



LEGISLATIVE & REGULATORY UPDATE

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We are at the end of a two-year legislative cycle in California. The CAMFT Legislative Committee worked with staff and the CAMFT lobbyist and reviewed hundreds of bills introduced for consideration in 2016 to determine the impact on CAMFT members and the profession. This article provides a brief overview on CAMFT-sponsored legislation and some of the bills CAMFT has actively followed in 2016. For more complete descriptions, as well as the full list of bills CAMFT will be following this year, visit the CAMFT Legislative Action Center on the CAMFT website.

STATE ADVOCACY

CAMFT Legislation for 2016

AB 1808 (Wood): Trainee Treatment of Minors over 12 years of age: Currently, under Health and Safety Code section 124260 and Family Code section 6924, a therapist can provide services to a minor, 12 years or older, without parental consent, in certain circumstances. While LMFTs and registered interns are listed as appropriate providers, “trainees” have been left off the list of eligible providers. This impacts the number of providers available to the consumer, as well as limits the job opportunities for trainees. We have seen this impact services in schools, where many trainees gain their hours; the trainee providers send a consent form to the parents who are unwilling or unable to consent, and thus the student gets no services. If a registered intern was in the same position and the parents did not consent, the student (12 years or older) could consent on his/her own behalf. This legislation would add LMFT trainees to the H&S Code so that trainees, like LMFTs and Interns, can see clients 12 and older without parent consent. The language would also ensure that trainees seek appropriate

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supervision consultation after seeing a minor without parental consent, if necessary. LPCC, LCSW and psychologists in training were also amended into AB 1808. This bill was signed by the Governor and goes into effect January 1, 2017.

AB 1863 (Wood): LMFTs Within Medi-Cal: Federally Qualified Health Centers: AB 1863 is a reintroduction of AB 858 (Wood-2015) and AB 1785 (Lowenthal-2012): Current law provides that federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of a federally qualified health center or a rural health clinic and specified health care professionals. This bill would include a marriage and family therapist within those health care professionals covered under that definition.

This bill was signed by the Governor and goes into effect January 1, 2017. CAMFT is currently working with stakeholders to best determine how this law will be implemented in the various clinics throughout California.

Other 2016 State Legislation

AB 1644 (Bonta): Early Mental Health Intervention: This bill, among other things, would establish a four-year pilot program, the School-Based Early Mental Health Intervention and Prevention Services Support Program, to provide outreach and free regional training for local educational agencies (LEAs) in providing mental health services at school sites. The bill would require the State Department of Public Health to submit specified reports after two and four years. Given the lack of mental health providers accessible to the K-12 school system, and the lack of information flowing from LEAs to the state, CAMFT believes this legislation would increase quality services at the schools, as well as increase job opportunities for members. CAMFT was in support of this legislation. This bill did not make it out of Senate Appropriations.

AB 1715 (Holden): Licensure of Behavioral Analysts: This bill establishes the Behavior Analyst Act, which provides for the licensure, registration, and regulation of behavior analysts and assistant behavior analysts, and requires the California Board of Psychology to administer and enforce the Act. While CAMFT is in support of the better regulation of applied behavioral analysts, especially given the vulnerability of the population served, there are numerous sections of this bill that cause concern. Some of these concerns include: those working towards licensure could only do so under a psychologist or licensed Behavior Analyst (not a LMFT, LPCC, or LCSW); to gain licensure the M.A. degree must be in psychology or behavioral analysis (excluding most our practitioners—many who currently work in applied behavioral analysis); there are no real qualifications or standards for the ABA technicians, who will be doing much of the work with this population; interns are not listed as those that can work in ABA; they are not deemed mandated reporters; and we have concerns that this bill will create a “Gold Standard” for what health care plans will require for reimbursement. This bill, which CAMFT opposed, has died for the 2016 legislative year.

AB 1884 (Harper): Mental Health Awareness License Plates: This bill requires the Department of Health Care Services (DHCS) to apply to the DMV to create a specialized license plate program to promote mental health awareness. According to the author, “Awareness is an important part of treating mental health issues in California. This bill will let Californians spread the word about this critical issue every time they get in their cars.” CAMFT was in support of this piece of legislation, however it did not make it out of the Assembly Appropriations Committee.

AB 1917 (Obernolte): Educational Requirements for LMFTs and LPCCs: This bill proposes modifications to the education required to become an LPCC or an LMFT as follows: 1) It amends the coursework and practicum required of LPCC applicants in order to ensure that the degree was designed to qualify the applicant to practice professional clinical counseling; and, 2) It amends the law to define education gained out-of-state based on the location of the school, instead of based on the residence of the applicant. This concept has previously been discussed and approved by stakeholders, including CAMFT. CAMFT was in support of this legislation, and it has been signed by the Governor.

AB 2262 (Levine): Prisoners-Mental Health Treatment: This bill allows the court to order a defendant to serve all, or part, of their state prison or county jail sentence in a residential mental health facility, when a defendant establishes that they meet specified criteria regarding mental illness. Defendants with a current conviction for a violent felony would not qualify. This bill also mandates that the California Department of Corrections and Rehabilitation (CDCR) or the county jail prepare a post-release mental health treatment plan six months prior to the defendant’s release to parole or post-release community supervision which specifies the manner in which the defendant will receive mental health treatment services following that release. CAMFT was in support of this legislation, but it died in the Assembly Appropriations Committee.

AB 2507 (Gordon): Telehealth Access: This bill requires health care service plans and health insurers to reimburse telehealth services to the same extent as services provided through in person. A few of the sections include: 1) Requirement that a health plan or health insurer include in its plan contract coverage and reimbursement for services provided to a patient through telehealth to the same extent as though provided in person or by some other means; 2) Requirement that a health plan or health insurer reimburse a health care provider for the diagnosis, consultation, or treatment of the enrollee when the service is delivered through telehealth at a rate that is at least as favorable to the health care provider as those established for the equivalent services when provided in person or by some other means; and, 3) Revising of the definition of telehealth to include video communications, telephone communications, email communications, and synchronous text or chat conferencing. Although CAMFT was in support of this legislation, it did not make it out of the Assembly Appropriations Committee. We are very hopeful that it will be reintroduced next year.

AB 2606 (Grove): Mandated Reporting of Licensees: This bill requires a law enforcement agency to report to a state licensing

agency (like the BBS) if the law enforcement agency receives or makes a report that one of the licensing agency's licensees has allegedly committed certain crimes, including failure to file a mandated report. While CAMFT believes it is important to uphold the integrity of the profession, as well as protect our most vulnerable populations (children, elders, dependent adults, persons with disabilities), we are concerned that the language as currently written could lead to frivolous complaints/reports against providers. CAMFT watched this bill to see if any amendments will be made to better protect providers from frivolous and unduly harmful complaints. This bill died in the Assembly Appropriations Committee.

AB 2607 (Ting): Gun Restraining Order: This bill expands current law to include mental health providers as those who are eligible to apply for a gun violence restraining order (GVRO) for their patients. While we concur with the author in that, "...mental or emotional crises combined with access to firearms can be a deadly combination," including mental health providers as petitioners for a GVRO is not the solution. Mental health providers have in place the ability (and often the duty) to breach confidentiality if they believe that their patient is a harm to themselves or others—AB 2607 muddies the waters on a mental health provider's duty and obligation. Moreover, the language is very vague, as written—including no clear guidance on when a provider could/should apply for a GVRO. The lack of clarity leads to misunderstandings, unnecessary breaches of confidentiality and frivolous (but damaging) lawsuits against providers. Lastly, the language provides for no protection to the provider who does choose to breach confidentiality—there is still the ability for the patient to sue for that breach. This bill, which was opposed by CAMFT and was vetoed by the Governor.

SB 614 (Leno): Peer Specialist: This bill requires the State Department of Health Care Services (DHCS) to develop a peer and family support specialist certification program. While we are concerned about the current lack of regulation of peer counselors, this bill does not provide a clear definition of a peer and family support specialist, as well as does not adequately address therapy services currently performed by existing therapists—these tasks appear to be delegated to DHCS. AAMFT-CA, the LPCCs, and psychologists have all conveyed similar concerns on this bill. CAMFT was opposed to this bill and it died for the 2016 legislation season.

SB 1101 (Wieckowski): Licensed Alcohol and Drug Counselors: This bill establishes the Alcohol and Drug Counseling Professional Bureau within the Department of Consumer Affairs (DCA) to license and regulate licensed alcohol and drug counselors. CAMFT is generally in favor of better regulation of those providing alcohol and drug counseling to consumers in California, especially those working in private practices. However, the language of the bill as currently written is problematic. CAMFT asked that certain amendments be introduced, including: scope of practice definition; clarity that this licensure does not interfere with current work being done by LMFTs; greater clarification of grand-parenting of non-Masters level providers; and less left to regulation. This bill did not make it out of the Senate Appropriations Committee and died.

SB 1113 (Beall): Pupil Mental Health: This bill authorizes local educational agencies (LEAs) to enter into partnerships, as specified, with county mental health plans for the provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services and to expand the allowable uses of specified mental health funds, and requires the California Department of Education (CDE) to expand its reporting system for mental health services to include academic performance and other measures. Similar to AB 1644, CAMFT believes this bill will increase the quality and quantity of mental health services within the K-12 schools, as well as increase jobs for mental health providers, like LMFTs. CAMFT was in support of this bill. Unfortunately, this bill was vetoed by the Governor.

SB 1155 (Morrell): Licensing Veterans: This bill requires every board under the Department of Consumer Affairs, including the BBS, to grant a waiver for the application and initial licensing fee to an honorably discharged veteran. It is worth noting that the BBS already provides for an expedited review process for military applicants. CAMFT was in support of this legislation. This bill did not make it out of Assembly Appropriations.

SB 1478 (Committee on Business, Professions and Economic Development): Among other things, this non-controversial technical bill would change the title for those obtaining hours towards licensure as a Marriage and Family Therapist from "Intern" to "Associate." The bill also reinforces that interns, trainees, and associates may not be employed as independent contractors, and that they may not gain any experience hours for work performed as an independent contractor. CAMFT was in support of this bill. This bill has been signed by the Governor and goes into effect in 2018. More information on the implementation of this law will be coming in the next few months.

Non-Legislative Advocacy

BBS Regulations on Telehealth: The BBS has created regulations that would guide how psychotherapists practice telehealth in California. For instance, providers licensed in California that wish to provide services to out of state clients would need to adhere to the patient's state's laws surrounding how a provider can practice within the state in question. Also, providers that wish to provide therapy to patients that live in California, must be licensed/registered in California. To learn more about these regulations, please review the article "Regulatory and Legal Considerations for Telehealth: What Therapists Need to Know," by CAMFT Staff Attorney Ann Tran.

FEDERAL LEGISLATION & REGULATION

Medicare: Bi-partisan HR 2759/ S 1830 was introduced in 2015, which would amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services under part B of the Medicare program. CAMFT is striving to get as many co-sponsors on both our House and Senate—presently, we have more co-sponsors both on HR 2759, (52 co-sponsors with 18 Californians) and S 1830 (15

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co-sponsors including Senator Boxer), than we have ever had in the past. Although it is unlikely that these bills will be put into a bigger package in 2016, these advocacy efforts are not in vain—the vast majority, if not all, of the representatives and senators will again co-sponsor the new bill re-introduced in the next Congress starting in January 2017.

Veterans Affairs: For decades, CAMFT has been lobbying to allow LMFTs to serve the rising number of veterans with mental health needs. It was not until 2006 that a law was enacted permitting the VA to hire LMFTs. However, when the job specifications were finally issued in September, 2010, after much prodding by CAMFT, they included a requirement that an LMFT applicant must have graduated from a program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). In September, 2016, President Obama signed into law a bill that allows an LMFT to be eligible for employment in the VA if he/she:

Has a masters or higher degree in marriage and family therapy, or a related field, from a regionally accredited institution;

Is licensed as a marriage and family therapist in a State and possesses the highest level of licensure offered from the State; and

Has passed the Association of Marital and Family Therapy Regulatory Board Examination in Marital and Family Therapy or a related examination for licensure administered by a State.

CAMFT is now working to educate all the VA clinics in California about the new law in an attempt to open more jobs and new opportunities in the VA for LMFTs. CAMFT will also be working with the VA in Washington on implementation of this new job description.

Nuclear Regulatory Commission (NRC): In 2010, CAMFT petitioned the NRC to include LMFTs as “Substance Abuse Experts.” At this point, the petition is in the final rulemaking phase until late 2016. CAMFT has been in continued communication with the NRC inquiring as to the lengthy and frustrating delays, and has been assured that there should not be any more delays. Once the final rule is approved, it will open the door to new jobs for LMFT professionals as SAEs within the NRC. ☞



Catherine L. Atkins, JD, is a staff attorney and the Deputy Executive Director at CAMFT. Cathy is available to answer members' questions regarding legal, ethical, and licensure issues.

at your service



Barbara Robertson

Web Content Coordinator

I started working at CAMFT in July 1993 as a data input operator and soon after the in-house Mailroom Technician. In 1998, I worked with a

colleague to build CAMFT's website. Since its humble beginning, camft.org has grown from around 100 pages to over 1,500 pages of content. In addition to maintaining www.camft.org, I am also responsible for www.counselingcalifornia.com. I am thankful for the position I hold as CAMFT's Web Content Coordinator. I enjoy working on both websites and appreciate the opportunity to work with an amazing team of co-workers. This challenging position has taught me the true meaning of patience; something I have always wanted to master.

On a personal note...

Where were you raised?

Salt Lake City, UT

What's your favorite childhood memory?

I enjoyed going to the barbershop with my dad on Saturday afternoons. All of the men there were funny and nice. They taught me how to play checkers and card games, fed me popcorn and soda, and best of all, they treated me as if I was the most special little girl in the world.

Best vacation you've been to?

A 10-day guided tour of Italy. The tour began in Rome and ended in Venice. I met and traveled with 50 amazing people from all over the U.S. who made my vacation the trip of a lifetime. That is one vacation I would love to do over!

What are four career lessons you've learned thus far?

1. Take 100% responsibility for your work
2. Don't let disappointments prevent you from moving forward
3. Trust your instincts
4. Always be willing to learn something new

What is your favorite quote?

*"It always seems impossible until it is done."
- Nelson Mandela*