicants shall not receive any
17 remuneration from patients or clients, and shall only be paid by
18 their employers.

19 (i) Trainees, interns, and applicants shall only perform services
20 at the place where their employers regularly conduct business,
21 which may include performing services at other locations, so long
22 as the services are performed under the direction and control of
23 their employer and supervisor, and in compliance with the laws
24 and regulations pertaining to supervision. Trainees and interns
25 shall have no proprietary interest in their employers' businesses
26 and shall not lease or rent space, pay for furnishings, equipment
27 or supplies, or in any other way pay for the obligations of their
28 employers.

29 (j) Trainees, interns, or applicants who provide volunteered
30 services or other services, and who receive no more than a total,
31 from all work settings, of five hundred dollars (\$500) per month
32 as reimbursement for expenses actually incurred by those trainees,
33 interns, or applicants for services rendered in any lawful work
34 setting other than a private practice shall be considered an
35 employee and not an independent contractor. The board may audit
36 applicants who receive reimbursement for expenses, and the
37 applicants shall have the burden of demonstrating that the payments
38 received were for reimbursement of expenses actually incurred.

39 (k) Each educational institution preparing applicants for
40 licensure pursuant to this chapter shall consider requiring, and

1 shall encourage, its students to undergo individual, marital or
2 conjoint, family, or group counseling or psychotherapy, as
3 appropriate. Each supervisor shall consider, advise, and encourage
4 his or her interns and trainees regarding the advisability of
5 undertaking individual, marital or conjoint, family, or group
6 counseling or psychotherapy, as appropriate. Insofar as it is deemed
7 appropriate and is desired by the applicant, the educational
8 institution and supervisors are encouraged to assist the applicant
9 in locating that counseling or psychotherapy at a reasonable cost.

10 SEC. 20. Section 4980.72 of the Business and Professions
11 Code is amended to read:

12 4980.72. (a) This section applies to persons who are licensed
13 outside of California and apply for licensure on or after January
14 1, 2014.

15 (b) The board may issue a license to a person who, at the time
16 of submitting an application for a license pursuant to this chapter,
17 holds a valid license in good standing issued by a board of marriage
18 counselor examiners, board of marriage and family therapists, or
19 corresponding authority, of any state or country, if all of the
20 following conditions are satisfied:

21 (1) The applicant's education is substantially equivalent, as
22 defined in Section 4980.78. The applicant's degree title need not
23 be identical to that required by Section 4980.36 or 4980.37.

24 (2) The applicant complies with Section 4980.76, if applicable.

25 (3) The applicant's supervised experience is substantially
26 equivalent to that required for a license under this chapter. ~~The~~
27 ~~board shall consider hours of experience obtained outside of~~
28 ~~California during the six-year period immediately preceding the~~
29 ~~date the applicant initially obtained the license described above.~~
30 *If the applicant has less than 3,000 hours of qualifying supervised*
31 *experience, time actively licensed as a marriage and family*
32 *therapist shall be accepted at a rate of 100 hours per month up to*
33 *a maximum of 1,200 hours.*

34 (4) The applicant passes the California law and ethics
35 examination.

36 (5) The applicant passes a clinical examination designated by
37 the board. An applicant who obtained his or her license or
38 registration under another jurisdiction may apply for licensure with
39 the board without taking the clinical examination if both of the
40 following conditions are met:

1 (A) The applicant obtained a passing score on the licensing
2 examination set forth in regulation as accepted by the board.

3 (B) The applicant's license or registration in that jurisdiction is
4 in good standing at the time of his or her application and has not
5 been revoked, suspended, surrendered, denied, or otherwise
6 restricted or encumbered as a result of any disciplinary proceeding
7 brought by the licensing authority of that jurisdiction.

8 SEC. 21. Section 4989.68 of the Business and Professions
9 Code is amended to read:

10 4989.68. (a) The board shall assess the following fees relating
11 to the licensure of educational psychologists:

12 (1) The application fee for examination eligibility shall be one
13 hundred dollars (\$100).

14 (2) The fee for issuance of the initial license shall be a maximum
15 amount of one hundred fifty dollars (\$150).

16 (3) The fee for license renewal shall be a maximum amount of
17 one hundred fifty dollars (\$150).

18 (4) The delinquency fee shall be *a maximum amount of*
19 *seventy-five dollars (\$75)*. A person who permits his or her license
20 to become delinquent may have it restored only upon payment of
21 all the fees that he or she would have paid if the license had not
22 become delinquent, plus the payment of any and all delinquency
23 fees.

24 (5) The written examination fee shall be one hundred dollars
25 (\$100). An applicant who fails to appear for an examination, once
26 having been scheduled, shall forfeit any examination fees he or
27 she paid.

28 (6) The fee for rescoring a written examination shall be twenty
29 dollars (\$20).

30 (7) The fee for issuance of a replacement registration, license,
31 or certificate shall be twenty dollars (\$20).

32 (8) The fee for issuance of a certificate or letter of good standing
33 shall be twenty-five dollars (\$25).

34 (9) The fee for issuance of a retired license shall be forty dollars
35 (\$40).

36 (b) With regard to all license, examination, and other fees, the
37 board shall establish fee amounts at or below the maximum
38 amounts specified in this chapter.

1 SEC. 22. Section 4996.3 of the Business and Professions Code,
2 as amended by Section 55 of Chapter 799 of the Statutes of 2012,
3 is amended to read:

4 4996.3. (a) The board shall assess the following fees relating
5 to the licensure of clinical social workers:

6 (1) The application fee for registration as an associate clinical
7 social worker shall be seventy-five dollars (\$75).

8 (2) The fee for renewal of an associate clinical social worker
9 registration shall be seventy-five dollars (\$75).

10 (3) The fee for application for examination eligibility shall be
11 one hundred dollars (\$100).

12 (4) The fee for the clinical examination shall be one hundred
13 dollars (\$100). The fee for the California law and ethics
14 examination shall be one hundred dollars (\$100).

15 (A) An applicant who fails to appear for an examination, after
16 having been scheduled to take the examination, shall forfeit the
17 examination fees.

18 (B) The amount of the examination fees shall be based on the
19 actual cost to the board of developing, purchasing, and grading
20 each examination and the actual cost to the board of administering
21 each examination. The written examination fees shall be adjusted
22 periodically by regulation to reflect the actual costs incurred by
23 the board.

24 (5) The fee for rescoring an examination shall be twenty dollars
25 (\$20).

26 (6) The fee for issuance of an initial license shall be a maximum
27 of one hundred fifty-five dollars (\$155).

28 (7) The fee for license renewal shall be a maximum of one
29 hundred fifty-five dollars (\$155).

30 (8) The fee for inactive license renewal shall be a maximum of
31 seventy-seven dollars and fifty cents (\$77.50).

32 (9) The renewal delinquency fee shall be *a maximum of*
33 seventy-five dollars (\$75). A person who permits his or her license
34 to expire is subject to the delinquency fee.

35 (10) The fee for issuance of a replacement registration, license,
36 or certificate shall be twenty dollars (\$20).

37 (11) The fee for issuance of a certificate or letter of good
38 standing shall be twenty-five dollars (\$25).

39 (12) The fee for issuance of a retired license shall be forty dollars
40 (\$40).

1 (b) With regard to license, examination, and other fees, the
2 board shall establish fee amounts at or below the maximum
3 amounts specified in this chapter.

4 (c) This section shall become operative on January 1, 2014.

5 SEC. 23. Section 4996.9 of the Business and Professions Code
6 is amended to read:

7 4996.9. The practice of clinical social work is defined as a
8 service in which a special knowledge of social resources, human
9 capabilities, and the part that unconscious motivation plays in
10 determining behavior, is directed at helping people to achieve more
11 adequate, satisfying, and productive social adjustments. The
12 application of social work principles and methods includes, but is
13 not restricted to, counseling and using applied psychotherapy of
14 a nonmedical nature with individuals, families, or groups; providing
15 information and referral services; providing or arranging for the
16 provision of social services; explaining or interpreting the
17 psychosocial aspects in the situations of individuals, families, or
18 groups; helping communities to organize, to provide, or to improve
19 social or health services; ~~or~~ doing research related to social work;
20 *and the use, application, and integration of the coursework and*
21 *experience required by Sections 4996.2 and 4996.23.*

22 Psychotherapy, within the meaning of this chapter, is the use of
23 psychosocial methods within a professional relationship, to assist
24 the person or persons to achieve a better psychosocial adaptation,
25 to acquire greater human realization of psychosocial potential and
26 adaptation, *and* to modify internal and external conditions which
27 affect individuals, groups, or communities in respect to behavior,
28 emotions, and thinking, in respect to their intrapersonal and
29 interpersonal processes.

30 SEC. 24. Section 4996.18 of the Business and Professions
31 Code is amended to read:

32 4996.18. (a) A person who wishes to be credited with
33 experience toward licensure requirements shall register with the
34 board as an associate clinical social worker prior to obtaining that
35 experience. The application shall be made on a form prescribed
36 by the board.

37 (b) An applicant for registration shall satisfy the following
38 requirements:

39 (1) Possess a master's degree from an accredited school or
40 department of social work.

1 (2) Have committed no crimes or acts constituting grounds for
2 denial of licensure under Section 480.

3 (3) Commencing January 1, 2014, have completed training or
4 coursework, which may be embedded within more than one course,
5 in California law and professional ethics for clinical social workers,
6 including instruction in all of the following areas of study:

7 (A) Contemporary professional ethics and statutes, regulations,
8 and court decisions that delineate the scope of practice of clinical
9 social work.

10 (B) The therapeutic, clinical, and practical considerations
11 involved in the legal and ethical practice of clinical social work,
12 including, but not limited to, family law.

13 (C) The current legal patterns and trends in the mental health
14 professions.

15 (D) The psychotherapist-patient privilege, confidentiality,
16 dangerous patients, and the treatment of minors with and without
17 parental consent.

18 (E) A recognition and exploration of the relationship between
19 a practitioner's sense of self and human values, and his or her
20 professional behavior and ethics.

21 (F) Differences in legal and ethical standards for different types
22 of work settings.

23 (G) Licensing law and process.

24 (c) An applicant who possesses a master's degree from a school
25 or department of social work that is a candidate for accreditation
26 by the Commission on Accreditation of the Council on Social
27 Work Education shall be eligible, and shall be required, to register
28 as an associate clinical social worker in order to gain experience
29 toward licensure if the applicant has not committed any crimes or
30 acts that constitute grounds for denial of licensure under Section
31 480. That applicant shall not, however, be eligible for examination
32 until the school or department of social work has received
33 accreditation by the Commission on Accreditation of the Council
34 on Social Work Education.

35 *(d) All applicants and registrants shall be at all times under the*
36 *supervision of a supervisor who shall be responsible for ensuring*
37 *that the extent, kind, and quality of counseling performed is*
38 *consistent with the training and experience of the person being*
39 *supervised, and who shall be responsible to the board for*

1 *compliance with all laws, rules, and regulations governing the*
2 *practice of clinical social work.*

3 ~~(d)~~

4 (e) Any experience obtained under the supervision of a spouse
5 or relative by blood or marriage shall not be credited toward the
6 required hours of supervised experience. Any experience obtained
7 under the supervision of a supervisor with whom the applicant has
8 a personal relationship that undermines the authority or
9 effectiveness of the supervision shall not be credited toward the
10 required hours of supervised experience.

11 ~~(e)~~

12 (f) An applicant who possesses a master's degree from an
13 accredited school or department of social work shall be able to
14 apply experience the applicant obtained during the time the
15 accredited school or department was in candidacy status by the
16 Commission on Accreditation of the Council on Social Work
17 Education toward the licensure requirements, if the experience
18 meets the requirements of Section 4996.23. This subdivision shall
19 apply retroactively to persons who possess a master's degree from
20 an accredited school or department of social work and who
21 obtained experience during the time the accredited school or
22 department was in candidacy status by the Commission on
23 Accreditation of the Council on Social Work Education.

24 ~~(f)~~

25 (g) An applicant for registration or licensure trained in an
26 educational institution outside the United States shall demonstrate
27 to the satisfaction of the board that he or she possesses a master's
28 of social work degree that is equivalent to a master's degree issued
29 from a school or department of social work that is accredited by
30 the Commission on Accreditation of the Council on Social Work
31 Education. These applicants shall provide the board with a
32 comprehensive evaluation of the degree and shall provide any
33 other documentation the board deems necessary. The board has
34 the authority to make the final determination as to whether a degree
35 meets all requirements, including, but not limited to, course
36 requirements regardless of evaluation or accreditation.

37 ~~(g)~~

38 (h) A registrant shall not provide clinical social work services
39 to the public for a fee, monetary or otherwise, except as an
40 employee.

1 ~~(h)~~

2 (i) A registrant shall inform each client or patient prior to
3 performing any professional services that he or she is unlicensed
4 and is under the supervision of a licensed professional.

5 SEC. 25. Section 4996.23 of the Business and Professions
6 Code is amended to read:

7 4996.23. The experience required by subdivision (c) of Section
8 4996.2 shall meet the following criteria:

9 (a) All persons registered with the board on and after January
10 1, 2002, shall have at least 3,200 hours of post-master's degree
11 supervised experience providing clinical social work services as
12 permitted by Section 4996.9. At least 1,700 hours shall be gained
13 under the supervision of a licensed clinical social worker. The
14 remaining required supervised experience may be gained under
15 the supervision of a licensed mental health professional acceptable
16 to the board as defined by a regulation adopted by the board. This
17 experience shall consist of the following:

18 (1) A minimum of 2,000 hours in clinical psychosocial
19 diagnosis, assessment, and treatment, including psychotherapy or
20 counseling.

21 (2) A maximum of 1,200 hours in client-centered advocacy,
22 consultation, evaluation, and research.

23 (3) Of the 2,000 clinical hours required in paragraph (1), no less
24 than 750 hours shall be face-to-face individual or group
25 psychotherapy provided to clients in the context of clinical social
26 work services.

27 (4) A minimum of two years of supervised experience is required
28 to be obtained over a period of not less than 104 weeks and shall
29 have been gained within the six years immediately preceding the
30 date on which the application for licensure was filed.

31 (5) Experience shall not be credited for more than 40 hours in
32 any week.

33 (b) "Supervision" means responsibility for, and control of, the
34 quality of clinical social work services being provided.
35 Consultation or peer discussion shall not be considered to be
36 supervision.

37 (c) (1) Prior to the commencement of supervision, a supervisor
38 shall comply with all requirements enumerated in Section 1870 of
39 Title 16 of the California Code of Regulations and shall sign under

1 penalty of perjury the “Responsibility Statement for Supervisors
2 of an Associate Clinical Social Worker” form.

3 (2) Supervised experience shall include at least one hour of
4 direct supervisor contact for a minimum of 104 weeks. For
5 purposes of this subdivision, “one hour of direct supervisor contact”
6 means one hour per week of face-to-face contact on an individual
7 basis or two hours of face-to-face contact in a group conducted
8 within the same week as the hours claimed.

9 (3) An associate shall receive at least one additional hour of
10 direct supervisor contact for every week in which more than 10
11 hours of face-to-face psychotherapy is performed in each setting
12 in which experience is gained. No more than five hours of
13 supervision, whether individual or group, shall be credited during
14 any single week.

15 (4) Group supervision shall be provided in a group of not more
16 than eight supervisees and shall be provided in segments lasting
17 no less than one continuous hour.

18 (5) Of the 104 weeks of required supervision, 52 weeks shall
19 be individual supervision, and of the 52 weeks of required
20 individual supervision, not less than 13 weeks shall be supervised
21 by a licensed clinical social worker.

22 (6) Notwithstanding paragraph (2), an associate clinical social
23 worker working for a governmental entity, school, college, or
24 university, or an institution that is both a nonprofit and charitable
25 institution, may obtain the required weekly direct supervisor
26 contact via live two-way videoconferencing. The supervisor shall
27 be responsible for ensuring that client confidentiality is preserved.

28 (d) The supervisor and the associate shall develop a supervisory
29 plan that describes the goals and objectives of supervision. These
30 goals shall include the ongoing assessment of strengths and
31 limitations and the assurance of practice in accordance with the
32 laws and regulations. The associate shall submit to the board the
33 initial original supervisory plan upon application for licensure.

34 (e) Experience shall only be gained in a setting that meets both
35 of the following:

36 (1) Lawfully and regularly provides clinical social work, mental
37 health counseling, or psychotherapy.

38 (2) Provides oversight to ensure that the associate’s work at the
39 setting meets the experience and supervision requirements set forth

1 in this chapter and is within the scope of practice for the profession
2 as defined in Section 4996.9.

3 (f) Experience shall not be gained until the applicant has been
4 registered as an associate clinical social worker.

5 (g) Employment in a private practice as defined in subdivision
6 (h) shall not commence until the applicant has been registered as
7 an associate clinical social worker.

8 (h) A private practice setting is a setting that is owned by a
9 licensed clinical social worker, a licensed marriage and family
10 therapist, a licensed psychologist, a licensed physician and surgeon,
11 or a professional corporation of any of those licensed professions.

12 (i) *Work performed by an associate as an independent*
13 *contractor or reported on an IRS Form 1099 shall not satisfy the*
14 *requirements of this chapter regarding gaining hours of supervised*
15 *experience.*

16 ~~(i)~~

17 (j) If volunteering, the associate shall provide the board with a
18 letter from his or her employer verifying his or her voluntary status
19 upon application for licensure.

20 ~~(j)~~

21 (k) If employed, the associate shall provide the board with copies
22 of his or her W-2 tax forms for each year of experience claimed
23 upon application for licensure.

24 ~~(k)~~

25 (l) While an associate may be either a paid employee or
26 volunteer, employers are encouraged to provide fair remuneration
27 to associates.

28 ~~(l)~~

29 (m) An associate shall not do the following:

30 (1) Receive any remuneration from patients or clients and shall
31 only be paid by his or her employer.

32 (2) Have any proprietary interest in the employer's business.

33 (3) Lease or rent space, pay for furnishings, equipment, or
34 supplies, or in any other way pay for the obligations of his or her
35 employer.

36 ~~(m)~~

37 (n) An associate, whether employed or volunteering, may obtain
38 supervision from a person not employed by the associate's
39 employer if that person has signed a written agreement with the

1 employer to take supervisory responsibility for the associate’s
2 social work services.

3 ~~(n)~~

4 (o) Notwithstanding any other provision of law, associates and
5 applicants for examination shall receive a minimum of one hour
6 of supervision per week for each setting in which he or she is
7 working.

8 SEC. 26. Section 4999.33 of the Business and Professions
9 Code is amended to read:

10 4999.33. (a) This section shall apply to the following:

11 (1) Applicants for examination eligibility or registration who
12 begin graduate study before August 1, 2012, and do not complete
13 that study on or before December 31, 2018.

14 (2) Applicants for examination eligibility or registration who
15 begin graduate study before August 1, 2012, and who graduate
16 from a degree program that meets the requirements of this section.

17 (3) Applicants for examination eligibility or registration who
18 begin graduate study on or after August 1, 2012.

19 (b) To qualify for examination eligibility or registration,
20 applicants shall possess a master’s or doctoral degree that is
21 counseling or psychotherapy in content and that meets the
22 requirements of this section, obtained from an accredited or
23 approved institution, as defined in Section 4999.12. For purposes
24 of this subdivision, a degree is “counseling or psychotherapy in
25 content” if it contains the supervised practicum or field study
26 experience described in paragraph (3) of subdivision (c) and, except
27 as provided in subdivision (f), the coursework in the core content
28 areas listed in subparagraphs (A) to (M), inclusive, of paragraph
29 (1) of subdivision (c).

30 (c) The degree described in subdivision (b) shall contain not
31 less than 60 graduate semester or 90 graduate quarter units of
32 instruction, which shall, except as provided in subdivision (f),
33 include all of the following:

34 (1) The equivalent of at least three semester units or four and
35 one-half quarter units of graduate study in all of the following core
36 content areas:

37 (A) Counseling and psychotherapeutic theories and techniques,
38 including the counseling process in a multicultural society, an
39 orientation to wellness and prevention, counseling theories to assist
40 in selection of appropriate counseling interventions, models of

1 counseling consistent with current professional research and
2 practice, development of a personal model of counseling, and
3 multidisciplinary responses to crises, emergencies, and disasters.

4 (B) Human growth and development across the lifespan,
5 including normal and abnormal behavior and an understanding of
6 developmental crises, disability, psychopathology, and situational
7 and environmental factors that affect both normal and abnormal
8 behavior.

9 (C) Career development theories and techniques, including
10 career development decisionmaking models and interrelationships
11 among and between work, family, and other life roles and factors,
12 including the role of multicultural issues in career development.

13 (D) Group counseling theories and techniques, including
14 principles of group dynamics, group process components, group
15 developmental stage theories, therapeutic factors of group work,
16 group leadership styles and approaches, pertinent research and
17 literature, group counseling methods, and evaluation of
18 effectiveness.

19 (E) Assessment, appraisal, and testing of individuals, including
20 basic concepts of standardized and nonstandardized testing and
21 other assessment techniques, norm-referenced and
22 criterion-referenced assessment, statistical concepts, social and
23 cultural factors related to assessment and evaluation of individuals
24 and groups, and ethical strategies for selecting, administering, and
25 interpreting assessment instruments and techniques in counseling.

26 (F) Multicultural counseling theories and techniques, including
27 counselors' roles in developing cultural self-awareness, identity
28 development, promoting cultural social justice, individual and
29 community strategies for working with and advocating for diverse
30 populations, and counselors' roles in eliminating biases and
31 prejudices, and processes of intentional and unintentional
32 oppression and discrimination.

33 (G) Principles of the diagnostic process, including differential
34 diagnosis, and the use of current diagnostic tools, such as the
35 current edition of the Diagnostic and Statistical Manual, the impact
36 of co-occurring substance use disorders or medical psychological
37 disorders, established diagnostic criteria for mental or emotional
38 disorders, and the treatment modalities and placement criteria
39 within the continuum of care.

1 (H) Research and evaluation, including studies that provide an
2 understanding of research methods, statistical analysis, the use of
3 research to inform evidence-based practice, the importance of
4 research in advancing the profession of counseling, and statistical
5 methods used in conducting research, needs assessment, and
6 program evaluation.

7 (I) Professional orientation, ethics, and law in counseling,
8 including California law and professional ethics for professional
9 clinical counselors, professional ethical standards and legal
10 considerations, licensing law and process, regulatory laws that
11 delineate the profession's scope of practice, counselor-client
12 privilege, confidentiality, the client dangerous to self or others,
13 treatment of minors with or without parental consent, relationship
14 between practitioner's sense of self and human values, functions
15 and relationships with other human service providers, strategies
16 for collaboration, and advocacy processes needed to address
17 institutional and social barriers that impede access, equity, and
18 success for clients.

19 (J) Psychopharmacology, including the biological bases of
20 behavior, basic classifications, indications, and contraindications
21 of commonly prescribed psychopharmacological medications so
22 that appropriate referrals can be made for medication evaluations
23 and so that the side effects of those medications can be identified.

24 (K) Addictions counseling, including substance abuse,
25 co-occurring disorders, and addiction, major approaches to
26 identification, evaluation, treatment, and prevention of substance
27 abuse and addiction, legal and medical aspects of substance abuse,
28 populations at risk, the role of support persons, support systems,
29 and community resources.

30 (L) Crisis or trauma counseling, including crisis theory;
31 multidisciplinary responses to crises, emergencies, or disasters;
32 cognitive, affective, behavioral, and neurological effects associated
33 with trauma; brief, intermediate, and long-term approaches; and
34 assessment strategies for clients in crisis and principles of
35 intervention for individuals with mental or emotional disorders
36 during times of crisis, emergency, or disaster.

37 (M) Advanced counseling and psychotherapeutic theories and
38 techniques, including the application of counseling constructs,
39 assessment and treatment planning, clinical interventions,
40 therapeutic relationships, psychopathology, or other clinical topics.

1 (2) In addition to the course requirements described in paragraph
2 (1), 15 semester units or 22.5 quarter units of advanced coursework
3 to develop knowledge of specific treatment issues or special
4 populations.

5 (3) Not less than six semester units or nine quarter units of
6 supervised practicum or field study experience, or the equivalent,
7 in a clinical setting that provides a range of professional clinical
8 counseling experience, including the following:

- 9 (A) Applied psychotherapeutic techniques.
- 10 (B) Assessment.
- 11 (C) Diagnosis.
- 12 (D) Prognosis.
- 13 (E) Treatment.
- 14 (F) Issues of development, adjustment, and maladjustment.
- 15 (G) Health and wellness promotion.
- 16 (H) Professional writing including documentation of services,
17 treatment plans, and progress notes.
- 18 (I) How to find and use resources.
- 19 (J) Other recognized counseling interventions.
- 20 (K) A minimum of 280 hours of face-to-face supervised clinical
21 experience counseling individuals, families, or groups.

22 (d) The 60 graduate semester units or 90 graduate quarter units
23 of instruction required pursuant to subdivision (c) shall, in addition
24 to meeting the requirements of subdivision (c), include instruction
25 in all of the following:

26 (1) The understanding of human behavior within the social
27 context of socioeconomic status and other contextual issues
28 affecting social position.

29 (2) The understanding of human behavior within the social
30 context of a representative variety of the cultures found within
31 California.

32 (3) Cultural competency and sensitivity, including a familiarity
33 with the racial, cultural, linguistic, and ethnic backgrounds of
34 persons living in California.

35 (4) An understanding of the effects of socioeconomic status on
36 treatment and available resources.

37 (5) Multicultural development and cross-cultural interaction,
38 including experiences of race, ethnicity, class, spirituality, sexual
39 orientation, gender, and disability and their incorporation into the
40 psychotherapeutic process.

1 (6) Case management, systems of care for the severely mentally
2 ill, public and private services for the severely mentally ill,
3 community resources for victims of abuse, disaster and trauma
4 response, advocacy for the severely mentally ill, and collaborative
5 treatment. The instruction required in this paragraph may be
6 provided either in credit level coursework or through extension
7 programs offered by the degree-granting institution.

8 (7) Human sexuality, including the study of the physiological,
9 psychological, and social cultural variables associated with sexual
10 behavior, gender identity, and the assessment and treatment of
11 psychosexual dysfunction.

12 (8) Spousal or partner abuse assessment, detection, intervention
13 strategies, and same-gender abuse dynamics.

14 ~~(9) Child abuse assessment and reporting.~~

15 (9) *A minimum of seven contact hours of training or coursework*
16 *in child abuse assessment and reporting, as specified in Section*
17 *28, and any regulations promulgated thereunder.*

18 (10) Aging and long-term care, including biological, social,
19 cognitive, and psychological aspects of aging. This coursework
20 shall include instruction on the assessment and reporting of, as
21 well as treatment related to, elder and dependent adult abuse and
22 neglect.

23 (e) A degree program that qualifies for licensure under this
24 section shall do all of the following:

25 (1) Integrate the principles of mental health recovery-oriented
26 care and methods of service delivery in recovery-oriented practice
27 environments.

28 (2) Integrate an understanding of various cultures and the social
29 and psychological implications of socioeconomic position.

30 (3) Provide the opportunity for students to meet with various
31 consumers and family members of consumers of mental health
32 services to enhance understanding of their experience of mental
33 illness, treatment, and recovery.

34 (f) (1) An applicant whose degree is deficient in no more than
35 three of the required areas of study listed in subparagraphs (A) to
36 (M), inclusive, of paragraph (1) of subdivision (c) may satisfy
37 those deficiencies by successfully completing post-master's or
38 postdoctoral degree coursework at an accredited or approved
39 institution, as defined in Section 4999.12.

1 (2) Coursework taken to meet deficiencies in the required areas
2 of study listed in subparagraphs (A) to (M), inclusive, of paragraph
3 (1) of subdivision (c) shall be the equivalent of three semester units
4 or four and one-half quarter units of study.

5 (3) The board shall make the final determination as to whether
6 a degree meets all requirements, including, but not limited to,
7 course requirements, regardless of accreditation.

8 SEC. 27. Section 4999.46 of the Business and Professions
9 Code, as amended by Section 65 of Chapter 799 of the Statutes of
10 2012, is amended to read:

11 4999.46. (a) To qualify for the licensure examination specified
12 by paragraph (2) of subdivision (a) of Section 4999.53, applicants
13 shall complete clinical mental health experience under the general
14 supervision of an approved supervisor as defined in Section
15 4999.12.

16 (b) The experience shall include a minimum of 3,000 postdegree
17 hours of supervised clinical mental health experience related to
18 the practice of professional clinical counseling, performed over a
19 period of not less than two years (104 weeks), which shall include:

20 (1) Not more than 40 hours in any seven consecutive days.

21 (2) Not less than 1,750 hours of direct counseling with
22 individuals or groups in a setting described in Section 4999.44
23 using a variety of psychotherapeutic techniques and recognized
24 counseling interventions within the scope of practice of licensed
25 professional clinical counselors.

26 (3) Not more than 500 hours of experience providing group
27 therapy or group counseling.

28 ~~(4) Not more than 250 hours of experience providing counseling~~
29 ~~or crisis counseling on the telephone.~~

30 *(4) Not more than 375 hours of experience providing personal*
31 *psychotherapy, crisis counseling, or other counseling services via*
32 *telehealth in accordance with Section 2290.5.*

33 (5) Not less than 150 hours of clinical experience in a hospital
34 or community mental health setting, as defined in Section 1820 of
35 Title 16 of the California Code of Regulations.

36 (6) Not more than a combined total of 1,250 hours of experience
37 in the following related activities:

38 (A) Direct supervisor contact.

39 (B) Client centered advocacy.

1 (C) Not more than 250 hours of experience administering tests
2 and evaluating psychological tests of clients, writing clinical
3 reports, writing progress notes, or writing process notes.

4 (D) Not more than 250 hours of verified attendance at
5 workshops, *seminars*, training sessions, or conferences directly
6 related to professional clinical counseling that are approved by the
7 applicant's supervisor.

8 (c) No hours of clinical mental health experience may be gained
9 more than six years prior to the date the application for examination
10 eligibility was filed.

11 (d) An applicant shall register with the board as an intern in
12 order to be credited for postdegree hours of experience toward
13 licensure. Postdegree hours of experience shall be credited toward
14 licensure, provided that the applicant applies for intern registration
15 within 90 days of the granting of the qualifying degree and is
16 registered as an intern by the board.

17 (e) All applicants and interns shall be at all times under the
18 supervision of a supervisor who shall be responsible for ensuring
19 that the extent, kind, and quality of counseling performed is
20 consistent with the training and experience of the person being
21 supervised, and who shall be responsible to the board for
22 compliance with all laws, rules, and regulations governing the
23 practice of professional clinical counseling.

24 (f) Experience obtained under the supervision of a spouse or
25 relative by blood or marriage shall not be credited toward the
26 required hours of supervised experience. Experience obtained
27 under the supervision of a supervisor with whom the applicant has
28 had or currently has a personal, professional, or business
29 relationship that undermines the authority or effectiveness of the
30 supervision shall not be credited toward the required hours of
31 supervised experience.

32 (g) ~~Supervision~~—*Except for experience gained pursuant to*
33 *subparagraph (D) of paragraph (6) of subdivision (b), supervision*
34 *shall include at least one hour of direct supervisor contact in each*
35 *week for which experience is credited in each work setting.*

36 (1) No more than five hours of supervision, whether individual
37 or group, shall be credited during any single week.

38 (2) An intern shall receive at least one additional hour of direct
39 supervisor contact for every week in which more than 10 hours of

1 face-to-face psychotherapy is performed in each setting in which
2 experience is gained.

3 (3) For purposes of this section, “one hour of direct supervisor
4 contact” means one hour of face-to-face contact on an individual
5 basis or two hours of face-to-face contact in a group of not more
6 than eight persons in segments lasting no less than one continuous
7 hour.

8 (4) Notwithstanding paragraph (3), an intern working in a
9 governmental entity, a school, a college, or a university, or an
10 institution that is both nonprofit and charitable, may obtain the
11 required weekly direct supervisor contact via two-way, real-time
12 videoconferencing. The supervisor shall be responsible for ensuring
13 that client confidentiality is upheld.

14 (h) This section shall become operative on January 1, 2014.

15 SEC. 28. Section 4999.47 of the Business and Professions
16 Code is amended to read:

17 4999.47. (a) Clinical counselor trainees, interns, and applicants
18 shall perform services *only* as an employee or as a volunteer.

19 The requirements of this chapter regarding gaining hours of
20 clinical mental health experience and supervision are applicable
21 equally to employees and volunteers. ~~Experience shall not be
22 gained by clinical counselor interns or trainees as an independent
23 contractor~~ *Work performed as an independent contractor or
24 reported on an IRS Form 1099 shall not satisfy the requirements
25 of this chapter regarding gaining hours of supervised experience.*

26 (1) If employed, a clinical counselor intern shall provide the
27 board with copies of the corresponding W-2 tax forms for each
28 year of experience claimed upon application for licensure as a
29 professional clinical counselor.

30 (2) If volunteering, a clinical counselor intern shall provide the
31 board with a letter from his or her employer verifying the intern’s
32 employment as a volunteer upon application for licensure as a
33 professional clinical counselor.

34 (b) Clinical counselor trainees, interns, and applicants shall not
35 receive any remuneration from patients or clients, and shall only
36 be paid by their employers.

37 (c) While an intern may be either a paid employee or a volunteer,
38 employers are encouraged to provide fair remuneration.

39 (d) Clinical counselor trainees, interns, and applicants who
40 provide voluntary services or other services, and who receive no

1 more than a total, from all work settings, of five hundred dollars
2 (\$500) per month as reimbursement for expenses actually incurred
3 by those clinical counselor trainees, interns, and applicants for
4 services rendered in any lawful work setting other than a private
5 practice shall be considered an employee and not an independent
6 contractor.

7 (e) The board may audit an intern or applicant who receives
8 reimbursement for expenses and the intern or applicant shall have
9 the burden of demonstrating that the payments received were for
10 reimbursement of expenses actually incurred.

11 (f) Clinical counselor trainees, interns, and applicants shall only
12 perform services at the place where their employer regularly
13 conducts business and services, which may include other locations,
14 as long as the services are performed under the direction and
15 control of the employer and supervisor in compliance with the
16 laws and regulations pertaining to supervision. Clinical counselor
17 trainees, interns, and applicants shall have no proprietary interest
18 in the employer's business.

19 (g) Each educational institution preparing applicants for
20 licensure pursuant to this chapter shall consider requiring, and
21 shall encourage, its students to undergo individual, marital or
22 conjoint, family, or group counseling or psychotherapy, as
23 appropriate. Each supervisor shall consider, advise, and encourage
24 his or her interns and clinical counselor trainees regarding the
25 advisability of undertaking individual, marital or conjoint, family,
26 or group counseling or psychotherapy, as appropriate. Insofar as
27 it is deemed appropriate and is desired by the applicant, the
28 educational institution and supervisors are encouraged to assist
29 the applicant in locating that counseling or psychotherapy at a
30 reasonable cost.

31 SEC. 29. Section 4999.60 of the Business and Professions
32 Code is amended to read:

33 4999.60. (a) This section applies to persons who are licensed
34 outside of California and apply for examination eligibility on or
35 after January 1, 2014.

36 (b) The board may issue a license to a person who, at the time
37 of submitting an application for a license pursuant to this chapter,
38 holds a valid license as a professional clinical counselor, or other
39 counseling license that allows the applicant to independently

1 provide clinical mental health services, in another jurisdiction of
2 the United States if all of the following conditions are satisfied:

3 (1) The applicant's education is substantially equivalent, as
4 defined in Section 4999.62.

5 (2) The applicant complies with subdivision (b) of Section
6 4999.40, if applicable.

7 (3) The applicant's supervised experience is substantially
8 equivalent to that required for a license under this chapter. ~~The~~
9 ~~board shall consider hours of experience obtained outside of~~
10 ~~California during the six-year period immediately preceding the~~
11 ~~date the applicant initially obtained the license described above.~~
12 *If the applicant has less than 3,000 hours of qualifying supervised*
13 *experience, time actively licensed as a professional clinical*
14 *counselor shall be accepted at a rate of 100 hours per month up*
15 *to a maximum of 1,200 hours.*

16 (4) The applicant passes the examinations required to obtain a
17 license under this chapter. An applicant who obtained his or her
18 license or registration under another jurisdiction may apply for
19 licensure with the board without taking the clinical examination
20 if both of the following conditions are met:

21 (A) The applicant obtained a passing score on the licensing
22 examination set forth in regulation as accepted by the board.

23 (B) The applicant's license or registration in that jurisdiction is
24 in good standing at the time of his or her application and has not
25 been revoked, suspended, surrendered, denied, or otherwise
26 restricted or encumbered as a result of any disciplinary proceeding
27 brought by the licensing authority of that jurisdiction.

28 SEC. 30. Section 14132 of the Welfare and Institutions Code
29 is amended to read:

30 14132. The following is the schedule of benefits under this
31 chapter:

32 (a) Outpatient services are covered as follows:

33 Physician, hospital or clinic outpatient, surgical center,
34 respiratory care, optometric, chiropractic, psychology, podiatric,
35 occupational therapy, physical therapy, speech therapy, audiology,
36 acupuncture to the extent federal matching funds are provided for
37 acupuncture, and services of persons rendering treatment by prayer
38 or healing by spiritual means in the practice of any church or
39 religious denomination insofar as these can be encompassed by

1 federal participation under an approved plan, subject to utilization
2 controls.

3 (b) (1) Inpatient hospital services, including, but not limited
4 to, physician and podiatric services, physical therapy and
5 occupational therapy, are covered subject to utilization controls.

6 (2) For Medi-Cal fee-for-service beneficiaries, emergency
7 services and care that are necessary for the treatment of an
8 emergency medical condition and medical care directly related to
9 the emergency medical condition. This paragraph shall not be
10 construed to change the obligation of Medi-Cal managed care
11 plans to provide emergency services and care. For the purposes of
12 this paragraph, “emergency services and care” and “emergency
13 medical condition” shall have the same meanings as those terms
14 are defined in Section 1317.1 of the Health and Safety Code.

15 (c) Nursing facility services, subacute care services, and services
16 provided by any category of intermediate care facility for the
17 developmentally disabled, including podiatry, physician, nurse
18 practitioner services, and prescribed drugs, as described in
19 subdivision (d), are covered subject to utilization controls.
20 Respiratory care, physical therapy, occupational therapy, speech
21 therapy, and audiology services for patients in nursing facilities
22 and any category of intermediate care facility for the
23 developmentally disabled are covered subject to utilization controls.

24 (d) (1) Purchase of prescribed drugs is covered subject to the
25 Medi-Cal List of Contract Drugs and utilization controls.

26 (2) Purchase of drugs used to treat erectile dysfunction or any
27 off-label uses of those drugs are covered only to the extent that
28 federal financial participation is available.

29 (3) (A) To the extent required by federal law, the purchase of
30 outpatient prescribed drugs, for which the prescription is executed
31 by a prescriber in written, nonelectronic form on or after April 1,
32 2008, is covered only when executed on a tamper resistant
33 prescription form. The implementation of this paragraph shall
34 conform to the guidance issued by the federal Centers of Medicare
35 and Medicaid Services but shall not conflict with state statutes on
36 the characteristics of tamper resistant prescriptions for controlled
37 substances, including Section 11162.1 of the Health and Safety
38 Code. The department shall provide providers and beneficiaries
39 with as much flexibility in implementing these rules as allowed
40 by the federal government. The department shall notify and consult

1 with appropriate stakeholders in implementing, interpreting, or
2 making specific this paragraph.

3 (B) Notwithstanding Chapter 3.5 (commencing with Section
4 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
5 the department may take the actions specified in subparagraph (A)
6 by means of a provider bulletin or notice, policy letter, or other
7 similar instructions without taking regulatory action.

8 (4) (A) (i) For the purposes of this paragraph, nonlegend has
9 the same meaning as defined in subdivision (a) of Section
10 14105.45.

11 (ii) Nonlegend acetaminophen-containing products, with the
12 exception of children’s acetaminophen-containing products,
13 selected by the department are not covered benefits.

14 (iii) Nonlegend cough and cold products selected by the
15 department are not covered benefits. This clause shall be
16 implemented on the first day of the first calendar month following
17 90 days after the effective date of the act that added this clause,
18 or on the first day of the first calendar month following 60 days
19 after the date the department secures all necessary federal approvals
20 to implement this section, whichever is later.

21 (iv) Beneficiaries under the Early and Periodic Screening,
22 Diagnosis, and Treatment Program shall be exempt from clauses
23 (ii) and (iii).

24 (B) Notwithstanding Chapter 3.5 (commencing with Section
25 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
26 the department may take the actions specified in subparagraph (A)
27 by means of a provider bulletin or notice, policy letter, or other
28 similar instruction without taking regulatory action.

29 (e) Outpatient dialysis services and home hemodialysis services,
30 including physician services, medical supplies, drugs and
31 equipment required for dialysis, are covered, subject to utilization
32 controls.

33 (f) Anesthesiologist services when provided as part of an
34 outpatient medical procedure, nurse anesthetist services when
35 rendered in an inpatient or outpatient setting under conditions set
36 forth by the director, outpatient laboratory services, and X-ray
37 services are covered, subject to utilization controls. Nothing in
38 this subdivision shall be construed to require prior authorization
39 for anesthesiologist services provided as part of an outpatient
40 medical procedure or for portable X-ray services in a nursing

1 facility or any category of intermediate care facility for the
2 developmentally disabled.

3 (g) Blood and blood derivatives are covered.

4 (h) (1) Emergency and essential diagnostic and restorative
5 dental services, except for orthodontic, fixed bridgework, and
6 partial dentures that are not necessary for balance of a complete
7 artificial denture, are covered, subject to utilization controls. The
8 utilization controls shall allow emergency and essential diagnostic
9 and restorative dental services and prostheses that are necessary
10 to prevent a significant disability or to replace previously furnished
11 prostheses which are lost or destroyed due to circumstances beyond
12 the beneficiary's control. Notwithstanding the foregoing, the
13 director may by regulation provide for certain fixed artificial
14 dentures necessary for obtaining employment or for medical
15 conditions that preclude the use of removable dental prostheses,
16 and for orthodontic services in cleft palate deformities administered
17 by the department's California Children Services Program.

18 (2) For persons 21 years of age or older, the services specified
19 in paragraph (1) shall be provided subject to the following
20 conditions:

21 (A) Periodontal treatment is not a benefit.

22 (B) Endodontic therapy is not a benefit except for vital
23 pulpotomy.

24 (C) Laboratory processed crowns are not a benefit.

25 (D) Removable prosthetics shall be a benefit only for patients
26 as a requirement for employment.

27 (E) The director may, by regulation, provide for the provision
28 of fixed artificial dentures that are necessary for medical conditions
29 that preclude the use of removable dental prostheses.

30 (F) Notwithstanding the conditions specified in subparagraphs
31 (A) to (E), inclusive, the department may approve services for
32 persons with special medical disorders subject to utilization review.

33 (3) Paragraph (2) shall become inoperative July 1, 1995.

34 (i) Medical transportation is covered, subject to utilization
35 controls.

36 (j) Home health care services are covered, subject to utilization
37 controls.

38 (k) Prosthetic and orthotic devices and eyeglasses are covered,
39 subject to utilization controls. Utilization controls shall allow
40 replacement of prosthetic and orthotic devices and eyeglasses

1 necessary because of loss or destruction due to circumstances
2 beyond the beneficiary's control. Frame styles for eyeglasses
3 replaced pursuant to this subdivision shall not change more than
4 once every two years, unless the department so directs.

5 Orthopedic and conventional shoes are covered when provided
6 by a prosthetic and orthotic supplier on the prescription of a
7 physician and when at least one of the shoes will be attached to a
8 prosthesis or brace, subject to utilization controls. Modification
9 of stock conventional or orthopedic shoes when medically
10 indicated, is covered subject to utilization controls. When there is
11 a clearly established medical need that cannot be satisfied by the
12 modification of stock conventional or orthopedic shoes,
13 custom-made orthopedic shoes are covered, subject to utilization
14 controls.

15 Therapeutic shoes and inserts are covered when provided to
16 beneficiaries with a diagnosis of diabetes, subject to utilization
17 controls, to the extent that federal financial participation is
18 available.

19 (l) Hearing aids are covered, subject to utilization controls.
20 Utilization controls shall allow replacement of hearing aids
21 necessary because of loss or destruction due to circumstances
22 beyond the beneficiary's control.

23 (m) Durable medical equipment and medical supplies are
24 covered, subject to utilization controls. The utilization controls
25 shall allow the replacement of durable medical equipment and
26 medical supplies when necessary because of loss or destruction
27 due to circumstances beyond the beneficiary's control. The
28 utilization controls shall allow authorization of durable medical
29 equipment needed to assist a disabled beneficiary in caring for a
30 child for whom the disabled beneficiary is a parent, stepparent,
31 foster parent, or legal guardian, subject to the availability of federal
32 financial participation. The department shall adopt emergency
33 regulations to define and establish criteria for assistive durable
34 medical equipment in accordance with the rulemaking provisions
35 of the Administrative Procedure Act (Chapter 3.5 (commencing
36 with Section 11340) of Part 1 of Division 3 of Title 2 of the
37 Government Code).

38 (n) Family planning services are covered, subject to utilization
39 controls.

1 (o) Inpatient intensive rehabilitation hospital services, including
2 respiratory rehabilitation services, in a general acute care hospital
3 are covered, subject to utilization controls, when either of the
4 following criteria are met:

5 (1) A patient with a permanent disability or severe impairment
6 requires an inpatient intensive rehabilitation hospital program as
7 described in Section 14064 to develop function beyond the limited
8 amount that would occur in the normal course of recovery.

9 (2) A patient with a chronic or progressive disease requires an
10 inpatient intensive rehabilitation hospital program as described in
11 Section 14064 to maintain the patient's present functional level as
12 long as possible.

13 (p) (1) Adult day health care is covered in accordance with
14 Chapter 8.7 (commencing with Section 14520).

15 (2) Commencing 30 days after the effective date of the act that
16 added this paragraph, and notwithstanding the number of days
17 previously approved through a treatment authorization request,
18 adult day health care is covered for a maximum of three days per
19 week.

20 (3) As provided in accordance with paragraph (4), adult day
21 health care is covered for a maximum of five days per week.

22 (4) As of the date that the director makes the declaration
23 described in subdivision (g) of Section 14525.1, paragraph (2)
24 shall become inoperative and paragraph (3) shall become operative.

25 (q) (1) Application of fluoride, or other appropriate fluoride
26 treatment as defined by the department, *and* other prophylaxis
27 treatment for children 17 years of age and ~~under~~, *under* are covered.

28 (2) All dental hygiene services provided by a *registered dental*
29 *hygienist, registered dental hygienist in extended function, and*
30 *registered dental hygienist in alternative practice licensed* pursuant
31 to Sections ~~1768 and 1770~~ 1753, 1917, 1918, and 1922 of the
32 Business and Professions Code may be covered as long as they
33 are within the scope of Denti-Cal benefits and they are necessary
34 services provided by a *registered dental hygienist, registered dental*
35 *hygienist in extended functions, or registered dental hygienist in*
36 *alternative practice.*

37 (r) (1) Paramedic services performed by a city, county, or
38 special district, or pursuant to a contract with a city, county, or
39 special district, and pursuant to a program established under Article
40 3 (commencing with Section 1480) of Chapter 2.5 of Division 2

1 of the Health and Safety Code by a paramedic certified pursuant
2 to that article, and consisting of defibrillation and those services
3 specified in subdivision (3) of Section 1482 of the article.

4 (2) All providers enrolled under this subdivision shall satisfy
5 all applicable statutory and regulatory requirements for becoming
6 a Medi-Cal provider.

7 (3) This subdivision shall be implemented only to the extent
8 funding is available under Section 14106.6.

9 (s) In-home medical care services are covered when medically
10 appropriate and subject to utilization controls, for beneficiaries
11 who would otherwise require care for an extended period of time
12 in an acute care hospital at a cost higher than in-home medical
13 care services. The director shall have the authority under this
14 section to contract with organizations qualified to provide in-home
15 medical care services to those persons. These services may be
16 provided to patients placed in shared or congregate living
17 arrangements, if a home setting is not medically appropriate or
18 available to the beneficiary. As used in this section, “in-home
19 medical care service” includes utility bills directly attributable to
20 continuous, 24-hour operation of life-sustaining medical equipment,
21 to the extent that federal financial participation is available.

22 As used in this subdivision, in-home medical care services,
23 include, but are not limited to:

- 24 (1) Level of care and cost of care evaluations.
- 25 (2) Expenses, directly attributable to home care activities, for
26 materials.
- 27 (3) Physician fees for home visits.
- 28 (4) Expenses directly attributable to home care activities for
29 shelter and modification to shelter.
- 30 (5) Expenses directly attributable to additional costs of special
31 diets, including tube feeding.
- 32 (6) Medically related personal services.
- 33 (7) Home nursing education.
- 34 (8) Emergency maintenance repair.
- 35 (9) Home health agency personnel benefits which permit
36 coverage of care during periods when regular personnel are on
37 vacation or using sick leave.
- 38 (10) All services needed to maintain antiseptic conditions at
39 stoma or shunt sites on the body.
- 40 (11) Emergency and nonemergency medical transportation.

1 (12) Medical supplies.

2 (13) Medical equipment, including, but not limited to, scales,
3 gurneys, and equipment racks suitable for paralyzed patients.

4 (14) Utility use directly attributable to the requirements of home
5 care activities which are in addition to normal utility use.

6 (15) Special drugs and medications.

7 (16) Home health agency supervision of visiting staff which is
8 medically necessary, but not included in the home health agency
9 rate.

10 (17) Therapy services.

11 (18) Household appliances and household utensil costs directly
12 attributable to home care activities.

13 (19) Modification of medical equipment for home use.

14 (20) Training and orientation for use of life-support systems,
15 including, but not limited to, support of respiratory functions.

16 (21) Respiratory care practitioner services as defined in Sections
17 3702 and 3703 of the Business and Professions Code, subject to
18 prescription by a physician and surgeon.

19 Beneficiaries receiving in-home medical care services are entitled
20 to the full range of services within the Medi-Cal scope of benefits
21 as defined by this section, subject to medical necessity and
22 applicable utilization control. Services provided pursuant to this
23 subdivision, which are not otherwise included in the Medi-Cal
24 schedule of benefits, shall be available only to the extent that
25 federal financial participation for these services is available in
26 accordance with a home- and community-based services waiver.

27 (t) Home- and community-based services approved by the
28 United States Department of Health and Human Services may be
29 covered to the extent that federal financial participation is available
30 for those services under waivers granted in accordance with Section
31 1396n of Title 42 of the United States Code. The director may
32 seek waivers for any or all home- and community-based services
33 approvable under Section 1396n of Title 42 of the United States
34 Code. Coverage for those services shall be limited by the terms,
35 conditions, and duration of the federal waivers.

36 (u) Comprehensive perinatal services, as provided through an
37 agreement with a health care provider designated in Section
38 14134.5 and meeting the standards developed by the department
39 pursuant to Section 14134.5, subject to utilization controls.

1 The department shall seek any federal waivers necessary to
2 implement the provisions of this subdivision. The provisions for
3 which appropriate federal waivers cannot be obtained shall not be
4 implemented. Provisions for which waivers are obtained or for
5 which waivers are not required shall be implemented
6 notwithstanding any inability to obtain federal waivers for the
7 other provisions. No provision of this subdivision shall be
8 implemented unless matching funds from Subchapter XIX
9 (commencing with Section 1396) of Chapter 7 of Title 42 of the
10 United States Code are available.

11 (v) Early and periodic screening, diagnosis, and treatment for
12 any individual under 21 years of age is covered, consistent with
13 the requirements of Subchapter XIX (commencing with Section
14 1396) of Chapter 7 of Title 42 of the United States Code.

15 (w) Hospice service which is Medicare-certified hospice service
16 is covered, subject to utilization controls. Coverage shall be
17 available only to the extent that no additional net program costs
18 are incurred.

19 (x) When a claim for treatment provided to a beneficiary
20 includes both services which are authorized and reimbursable
21 under this chapter, and services which are not reimbursable under
22 this chapter, that portion of the claim for the treatment and services
23 authorized and reimbursable under this chapter shall be payable.

24 (y) Home- and community-based services approved by the
25 United States Department of Health and Human Services for
26 beneficiaries with a diagnosis of AIDS or ARC, who require
27 intermediate care or a higher level of care.

28 Services provided pursuant to a waiver obtained from the
29 Secretary of the United States Department of Health and Human
30 Services pursuant to this subdivision, and which are not otherwise
31 included in the Medi-Cal schedule of benefits, shall be available
32 only to the extent that federal financial participation for these
33 services is available in accordance with the waiver, and subject to
34 the terms, conditions, and duration of the waiver. These services
35 shall be provided to individual beneficiaries in accordance with
36 the client's needs as identified in the plan of care, and subject to
37 medical necessity and applicable utilization control.

38 The director may under this section contract with organizations
39 qualified to provide, directly or by subcontract, services provided
40 for in this subdivision to eligible beneficiaries. Contracts or

1 agreements entered into pursuant to this division shall not be
2 subject to the Public Contract Code.

3 (z) Respiratory care when provided in organized health care
4 systems as defined in Section 3701 of the Business and Professions
5 Code, and as an in-home medical service as outlined in subdivision
6 (s).

7 (aa) (1) There is hereby established in the department, a
8 program to provide comprehensive clinical family planning
9 services to any person who has a family income at or below 200
10 percent of the federal poverty level, as revised annually, and who
11 is eligible to receive these services pursuant to the waiver identified
12 in paragraph (2). This program shall be known as the Family
13 Planning, Access, Care, and Treatment (Family PACT) Program.

14 (2) The department shall seek a waiver in accordance with
15 Section 1315 of Title 42 of the United States Code, or a state plan
16 amendment adopted in accordance with Section
17 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United States
18 Code, which was added to Section 1396a of Title 42 of the United
19 States Code by Section 2303(a)(2) of the federal Patient Protection
20 and Affordable Care Act (PPACA) (Public Law 111-148), for a
21 program to provide comprehensive clinical family planning
22 services as described in paragraph (8). Under the waiver, the
23 program shall be operated only in accordance with the waiver and
24 the statutes and regulations in paragraph (4) and subject to the
25 terms, conditions, and duration of the waiver. Under the state plan
26 amendment, which shall replace the waiver and shall be known as
27 the Family PACT successor state plan amendment, the program
28 shall be operated only in accordance with this subdivision and the
29 statutes and regulations in paragraph (4). The state shall use the
30 standards and processes imposed by the state on January 1, 2007,
31 including the application of an eligibility discount factor to the
32 extent required by the federal Centers for Medicare and Medicaid
33 Services, for purposes of determining eligibility as permitted under
34 Section 1396a(a)(10)(A)(ii)(XXI)(ii)(2) of Title 42 of the United
35 States Code. To the extent that federal financial participation is
36 available, the program shall continue to conduct education,
37 outreach, enrollment, service delivery, and evaluation services as
38 specified under the waiver. The services shall be provided under
39 the program only if the waiver and, when applicable, the successor
40 state plan amendment are approved by the federal Centers for

1 Medicare and Medicaid Services and only to the extent that federal
2 financial participation is available for the services. Nothing in this
3 section shall prohibit the department from seeking the Family
4 PACT successor state plan amendment during the operation of the
5 waiver.

6 (3) Solely for the purposes of the waiver or Family PACT
7 successor state plan amendment and notwithstanding any other
8 provision of law, the collection and use of an individual's social
9 security number shall be necessary only to the extent required by
10 federal law.

11 (4) Sections 14105.3 to 14105.39, inclusive, 14107.11, 24005,
12 and 24013, and any regulations adopted under these statutes shall
13 apply to the program provided for under this subdivision. No other
14 provision of law under the Medi-Cal program or the State-Only
15 Family Planning Program shall apply to the program provided for
16 under this subdivision.

17 (5) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department may implement, without taking regulatory action,
20 the provisions of the waiver after its approval by the federal Health
21 Care Financing Administration and the provisions of this section
22 by means of an all-county letter or similar instruction to providers.
23 Thereafter, the department shall adopt regulations to implement
24 this section and the approved waiver in accordance with the
25 requirements of Chapter 3.5 (commencing with Section 11340) of
26 Part 1 of Division 3 of Title 2 of the Government Code. Beginning
27 six months after the effective date of the act adding this
28 subdivision, the department shall provide a status report to the
29 Legislature on a semiannual basis until regulations have been
30 adopted.

31 (6) In the event that the Department of Finance determines that
32 the program operated under the authority of the waiver described
33 in paragraph (2) or the Family PACT successor state plan
34 amendment is no longer cost effective, this subdivision shall
35 become inoperative on the first day of the first month following
36 the issuance of a 30-day notification of that determination in
37 writing by the Department of Finance to the chairperson in each
38 house that considers appropriations, the chairpersons of the
39 committees, and the appropriate subcommittees in each house that

1 considers the State Budget, and the Chairperson of the Joint
2 Legislative Budget Committee.

3 (7) If this subdivision ceases to be operative, all persons who
4 have received or are eligible to receive comprehensive clinical
5 family planning services pursuant to the waiver described in
6 paragraph (2) shall receive family planning services under the
7 Medi-Cal program pursuant to subdivision (n) if they are otherwise
8 eligible for Medi-Cal with no share of cost, or shall receive
9 comprehensive clinical family planning services under the program
10 established in Division 24 (commencing with Section 24000) either
11 if they are eligible for Medi-Cal with a share of cost or if they are
12 otherwise eligible under Section 24003.

13 (8) For purposes of this subdivision, “comprehensive clinical
14 family planning services” means the process of establishing
15 objectives for the number and spacing of children, and selecting
16 the means by which those objectives may be achieved. These
17 means include a broad range of acceptable and effective methods
18 and services to limit or enhance fertility, including contraceptive
19 methods, federal Food and Drug Administration approved
20 contraceptive drugs, devices, and supplies, natural family planning,
21 abstinence methods, and basic, limited fertility management.
22 Comprehensive clinical family planning services include, but are
23 not limited to, preconception counseling, maternal and fetal health
24 counseling, general reproductive health care, including diagnosis
25 and treatment of infections and conditions, including cancer, that
26 threaten reproductive capability, medical family planning treatment
27 and procedures, including supplies and followup, and
28 informational, counseling, and educational services.
29 Comprehensive clinical family planning services shall not include
30 abortion, pregnancy testing solely for the purposes of referral for
31 abortion or services ancillary to abortions, or pregnancy care that
32 is not incident to the diagnosis of pregnancy. Comprehensive
33 clinical family planning services shall be subject to utilization
34 control and include all of the following:

35 (A) Family planning related services and male and female
36 sterilization. Family planning services for men and women shall
37 include emergency services and services for complications directly
38 related to the contraceptive method, federal Food and Drug
39 Administration approved contraceptive drugs, devices, and

1 supplies, and followup, consultation, and referral services, as
2 indicated, which may require treatment authorization requests.

3 (B) All United States Department of Agriculture, federal Food
4 and Drug Administration approved contraceptive drugs, devices,
5 and supplies that are in keeping with current standards of practice
6 and from which the individual may choose.

7 (C) Culturally and linguistically appropriate health education
8 and counseling services, including informed consent, that include
9 all of the following:

- 10 (i) Psychosocial and medical aspects of contraception.
- 11 (ii) Sexuality.
- 12 (iii) Fertility.
- 13 (iv) Pregnancy.
- 14 (v) Parenthood.
- 15 (vi) Infertility.
- 16 (vii) Reproductive health care.
- 17 (viii) Preconception and nutrition counseling.
- 18 (ix) Prevention and treatment of sexually transmitted infection.
- 19 (x) Use of contraceptive methods, federal Food and Drug
20 Administration approved contraceptive drugs, devices, and
21 supplies.
- 22 (xi) Possible contraceptive consequences and followup.
- 23 (xii) Interpersonal communication and negotiation of
24 relationships to assist individuals and couples in effective
25 contraceptive method use and planning families.

26 (D) A comprehensive health history, updated at the next periodic
27 visit (between 11 and 24 months after initial examination) that
28 includes a complete obstetrical history, gynecological history,
29 contraceptive history, personal medical history, health risk factors,
30 and family health history, including genetic or hereditary
31 conditions.

32 (E) A complete physical examination on initial and subsequent
33 periodic visits.

34 (F) Services, drugs, devices, and supplies deemed by the federal
35 Centers for Medicare and Medicaid Services to be appropriate for
36 inclusion in the program.

37 (9) In order to maximize the availability of federal financial
38 participation under this subdivision, the director shall have the
39 discretion to implement the Family PACT successor state plan
40 amendment retroactively to July 1, 2010.

1 (ab) (1) Purchase of prescribed enteral nutrition products is
2 covered, subject to the Medi-Cal list of enteral nutrition products
3 and utilization controls.

4 (2) Purchase of enteral nutrition products is limited to those
5 products to be administered through a feeding tube, including, but
6 not limited to, a gastric, nasogastric, or jejunostomy tube.
7 Beneficiaries under the Early and Periodic Screening, Diagnosis,
8 and Treatment Program shall be exempt from this paragraph.

9 (3) Notwithstanding paragraph (2), the department may deem
10 an enteral nutrition product, not administered through a feeding
11 tube, including, but not limited to, a gastric, nasogastric, or
12 jejunostomy tube, a benefit for patients with diagnoses, including,
13 but not limited to, malabsorption and inborn errors of metabolism,
14 if the product has been shown to be neither investigational nor
15 experimental when used as part of a therapeutic regimen to prevent
16 serious disability or death.

17 (4) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department may implement the amendments to this subdivision
20 made by the act that added this paragraph by means of all-county
21 letters, provider bulletins, or similar instructions, without taking
22 regulatory action.

23 (5) The amendments made to this subdivision by the act that
24 added this paragraph shall be implemented June 1, 2011, or on the
25 first day of the first calendar month following 60 days after the
26 date the department secures all necessary federal approvals to
27 implement this section, whichever is later.

28 (ac) Diabetic testing supplies are covered when provided by a
29 pharmacy, subject to utilization controls.