



**PHYSICAL THERAPY**  
BOARD OF CALIFORNIA

**JUNE 25-26, 2025**  
**BOARD MEETING**

Department of Consumer Affairs  
2005 Evergreen Street, Hearing Room  
Sacramento, CA 95815

# PHYSICAL THERAPY BOARD OF CALIFORNIA

2005 Evergreen St., Suite 2600, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

[www.ptbc.ca.gov](http://www.ptbc.ca.gov)

## PHYSICAL THERAPY BOARD OF CALIFORNIA NOTICE OF PUBLIC MEETING

June 25, 2025 9 a.m.

June 26, 2025 9 a.m.

Department of Consumer Affairs  
2005 Evergreen Street., Hearing Room  
Sacramento, CA 95815

Action maybe taken on any agenda item.  
Agenda items may be taken out of order.

Unless otherwise indicated, all agenda items  
will be held in OPEN SESSION. THE PUBLIC IS  
ENCOURGED TO ATTEND. Please refer to the  
instructions attached to observe and participate  
in the meeting using Webex.

## BOARD MEMBERS

Karen Brandon, DSc P.T., *President*

Sam Qiu, *Vice President*

Dayle Armstrong, M.S., P.T., D.P.T., PhD, *Member*

Tala Khalaf, PT, OMPT, OCS, *Member*

Tonia McMillian, *Member*

Vacant, *Professional Member*

Vacant, *Public Member*

## BOARD STAFF

Jason Kaiser, *Executive Officer*

Sarah Conley, *Assistant Executive Officer*

Brooke Arneson, *Legislation and Regulation Manager*

Carole Phelps, *Consumer Protection Services Manager*

Liz Constancio, *Administrative Services Manager*

Valerie Kearney, *Licensing Manager*

## MISSION

To advance and protect the interests of the people of  
California by the effective administration of the  
Physical Therapy Practice Act.

## VISION

The standard for consumer protection in  
physical therapy.



CALIFORNIA DEPARTMENT OF  
**CONSUMER**  
AFFAIRS

## **NOTICE OF BOARD MEETING**

**Dates & Times:**      June 25, 2025              9:00 a.m.  
                                 June 26, 2025              9:00 a.m.

The Physical Therapy Board of California (Board) will meet in person and by teleconference in accordance with Government Code section 11123.2 at the above-noted dates and times, with the following physical location available for members of the Board and the public to physically attend and participate in the meeting:

**Department of Consumer Affairs**  
2005 Evergreen Street, Hearing Room  
Sacramento, CA 95815

### **Webex for June 25, 2025**

To access the Webex event, attendees will need to click the following link and enter their first name, last name, email, and the event password listed below:

[Click here to join the meeting](#)

*If joining using the link above*

Webinar number: 2499 453 4895

Webinar password: PTBC625

*If joining by phone*

+1-415-655-0001 US Toll

Access code: 2499 453 4895

Passcode: 7822625

### **Webex for June 26, 2025**

To access the Webex event, attendees will need to click the following link and enter their first name, last name, email, and the event password listed below:

[Click here to join the meeting](#)

*If joining using the link above*

Webinar number: 2491 795 7720

Webinar password: PTBC626

*If joining by phone*

+1-415-655-0001 US Toll

Access code: 2491 795 7720

Passcode: 7822626

Members of the public may but are not required to identify themselves. When signing into the Webex platform, participants may be asked for their name and email address.

Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may use a fictitious email address in the following sample format: XXXXX@mailinator.com



## **Agenda – Wednesday; June 25, 2025**

**Action may be taken on any agenda item.** Agenda items may be taken out of order.

1. **Call to order – 9:00 a.m.**
2. **Roll Call and Establish of Quorum**
3. **Reading of the Board's Mission Statement**
4. **Special Order of Business – 9:05 a.m.**
  - (A) Petition for Termination of Probation – James Kyong Cho, P.T.  
After submission of the matters, the Board will convene in CLOSED SESSION to deliberate on the petitions pursuant to Government Code section 11126(c)(3)
5. **Closed Session**
  - (A) Pursuant to Government Code section 11126(c)(3), the Board will convene to Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings
6. **Review and Approval of March 18-19, 2025, Meeting Minutes** – Kim Rozakis
7. **President's Report** – Karen Brandon
  - (A) **2025 Adopted Meeting Calendar**
  - (B) **2026 Proposed Meeting Calendar**
8. **Executive Officer's Report** – Jason Kaiser
  - (A) Executive Services
  - (B) Administrative Services
  - (C) Licensing Services
  - (D) Consumer Protection Services
  - (E) 2027 Legislative Sunset Review
9. **Consumer and Professional Associations and Intergovernmental Relations Reports**
  - (A) Federation of State Boards of Physical Therapy (FSBPT)
  - (B) Department of Consumer Affairs (DCA) – Executive Office
  - (C) California Physical Therapy Association (CPTA)
10. **Executive Services Update**
  - (A) **Legislation Report** – Brooke Arneson

## 2024/25 Legislative Session Summary

- 1) AB 224 (Bonta) Health Care Coverage: Essential Health Benefits
- 2) AB 489 (Bonta) Health Care Professions: Deceptive Terms or Letters: Artificial Intelligence
- 3) AB 574 (González) Prior Authorization: Physical Therapy
- 4) AB 667 (Solache) Professions and Vocations: License Examinations: Interpreters
- 5) AB 742 (Elhawary) DCA: Licensing: Applicants Who Are Descendants of Slaves
- 6) AB 1009 (Blanca Rubio) Teacher Credentialing: Administrative Services Credential: Occupational and Physical Therapists
- 7) AB 1186 (Patel) Data Collection: Race and Ethnicity: Minimum Categories
- 8) AB 1458 (Wallis) Physical Therapy and Veterinary Medicine: Animal Physical Therapy
- 9) SB 62 (Menjivar) Health Care Coverage: Essential Health Benefits
- 10) SB 470 (Laird) Bagley-Keene Open Meeting Act: Teleconferencing
- 11) SB 518 (Pierson) Descendants of Enslaved Persons: Reparations
- 12) SB 641 (Ashby) DCA and Department of Real Estate: States of Emergency: Waivers and Exemptions
- 13) SB 687 (Ochoa Bogh) Chiropractors: Animal Chiropractic Practitioners

### **(B) Rulemaking Report** – Brooke Arneson

2025 Rulemaking Update for Pending or Proposed Regulations

- (1) Update Regarding the Development of Possible Amendments to the Board's Continuing Competency Regulations

### **(C) Communication & Education Update** – April Beauchamps

## **11. Exempt Level Increase Process** – Department of Consumer Affairs, Office of Human Resources

## **12. Public Comment on Items Not on the Agenda**

*Please note that the Board may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting (Government Code sections 11125, 1125.7(a).)*

## **13. Recess**

## **Agenda – Thursday; June 26, 2025**

**Action may be taken on any agenda item.** Agenda items may be taken out of order.

**14. Call to Order – 9:00 a.m.**

**15. Roll Call and Establishment of Quorum**

**16. Reading of the Board's Mission Statement**

**17. 2024-2025 Strategic Planning Update – Sarah Conley**

**18. Administrative Services Update – Liz Constancio**

- (A) Staff Introductions
- (B) Program Updates
- (C) Budget Report

**19. Licensing Services Update – Valerie Kearney**

- (A) Staff Introductions
- (B) Program Updates
- (C) Statistical Reports
- (D) Discussion and Possible Board Action on Removal of Continuing Competency Approval Agency Recognition
  - 1) AHP Healthcare

**20. Consumer Protection Services Update – Carole Phelps**

- (A) Staff Introductions
- (B) Program Updates
- (C) Statistical Reports

**21. Probation Monitoring Services Update – Monny Martin**

- (A) Staff Introductions
- (B) Program Updates
- (C) Statistical Reports

**22. Public Comment on Items Not on the Agenda**

*Please note that the Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. (Government Code sections 11125, 11125.7 (a).)*

**23. Agenda Items for Future Meeting**

September 23-24, 2025

Location: Loma Linda University

## **24. Closed Session**

- (A) Pursuant to Government Code section 11126(c)(3), the Board will convene to Deliberate on Disciplinary Actions and Decisions to be Reached in Administrative Procedure Act Proceedings

## **25. Adjournment**

### **Informational Notes:**

*Action may be taken on any agenda item. Agenda items may be taken out of order. Times stated are approximate and subject to change. Agenda order is tentative and subject to change at the discretion of the Board; agenda items may be taken out of order and items scheduled for a particular day may be moved or continued to an earlier or later day to facilitate the effective transaction of business.*

*In accordance with the Bagley-Keene Open Meeting Act, all Board meetings are open to the public. Pursuant to Government Code section 11125.7, the Board provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Total time allocated for public comment on particular issues may be limited. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on any matter not included in this agenda, except to decide to place the matter on the agenda of a future meeting. (Government Code sections 11125, 11125.7 (a)).*

*You can access DCA's Public Meeting calendar by visiting <http://www.dca.ca.gov/webapps/eventcal.php> or visit DCA's Live webcast page at [thedcapage.blog/webcasts/](http://thedcapage.blog/webcasts/). Webcast availability cannot, however, be guaranteed due to limited resources or technical difficulties. The meeting will not be cancelled if webcast is not available. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend in-person or via Webex. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.*

*The meeting is accessible to the disabled. A person who needs disability-related accommodation or modification to participate in the meeting may make a request by contacting Kim Rozakis at (916) 561-8279, e-mail: [Kimberlie.Rozakis@dca.ca.gov](mailto:Kimberlie.Rozakis@dca.ca.gov), or send a written request to the Physical Therapy Board of California, 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815. Providing your request at least five*

*business days before the meeting will help ensure availability of the requested accommodations. TTD Line: (916) 322-1700.*

## **ROLL CALL**

**Wednesday,  
June 25, 2025**

	Present	Absent
Karen Brandon, P.T., DsC P.T., President		
Samuel Qiu, Vice-President		
Dayle Armstrong, Ph.D, PT, MS, DPT		
Tala Khalaf, PT, OMPT, OCS		
Tonia McMillian		

**Thursday,  
June 26, 2025**

	Present	Absent
Karen Brandon, P.T., DsC P.T., President		
Samuel Qiu, Vice-President		
Dayle Armstrong, Ph.D, PT, MS, DPT		
Tala Khalaf, PT, OMPT, OCS		
Tonia McMillian		

# Physical Therapy Board of California

## 2025 Meeting Calendar

January							February							March							April						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
			1	2	3	4							1							1			1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30			
							30	31																			
1	New Year's Day						17	President's Day						18-19	PTBC Meeting Univeristy of The Pacific, Stockton, CA						1-2	PTA NPTE					
8-9	PTA NPTE						13-15	APTA Sections Houston, TX													20	Easter					
20	Martin Luther King Jr													31	César Chávez Day						24-26	FSBPT REG Workshop Alexandria, VA					
28-29	PT NPTE																				29-30	PT NPTE					



# Physical Therapy Board of California

## Proposed 2026 Meeting Calendar

January							February							March							April						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		
1	New Year's Day						16	President's Day						18-19	PTBC Meeting						5	Easter					
6-7	PTA NPTE						12-14	APTA Sections Anaheim, CA							TBD, Bay Area, CA						7-8	PTA NPTE					
20	Martin Luther King Jr.													31	César Chávez Day						28-29	PT NPTE					
27-28	PT NPTE																				TBD	FSBPT REG Wrokshop Alexandria, VA					



1

**Board Members**

**President**

Karen Brandon, DSc P.T.

**Vice-President**

Dayle C. Armstrong, PhD., P.T., MS, DPT

**Members**

Karen Brandon, DSc P.T.

Dayle C. Armstrong, PhD., P.T., MS, DPT

Katarina Eleby, M.A

Tonia McMillian

Samuel Qiu

Alicia Rabena-Amen, PT, DPT

Vacant, PT, DPT

**Physical Therapy Board of California  
Draft Meeting Minutes**

March 18-19, 2025 9:00 a.m.

University of the Pacific, Stockton  
Thomas J. Long School of Pharmacy  
751 Brookside Rd., Stockton CA 95211  
Room: D121

**Board Staff**

Jason Kaiser, Executive Officer

Sarah Conley, Assistant Executive

Officer

Brooke Arneson, Specialist

Liz Constancio, Manager

Valerie Kearney, Manager

Carole Phelps, Manager

2 For the sake of clarity, agenda items discussed during the meeting follow their original  
3 order on the agenda in these minutes though some agenda items may have been taken  
4 out of order during the meeting.

**Tuesday, March 18, 2025**

**1. Call to Order**

The Physical Therapy Board of California (Board) meeting was called to order  
by President Brandon at 9:00 a.m. and went into closed session at 1:22 p.m.  
and recessed at 2:08 p.m.

**2. Roll Call and Establishment of Quorum**

McMillian - Present  
Armstrong- Absent  
Brandon - Present  
Eleby – Absent  
Qiu- Present  
Rabena-Amen - Present

All Members except for Dr. Armstrong and Ms. Eleby were present, and a  
quorum was established. Also present at the meeting were: Jason Kaiser,  
Executive Officer, Michael Kanotz, PTBC Legal Counsel, Sarah Conley,  
Assistant Executive Officer; Brooke Arneson, Legislation and Regulation  
Manager; Carole Phelps, Enforcement Manager; Valerie Kearney, Licensing

28 Manager; and Board staff: Kim Rozakis, April Beauchamps, Vincent Azar.

29  
30 **3. Reading of the Board's Mission Statement**

31  
32 Ms. McMillian read the Board's mission statement: To advance and protect the  
33 interests of the people of California by the effective administration of the  
34 Physical Therapy Practice Act.  
35

36 **4. (A) Petition for Reinstatement – Michael Cain**

37 *After submission of the matters, the Board will convene in CLOSED SESSION*  
38 *to deliberate on the petitions pursuant to Government Code section 11126(c)(3).*

39 **5. Closed Session**

- 40  
41 (A) Pursuant to Government Code section 11126(c)(3), the Board will  
42 convene to Deliberate on Disciplinary Actions and Decisions to be  
43 Reached in Administrative Procedure Act Proceedings.  
44

45 **6. Review and Approval of December 5-6, 2024, Meeting Minutes**

46  
47 Ms. Rozakis presented the draft meeting minutes for December 5-6. The Board  
48 reviewed the minutes and made an editorial change.  
49

50 **MOTION:** Adopt the December 5-6, 2024, Meeting Minutes.

51  
52 **M/S:** McMillian/Rabena-Amen

53  
54 **VOTE:** Brandon – Aye  
55 Qiu – Aye  
56 Armstrong- Absent  
57 Eleby – Absent  
58 McMillian - Aye  
59 Rabena-Amen - Aye  
60 4-0 Ayes, Motion Carried

61  
62 **7. President's Report**

- 63  
64 (A) 2025 Adopted Meeting Calendar  
65

66 Mr. Kaiser presented to the Members that the June Board meeting would  
67 be a 2-day meeting with staff recommendations for June 25-26, 2025.

68 Additionally, with the State of Affairs and Fiscal Operations with the  
69 State of California, there may be a directive to limit travel to consider for  
70 the September Board Meeting.  
71

72 Mr. Kaiser added that two additional dates, in October and November,  
73 could be added to prepare for the Sunset hearing next year.  
74

75 Mr. Kaiser shared the recent amendment to the Bagley Keen Open  
76 Meeting Act which allows the Board to have a hybrid meeting but still  
77 requires the majority of the Board Members to be in attendance at the  
78 publicly noticed location. Mr. Kaiser added that the Board will provide a  
79 virtual option for the June meeting.  
80

81 Mr. Qiu asked if the June and September meetings will be three days.  
82 Mr. Kaiser responded that three days were left on the calendar for  
83 members to decide which of the two days out of the three days the  
84 members would want. Mr. Kaiser added that the staff's recommendation  
85 for June is June 25<sup>th</sup> and June 26<sup>th</sup>, and the September meeting as a  
86 two-day meeting, with an additional day being an in-person expert  
87 consultant training. Mr. Kaiser encourages Board Members to attend the  
88 expert consultant training, but it is not mandatory.

89 **MOTION:** Amened June 2025 meeting date to June 25-26, 2025.  
90

91 **M/S:** McMillian/Qiu  
92

93 **VOTE:** Brandon – Aye  
94 Qiu – Aye  
95 Armstrong- Absent  
96 Eleby – Absent  
97 McMillian - Aye  
98 Rabena-Amen - Aye  
99 4-0 Ayes, Motion Carried  
100

101 Mr. Kaiser shared to the members a Sunset Advisory Committee may  
102 need to be put together at the June meeting. Mr. Kaiser added additional  
103 meetings will be needed for Sunset and to have the members look at  
104 their calendars on dates they are not available in October and  
105 November.

106  
107 (B) 2026 Proposed Meeting Calendar  
108

109 Mr. Kaiser asked the members if they have any conflict dates for 2026  
110 to let himself or staff know.  
111

112 **8. Executive Officer's Report**  
113

114 (A) Executive Services  
115

116 Mr. Kaiser shared at this meeting the Board is looking at the second  
117 quarter of 2024/2025 statistics, but the staff will report on things that  
118 have happened or occurred after the close of the second quarter. Mr.  
119 Kaiser added the legislative report on the March agenda shows no bills.  
120 Due to the deadline for submitting the meeting materials to the  
121 Department of Consumer Affairs Office of Information Services to  
122 ensure the materials are ADA compliance and posted to PTBC's  
123 website. Bills will be presented at the March meeting, but they are for  
124 informational purposes only.  
125

126 Mr. Kaiser reported Ms. Beauchamps has provided members an  
127 Outreach calendar where the members are able to see there is an  
128 increase of outreach events throughout the year.  
129

130 Dr. Rabena-Amen asked if the Board has any updates regarding the  
131 Strategic Plan. Mr. Kaiser responded that the Board does plan on  
132 reporting at the June meeting, staff have also participated in the action  
133 plan process.  
134

135 (B) Administrative Services  
136

137 Mr. Kaiser reported the Board is working under the Department of  
138 Finance issued budget letters with anticipation of significant general  
139 fund deficit in fiscal year (FY) in 2024/2025 and 2025/2026. The budget  
140 letter states the Board must take immediate action to reduce  
141 expenditures and identify operational savings, the Board is planning for  
142 an 8% reduction in the current overall budget and a vacancy sweep that

143 was conducted Statewide. Currently, the Board has not had to surrender  
144 any position authority.

145  
146 Mr. Kaiser shared the Board currently has 1 Analyst vacancy in the  
147 Application Services Unit. Ms. Rathbun held the position prior; she has  
148 accepted a promotional position with the Board of Registered Nursing in  
149 their correspondence unit. Additionally, Mr. Kaiser welcomed Ms.  
150 Stokes to the Administrative Services Unit as Lead Budget Analyst, Ms.  
151 Stokes started with the Board in February and has 8 years of experience  
152 in finance and budget. Mr. Kaiser added the Board hopes to have the  
153 Analyst position in Continuing Competency Unit vacancy filled in the  
154 next couple weeks.

155  
156 Mr. Kaiser stated the Governor issued Executive Order N-22-25 which  
157 orders all agencies and departments that provide telework as an option  
158 to implement a hybrid telework policy with a default minimum of 4 in-  
159 person days per week as July 1, 2025. CalHR provided guidance on  
160 March 13, 2025, on how Boards may consider employee requests for  
161 more than one telework day per week on a case-by-case basis.  
162 Agencies and departments shall consider their individual operational  
163 needs to determine whether to offer telework as an option with an  
164 emphasis of in-person work including enhanced collaboration, cohesion,  
165 creativity and communication as well as improved opportunity for  
166 mentorship. Mr. Kaiser added there will be new teleworking agreements  
167 with staff in the coming months.

168  
169 Dr. Brandon asked if the Board has issues with space and if the Board  
170 will have to share space. Mr. Kaiser answered in the middle of the  
171 pandemic the Board moved from a smaller location into a larger location,  
172 currently the Board has enough square footage space and cubicles  
173 assigned to staff to allow for the 4 in-person days with a little bit more  
174 room for growth.

175  
176 Mr. Kaiser shared the Board has 1 Board Member vacancy, which is  
177 becoming more emergent as time goes on. Since the last meeting in  
178 December there have been several appointments made to DCA boards  
179 including the Board of Pharmacy, Dental Hygiene Board of California,  
180 Board of Chiropractic Examiners, Athletic Commission of California and

181 Board of Barbering and Cosmetology. Mr. Kaiser has had discussions  
182 with the Governors appointment secretary, and they are aware of the  
183 current needs, and they are also considering upcoming vacancies. Mr.  
184 Kaiser added at the June meeting that the Board will be right at quorum.

185  
186 Dr. Rabena-Amen asked if the Governor's Office is looking for  
187 applicants. Mr. Kaiser responded there aren't enough applications to  
188 review by the Governor's Office for both professional and public member  
189 positions and the Governor's Office is always asking for submissions.

190  
191 Mr. Kaiser shared that if anyone is interested in becoming a Board  
192 member to go to [www.gov.ca.gov](http://www.gov.ca.gov) and complete the application, there is  
193 also an interview process.

194  
195 (C) Licensing Services  
196

197 Mr. Kaiser stated the Board has been predicting an increase in Physical  
198 Therapist Assistant (PTA) applications due to an increase in the number  
199 of PTA programs in California. PTA applications received are up 24%  
200 from the last fiscal year to date.

201  
202 (D) Consumer Protection Services

203 Mr. Kaiser stated there has been an increase in enforcement activity.  
204 This includes an 8% increase in the total number of complaints, a 53%  
205 increase in the number of complex cases that went to the Office of the  
206 Attorney General (AG) for filing, and a 22% increase in the number of  
207 accusations.

208  
209 Mr. Kaiser shared that as of the end of the second quarter, the Board  
210 has expended 60% of its enforcement allocation, which is a little out of  
211 the ordinary. In quarters 3 and quarter 4, the Board typically sees  
212 higher billings. The Board is preparing an augmentation package for  
213 AG and Office of Administrative Hearings (OAH) costs, which means  
214 enforcement costs only the Board is able to dip into the funds to  
215 increase the remaining enforcement line item as an increase in those  
216 complaints. The number of complaints cannot be predicted.

217  
218 **9. Executive Services Update**

219 **(A) Legislation Report**

220 2024/25 Legislative Session Summary

221 Mr. Arneson reported the Board is in the first year of the 2025-2026 two-  
222 year legislative session which reconvened on January 6<sup>th</sup>, 2025, and the  
223 deadline for bills to be introduced was Feb 21<sup>st</sup>, 2025. It is so early in the  
224 session, most of the bills that the Board is watching are currently in spot  
225 form. Additionally, the Board is already watching quite a few bills, and a  
226 more detailed legislative summary will be at the June Board meeting.

227  
228 Ms. Arneson provided a quick summary of a few bills that the Board is  
229 watching.

230  
231 **AB 489 Health Care Professions Deceptive Terms or Letters Artificial**  
232 **Intelligence**

233  
234 Ms. Arneson reported this bill is in the Assembly pending referral to the  
235 Committee. This bill would prohibit Artificial Intelligence (AI) programs  
236 from using terms, letters or phrases in its advertising or functionality that  
237 suggest the AI program is a healing arts license. Licensing boards would  
238 have jurisdiction to enforce these provisions against people or entities that  
239 develop or deploy AI programs.

240  
241 **AB 667- Professions and Vocations: Licensure Examinations**

242  
243 Mr. Arneson reported this bill is in the Assembly and is double referred to  
244 the Health and B&P Committee. This bill would require boards and  
245 bureaus within DCA to permit an applicant who cannot read, speak or  
246 write in English to use an interpreter at no cost to the applicant when  
247 taking a state administered or contracted license exam. This bill would  
248 require the entity administering the examination to pay for the interpreter.  
249 In addition, this bill would require the PTBC to include a section in our  
250 license application asking about the applicants preferred languages.  
251 Additionally, conducting an annual review along with a corresponding  
252 legislative report regarding language preferences.

253  
254 Dr. Rabena-Amen asked if this bill is for CAPTE accredited programs and  
255 for foreign education and the intent of this bill? Mr. Kaiser responded that  
256 the intent at this time is unknown due to how early this bill is, but it does  
257 apply broadly, and he is assuming the intent behind this bill is not about  
258 health care boards, and the bill does not address foreign applications and

259 credentials. Mr. Kaiser added this bill is about all the vocations, and  
260 professions that are licensed in California and if those interpretive services  
261 are provided on an examination.

262  
263 **AB 742 DCA Licensing Applicants Who Are Descendants from**  
264 **Slaves**

265  
266 Mr. Arneson reported this bill is similar to a bill that the Board saw last  
267 legislative session AB 2862 and that bill was held in the Senate B&P  
268 Committee. AB 742 is in the Assembly and is double referred to the B&P  
269 and Judiciary Committees. This bill would direct DCA licensing entities to  
270 prioritize applicants seeking licensure who are descendants of American  
271 slaves, once a process to certify descendants of American slaves is  
272 established.

273  
274 **AB 1458 Animal Physical Therapy**

275  
276 Ms. Arneson reported this bill is currently in the Assembly B&P  
277 Committee. This bill is currently in spot form and is similar to AB 814 from  
278 last session which died in the Senate B&P Committee. AB 1458 in spot  
279 form states that it is the intent of the legislature to enact legislation to  
280 authorize a PT license under the PTBC who holds an advanced  
281 certification in animal physical therapy to provide animal physical therapy  
282 under the supervision of a licensed veterinarian upon the recommendation  
283 of the veterinarian.

284  
285 **SB 470 Bagley Keene Open Meeting Act Teleconferencing**

286  
287 Ms. Arneson reported this bill is in the Senate and was double referred to  
288 by the Governmental Organization and Judiciary Committees. This bill  
289 would delete January 1, 2026, repeal date of the alternative provisions for  
290 teleconference meetings under the Bagley Keene Open Meeting Act;  
291 thereby authorizing teleconferencing provisions indefinitely.

292  
293 **(B) Rulemaking Report –**

294 2025 Rulemaking Update for Pending or Proposed Regulations  
295 1) Update Regarding the Development of Possible Amendments to  
296 the Board's Continuing Competency Regulations

297  
298 Mr. Arneson directed members to the new flow chart provided by the DCA  
299 regulatory unit which depicts the 4 stages of the regulations process on  
300 page 44 of the meeting materials. Continuing competency regulations is  
301 in the first phase of the chart, the concept phase of the regulatory process



302 and the goal of this phase is that the proposed language is drafted and  
303 approved by the Board to move forward.  
304

305 Mr. Arneson expressed she is excited to report that Board staff have been  
306 working collectively on proposed amendments to the existing continuing  
307 competency (CC) regulations and will be bringing proposed language for  
308 the Board's consideration at the upcoming June 2025 meeting. The  
309 Board's proposed CC regulation packages will be two separate packages,  
310 one addressing amendments to the current CC regulations and the  
311 second package will be addressing continuing competency approval  
312 agency fees.  
313

#### 314 (C) **Communication & Education Update**

315 Ms. Beauchamps presented the outreach report. Ms. Beauchamps reported  
316 that in Quarter 2, the Board provided ten outreach workshops.  
317

318 Ms. Beauchamps shared that during the current quarter (Q2), the Board has  
319 started providing outreach to high schools. The Board was invited to a  
320 career fair in Antioch, California, on October 22, 2024, and October 23,  
321 2024, the Board had the opportunity to visit Aurthur A. Benjamin Health  
322 Professions High School, and on November 13, 2024, the Board attended  
323 a career fair at Luther Burbank High School. Mr. Beauchamps added the  
324 Board will also be attending a Future Health Professionals, formerly known  
325 as Health Occupations Students of America (HOSA), which is a future  
326 health professionals' college and career Fair at the Safe Credit Union  
327 Convention Center in Sacramento on March 29, 2025.  
328

329 Mr. Beauchamps reported the fall/winter 2024 newsletter is out and  
330 outreach calendars will now be included in the meeting materials.  
331

332 Dr. Brandon asked how the Board's website identifies the statistics. Ms.  
333 Beauchamps answered the Board uses Google Analytics.  
334

335 Dr. Brandon asked if the Board has anything planned in the near future on  
336 consumer awareness? Ms. Beauchamps answered the Board is working on  
337 publications and flyers aimed at consumers as well as trying to attend any  
338 outreach events.  
339

#### 340 **10. Public Comments on Items Not on the Agenda**

341  
342

The Board requested public comments on items not on the agenda, and there was no public comment.

**11. Recess**

The Board entered into closed session at 1:43 p.m. and recessed at 2:08 p.m.

**Wednesday, March 19, 2025**

**12. Call to Order**

The Physical Therapy Board of California (Board) meeting was called to order by President Dr. Brandon at 9:00 a.m. and adjourned at 3:30 p.m.

**13. Roll Call and Establishment of Quorum**

McMillian - Present  
Armstrong- Absent  
Brandon - Present  
Eleby – Absent  
Qiu- Present  
Rabena-Amen - Present

All Members were present except Dr. Armstrong and Ms. Eleby, and a quorum was established. Also present at the meeting were: Michael Kanotz, PTBC Legal Counsel; Jason Kaiser, Executive Officer; Sarah Conley, Assistant Executive Officer; Brooke Arneson, Legislation and Regulation Manager; Carole Phelps, Enforcement Manager; Valerie Kearney, Licensing Manager; and Board staff: Kim Rozakis, April Beauchamps and Vincent Azar.

**14. Reading of the Board's Mission Statement**

Dr. Rabena-Amen read the Board's mission statement: To advance and protect the interests of the people of California by the effective administration of the Physical Therapy Practice Act.

**15. FSBPT National Update on Dry Needling and Analysis of Competencies for Dry Needling by Physical Therapists Review (2024)**

Ms. Adrian, PT, Director of Professional Standards for the Federation of State Boards of Physical Therapy, presented an overview of FSBPT national update and analysis of competencies on dry needling.

Mr. DeLuca from the California Acupuncture Coalition provided public comment sharing they feel strongly that dry needling is acupuncture and any dry needling that is being performed needs to be by a certified licensed acupuncturist. Mr. DeLuca added the California Acupuncture Coalition would love to work with the Board and address any concerns.

**16. Dry Needling Presentation from Physical Therapists at the Veterans Administration, Palo Alto, California**

Richard V. Gastillo, PT, SCCE, Jerome Sabangan, PT DPT and Thaa De Ornelas, PT DPT presented an overview of dry needling and to share their knowledge and experience on how the practice has been utilized and developed over time.

Dr. Rabena-Amen shared she is looking forward to learning more and looking into the Veterans Administration interdisciplinary model.

Dr. Brandon asked how effectiveness and access to care helps the consumer. The presenters responded that the research supports utilizing dry needling as an intervention because it helps efficiency in terms of the system and provides function and wellness faster to patients.

Dr. Rabena-Amen asked, is there currently any research that would be beneficial for the Board? The presenters responded they are currently working on a low back pain study, and currently they have some case studies that they will be presenting this year at various conferences. Additionally, their strategic plan over the next 5 years is to have a lot more larger scale multi-site studies, and they will publish that information.

Dr. Rabena-Amen asked if there are any examples of California consumers who voice frustration at the inability to receive dry needling services in California. The presenters responded that they do not have a specific example involving their patients because they have access to the Veteran's Affairs (VA). However, they mentioned that friends or loved ones are traveling to different states to receive dry needling treatment because their partners were able to receive care at the VA. These individuals are advocating for the treatment because they believe it can be beneficial.

The presenters also shared the VA offers Community Care. Community Care is when a service member cannot receive care at a VA for any reason they may receive care in the community providers.

In public comment, Mr. Jones, Physical Therapist (PT) had a positive experience with dry needling where he was able to have full range of motion within 5 hours of dry needling. Mr. Jones also expressed he would like to have access to dry needling as a PT.

## **17. Consumer and Professional Associations and Intergovernmental Relations Reports**

### **(A) Federation of State Boards of Physical Therapy (FSBPT)**

Ms. Sigmund-Gains, Executive Director for the Oregon Board of Physical Therapy, wanted to share the resources that are available through the Federation of State Boards of Physical Therapy (FSBPT) on a number of different topics and formats through publications and webinars. Ms. Sigmund-Gains also shared through <https://www.hrri.org/> there was a publication that focused on re-entry to practice, specifically on atrophy of Competency over time when away from practice from an academic standpoint.

Ms. Sigmund-Gains also shared that they would love to receive input on the development of burnout, practitioner wellness, and the idea of healthy practice and the development of healthy practice tools. <https://www.hrri.org> has published research of the development on how to establish an effective assessment mechanism, and the Federation community has been working on developing this assessment tool.

Ms. Sigmund-Gains added that FSBPT has created a task force for animal PT. The task force is looking at solidifying regulatory language and best practices. The task force consists of member physical therapists, administrators and veterinarians.

Ms. Sigmund-Gains shared there will be a Board Member regulatory training course in April and a leadership issues forum in July.

459 (B) Department of Consumer Affairs (DCA) - Executive Office  
460

461 Mr. Kaiser reported on behalf of DCA. Mr. Kaiser shared on January 29,  
462 2025, Governor Newsom issued Executive Order N-15-25, which defers  
463 renewal fees and waives other fees for DCA licensees in the Los  
464 Angeles wildfire areas. Specific DCA provisions include granting  
465 licensees whose licenses expired between January 1, 2025 through July  
466 1, 2025, will grant a one-year extension to pay their renewal fee, provided  
467 their business or residence address is in certain zip codes impacted by  
468 the fires. Additionally, licenses will still need to renew their license, but  
469 their fees will be postponed for one year. Duplicate or replacement  
470 licenses or wall certificates will be provided free of charge until January  
471 7, 2026, and delinquency fees are suspended until July 1, 2025. DCA  
472 has also provided messages to the Boards and Bureaus for  
473 dissemination to the impacted licenses, and all Boards and Bureaus  
474 have updated their website. DCA also has a toll-free phone number 1-  
475 800-799-8314 and an e-mail address, [CAFires@dca.ca.gov](mailto:CAFires@dca.ca.gov), available  
476 for fire survivors needing assistance.  
477

478 Mr. Kaiser stated that the Governor released his proposed state budget  
479 on January 10, 2025. Additionally, DCA's vacancy reduction and  
480 government efficiency plans were approved by the Department of  
481 Finance and may be made official in the spring revisions. Additionally,  
482 under the proposed budget is the creation of a dedicated California  
483 Housing and Homelessness Agency. DCA and other regulators  
484 currently under the Business and Consumer Services and Housing  
485 Agency would form a separate agency called the Business and  
486 Consumer Services Agency. The Governor's reorganization proposal  
487 will be reviewed by the nonpartisan Little Hoover Commission and the  
488 legislature in Spring 2025.  
489

490 Mr. Kaiser added on March 3, 2025, that Governor Newsom issued an  
491 Executive Order to all state agencies and departments to update their  
492 hybrid telework policies to increase from two to four days in office per  
493 week beginning July 1, 2025. On March 13, 2025, the Department of  
494 Human Resources issued guidance on implementation of the executive  
495 order. The guidance provides defines parameters for when agencies

496 and departments can make case by case exceptions to the 4-day office  
497 minimum requirements.

498  
499 Mr. Kaiser shared Ms. Dorantes who served as the Assistant Deputy  
500 Director of Board and Bureau Relations since October 2022. On  
501 December 6<sup>th</sup>, 2024, Ms. Dorantes was appointed Assistant Deputy  
502 Director of Legislative and Government Affairs at the California  
503 Governor's Office of Emergency Services. Additionally, Ms. Gear served  
504 as the Deputy Director of Board and Bureau Relations since September  
505 2022. Ms. Gear was appointed Deputy Director of Legislative and  
506 Governmental Affairs at the Department of Health Care Access and  
507 Information on February 14, 2025.

508  
509 (C) California Physical Therapy (CPTA)

510  
511 Ms. Defoe, Executive Director of CPTA, reported that on March 18,  
512 2025, CPTA held a legislative day with more than 100 Physical  
513 Therapists (PTs) to talk about issues that are important to PTs. They  
514 held more than 30 meetings in the building with legislators.

515  
516 Ms. Defoe shared that the top priority currently is the modernization of  
517 the Physical Therapy Practice Act, which would raise the level of  
518 education and training required for licensure. CPTA does not currently  
519 have a bill and is currently promoting this but is likely looking into 2026.  
520 Additionally, a bill CPTA is working on relates to public education  
521 credentialing, which would create a pathway for Physical Therapists and  
522 Occupational Therapists to obtain an administrative services credential.  
523 Additionally, there is a bill by the Animal Physical Therapy Coalition that  
524 would authorize Veterinarians to authorize a licensed physical therapist  
525 to provide animal therapy under the referral of a veterinarian at the level  
526 of supervision determined by veterinarians.

527  
528 Ms. Defoe stated the annual conference will be held September 20-21,  
529 2025, in Palm Springs at the Palm Springs Renaissance.

530  
531 Ms. Defoe reported that the goal for webinar Wednesday was 3  
532 webinars a month, and that goal was met in 2024 and hopes to keep the  
533 webinars going in 2025. If anyone is unable to attend, they are on the

534 FSBPT's website.

535

536 Mr. Airs, representative of Animal Physical Therapy Coalition, provided  
537 public comment indicating that he looks forward to working with the  
538 Board and CPTA.

539

540 **18. Administrative Services Update**

541 (A) Program Update

542 (B) Budget Report

543 Mr. Kaiser reported travel has been reserved for mandatory requirements such  
544 as board meetings, job-required training, and education. The Board is utilizing  
545 the DCA SOLID Unit for training needs.

546

547 Mr. Kaiser added the Board has authorized 29.1 positions, there were 3  
548 vacancies for Quarter 2 (Q2). During Q2 there were 2 appointments, Mr. Caton  
549 for the Licensing Services Unit and Mr. Heaton for the Enforcement Unit.  
550 Recently, the Admin Unit has filled the Lead Analyst position with Ms. Stokes.  
551 Additionally, there is a new vacancy with the Application Licensing Services  
552 Unit.

553

554 Mr. Kaiser Stated the Board is authorized \$7,238,000 which includes personal  
555 services, operating expenses and equipment. The Board's budget has  
556 decreased \$378,000 over the previous years. The current fund is projected at  
557 8 months' reserve year end.

558

559 **19. Licensing Services Update**

560 (A) Program Updates

561 (B) Statistical Reports

562

563 Ms. Kearney shared the Licensing Services Unit has become efficient and  
564 streamlined, acknowledging receipt of application in under the 35-day required  
565 time and is averaging around two to three weeks.

566

567 Ms. Kearney added there is a new report for all application types including  
568 foreign whether the application was completed at received or incomplete at  
569 received. Currently, an applicant can expect to have their application  
570 completed within 60 days of being received.

571

572 **20. Consumer Protection Services Update**

573 (A) Program Updates

574 (B) Statistical Updates

575 Ms. Phelps shared the Consumer Protection Services (CPS) Unit is now fully  
576 staffed, Mr. Heaton is responsible for enforcement case review and  
577 investigation. Currently, there are 463 complaint cases being investigated by  
578 6 analysts. The 463 complaint cases are in all stages of the investigation  
579 process.

580  
581 Ms. Phelps added the CPS Unit, and the Board continues to hold quarterly  
582 meetings with the contact with the Division of Investigation (DOI) and the  
583 Attorney General's Office (AG) to discuss outstanding issues and collaborate  
584 to ensure effective case and program management. The Board continues to  
585 work with both DOI and the AG's Office on planning Expert Consultant  
586 Trainings.

587  
588 Ms. Phelps reported CPS Unit has now begun utilizing SharePoint for all  
589 electronic document storage. Ms. Phelps thanks Mr. Azar for assisting the  
590 CPS Unit with streamlining procedures to efficiently process complaints.  
591 Ms. Phelps, shared Performance Measure 1, shows that the PTBC received a  
592 total of 134 cases this quarter, including 86 consumer complaints, and 48  
593 reports of arrests or convictions.

594  
595 Ms. Phelps added Performance Measure 2 measures the average number of  
596 days after receiving a complaint until the PTBC initiates a case and sends an  
597 acknowledgement letter to the Complainant. This quarter's average is 3 days,  
598 well under the target of 9 days.

599  
600 Ms. Phelps stated Performance Measures 3 shows the average case age in  
601 days for all cases that did not result in a referral to the Attorney General's  
602 Office for formal discipline. The average case age was 169 days, which is  
603 28% higher compared to this time last fiscal year. These numbers are known  
604 to fluctuate greatly, as they reflect the average of all cases, and encompass  
605 the entire investigative process that involves the timelines, workloads, and  
606 response times of not only Enforcement staff, but of all involved  
607 parties/agencies. PTBC's target for this performance measure is 180 days, so  
608 this target is being met.

609  
610 Ms. Phelps added Performance Measure 4 captures the average case age in  
611 days for cases that were referred to the Attorney General's Office for formal  
612 discipline. Twelve cases were finalized at the AG's office this quarter, taking  
613 an average of 685 days from receipt of a complaint to final outcome. The  
614 target for this performance measure is 540 days.

615



Ms. Phelps summarized this fiscal year so far: staff initiated 292 new cases, issued 14 citations, completed 228 desk investigations, referred 29 cases to the Attorney General's Office, received one Interim Suspension Order and two Penal Code section (PC) 23 Orders, and closed 22 cases after referral to the AG's Office.

Ms. Phelps clarified that a PC 23 order allows the Board to intervene in a criminal matter and request the judge to order a suspension or a license restriction.

Lastly, Ms. Phelps presented the Disciplinary Summary of all formal discipline issued for Quarter 2 of FY 2024-25. In this quarter, one Public Letter of Reprimand and one Public Reprimand were issued, five licensees were placed on probation, and four licensees lost their license to practice physical therapy by revocation order. Disciplinary actions are public record and are available through the DCA License Search: <https://search.dca.ca.gov/>

## **21. Probation Monitoring Services Update**

(A) Program Updates

(B) Statistical Updates

Mr. Martin shared during Quarter 2 (Q2) of FY 2024-2025, the number of licensees on probation decreased from seventy-one to sixty-six licensees on probation for various causes. Besides the forty-seven licensees on probation and actively working in the State of California, there were an additional seven out-of-state probationers tolling (not receiving credit toward completion of probation), and twelve in-state probationers tolling due to unemployment or underemployment where they were unable to work 192 hours in the Quarter. Five licenses were placed on probation in the quarter, and five licensees completed probation. The Board revoked the licenses of three probationers, and one licensee voluntarily surrendered his license to the Board instead of facing disciplinary action from the Board.

Mr. Martin added of the forty-seven licensees that are not tolling, ten are enrolled and participating in the Board's Substance Abuse Rehabilitation Program (Maximus), equaling about 21% of all licensees on probation that weren't tolling. Three licensees enrolled in the Board's Substance Abuse Rehabilitation Program in the quarter, and one licensee completed the program.

Mr. Martin shared with the Board the vendor for the Board's Substance Abuse Rehabilitation Program, Maximums ended their contract. As of January 1, 2025, there is a new vendor for this program which is Premier Health. There

were some hiccups in the beginning with the new vendor, but things have been moving smoothly now.

Lastly, there were five instances of Non-Compliance with probation in the quarter. The instances of non-compliance were minor violations for not being available for quarterly interviews with the probation monitor.

Dr. Rabena-Amen asked what type of communication he is doing. Mr. Martin answered that he is doing virtual communication; he finds virtual communication is the best way and he is able to do this every quarter versus traveling. Traveling limits how many probationers he can visit.

## **22. Public Comment on Items Not on the Agenda**

Ms. Lau, President of the Council of Acupuncture and Oriental Medicine, expressed concerns regarding public protection and the evolving role of acupuncture within the Medicare system. Ms. Lau urged the Physical Therapy Board to ensure that practitioners are adequately trained and educated before performing any needle insertions.

Mr. Bodea, Executive Officer for the California Acupuncture Board, wanted to share the Physical Therapy Board and staff have done a great job enforcing the Acupuncture Licensing Act. Mr. Bodea stated the California Acupuncture Board, and the Physical Therapy Board of California are sister agencies with the purpose of public protection.

Mr. Airs, representative of the Animal Physical Therapy Coalition, would like to give a presentation on what animal physical therapy is and have the opportunity for discussion and questions.

Mr. Sullivan, a Student at the University of the Pacific, shared while searching for a Physical Therapy school in California Ms. Sullivan found there are a lot of schools who do not teach dry needling. Mr. Sullivan express frustration that he is unable to learn about dry needling.

## **23. Agenda for Future Meeting**

June 25-27, 2025

Department of Consumer Affairs

691  
692 **24. Closed Session**  
693

694 (A) Pursuant to Government Code section 11126(c)(3), the Board will convene  
695 to Deliberate on Disciplinary Actions and Decisions to be Reached in  
696 Administrative Procedure Act Proceedings

697 (B) Pursuant to Government Code section 11126(a)(1), the Board will convene  
698 to Consider the Evaluation of Performance of the Executive Officer  
699

700  
701 **25. Adjournment**  
702

703 The meeting adjourned at 3:30 p.m. on March 19, 2025.  
  
704

## **Briefing Paper**

## **Agenda Item 10(A)**

**Date:** May 22, 2025

**Prepared for:** PTBC Members

**Prepared by:** Brooke Arneson

**Subject:** Legislation Report

---

### **Purpose:**

To provide an update on the 2025/26 Legislative session.

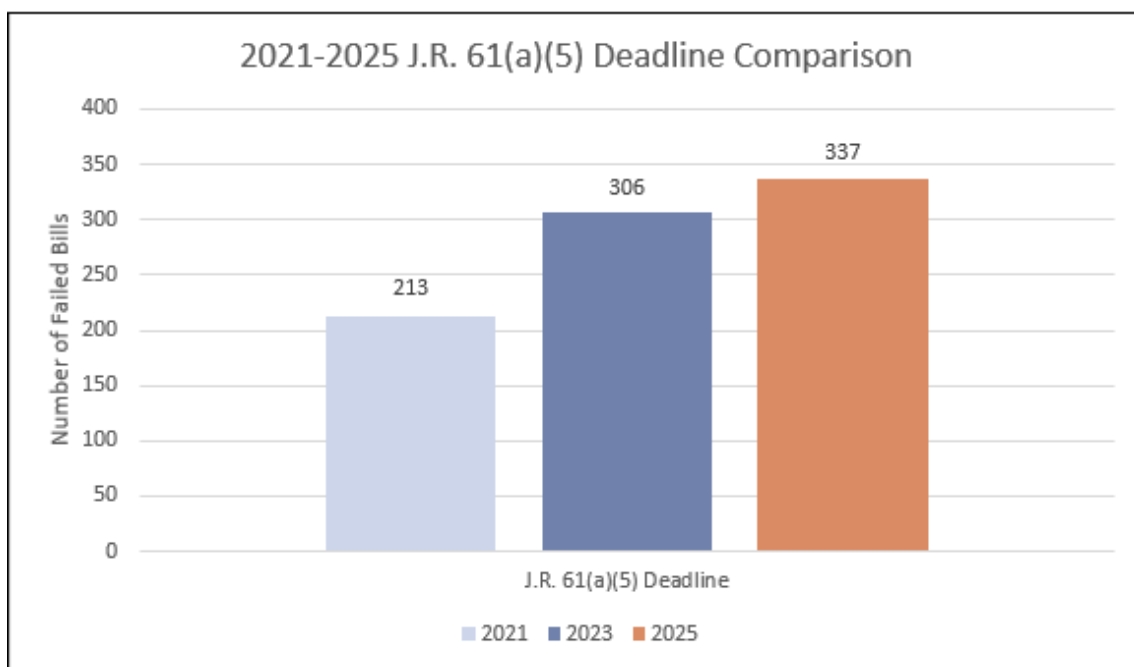
**Attachments:**

- 1. [2025 Legislative Calendar](#)
- 2. [Definition of the Board's Legislative Positions](#)
- 3. [2025 Legislative Summary](#)
- 4. [Bill Analysis](#)
- 5. [Position Letters from Prior Sessions](#)

---

### **Background and Update:**

February 21<sup>st</sup> was the last day for bills to be introduced in each house. May 23<sup>rd</sup> was the last day for bills to remain in their first house fiscal committees. The Appropriations deadline has passed and all bills which failed have been marked 2-Year bills. Here's how the numbers compare to past sessions:



337 bills failed the Appropriations deadline while 306 bills failed this same deadline in 2023 and 213 failed in 2021. This represents 18.7% failure rate (of 1802 Fiscal Bills) this year, 14.3% failure rate (of 2136 Fiscal Bills) in 2023, and 10.5% failure rate (of

2019 Fiscal Bills) in 2021. The number of bills which fail this deadline appears to be rising consistently each session. The next Legislative Deadline will require all bills pass their house of origin and move on to their second house, which falls on Friday, June 6th.

The 2025 Legislative calendar is included in the meeting materials for reference. Additionally, the materials contain a copy of the Board's legislative positions, as outlined in the PTBC's Board Member Administrative Manual, along with the 2025 Legislative summary, which highlights key bills from the current session that the PTBC is monitoring.

The bills for Board members consideration are grouped into two categories in the legislative summary:

1. Physical Therapy Board Legislation: bills that could potentially impact the PTBC and physical therapy practice, regulation, or the operations of the PTBC.
2. Department-Wide Legislation: bills that could potentially have a department-wide impact or administrative impact to the PTBC.

---

### **Recent & Upcoming Legislative Calendar Highlights:**

<b>January 6, 2025</b>	Legislature Reconvenes
<b>February 21, 2025</b>	Last Day for Bills to be Introduced
<b>May 23, 2025</b>	Deadline for Fiscal Committees to Approve Bills Introduced in that House
<b>June 6, 2025</b>	Deadline for Each House to Pass Bills Introduced in that House
<b>August 29, 2025</b>	Deadline for Fiscal Committees to Approve Bills
<b>September 12, 2025</b>	Last Day for Each House to Pass Bills
<b>October 12, 2025</b>	Deadline for the Governor to Sign or Veto Bills

---

**Action:** No action requested.

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

MARCH						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

APRIL						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

MAY						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

- Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6

Legislature Reconvenes (J.R. 51(a)(1)).
- Jan. 10

Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 20

Martin Luther King, Jr. Day.
- Jan. 24

Last day to submit **bill requests** to the Office of Legislative Counsel.

- Feb. 17

Presidents’ Day.
- Feb. 21

Last day for bills to be **introduced** (J.R. 61(a)(1), (J.R. 54(a)).

- Mar. 31

Cesar Chavez Day

- Apr. 10

**Spring Recess** begins upon adjournment of this day’s session (J.R. 51(a)(2)).
- Apr. 21

Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).

- May 2

Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house (J.R. 61(a)(2)).
- May 9

Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(a)(3)).
- May 16

Last day for **policy committees** to meet prior to June 9 (J.R. 61(a)(4)).
- May 23

Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 9 (J.R. 61 (a)(6)).
- May 26

Memorial Day.

\*Holiday schedule subject to Senate Rules committee approval.

JUNE						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

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

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

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

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

JULY						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**July 4** Independence Day.

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

AUGUST						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

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

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

SEPTEMBER						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

**Sept. 1** Labor Day.

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

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

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

\*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2025

Oct. 12

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

2026

Jan. 1

Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5

Legislature reconvenes (J.R. 51(a)(4)).

**Legislation - Definition of the  
Positions Taken by the Physical  
Therapy Board Regarding  
Proposed Legislation**  
*(Board Policy)*

The Board will adopt the following positions regarding pending or proposed legislation.

**Oppose:** The Board will actively oppose proposed legislation and demonstrate opposition through letters, testimony and other action necessary to communicate the oppose position taken by the Board.

**Oppose, unless amended:** The Board will take an opposed position and actively lobby the legislature to amend the proposed legislation.

**Neutral:** The Board neither supports nor opposes the addition/amendment/repeal of the statutory provision(s) set forth by the bill.

**Watch:** The watch position adopted by the Board will indicate interest regarding the proposed legislation. The Board staff and members will closely monitor the progress of the proposed legislation and amendments.

**Support, if amended:** The Board will take a supportive position and actively lobby the legislature to amend the proposed legislation.

**Support:** The Board will actively support proposed legislation and demonstrate support through letter, testimony and any other action necessary to communicate the support position taken by the Board.



## 2023/24 Legislative Summary

### **Physical Therapy Board Legislation:**

#### **AB 574**      **Prior Authorization: Physical Therapy**

Author: González (D)

Status: Senate. Health Committee.

Position: No Position.

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill prohibits a health care service plan (health plan) or health insurer that provides coverage for physical therapy (PT) from requiring prior authorization for the initial 12 treatment visits for a new episode of care for PT.

#### **Bill Analysis**

#### **AB 1009**      **Teacher Credentialing: Administrative Services Credential: Occupational and Physical Therapists**

Author: Rubio (D)

Status: Senate. Education Committee.

Position: No Position.

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill authorizes occupational therapists (OT) or physical therapists (PT) to be eligible for a preliminary services credential with a specialization in administrative services by specifying that a valid license to practice occupational therapy or a valid license to practice physical therapy, verification of meeting a basic skills, and three years of experience as a school based OT or PT qualify as meeting the minimum requirements for the credential.

#### **Bill Analysis**

#### **AB 1458**      **Physical Therapy and Veterinary Medicine: Animal Physical Therapy**

Author: Wallis (D)

Status: 2 Year Bill. Dead for 2025.

Position: No Position.

Desk	2 Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill would authorize a licensed physical therapist who meets specified education, training, and experience requirements to provide animal physical therapy, as specified. The bill would require the physical therapist to notify the Physical Therapy Board of their practice of animal physical therapy, as prescribed.

The bill would require the animal physical therapy to be provided under either of 2 sets of circumstances involving a licensed veterinarian who has established a veterinary-patient-client relationship with the animal. The first set of circumstances would be under the direct supervision of the veterinarian at a premises registered with the California Veterinary Medical Board. The second set of circumstances would be pursuant to a referral from the veterinarian, would require the physical therapist to provide a specified written notification to the owner of the animal patient, and would require the physical therapist to hold an active practice agreement with the licensed veterinarian.

The bill would require the physical therapist to provide a written copy of that active practice agreement to the California Veterinary Medical Board or Physical Therapy Board upon request.

## 2023/24 Legislative Summary

The bill would authorize physical therapy aides to aid the physical therapist in performing animal physical therapy, as specified.

The bill would make any physical therapist providing animal physical therapy solely liable for delegated animal physical therapy tasks performed pursuant to a referral from a licensed veterinarian or by a person under the direct supervision of the physical therapist.

The bill would specify that a veterinarian who issues an order for treatment for animal physical therapy is not liable for the animal physical therapy provided pursuant to that order by the physical therapist or by an aide or other assistant supervised by the physical therapist.

The bill would make certain disciplinary actions against a Physical Therapy Practice Act licensee by the California Veterinary Medical Board conclusive evidence of unprofessional conduct by the licensee under the Physical Therapy Practice Act.

The bill would require the Physical Therapy Board to immediately notify the California Veterinary Medical Board of any disciplinary actions or practice restrictions placed on the license of a physical therapist who has notified the Physical Therapy Board of their practice of animal physical therapy.

The bill would prohibit a physical therapist whose license is suspended, revoked, or otherwise disciplined by the Physical Therapy Board from providing animal physical therapy. The bill would specify that these provisions, among other things, do not authorize an unlicensed person to practice animal physical therapy, except for physical therapy aides as described above.

The bill would make a failure to comply with specified supervision requirements imposed by the bill or any regulation adopted pursuant to these provisions unprofessional conduct and grounds for disciplinary action, as prescribed.

The bill would prohibit a physical therapist providing animal physical therapy from supervising or delegating any animal physical therapy, except as specified. The bill would specify that these provisions, among other things, do not authorize a physical therapist to provide any other services or perform any acts which constitute veterinary medicine. The bill would define various terms for the purposes of the above-described provisions.

### Bill Analysis

---

#### **SB 687**      **Chiropractors: Animal Chiropractic Practitioners**

Author: Ochoa Bogh (D)

Status:      2 Year Bill. Dead for 2025.

Position:      No Position.

Desk	2 Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill would prohibit a chiropractor who is not under the supervision of a veterinarian from practicing animal chiropractic, as defined, without being registered as an animal chiropractic practitioner by the State Board of Chiropractic Examiners and satisfying certain requirements, including holding a certificate from one of specified entities, unless otherwise specified by the board. The bill would specify that the board shall establish requirements for registration and would establish conditions and requirements for practicing animal chiropractic. The bill would require an animal chiropractic practitioner to comply with regulations of the board applicable to chiropractors, would authorize the board to adopt regulations necessary to implement the bill's provisions, and would require the board, if adopting specified regulations, to consult with the Veterinary Medical Board, including regulations regarding standards of medicine or care for an animal. The bill would make an animal chiropractic practitioner exempt from the Veterinary Medicine Practice Act.

---

# 2023/24 Legislative Summary

## Department-Wide Legislation:

### [AB 224](#) **Health Care Coverage: Essential Health Benefits**

Author: Bonta (D)

Status: Assembly In Floor Process- Third Reading

Position: No Position.

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill expresses the intent of the Legislature to review California's essential health benefits (EHB) benchmark plan and establish a new benchmark plan for the 2027 plan year. Specifically, this bill adds, commencing January 1, 2027, if the US Department of Health and Human Services approves a new EHB benchmark plan for California, the following benefits to the benchmark plan: specified services to evaluate, diagnose and treat infertility; specified durable medical equipment; and an annual hearing exam and one hearing aid per ear every three years.

#### [Bill Analysis](#)

---

### [AB 489](#) **Health Care Professions: Deceptive Terms or Letters Artificial Intelligence**

Author: Bonta (D)

Status: Assembly. In Floor Process- Third Reading

Position: No Position.

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill extends the enforceability of existing title protections for various licensed health care professions to expressly apply against a person or entity who develops or deploys artificial intelligence (AI) or generative AI (GenAI) systems that misrepresent themselves as titled health care professionals. The bill also authorizes state boards to pursue legal recourse against developers and deployers of AI and GenAI systems that impersonate healthcare workers.

#### [Bill Analysis](#)

---

### [AB 667](#) **Professions and Vocations: License Examinations: Interpreters**

Author: Solache (D)

Status: Assembly- Third Reading.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill, beginning July 1, 2026, requires each licensing board within the Department of Consumer Affairs (DCA) that is not a healing arts board, to allow an applicant who cannot read, speak, or write in English to use an interpreter when taking a license examination.

---

## 2023/24 Legislative Summary

### **AB 742**      **DCA: Licensing: Applicants Who Are Descendants of Slaves**

Author: Elhawary (D)

Status: Assembly- Third Reading.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill requires a state licensing board within the Department of Consumer Affairs (DCA) to prioritize applicants seeking licensure who are descendants of American slaves.

#### **Bill Analysis**

---

### **AB 1186**      **Data Collection: Race and Ethnicity: Minimum Categories**

Author: Patel (D)

Status: In Assembly. Held under submission on 5/23/2025.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

Establishes “minimum categories on race and ethnicity” that must be included by state boards that collect demographic data on ethnic origin, ethnicity, or race. All boards that collect these types of demographic data must collect and publish information on at least the top nine largest detailed categories. This bill establishes the following minimum categories for race and ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White.

#### **Bill Analysis**

---

### **SB 62**      **Health Care Coverage: Essential Health Benefits**

Author: Menjivar (D)

Status: Assembly. Pending Referral.

Position: No Position.

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill expands California’s Essential Health Benefits (EHBs) benchmark coverage, to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and, hearing aids. EHB’s are mandated coverage for health insurance that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.

#### **Bill Analysis**

---

## 2023/24 Legislative Summary

### [SB 470](#)

### **Bagley-Keene Open Meeting Act: Teleconferencing**

Author: Laird (D)

Status: In Senate. Ordered to Third Reading.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

#### [Bill Analysis](#)

---

### [SB 518](#)

### **Descendants of Enslaved Persons: Reparations**

Author: Weber Pierson (D)

Status: In Senate. Ordered to Third Reading.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill, contingent upon appropriation of sufficient funding by the Legislature, establishes the Bureau for Descendants of American Slavery (Bureau) within state government, and establishes the Bureau's duties relating to determining an individual's status as a descendant, as defined, and to reviewing and investigating complaints of property taken as a result of racially motivated eminent domain.

#### [Bill Analysis](#)

---

### [SB 641](#)

### **DCA and Department of Real Estate: States of Emergency: Waivers and Exemptions**

Author: Ashby (D)

Status: In Senate. Ordered to Third Reading.

Position: No Position

Desk	2-Year	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf Conc	Enrolled	Vetoed	Chaptered
1 <sup>st</sup> House					2 <sup>nd</sup> House							

#### Summary:

This bill authorizes the Department of Real Estate (DRE) and boards under the jurisdiction of the Department of Consumer Affairs (DCA) to waive certain laws and regulations to provide regulatory relief to licensees impacted by declared federal, state, or local emergencies; provides that licensees in declared disaster areas have certain examination, fee, and continuing education requirements waived; establish requirements for debris removal; and prohibits a person from making unsolicited purchase offers in a disaster area, as specified.

#### [Bill Analysis](#)

---

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 574  
**Author:** Mark González (D)  
**Bill Date:** Amended 3/10/2025  
**Subject:** **Prior Authorization: Physical Therapy**  
**Sponsor(s):** California Physical Therapy Association (CPTA)

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill prohibits a health care service plan (health plan) or health insurer that provides coverage for physical therapy (PT) from requiring prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy.

**ANALYSIS:**

**Existing Law:**

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 and the California Department of Insurance (CDI) to regulate health insurance under the Insurance Code. [Health and Safety Code (HSC) § 1340, et seq., Insurance Code (INS) § 106, et seq.]

2) Requires the criteria or guidelines used by health plans and insurers, or any entities with which plans or insurers contract for utilization review (UR) or utilization management (UM) functions, to determine whether to authorize, modify, or deny health care services to:

- a) Be developed with involvement from actively practicing health care providers;
- b) Be consistent with sound clinical principles and processes;
- c) Be evaluated, and updated if necessary, at least annually;
- d) If used as the basis of a decision to modify, delay, or deny services in a specified case under review, be disclosed to the provider and the enrollee or insured in that specified case; and,
- e) Be available to the public upon request. [HSC § 1363.5 and INS § 10123.135]

3) Requires health plans to demonstrate that medical decisions are rendered by qualified medical providers, unhindered by fiscal and administrative management. [HSC § 1367] 4) Requires health plans and disability insurers and any contracted entity that performs UR or UM functions, prospectively, retrospectively, or concurrently, based on medical necessity requests to comply with specified requirements. [HSC § 1367.01 and INS § 10123.135]

**This Bill:**

This bill prohibits a health care service plan (health plan) or health insurance policy from requiring prior authorization (PA) for the initial 12 physical therapy (PT) treatment visits for a new episode of care.

Specifically, this bill:

- 1) Prohibits a health plan or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for PT from requiring PA for the initial 12 treatment visits for a new episode of care.
- 2) Defines “new episode of care” as treatment for a new or recurring condition for which the enrollee or insured (“enrollee”) has not been treated by the provider within the previous 90 days and is not currently undergoing treatment.
- 3) Requires, prior to treatment, a PT provider verify the enrollee’s coverage and disclose cost sharing, including the maximum out-of-pocket expense the enrollee may be charged per visit if the health plan or health insurer denies coverage for services rendered. Requires the disclosure to encourage the enrollee to contact the plan or insurer for coverage information and indicate that, by signing the separate written consent, the enrollee does not give up any applicable rights. Requires the PT provider to disclose if they are not in-network with the enrollee’s plan.
- 4) Requires, for costs that may not be covered by the enrollee’s contract, the PT provider to obtain separate written consent that includes a written estimate of the cost of care for which the enrollee is responsible if coverage is denied or otherwise not applicable. Requires the consent document and cost estimate to be provided in the language spoken by the enrollee.
- 5) Exempts Medi-Cal managed care plans from the provisions of this bill.

## **PURPOSE:**

This bill is sponsored by the California Physical Therapy Association. According to the author: Barriers to medically necessary physical therapy present significant challenges for patients seeking to recover. Such barriers can negatively impact patient outcomes and hinder the effective delivery of health care. For example, patients in chronic pain may be forced to rely on painkillers while waiting for authorization to proceed with prescribed therapy. Some insurers base prior authorization and utilization review decisions on provider profiles or computer algorithms rather than the patient’s specific medical needs. Currently, there is no practical accountability for insurers or third-party utilization management companies when a denied or delayed physical therapy treatment results in negative patient outcomes. These delays and denials frequently lead to reductions in the frequency and duration of prescribed treatments. Additionally, the appeals process is often lengthy, making it untimely for patients in need of care

## **BACKGROUND:**

Utilization management (UM) and utilization review (UR) are processes used by health plans to evaluate and manage the use of health care services. UR can occur prospectively, retrospectively, or concurrently and a plan can approve, modify, delay or deny in whole or in part a request based on its medical necessity. Prior authorization is a UR technique used by health plans that requires patients to obtain approval of a service or medication before care is provided. Prior authorization is intended to allow plans to evaluate whether care that has been prescribed is medically necessary for purposes of coverage. Prior authorization is one type of UM tool that's used by health plans, along

with others such as concurrent review and step therapy, to control costs, limit unnecessary care, and evaluate safety and appropriateness of a service.

*Overall impact of prior authorization:* In 2023, the California Health Benefits Review Program (CHBRP) published a report to help the Legislature better understand the ways in which prior authorization is used in California. CHBRP noted that prior authorization is an imperfect instrument that's utilized in a myriad of ways. This poses a challenge for policymakers, payers, patients, and providers since prior authorization is generally intended to decrease costs and waste, but it may also contribute to delays in treatment and additional barriers to care. Currently, evidence is limited as to the extent to which health insurance uses prior authorization and its impact on the performance of the health care system, patient access to appropriate care, and the health and financial interests of the general public. Despite the limited evidence, there is clear frustration from both patients and providers regarding prior authorization practices. According to CHBRP, complaints range from the time required to complete the initial authorization request and pursue denials, to delays in care, to a general lack of transparency regarding the process and criteria used to evaluate prior authorization requests. CHBRP further notes that people with disabilities, younger patients, African Americans, and people with lower incomes are more likely to report administrative burdens, including delays in care, due to prior authorization.

*Cost impacts:* One common reason prior authorization is used is to reduce and control health care spending. Total national health expenditures as a share of the gross domestic product have increased steadily over time. While the overall increase in health care spending can be largely attributed to increased cost of services and increased utilization, there is another important piece that drives both increased utilization and cost of services. Unnecessary medical care or wasteful health care spending, such as administrative complexities and fraud, are additional drivers. CHBRP cites recent study estimates that between 20% and 25% of all health care spending in the United States is a result of wasteful and unnecessary spending, as well as missed opportunities to provide appropriate care. Health plans and insurers operating in California responding to CHBRP's query on areas of highest fraud and abuse noted that waste and abuse may occur more frequently when low value or medically unnecessary care is delivered. Behavioral health, particularly applied behavioral analysis, was identified by health plans/insurers as a leading fraud risk.

*Access to and utilization of care:* Across state-regulated commercial plans and policies, 100% of enrollees are subject to some sort of prior authorization in their benefits. Plans reported that between 5% to 15% of all covered medical services and 16% to 25% of pharmacy services were subject to prior authorization. Evidence regarding whether prior authorization improves patient safety and ensures medically appropriate care is provided is mixed. Across studies reviewed by CHBRP, a sizable share of prior authorization denials were overturned upon appeal, ranging from 40% to 82% of denials being overturned. In instances when prior authorization is initially denied, a patient may need to pay out of pocket for services or may delay treatment due to lack of coverage. Much of the published literature regarding the impact of prior authorization focuses on prescription medications, finding that prior authorization requirements result in lower utilization of medications and decreases medication adherence.

### **FROM THE AUTHOR'S OFFICE:**

Barriers to medically necessary PT present significant challenges for patients seeking to recover. The author states that such barriers can negatively impact patient outcomes and hinder the effective



delivery of health care. The author shares an example that patients in chronic pain may be forced to rely on painkillers while waiting for authorization to proceed with prescribed PT. The author continues that some insurers base prior authorization and UR decisions on provider profiles or computer algorithms rather than the patient's specific medical needs. The author argues that currently there is no practical accountability for insurers or third-party UM companies when a denied or delayed PT treatment results in negative patient outcomes. The author continues that these delays and denials frequently lead to reductions in the frequency and duration of prescribed treatments. The author concludes that the appeals process is often lengthy, making it untimely for patients in need of care.

### **FISCAL:**

The Department of Insurance estimates costs of \$6,000 in fiscal year (FY) 2025-26 and \$18,000 in FY 2026-27 (Insurance Fund).

The Department of Managed Health Care estimates minor and absorbable costs.

### **POLICY COMMENTS:**

This committee is reviewing a number of bills aiming to address the problems that current UR and UM processes create in terms of access to care and physician burden. The volume of bills introduced on the topic demonstrate the level of Legislative determination to improve UR and UM processes for Californians. However, there is a divide on how to best approach such improvements. Some bills aim to address UR and UM processes at the systemic level by speeding up processing times, reducing the overall volume of services that require prior authorization, or extending authorization periods. Others aim to tackle problems at a more individual level by removing or altering UM and UR processes for specific services or conditions.

While there is a clear need and desire for progress on improving the UR and UM experience, the Legislature will need to consider what the best approach is for all Californians. Altering structural processes? Or removing barriers for priority services and conditions?

### **PRIOR LEGISLATION:**

AB 931 (Irwin), of the 2023-24 Legislative Session, was identical to this bill. Governor Newsom vetoed AB 931, stating: "I appreciate the author's intent to increase access to physical therapy treatment. However, prior authorization, when applied appropriately, can be an important tool to contain health care costs, protect patients from unanticipated billing, and ensure medically necessary care. Further, existing law requires health plans to provide appointments within a timely access minimum standard, even when prior authorization is required."

PTBC took a support position on this bill last session. A copy of the support letter is included in the materials.

### **SUPPORT:**

- California Physical Therapy Association (sponsor)
- Benicia Bay Physical Therapy
- California Chronic Care Coalition
- 70 individuals

The California Physical Therapy Association (CPTA), sponsor of this bill, states that an increasing number of health plans, insurers and third-party administrators are using computer algorithms and automated systems for decision-making over the care their beneficiaries may receive. CPTA continues that such practices often have no basis in research and are inconsistent with community standards of care for the symptoms and diagnoses presented by patients and seem more directed toward limiting the number of visits patients may obtain. CPTA states that these practices create barriers and challenges for patients by delaying access to medically necessary care and increasing the administrative burden required to navigate prior authorization, unnecessary reviews, and manage appeals.

CPTA notes that research studies indicate that delays in treatment can result in poorer outcomes for patients. CPTA cites a recent study of patients with neck pain which showed that delays in access to PT increased overall health care costs, as well as reliance upon opioids as a treatment alternative. CPTA shared another study of patients with low back pain which showed that early referral to PT resulted in lower utilization and overall costs. CPTA continues that the 12 PT visits defined in this bill are consistent with research and studies indicating that most conditions resolve within this treatment range. CPTA states that more serious conditions necessitate further treatment, and it is logical for a plan or insurer in those instances to monitor the development of such conditions more closely in determining medical necessity for ongoing care. Doing so at earlier intervals, according to CPTA, only results in unnecessary administrative burdens on providers and delays in patient treatment intervals.

### **OPPOSITION:**

- Association of California Life & Health Insurance Companies
- California Association of Health Plans

The California Association of Health Plans (CAHP) and Association of California Life and Health Insurance Companies (ACLHIC) oppose this bill, stating that prior authorization protocols promote safe, effective and affordable care for plan enrollees while ensuring that patients receive the right care, at the right time, from the right provider. CAHP and ACLHIC continue that this bill would undermine this process by allowing PT providers to provide their patients with up to 12 visits without any oversight or review by the patient's health plan or primary care physician. CAHP and ACLHIC argue that in essence, this policy change would grant unfettered access to this particular service, restricting the health plan or insurer's ability to determine if the treatments and visits are medically necessary or follow the standard clinical guidelines. CAHP and ACLHIC continue that without this assessment, they are concerned that patients may receive unnecessary and/or inappropriate treatments or therapies that are not tailored to their specific needs. CAHP and ACLHIC conclude that they believe this bill will unnecessarily increase administrative costs, decrease affordability, and potentially lead to unneeded and unnecessary care delivery for their members.

**PTBC IMPACT:**

AB 574 is designed to improve and streamline access to physical therapy services for patients while reinforcing transparency and patient protections. By eliminating prior authorization requirements for the initial 12 treatment visits for a new episode of care, patients can begin therapy more quickly without delays caused by insurance approvals. However, patients will need to be aware of their coverage details. Physical therapy providers are required to verify insurance coverage and disclose any costs that may not be covered. Providers must also obtain written consent for uncovered costs, including a detailed estimate. This ensures transparency but may require patients to carefully review their financial responsibilities. Overall, the bill aims to reduce barriers to care, allowing patients to focus on recovery rather than administrative hurdles.



April 13, 2023

The Honorable Jim Wood, DDS  
Chair, Assembly Health Committee  
State Capitol  
Sacramento, CA 95814

**RE: AB 931 (Irwin), Prior Authorization: Physical Therapy: *Support Position***

Dear Assemblymember Wood,

The Physical Therapy Board of California (PTBC), at its March 2023 meeting, adopted a Support position on AB 931 (as introduced 2/14/2023), which would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy.

The PTBC recognizes that AB 931 is an important patient care and access to care issue and prevents unnecessary review and administrative burden and allows for early access to medically necessary physical therapy treatment by allowing physical therapists to provide 12 visits before continued authorization is needed which is a great benefit to the consumer.

Many health plans/insurers and third-party administrators are using computer algorithms and automated systems for determining the care their beneficiaries may receive. These practices are inconsistent with community standards of care for symptoms and diagnoses presented by patients and can directly limit the numbers of visits patients may obtain. This creates barriers and challenges to patients by delaying access to medically necessary care and increases the administrative burden required to navigate prior authorization, unnecessary reviews and manage appeals. Unfortunately, these barriers can result in delays and stoppages in care for consumers and these delays in treatment can result in poorer outcomes for the patient and increased health care costs.

The PTBC is mandated by Business and Professions Code Section 2602.1 that PTBC's highest priority is to protect the public. The provisions outlined in AB 931 would greatly benefit California consumers and eliminate delays and provide timely access to care and prevent unnecessary administrative burden, therefore, we are in Support of AB 931.

If additional information is needed, please feel free to contact the Board's Legislative Manager, Brooke Arneson at (916) 561-8260.

Sincerely,

A handwritten signature in black ink, appearing to read "Tonia McMillian". The signature is fluid and cursive, with the first name "Tonia" being more prominent than the last name "McMillian".

Tonia McMillian  
President, Physical Therapy Board of California

Cc:

The Honorable Assemblymember Irwin

Honorable Members, Assembly Health Committee

Jennifer Simoes, Deputy Director, Legislative Affairs, Deputy Director, Division of  
Legislative Affairs, Department of Consumer Affairs

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 1009  
**Author:** Blanca Rubio (D)  
**Bill Date:** As Introduced 2/20/2025  
**Subject:** **Teacher Credentialing: Administrative Services Credential:  
Occupational and Physical Therapists**  
**Sponsor(s):** Author Sponsored.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill authorizes occupational therapists (OT) or physical therapists (PT) to be eligible for a preliminary services credential with a specialization in administrative services by specifying that a valid license to practice occupational therapy or a valid license to practice physical therapy, verification of meeting a basic skills, and three years of experience as a school based OT or PT qualify as meeting the minimum requirements for the credential.

**ANALYSIS:**

This bill is an urgency measure that supports licensed professionals impacted by a wildfire or natural disaster by waiving various licensure requirements. Addresses predatory practices by prohibiting a person from making an unsolicited purchase offer in a disaster area. Establishes timelines and certifications for appropriate debris removal.

**Existing Law:**

- 1) Specifies that the minimum requirements for the preliminary services credential in administrative services are all of the following:
  - a) Possession of one of the following:
    - i) A valid teaching credential requiring the possession of a baccalaureate degree and a professional preparation program, including student teaching;
    - ii) A valid designated subjects career technical education, adult education, or special subjects teaching credential, provided the candidate also possesses a baccalaureate degree;
    - iii) A valid services credential with a specialization in pupil personnel, health, or clinical or rehabilitative services or a valid services credential authorizing service as a teacher librarian; or
    - iv) A valid credential issued under the laws, rules, and regulations in effect on or before December 31, 1971, which authorizes the same areas as in subparagraphs (ii) and (iii).
  - b) Completion of a minimum of three years of successful, full-time classroom teaching experience in the public schools, including, but not limited to, service in state- or county-operated schools, or in private schools of equivalent status or three years of experience in the fields of pupil personnel, health, clinical or rehabilitative, or librarian services;

(c) Completion of an entry-level program of specialized and professional preparation in administrative services approved by the Commission on Teacher Credentialing (CTC) or a one-year internship in a program of supervised training in administrative services, approved by the CTC;

d) Current employment in an administrative position after completion of professional preparation whether full or part-time, in a public school or private school of equivalent status. The CTC encourages school districts to consider the recency of preparation or professional growth in school administration as one of the criteria for employment; and

e) Specifies that a preliminary administrative services credential is valid for 5 years from the date of initial employment in an administrative position and is not renewable. (Education Code (EC) 44270).

2) Prohibits the CTC from issuing an initial credential, permit, certificate, or renewal of an emergency credential to a person to serve in the public schools unless the person has demonstrated proficiency in basic reading, writing, and mathematics skills in the English language, as specified. (EC 44252 (b)).

3) Specifies that the minimum requirements for a services credential with a specialization in health are:

a) Five years, or its equivalent, of college or university education or five years of professional preparation approved by the CTC;

b) Possession of a valid license, certificate, or registration, appropriate to the health service to be designated, issued by the California agency authorized by law to license, certificate, or register persons to practice that health service in California; and

c) Such additional requirements as may be prescribed by the CTC. (EC 44267)

4) Authorizes the holder of a services credential with a specialization in health to perform, at all grade levels, the health service approved by the CTC as designated on the credential. Services as an audiometrist, occupational therapist, or physical therapist are not deemed health services. (EC 44267)

5) Specifies that the minimum requirements for a services credential in a specialization in clinical or rehabilitative services are:

a) A baccalaureate degree or higher degree from an institution approved by the CTC;

b) A fifth year, or its equivalent, of college or university education; and

c) Such specialized and professional preparation as the CTC may require. (EC 44268)

6) Authorizes the holder of a services credential with a specialization in clinical or rehabilitative services to perform, at all grade levels, the service approved by the CTC as designated on the credential. This includes, but is not limited to, speech, language, and hearing services. (EC 44268)

7) Defines “related services” as transportation, and such developmental, corrective, and other supportive services (including speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, social work services, school nurse services designed to enable an individual with exceptional needs to receive a free appropriate public education as described in the

individualized education program (IEP) of the child, counseling services, including rehabilitation counseling, orientation, and mobility services, and medical services, except that such medical services are for diagnostic and evaluation purposes only) as may be required to assist an individual with exceptional needs to benefit from special education, and includes the early identification and assessment of disabling conditions in children. (EC 56363)

8) Specifies that occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as part of an IEP pursuant to the federal Individuals with Disabilities Education Act (IDEA). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. (Business and Professions Code (BPC) 2570.2).

9) Specifies that physical therapy encompasses the physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction, and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. (BPC 2620).

### **This Bill:**

Specifically, this bill:

1) Authorizes OTs or PTs to be eligible for a preliminary services credential with a specialization in administrative services by specifying that a valid license to practice occupational therapy issued by the California Board of Occupational Therapy or a valid license to practice physical therapy issued by the Physical Therapy Board of California, verification of meeting a basic skills requirement, and three years of experience as a school based OT or PT qualify as meeting the minimum requirements for the credential.

### **BACKGROUND:**

#### *Need for the Bill:*

According to the author, “Occupational Therapists (OTs) and Physical Therapists (PTs) have been providing related services to students in public schools since the 1970s and are the only Individuals with Disabilities Education Act (IDEA) mandated professionals not included in a credential opportunity afforded to teachers and all other related services providers. This is based on a statute that was written at a time prior to IDEA and districts’ employment of OTs and PTs. Currently, OTs and PTs working in school systems are not authorized to obtain a base credential, thereby rendering them ineligible to pursue an administrative services credential or participate in many higher-level positions. Creating a pathway for OTs and PTs who desire to obtain an administrative services credential will allow qualified personnel an opportunity to move into administrative roles and share their unique expertise at a leadership level.”

*OTs and PTs do not currently have the opportunity to earn an administrative credential.*



This bill would authorize OTs and PTs to be eligible for a preliminary services credential in administrative services based upon their licensure to practice occupational therapy or physical therapy.

In a report to the CTC for its February 2022 meeting, staff noted that the CTC has been asked by many in the OT and PT sector to consider the development of a credential for individuals who serve as OTs and PTs. Requests for a credential are based on a desire for individuals serving as OTs or PTs to advance in their careers, enter the certificated employee salary scale, and hold Administrative Services positions.

Currently, there is no credential requirement for OTs and PTs to serve in California's public schools. There is also no avenue for such individuals to obtain an Administrative Services Credential, as the statutory requirements for the credential require possession of a teaching or services credential issued by the CTC. The lack of a pathway for OTs and PTs who provide special education related services in public schools prevents these educators from being able to take on certificated leadership roles, as a basic credential is required for OTs and PTs to gain access to an administrative credential under current law.

*Therapy services being provided in schools today.*

According to the California Department of Education's (CDE) Guidelines for Occupational Therapy and Physical Therapy in California Public Schools, 2012, OTs and PTs work with the educational team to support a child's ability to gain access to the general education curriculum, meet state standards, participate in postsecondary education, and become functional independent citizens upon graduation. In school-based practice, OTs are health professionals whose purpose in a public school setting is to support a child's engagement and participation in daily occupations, which include activities of daily living, education, prevocational work, play, rest, leisure, and social participation. PTs are health professionals whose purpose is to correct, facilitate, or adapt the child's functional performance in motor control and coordination, posture and balance, functional mobility, accessibility, and the use of assistive devices. Occupational therapy and physical therapy are designated services that are sometimes identified by a student's individualized educational program (IEP). Such services fall under the umbrella of related services and are required in order to assist an individual with exceptional needs to benefit from special education. Local educational agencies (LEAs) currently employ OTs and/or PTs as either classified staff or contracted employees to serve in non-classroom based assignments. The CDE's California Longitudinal Pupil Achievement Data System (CALPADS) documentation defines OTs as "a healthcare professional employed by an LEA trained to treat injured, ill, or disabled patients through the therapeutic use of everyday activities. They help these patients develop, recover, improve, as well as maintain the skills needed for daily living and working." Similarly, PTs in public schools are defined as "a health care professional employed by an LEA who is trained in the treatment of disease, injury, or deformity by physical methods such as massage, heat treatment, and exercise."

According to the Occupational Therapy Association of California, occupational therapy services have been provided to students in public schools since the 1970s. There are currently 16,000 OTs licensed to practice in California, and 3,000, or 20% of these, are estimated to practice in school based settings.

According to the California Physical Therapy Association, physical therapy services have been provided in schools since the 1970s. There are 22,000 PT practitioners currently licensed in California and approximately 8% of these, or over 1,700, practice in school-based settings.

### *Licensure requirements.*

Historically, services have been provided in public schools by OTs and PTs that are licensed by their respective boards within the California Department of Consumer Affairs – the Board of Occupational Therapy for OTs and the Physical Therapy Board of California for PTs. Much like the teaching profession, licensed PTs are required to graduate from a professional degree program at an accredited postsecondary institution or institutions approved by the Physical Therapy Board, complete a professional education program including academic course work and clinical internship in physical therapy, and pass the Federation of State Boards of Physical Therapy examination. The same is true for OTs, who must complete an accredited university program with a bachelor's or master's degree in an occupational therapy related field, including a 24-week internship and passage of the Occupational Therapist Registered (OTR) exam.

### *Administrative roles in schools.*

A recent research paper (Franko, 2023) notes that up to 25% of all OTs work in school. In 45 of 50 states, OTs do not meet state qualifications to pursue formal administrative leadership roles (e.g., director of transition services or special education director) in public school systems with an occupational therapy degree alone. Related service providers, such as school social workers, counselors, psychologists, nurses, and speech pathologists, have the option, in most states, to earn the education credentials needed to pursue administrative credentials and administrative positions. In contrast, OTs who work alongside these providers and are grouped among them in federal legislation (e.g., the Individuals With Disabilities Act and the Every Student Succeeds Act) are not included in state-level legislation as professionals eligible to obtain education credentialing that opens the door to formal administrative leadership positions.

The author notes that, OTs would benefit from pursuing administrative positions through increased recognition, a better seat at the table for practicing school-based therapists, increased pay, and an ability to develop programming to benefit staff, students, and the community. The benefits would also apply to students and schools by increasing the pool of individuals interested in administrative roles, making school jobs more attractive to OTs, leading to increased recruitment and retention, and providing more consistent service to students. (Franko, 2023)

### *Role of the CTC.*

The CTC is an independent governmental entity that is responsible for accrediting educator credential preparation programs, issuing credentials and permits for service in California public schools, and administering credential discipline when necessary. Current pupil personnel services (PPS) credentials authorized by the CTC include:

- School nurses;
- Teacher librarians;
- School counselors;
- School social workers;
- School psychologists;
- Speech language pathologists;
- Audiologists; and
- Orientation and mobility specialists.

### **FISCAL IMPACT:**

General Fund costs to the CTC of \$129,000 in the first year and \$127,000 ongoing for additional staff who will create resources, provide technical assistance, and oversee processing of additional applications.

### **RELATED LEGISLATION:**

Related legislation. AB 2725 (B. Rubio) of the 2023-24 Session was substantively similar to this bill. It was vetoed by the Governor with the following message: This bill would allow occupational therapists and physical therapists with three years of school-based experience to obtain an administrative services credential, provided they also meet the basic skills requirement and complete an administrative services program, or pass an examination aligned to administrative services standards adopted by the CTC. While this bill is well-intentioned, there is no state requirement that occupational therapists and physical therapists must hold an administrative services credential to hold supervisory or administrative roles in local educational agencies. The pathways for these licensed professionals can be created at the local level, through human resources and collective bargaining. As a more appropriate statewide approach, the CTC could create at least two administrative services pathways: one for teachers, and one for other credential or license holders without a teacher preparation background. As such, I am requesting that the CTC develop such pathways. For these reasons, I cannot sign this bill.

AB 381 (Blanca Rubio) of the 2023-24 Session would have authorized OTs and PTs to be eligible for the services credential with a specialization in health. This bill was held in the Assembly Appropriations Committee.

AB 2386 (Rubio) of the 2017-18 Session would have required the CTC to convene a workgroup to consider whether developing a service credential with a specialization in OT or PT is warranted, and, if it is, requirements for that credential. It required the CTC to provide a report on its findings by January 1, 2020. This bill was held in the Assembly Appropriations Committee.

AB 1087 (Irwin) of the 2017-18 Session would have required the CTC to develop a services credential with a specialization in OT and PT services. This bill was held in the Assembly Education Committee.

AB 2221 (Bloom), Chapter 490, Statutes of 2018, makes numerous changes to the Occupational Therapy Practice Act, including definitions relating to scope of practice OTs and occupational therapy assistants (OTAs), supervision ratios and duties, methods the California Board of Occupational Therapy (CBOT) may verify advanced practice requirements, and requirements related to the use of doctoral degree titles.

### **SUPPORT:**

- Association of California School Administrators
- California Physical Therapy Association
- Occupational Therapy Association of California
- 1 individual

### **ARGUMENTS IN SUPPORT:**

The Occupational Therapy Association of California and the California Physical Therapy Association write, "OTs and PTs have been providing educationally related services to students in

public schools since the 1970s and are the only Individual with Disabilities Education Act mandated professionals who are not included in a credential opportunity afforded to teachers and other related services providers. Currently, OTs and PTs working in the school systems are not authorized to obtain a base credential, thereby rendering them ineligible to pursue an administrative service credential. This measure would allow OTs and PTs to pursue administrative and leadership positions. Their unique training and expertise can contribute meaningfully at a systems level to support access and inclusion of all students.

AB 1009 modifies current law to increase professional equity for OTs and PTs by allowing them to qualify to obtain an administrative services credential. Passage of AB 1009 is a crucial step in supporting children and families by providing a pathway for OTs and PTs to advance within the educational system.”

**OPPOSITION:**       None on File.

**POSITION:**         Watch

**PTBC IMPACT:**

AB 1009 impacts the Physical Therapy Board of California (PTBC) by expanding eligibility for an administrative services credential to licensed physical therapists (PTs). Under this bill, PTs with three years of school-based experience and verification of basic skills requirements can qualify for a preliminary services credential with a specialization in administrative services. PTBC took a support position on a similar bill from the previous session; AB 2725 which was vetoed by the Governor and the Governor’s veto message is listed above in the bill analysis. In its support letter for AB 2725, PTBC outlined the following points in favor of the bill:

- The PTBC recognizes that this bill would minimize barriers by providing access to care for California consumers within the school districts. Occupational therapists and physical therapists have long recognized the benefits of authorizing a pathway to credentialing within the California public schools. Access to a credential will allow occupational therapists and physical therapists to have expanded professional growth opportunities within school systems and to have a broader positive impact on the students and families they serve.
- Providing access to a credential will recognize the unique and specialized value of occupational therapists and physical therapists in school districts and allow for school districts to recruit, hire, and retain highly qualified therapists and in addition, open new opportunities that are already afforded to other related service providers that are already credentialed.
- The PTBC is mandated by Business and Professions Code Section 2602.1 that PTBC’s highest priority is to protect the public. The provisions outlined in AB 2725 would greatly benefit California consumers and eliminate delays in services for children in school settings and provide timely access to care, therefore, we are in Support of AB 2725.



June 20, 2024

The Honorable Al Muratsuchi  
Chair, Assembly Education Committee  
State Capitol, Room 2196  
Sacramento, CA 95814

**RE: AB 2725 (Blanca Rubio & Muratsuchi), Teacher Credentialing: Administrative Services Credential: Occupational and Physical Therapists: *Support Position***

Dear Assemblymember Blanca Rubio and Assemblymember Muratsuchi,

The Physical Therapy Board of California (PTBC), at its June 2024 meeting, adopted a Support position on AB 2725 (as amended 4/15/2024), which would amend existing law by allowing occupational therapists and physical therapists who work in the schools to obtain a Health Services Credential like other health care professionals working in school settings.

The PTBC recognizes that this bill would minimize barriers by providing access to care for California consumers within the school districts. Occupational therapists and physical therapists have long recognized the benefits of authorizing a pathway to credentialing within the California public schools. Access to a credential will allow occupational therapists and physical therapists to have expanded professional growth opportunities within school systems and to have a broader positive impact on the students and families they serve.

Providing access to a credential will recognize the unique and specialized value of occupational therapists and physical therapists in school districts and allow for school districts to recruit, hire, and retain highly qualified therapists and in addition, open new opportunities that are already afforded to other related service providers that are already credentialed.

The PTBC is mandated by Business and Professions Code Section 2602.1 that PTBC's highest priority is to protect the public. The provisions outlined in AB 2725 would greatly benefit California consumers and eliminate delays in services for children in school settings and provide timely access to care, therefore, we are in Support of AB 2725.

If additional information is needed, please feel free to contact the Board's Legislative Manager, Brooke Arneson at (916) 561-8260.

Sincerely,

A handwritten signature in black ink, appearing to read "Tonia McMillian". The script is cursive and fluid, with the first name "Tonia" written in a larger, more prominent style than the last name "McMillian".

Tonia McMillian  
President, Physical Therapy Board of California

Cc:

The Honorable Assemblymember Blanca Rubio

The Honorable Assemblymember Muratsuchi

Honorable Members, Assembly Education Committee

Honorable Members, Senate Education Committee

Honorable Members, Senate Appropriations Committee

Honorable Members, Assembly Appropriations Committee

Jennifer Simoes, Deputy Director, Division of Legislative Affairs, Department of  
Consumer Affairs

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 1458  
**Author:** Wallis (D)  
**Bill Date:** Amended 3/24/2025  
**Subject:** **Physical Therapy and Veterinary Medicine: Animal Physical Therapy**  
**Sponsor:** Animal Physical Therapy Coalition (APTC)

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill seeks to clarify the nexus and the scope of the Physical Therapy and Veterinary Medical Practice Acts as it pertains to physical therapy performed on animals.

**ANALYSIS:**

**Existing Law:**

Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California (Physical Therapy Board), which is within the Department of Consumer Affairs.

Existing law defines physical therapy as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise.

Existing law makes a violation of the Physical Therapy Practice Act a misdemeanor.

Existing law, the Veterinary Medicine Practice Act, provides for the licensure and regulation of veterinarians and the practice of veterinary medicine by the California Veterinary Medical Board, which is within the Department of Consumer Affairs. That act makes it unlawful for any person to practice veterinary medicine in this state without a license and provides that the practice of veterinary medicine includes, among other things, the treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal. Existing law makes a violation of the Veterinary Medicine Practice Act a misdemeanor.

**This Bill:**

This bill would authorize a licensed physical therapist who meets specified education, training, and experience requirements to provide animal physical therapy, as specified. The bill would require the physical therapist to notify the Physical Therapy Board of their practice of animal physical therapy, as prescribed. The bill would require the animal physical therapy to be provided under either of 2 sets of circumstances involving a licensed veterinarian who has established a veterinary-patient-client relationship with the animal. The first set of circumstances would be under the direct supervision of the veterinarian at a premises registered with the California Veterinary Medical Board. The second set of circumstances would be pursuant to a referral from the veterinarian, would require the physical therapist to provide a specified written notification to the owner of the animal patient, and would require the physical therapist to hold an active practice agreement with the licensed veterinarian. The bill would require the physical therapist to provide a written copy of that active practice agreement to the California Veterinary Medical Board or Physical Therapy Board

upon request. The bill would authorize physical therapy aides to aid the physical therapist in performing animal physical therapy, as specified. The bill would make any physical therapist providing animal physical therapy solely liable for delegated animal physical therapy tasks performed pursuant to a referral from a licensed veterinarian or by a person under the direct supervision of the physical therapist. The bill would specify that a veterinarian who issues an order for treatment for animal physical therapy is not liable for the animal physical therapy provided pursuant to that order by the physical therapist or by an aide or other assistant supervised by the physical therapist.

The bill would make certain disciplinary actions against a Physical Therapy Practice Act licensee by the California Veterinary Medical Board conclusive evidence of unprofessional conduct by the licensee under the Physical Therapy Practice Act. The bill would require the Physical Therapy Board to immediately notify the California Veterinary Medical Board of any disciplinary actions or practice restrictions placed on the license of a physical therapist who has notified the Physical Therapy Board of their practice of animal physical therapy. The bill would prohibit a physical therapist whose license is suspended, revoked, or otherwise disciplined by the Physical Therapy Board from providing animal physical therapy. The bill would specify that these provisions, among other things, do not authorize an unlicensed person to practice animal physical therapy, except for physical therapy aides as described above.

The bill would make a failure to comply with specified supervision requirements imposed by the bill or any regulation adopted pursuant to these provisions unprofessional conduct and grounds for disciplinary action, as prescribed. The bill would prohibit a physical therapist providing animal physical therapy from supervising or delegating any animal physical therapy, except as specified. The bill would specify that these provisions, among other things, do not authorize a physical therapist to provide any other services or perform any acts which constitute veterinary medicine.

The bill would define various terms for the purposes of the above-described provisions. By imposing additional requirements and prohibitions under the Physical Therapy Practice Act and the Veterinary Medicine Practice Act, a violation of either of which is a crime, the bill would impose a state-mandated local program.

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

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

This bill adds BPC Section 2631 to the PTBC Practice Act:  
**2631.**

- (a) For purposes of this section, “animal physical therapy” means the practice of physical therapy, as defined in Section 2620, except that it is performed on an animal.
- (b) A licensed physical therapist who has held an active physical therapist license in the state for at least one year may provide animal physical therapy, consistent with the scope of physical therapy practice, to an animal patient according to all of the following:
  - (1) The physical therapist holds an active license in good standing issued by the board.
  - (2) The physical therapist has completed a training program that consists of:



- (A) At least 100 hours of instruction or coursework pertaining to animals in the following areas:
  - (i) Assessment and treatment planning.
  - (ii) Behavior.
  - (iii) Biomechanics.
  - (iv) Common orthopedic and neurological conditions.
  - (v) Comparative anatomy and physiology.
  - (vi) Restraint and handling skills.
  - (vii) Therapeutic modalities and exercise.
  - (viii) Zoonotic and infectious disease.
  - (ix) Pain recognition.
  - (x) Identification of conditions that indicate a need for a referral back to the veterinarian with whom the physical therapist holds a practice agreement.
- (B) Not less than 40 hours of clinical training under a licensed veterinarian or a licensed physical therapist who has provided animal physical therapy.
- (3) The physical therapist has completed at least 125 hours of providing animal physical therapy under the direct supervision of a licensed veterinarian or licensed physical therapist who has provided animal physical therapy, or the physical therapist has practiced animal physical rehabilitation pursuant to Section 2038.5 of Title 16 of the California Code of Regulations for one year. Experience gained prior to January 1, 2026, shall count toward the experience requirement under this paragraph.
- (4) The physical therapist provides animal physical therapy pursuant to Section 4828.5.
- (5) The physical therapist notifies the board of their practice of animal physical therapy on a form prescribed by the board.
- (6) (A) The physical therapist completes \_\_\_\_ hours of continuing education every two years in the practice of animal physical therapy. (B) Continuing education may be obtained from any provider authorized under Section 2649 or paragraph (1) of subdivision (b) of Section 4846.5.
- (7) The premises where the physical therapist performs animal physical therapy shall comply with any local regulations, ordinances, and zoning requirements for an animal facility.
- (c) A report of any final disciplinary action against a licensee of this chapter by the California Veterinary Medical Board under Section 4883 shall be deemed as conclusive evidence of unprofessional conduct by the licensee under Section 2660.
- (d) The board shall immediately notify the California Veterinary Medical Board of any disciplinary actions or practice restrictions placed on the license of a physical therapist who has notified the board of their practice of animal physical therapy.
- (e) Physical therapy aides, as defined in Section 2630.4, may aid the physical therapist in performing animal physical therapy consistent with the requirements of Section 2630.4.
- (f) (1) Except as provided in subdivision (e), this section does not authorize an unlicensed person to practice animal physical therapy. (2) This section does not prohibit a licensed physical therapist from providing animal physical rehabilitation pursuant to Section 2038.5 of Title 16 of the California Code of Regulations. (3) This

section does not authorize a physical therapist to provide any other services or perform any acts that constitute veterinary medicine.

(g) A physical therapist whose license is suspended, revoked, or otherwise disciplined by the board pursuant to Section 2660 shall not provide animal physical therapy.

(h) (1) A physical therapist providing animal physical therapy shall be solely liable for any delegated animal physical therapy tasks performed pursuant to a referral from a licensed veterinarian, as defined in paragraph (2) of subdivision (b) of Section 4848.5, or by a person under the direct supervision of the physical therapist pursuant to subdivision (e). (2) A veterinarian who issues an order for treatment for animal physical therapy shall not be liable for any animal physical therapy provided pursuant to that order by a physical therapist or by an aide or assistant supervised by the physical therapist.

This bill adds Section 4828.5 to the BPC VMB Practice Act:

**4828.5.**

(a) For purposes of this section, the following definitions apply:

(1) "Animal physical therapy" has the same meaning as defined in Section 2631.

(2) "Direct supervision" means the supervisor is physically present at the location where the animal physical therapy is to be performed and is quickly and easily available, and the animal patient has been examined by a licensed veterinarian at a time consistent with the practice of veterinary medicine and with the particular delegated animal physical therapy.

(3) "Indirect supervision" means the supervisor is not physically present at the location where the animal physical therapy is to be performed but has given either written or oral instructions, also known as direct orders, for treatment of the animal patient, the animal patient has been examined by a licensed veterinarian at a time consistent with the practice of veterinary medicine and with the particular delegated animal physical therapy, and the animal patient is not anesthetized, as defined in Section 2032.5 of Title 16 of the California Code of Regulations.

(4) "Referral from a licensed veterinarian" or "referred by a licensed veterinarian" means an oral or written instruction from a licensed veterinarian in the state for a licensed physical therapist to provide animal physical therapy to an animal patient.

(5) "Practice agreement" means a written agreement between a physical therapist performing animal physical therapy and a licensed veterinarian that includes both of the following:

(A) Policies and procedures to ensure adequate coordination and communication between the licensed veterinarian and the performing animal physical therapy, including, but not limited to, all of the following:

(i) Appropriate communication and safety protocols or procedures specific to providing animal physical therapy consistent with standards of good veterinary practice.

(ii) The location or premise where services are to be provided, including any range or remote setting.

(iii) The availability of consultations between the veterinarian and the physical therapist providing animal physical therapy.

(iv) Any protocols for referring an animal patient back to the licensed veterinarian.

(B) An agreement that the physical therapist will practice animal physical therapy and will not practice any type of veterinary medicine.

(b) A physical therapist licensed pursuant to Chapter 5.7 (commencing with Section 2600) who meets the requirements of Section 2631 may provide animal physical therapy according to either of the following:

(1) The physical therapist provides animal physical therapy under the direct supervision of a licensed veterinarian at a premises registered with the board pursuant to Section 4853 and the supervising veterinarian has established a veterinary-patient-client relationship with the animal patient.

(2) The physical therapist provides animal physical therapy pursuant to a referral from a licensed veterinarian who is in good standing in the state and who has established a veterinary-patient-client relationship with the animal patient, and both of the following conditions are present:

(A) The physical therapist holds an active practice agreement with a licensed veterinarian.

(B) The physical therapist notifies the owner of the animal patient in writing that the physical therapist providing animal physical therapy is licensed by the Physical Therapy Board of California and may only provide animal physical therapy.

(c) A physical therapist with an active practice agreement required by paragraph (2) of subdivision (b) shall provide a written copy of the active practice agreement to the board or the Physical Therapy Board of California upon request.

(d) A veterinary-patient-client relationship need not be established on the same premises where the delegated animal physical therapy is performed.

(e) In addition to any other acts constituting unprofessional conduct by the licensee pursuant to Section 2660, failure to comply with the requirements for supervision under this chapter or any regulation adopted pursuant to this chapter shall be considered unprofessional conduct and grounds for disciplinary action pursuant to Section 2660.

(f) A physical therapist whose license is suspended, revoked, or otherwise disciplined by the Physical Therapy Board of California pursuant to Section 2660 shall not provide animal physical therapy.

(g) Except as provided in subdivision (e) of Section 2631, a physical therapist providing animal physical therapy pursuant to this section shall not supervise or delegate any animal physical therapy.

(h) (1) Except as provided in subdivision (e) of Section 2631, this section does not authorize an unlicensed person to practice animal physical therapy. (2) This section does not authorize a physical therapist to provide any other services or perform any acts that constitute veterinary medicine.

**FROM THE  
AUTHOR:**

APTC states that AB 1458 Increases Animal physical therapy access. A new law is needed because veterinarians want to help patients recover from surgery, injury, age-related pain and reduced mobility.

- PT is the perfect solution to help animals improve their quality of life.
- Under current law, access to PET PT is unnecessarily constrained.
- Only a handful of vet clinics offer full-service licensed animal PT statewide.

AB 1458 allows veterinarians to refer patients to a qualified licensed animal PT outside their hospital; but still indirectly supervise patient care. This paves the way for more animal physical therapists in CA.

Do Consumers want more access? Yes in 2022, the State Vet Med Board made policy changes that curtail consumer choice and access to animal PT. AB 1458 fixes gaps in the law, thus benefiting vets, owners and pets. A legislative remedy is necessary to protect consumers and grow the number of PT facilities and providers in CA so more animals can get the care they need.

Do Veterinarians Support an Increase to Access to Care: “Veterinarians and owners want these options. As a veterinarian and animal owner myself, I can tell you, the options for PT in many parts of CA are very limited. I drove over 100 miles one way to take my own dog to receive PT from an excellent and very skilled animal PT.” (Dr. Marissa Greenberg, Testimony to Joint Sunset Committee).

How will AB 1458 Make a Difference? The key provision of AB 1458 will legally empower Vets to refer their patients to qualified Animal PT’s. Currently, Vets can only refer to other Vets. AB 1458 improves access to essential animal PT services by removing unnecessary barriers to collaboration between DVM’s and PT’s. Other states have already made these changes proving it to be a safe and effective model of delivering care. Who is Driving these Changes? “This is client-driven industry. The veterinary field is now trying to catch up with their demand for rehabilitation services. Veterinarians recognize that PT’s bring a skill set to our field that we need.” (Janet Van Dyke, DVM, DACVDMR, CCRT, Founding Diplomate, American College of Veterinary Sports Medicine and Rehabilitation.”

Benefits of AB 1458:

- Defines the responsibilities of licensed PT’s treating animals
- Protects referring veterinarians from liability
- Removes barriers so animal PT’s can start their own businesses
- More business startups will spur the economy, boosts tax revenue and are an incentive to more PT’s specializing in animals. Colorado changed its law and saw remarkable benefits
- A larger marketplace means better choice and competition means better pricing
- Mobile Animal PTs will be allowed to help those that are homebound and serve horses in the ranch/barn setting. This will provide more care options for underserved and rural areas.
- Mandates that licensed PTs have animal-specific training and education on topics including animal handling and behavior, pain recognition, anatomy, infectious diseases and clinical indicators for referral to the treating/prescribing veterinarian.
- AB 1458 will break the current veterinary rehab monopoly and prevent anti-trust/restraint of trade litigation in animal rehabilitation. (Precedent had already been set by the Supreme Court).

**SUPPORT:**

Animal Physical Therapy Coalition (APTC)- Sponsor  
California Physical Therapy Association:

“Physical therapists are experts in rehabilitation for movement-related dysfunctions. Animals often develop injuries and medical conditions that could commonly be treated by physical therapists. Physical therapists with advanced training in animal rehabilitation are the most qualified professionals to treat these animals.

- A physical therapist will be required to obtain advanced training in animal rehabilitation to be eligible for certification as an animal physical therapist. There are two schools in the nation (one in Tennessee and one in Florida) that offer advanced training in animal rehabilitation that are Registry of Approved Continuing Education (RACE) approved. RACE is a program provided by the American Association of Veterinary State Boards (AAVSB) that provides the veterinary standard to ensure quality continuing education. Topics covered in the advanced training include animal behavior, animal handling, anatomy, comparative physiology, biomechanics, pathology, infectious diseases, musculoskeletal imaging, and much more. Physical therapists learn to detect pain and how to identify red flags via differential diagnosis techniques to determine if an animal would be better served by other forms of medical treatments from a veterinarian.

- A Veterinarian referral would be required for the animal to receive treatment from an animal physical therapist, ensuring that the animal has been properly cleared as medically stable and capable of tolerating a course of animal physical therapy. The physical therapist will always work under the supervision of a veterinarian.

- Animal physical therapy has been proven safe. There are seven other states that allow this model, and it has been proven safe as evidenced by having a cumulative of over 70 years of exposure with NO complaints of harm or negligence against a properly trained PT.

- This concept was vetted by the animal rehabilitation task force created by the CA Vet Medical Board in 2016-2017. What is Proposed: The Animal Physical Therapy Coalition seeks to improve pet owners’ access to experts in rehabilitation for movement-related dysfunctions. This legislation is in response to increased consumer demand for rehabilitative services for animals. It will increase access and choice of qualified physical therapists. Liability is taken off the referring veterinarian and placed on the physical therapist certified in animal rehabilitation.”

## **OPPOSITION:**

California Veterinary Medical Association Opposes AB 1458:

This bill will likely mimic several previous legislative attempts for physical therapists to expand their scope of practice to include animals, similar to the chiropractic scope creep attempt referenced above. This bill is an attempt to override current state law by proposing that direct veterinarian supervision be removed in practices run by physical therapists and avoiding minimum standards required of veterinary practices by inclusion of a licensee manager and other consumer protection provisions. The CVMA’s strong opposition on this bill is rooted in several areas. Among them include:

- Physical therapists have no training on animals as part of their formal and standardized licensing curriculum. If such a precedent were to be set by allowing them to practice veterinary medicine on animals, would veterinarians then be justified to practice on humans?

- Physical therapists want to open practices that provide services to all animals, despite their certification courses being focused on dogs as well as self-guided and relatively short.
- Physical therapists are not formally trained in:
  - o the fundamental differences between quadruped animals and biped, upright humans.
  - o the signs of pain in animal species.
  - o Animal behavior as it relates to all species.
  - o Animal locomotion.
  - o Recognizing infectious diseases.
  - o First aid treatment.
  - o Emergency lifesaving treatment.
  - o and much more.

The CVMA is opposed to any attempts by human health care practitioners to expand their practice acts to include animals.

**POSITION:** Watch

**PTBC IMPACT:**

The Physical Therapy Board of California (PTBC) would be responsible for establishing a new licensing framework to regulate animal physical therapy and ensuring compliance through enforcement oversight. This would involve developing certification standards, monitoring adherence to regulatory requirements, and coordinating enforcement actions to uphold PTBC's mandate of consumer protection of the public.

AB 1458 is expected to have a significant and impactful fiscal and policy effect that cannot be considered minor or easily absorbable. Additional bill language is crucial to ensure the effective implementation of this legislation. The language of this bill does not provide the authority to establish regulations or impose fees. Additionally, the costs associated with implementing AB 1458 provisions cannot be absorbed within the existing resources of the PTBC.

The language of the bill does not currently provide clear guidance on which entity (PTBC or VMB) would be responsible for enforcement. Additional legislative discussion or amendments may be required to define enforcement authority. This clarity would be crucial to ensure proper implementation and allocation of resources.

Significant concerns have been raised about the supervision requirements outlined in BCP 2631 (h)(1)-(2). While Animal Physical Therapists are required to work under supervision and must obtain a referral from a licensed veterinarian, the veterinarian is not held liable for the services provided by the Animal Physical Therapist. This prompts important questions regarding the intended purpose of veterinary supervision.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 224  
**Author:** Bonta (D)  
**Bill Date:** Amended 4/23/2025  
**Subject:** **Health Care Coverage: Essential Health Benefits**  
**Sponsor:** Author Sponsored.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill expresses the intent of the Legislature to review California's essential health benefits (EHB) benchmark plan and establish a new benchmark plan for the 2027 plan year. Specifically, this bill adds, commencing January 1, 2027, if the U.S. Department of Health and Human Services (DHHS) approves a new EHB benchmark plan for California, the following benefits to the benchmark plan:

- 1) Specified services to evaluate, diagnose, and treat infertility.
- 2) Specified durable medical equipment (DME).
- 3) An annual hearing exam and one hearing aid per ear every three years.

**ANALYSIS:**

**Existing Law:**

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans. plans and makes a willful violation of the act a crime.

Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act.

Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified

**This Bill:**

Requires, beginning January 1, 2027, if the United States Department of Health and Human Services (HHS) approves a new essential health benefits (EHBs) benchmark plan for the State of California (state) pursuant to the submission by the state, the existing EHB benchmark plan to additionally include coverage for hearing aids, durable medical equipment (DME), and infertility benefits, as specified. Specifically, this bill:

- 1) Requires, beginning January 1, 2027, if HHS approves a new EHB benchmark plan for the state pursuant to submissions to HHS made by the state in 2025 for this purpose, the existing EHB benchmark plan to additionally include the following benefits:
  - a) Services to evaluate, diagnose, and treat infertility that include all of the following:
    - i) Artificial insemination;
    - ii) Three attempts to retrieve gametes;
    - iii) Three attempts to create embryos;
    - iv) Three rounds of pre-transfer testing;
    - v) Cryopreservation of gametes and embryos;
    - vi) Two years of storage for cryopreserved embryos;
    - vii) Unlimited storage for cryopreserved gametes;
    - viii) Unlimited embryo transfers;
    - ix) Two vials of donor sperm;
    - x) Ten donor eggs;
    - xi) Surrogacy coverage for the services described above; and,
    - xii) Health testing of the surrogate for each attempted round of covered services.
  - b) All of the following DME:
    - i) Mobility devices, including, but not limited to, walkers and manual and power wheelchairs and scooters;
    - ii) Augmented communications devices, including, but not limited to, speech generating devices, communications boards, and computer applications;
    - iii) Continuous positive airway pressure machines;
    - iv) Portable oxygen; and,
    - v) Hospital beds.
  - c) An annual hearing exam and one hearing aid per ear every three years.

## **BACKGROUND:**

*Federal Affordable Care Act (ACA):* Enacted in March 2010, the ACA expands access to quality, affordable insurance and health care and provides the framework, policies, regulations and guidelines for the implementation of comprehensive health care reform by the states. The ACA prohibits insurers from denying coverage or charging higher premiums based on preexisting conditions. The ACA, along with tax credits for low- and middle-income people buying insurance on their own in health benefit exchanges, make it easier for people with preexisting conditions to obtain health coverage. The ACA also requires health plans sold in the individual and small group markets to offer a comprehensive package of items and services, known as EHBs, in a “benchmark” plan. The federal government gave each state the authority to choose its benchmark plan.

*California’s EHBs:* DHHS defines EHB based on state-specific EHB benchmark plans. According to the California Health Benefits Review Program (CHBRP), the base-benchmark plan California selected for 2014, the Kaiser Foundation Health Plan Small Group HMO 30 plan, was the largest plan by enrollment in one of the three largest small-group insurance products in the state’s small-group market. California supplemented this plan with the pediatric oral benefit from its Children’s Health Insurance Program, and the pediatric vision benefits from a federal plan to create the EHB-



benchmark plan. Additionally, California chose to define habilitative services and required these services be provided “under the same terms and conditions applied to rehabilitative services.”

*New Benchmark Plan Selection.* In late 2023, DHHS proposed a rule that would, among other things, allow states to mandate new benefits without exceeding EHB or triggering the requirement that the state cover the costs of those new benefits (as explained below), if the state adopts a new benchmark plan that includes the new benefits. If enacted, this rule change would allow California to adopt a new benchmark plan that requires health plans to cover new benefits (such as hearing aids for children) without also incurring the cost for those benefits for on-exchange enrollees. States must submit a proposed modified benchmark plan selection by the first Wednesday in May two years prior to the effective date of the new benchmark plan (i.e., by May 2025 for plan year beginning in 2027). Based on these time frames, the earliest that California could have a new benchmark plan in place is for plan year 2027.

According to DMHC, federal law dictates the process a state must follow when selecting a new benchmark plan. These requirements include criteria for the “floor” and “ceiling” of benefit packages, benefits for diverse segments of the population, and benefit designs that are not discriminatory, and submission of a formulary list, among others.

### **FISCAL:**

The Department of Managed Health Care (DMHC) anticipates absorbable costs for state administration.

The Department of Insurance estimates costs of \$64,000 in 2025-26 and \$174,000 in 2026-27 for state administration (Insurance Fund).

### **RELATED LEGISLATION:**

SB 62 (Menjivar) is substantially similar to this bill. SB 62 is pending in the Senate Appropriations Committee.

### **PRIOR LEGISLATION:**

AB 2914 (Bonta), of the 2023-24 Legislative Session, expressed the intent of the Legislature to review California’s EHB benchmark plan and establish a new EHB plan for the 2027 plan year. AB 2914 was moved to the inactive file on the Senate floor.

### **SUPPORT:**

- American Society for Reproductive Medicine
- California State Council of Service Employees International Union (SEIU California)
- Children's Specialty Care Coalition
- Indivisible CA: Statestrong
- National Association of Pediatric Nurse Practitioners
- Resolve: The National Infertility Association

- Western Center on Law & Poverty

### **OPPOSITION:**

None on file.

### **PTBC ANALYSIS:**

AB 224 aims to modernize California's essential health benefits, ensuring that insurance plans cover a broader range of services starting in 2027. The bill's impact on health care access includes:

- **Expanded Coverage:** It updates the benchmark plan to include fertility treatments, hearing exams, hearing aids, and mobility devices (e.g., wheelchairs and walkers).
- **Improved Equity:** By reviewing and updating essential health benefits, the bill helps ensure more comprehensive and inclusive health care, particularly for individuals who need specialized services.
- **Greater Consumer Protections:** The bill aligns California's health care coverage with evolving medical needs, reducing gaps in insurance coverage and enhancing affordability.

AB 224's impact on the Physical Therapy Board of California (PTBC) will likely be indirect but significant in terms of regulatory oversight and accessibility. Since the bill expands essential health benefits to include mobility devices like wheelchairs and walkers, it could lead to greater patient access to physical therapy services.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 489  
**Author:** Bonta (D)  
**Bill Date:** Amended 4/23/2025  
**Subject:** **Health Care Professions: Deceptive terms or Letters; Artificial Intelligence**  
**Sponsor(s):** Author Sponsored as well as Co-sponsors: Assemblymembers Bains, Berman, Lowenthal, Pellerin and Wilson. Additionally, SEIU California and the Medical Association are listed as organizational sponsors.

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill extends the enforceability of existing title protections for various licensed health care professions to expressly apply against a person or entity who develops or deploys artificial intelligence (AI) or generative AI (GenAI) systems that misrepresent themselves as titled health care professionals. The bill also authorizes state boards to pursue legal recourse against developers and deployers of AI and GenAI systems that impersonate healthcare workers.

**ANALYSIS:**

**Existing Law:**

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees.

Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

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

Existing law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

**This Bill:**

1) Defines "Health care profession" to mean any profession that is the subject of licensure or regulation under this the Healing Arts division of the Bus. & Prof. Code.

- 2) Establishes that any violation of this bill is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.
- 3) Grants the appropriate health care professional licensing board to pursue injunctions or restraining orders to enforce this bill.
- 4) Provides that any provision of the laws governing the regulation of healing art licensees that prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an AI or GenAI system, program, device, or similar technology.
- 5) Prohibits the use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program, device, or similar technology that indicates or implies that the care or advice being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional.
- 6) Specifies that each use of a prohibited term, letter, or phrase constitutes a separate violation.

### **PURPOSE:**

Traditionally, the certification and licensing of medical professionals are overseen by state boards, which have the authority to discipline individuals who impersonate licensed practitioners. However, the emergence of AI systems introduces a regulatory gap: current statutes do not explicitly prohibit AI from impersonating medical professionals, and these systems can be deployed in ways that lead consumers to believe they are interacting with a licensed healthcare provider. As highlighted throughout this analysis, the misrepresentation of an algorithm as a qualified medical professional raises serious privacy, ethical, and safety concerns.

This bill seeks to address that gap by prohibiting AI and GenAI systems from presenting themselves as titled medical professionals. It would also empower the relevant state licensing boards to pursue legal action against the developers and operators of such systems. Ultimately, the bill aims to protect consumers from misleading AI representations and ensure that appropriate regulatory bodies are equipped to enforce these protections.

No person can claim to be a doctor, nurse, therapist, or other medical professional without the proper training and certification. These prohibitions began to be put in place starting in 1980 to protect individuals from malicious actors who could harm or exploit people by appropriating a trusted title. Current law explicitly applies only to the misrepresentation of individuals or corporations as medical providers.

The recent boom in artificial intelligence (AI) technologies has facilitated the proliferation of chatbot-based services that respond to inquiries in real-time. Transparency in AI deployment is a leading principle for the ethical use of the technology. In the last legislative session, AB 3030 (Calderon, Stats. 2024, Ch. 848) required that AI-generated correspondences from healthcare

facilities to patients, without human oversight, must include a disclosure indicating that the communication was AI-generated. However, transparency alone is insufficient if an AI is misrepresenting itself.

Currently, various platforms host AI chatbots that claim to be doctors or therapists. However, the learning process a machine undergoes to become a chatbot does not equate to earning a real degree or certification. Unsurprisingly, chatbots cannot currently become credentialed healthcare providers.

This bill, co-sponsored by the Service Employees International Union California State Council and the California Medical Association, would expressly prohibit AI and generative AI (GenAI) systems from misrepresenting themselves as titled healthcare professionals. The bill would also grant state boards the authority to pursue legal recourse against developers and deployers of AI systems that impersonate healthcare workers.

The bill is supported by Kaiser Permanente and a variety of healthcare worker associations, including the California Psychological Association, the American Association of Clinical Urologists, and the California Association of Orthodontists. The bill has no opposition. It was previously heard by the Assembly Business and Professions Committee, where it passed with a 17-0 vote.

### **BACKGROUND:**

*Title Protection:* Title protection is one of the forms of regulation of professional services that the Legislature may impose to protect patients and consumers by reserving the use of words, terms, initials, and titles for individuals who have met certain requirements to demonstrate competence.

*Potential Harm from AI in Health Care:* AI role-playing as a medical professional raises serious privacy and ethical concerns. Entities such as Character.ai do not have to comply with federal and state confidentiality laws, which protect sensitive patient information. Even if an AI bot includes a disclaimer noting it is not a real medical professional, users may still be misled, especially younger, older, or emotionally vulnerable individuals. Believing they are confiding in a legitimate healthcare provider, users may share deeply personal information about their mental or physical health, or life circumstances. While some may argue that such data can be deidentified, companies can often reidentify individuals by combining this information with other data points.

Two lawsuits are pending that address Character.ai's potential liability for harmful chatbot interactions with minors. In one case, a teenager died by suicide after a chatbot allegedly did not recognize signs of suicidal ideation and did not dissuade him from self-harm. In another, a bot reportedly encouraged a teen to harm his family because the family was trying to limit his time with the bot. Although these cases do not involve bots impersonating medical professionals, they underscore the serious risks such interactions can pose.

### **FROM THE AUTHOR'S OFFICE:**

The California Medical Association and SEIU, the co-sponsors of the bill, write in support: AB 489 provides state health professions boards with clear authority to enforce title protections when AI

systems or similar technologies, such as internet-based chatbots, misrepresent themselves as health professionals. The bill makes entities that develop and deploy AI systems responsible for any violations of existing title protections and explicitly prohibits AI systems from misrepresenting themselves as human health professionals.

The California Attorney General's recent legal advisory on AI in healthcare highlights the importance of this legislation. The advisory emphasizes that AI systems are already widespread in healthcare, with potential benefits but also significant risks. These risks include discrimination, denials of needed care, misallocation of healthcare resources, and interference with patient autonomy and privacy.

The dangers of AI in healthcare are numerous and concerning:

- **Misinformation:** AI may provide incorrect information which can significantly undermine public trust, leading individuals to forgo scientifically backed treatments for unproven remedies, adversely affecting health outcomes and public health initiatives.
- **Bias and discrimination:** AI systems trained on biased data can exacerbate health inequities and lead to discriminatory practices.
- **Misdiagnosis and improper treatment:** AI systems may make errors in diagnosis or treatment recommendations, potentially causing harm to patients.
- **Privacy violations:** The vast amounts of patient data used to train and operate AI systems raise serious privacy concerns.

AB 489 is a commonsense step to guarding against these dangers and ensuring that AI technologies are developed and deployed responsibly in healthcare settings. By prohibiting AI systems from misrepresenting themselves as licensed health professionals, this bill protects patients from deception and potential harm.

### **FISCAL:**

The Department of Consumer Affairs (DCA) reports the healing arts boards within DCA have received few complaints concerning AI or GenAI and do not anticipate a significant increase in complaints as a result of this bill. However, the individual healing arts boards estimate a range of potential costs.

The Board of Psychology, the Medical Board of California, the Physical Therapy Board, the Board of Registered Nursing, and the Board of Naturopathic Medicine all anticipate an increase in workload due to a higher volume of complaints resulting from this bill. However, they are unable to estimate the increase in complaint volume or related enforcement costs due to the lack of data on the frequency of AI or GenAI violations and the resulting enforcement costs.

The Dental Board estimates an ongoing fiscal impact of \$76,000 per year (State Dentistry Fund), assuming additional workload of 20 enforcement cases per year, which will take approximately 14

hours per case. The Dental Board estimates two cases per year would need injunctions, at a cost of \$6,000 each. In addition to the increase in enforcement workload, the Dental Board anticipates the need to provide annual training to its enforcement staff.

The Board of Pharmacy estimates ongoing costs of approximately \$56,000 per year. The Board of Pharmacy estimates this bill would create an additional workload of 480 hours per year for an inspector to investigate, write reports, and issue cease-and-desist orders for 40 enforcement cases that each take approximately 12 hours (Pharmacy Board Contingent Fund).

The DCA Office of Information Services has determined that up to 40 new enforcement codes are needed as a result of this bill, at an absorbable cost of \$8,000.

### **SUPPORT:**

- California Medical Association (CMA) (Co-Sponsor)
- California State Council of Service Employees International Union (SEIU California) (CoSponsor)
- American Association of Clinical Urologists
- American College of Obstetricians & Gynecologists - District IX
- California Academy of Child and Adolescent Psychiatry
- California Alliance of Child and Family Services
- California Association of Orthodontists
- California Board of Psychology
- California Chapter of The American College of Emergency Physicians
- California Dental Association
- California Nurses Association
- California Orthopedic Association
- California Psychological Association
- California Radiological Society
- California Retired Teachers Association
- California Youth Empowerment Network
- County Behavioral Health Directors Association (CBHDA)
- Kaiser Permanente
- Oakland Privacy
- SEIU California State Council
- Steinberg Institute

### **OPPOSITION:**

None on file.

### **PTBC IMPACT:**

This bill would prohibit Artificial Intelligence (AI) programs from using terms, letters, or phrases in its advertising or functionality falsely implying possession of a healing arts license. Healing arts boards would have jurisdiction to enforce these provisions against people or entities that develop

or deploy such programs. This bill strengthens patient safeguards by preventing AI systems from misrepresenting themselves as licensed physical therapists, reducing misinformation risks.

This bill could potentially have a significant impact on the PTBC's Enforcement Program, particularly in addressing allegations of unlicensed practice, including false advertising or actions that mislead the public into believing an individual holds a valid healing arts license. Investigations of unlicensed practice can vary, ranging from an analyst issuing education letters or citations, to full investigations by the DOI, or even hearings before an Administrative Law Judge. If enacted, AB 489 will have a fiscal impact on the PTBC and will not be absorbable within the Board's current resources.



**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 742  
**Author:** Elhawary (D)  
**Bill Date:** Amended 3/13/2025  
**Subject:** **DCA: Licensing: Applicants Who Are Descendants of Slaves**  
**Sponsor(s):** Elhawary; Co-sponsors include Bonta, Bryan, Gipson, Jackson, McKinnor, Sharp-Collins, Lori Wilson and Richardson, Smallwood-Cuevas, Pierson

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill requires a state licensing board within the Department of Consumer Affairs (DCA) to prioritize applicants seeking licensure who are descendants of American slaves.

**ANALYSIS:**

**Existing Law:**

1) Establishes the Department of Consumer Affairs (DCA), which is comprised of several boards, bureaus, and commissions (boards) that license various professions and occupations. Specifies that these boards are established for the purpose of ensuring that private businesses and professions that engage in activities which have potential impact upon public health, safety, and welfare are adequately regulated in order to protect the people of California. (Business & Professions Code Sections 100-101, 101.6.)

2) Requires any licensing board within DCA to expedite, and assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged. Similarly requires a licensing board within the DCA to expedite the initial licensure process and waive the licensure application fee for an applicant who is married to an active duty member of Armed Forces of the United States, as specified. (Business & Professions Code Sections 115.4-115.5.)

3) Provides that no person in the State of California shall, on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation, be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency, is funded directly by the state, or receives any financial assistance from the state. (Government Code Section 11135.)

4) Prohibits a state from denying any person equal protection of the laws. (U.S. Constitution Amendment XIV, Section 1 and California Constitution Article I, Section 7(a).)

**This Bill:**

Requires state licensing boards within the Department of Consumer Affairs to prioritize applicants seeking licensure who are descendants of American slaves.

Specifically, this bill:

- 1) Provides that once the process to certify descendants of American slaves is established by the Bureau for Descendants of American Slavery, each state licensing board within the Department of Consumer Affairs shall prioritize applicants seeking licensure who are descendants of American slaves.
- 2) Provides that the provision above shall become operative on the date that the certification process for the descendants of American slaves is established by the Bureau for Descendants of American Slavery.
- 3) Specifies that the provisions of the bill shall remain in effect only for four years from the date on which the bill becomes operative, or until January 1, 2032, whichever is earlier, and as of that date is repealed.
- 4) Specifies that the provisions of this bill shall become operative only if Senate Bill 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery.

### **BACKGROUND:**

The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, or otherwise regulating professionals in California. As of March 2023, there were over 3.4 million licensees overseen by programs under the DCA. Each licensing program has its own unique requirements, with the governing acts for each profession providing for various prerequisites including prelicensure education, training, and examination. Most boards additionally require the payment of a fee and some form of background check for each applicant.

AB 3121 (Weber), Chapter 319, Statutes of 2020, established the Task Force and required it to study and develop reparation proposals for African Americans as a result of slavery and numerous subsequent forms of discrimination based on race. The Task Force was required to recommend appropriate remedies in consideration of its findings, which were submitted as a report to the Legislature on June 29, 2023.

Chapter 10 of the Task Force’s report, titled “Stolen Labor and Hindered Opportunity,” addresses how African Americans have historically been excluded from occupational licenses. In its discussion of professional licensure, the Task Force includes a recommendation in favor of “prioritizing African American applicants seeking occupational licenses, especially those who are descendants [of slavery].”

In January 2024, the California Legislative Black Caucus announced the introduction of the 2024 Reparations Priority Bill Package, consisting of a series of bills introduced by members of the caucus to implement the recommendations in the Task Force’s report. As part of that package, AB

2862 (Gipson) was introduced, to implement the Task Force recommendation that DCA boards be required to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. AB 2862 did not pass the Senate Committee on Business, Professions, and Economic Development.

This year, the California Legislative Black Caucus announced its “Road to Repair 2025 Priority Bill Package.” This bill, included as part of that package, is similar to AB 2862. However, this bill replaces references to “African American applicants” with a requirement that boards prioritize “descendants of American slaves.” Because there is no established way to prove this status, this bill’s requirements are contingent on the Legislature also enacting Senate Bill 518 (Weber Pierson), which establishes a Bureau for Descendants of American Slavery.

Once this Bureau has implemented a process for certifying descendants of American slaves, certified applicants would qualify for prioritization under this bill. This requirement would be similar to existing expedited licensure processes for military families, refugee applicants, and abortion providers. The author believes this bill would meaningfully address the specific impact specific transgressions have had on African Americans seeking licensure in California.

### **FROM THE AUTHOR’S OFFICE:**

This bill is part of a package of bills introduced by members of the California Legislative Black Caucus that seek to implement recommendations of the California’s Task Force to Study and Develop Reparations Proposals for African Americans (Task Force).

According to the author: “Descendant of slaves have faced historical barriers to accessing licenses due to longstanding impact of racial bias. By prioritizing descendants of slaves when applying for licenses, we hope to increase the number of applicants and recipients of licensure in various businesses and professions where descendants of slaves have often been overlooked and underrepresented. This is one small step in righting the wrongs of the past.”

*Discrimination under existing state licensing law.* The Department of Consumer Affairs (DCA) is comprised of several boards, bureaus, and commissions (boards) that, in order to protect consumers, license and regulate various professions and occupations. These boards are especially concerned with those occupations and professions that engage in an activity that could have a significant impact on public health, safety, and welfare if performed negligently or without proper skill. For the most part, these boards perform a strictly administrative function of issuing licenses to persons who meet all of the statutory requirements to practice that occupation or profession. In short, the boards are not supposed to issue or deny licenses on arbitrary grounds unrelated to the persons qualifications. In addition, existing state law provides that no person shall be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency based on a protected characteristic, including, most relevant for this bill, “race, color, religion, ancestry, national origin, [or] ethnic group identification.” Because the state licensing boards are state agencies, they cannot discriminate against persons on the basis of any of the protected characteristics.

Notwithstanding state law prohibiting state agencies from discriminating on the basis of protected characteristics, state licensing law already contains a discriminatory provision similar to the one proposed by this bill. Specifically, Government Code Section 115.4 requires a state licensing board to “expedite” licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill provides that a licensing board shall “prioritize” applications from descendants of persons enslaved in the United States. Based on the background provided by the author to the Committee, the letters of support, and the Committee communications with the author’s office, it seems apparent that for purposes of this bill “prioritize” means something very similar, if not identical, to “expedite.” Both “race” and “ancestry,” as well as “veteran status,” are protected characteristics under other state laws, including the Unruh Civil Rights Act and the Fair Employment and Housing Act. Therefore, if expediting licensure for veterans does not discriminate, then perhaps prioritizing applicants who are descendants of an enslaved person also is not discriminatory.

### **FISCAL:**

The Department of Consumer Affairs (DCA), after surveying all DCA boards and bureaus (programs), indicates the following special fund costs (various funds):

- 1) The majority of programs determined that additional workload, such as updates to applications, websites, materials, annual reports, procedures, regulations, as well as required training and outreach, would be minor and absorbable within existing resources. Most of the programs indicated they already have a process in place to expedite applications. A portion of the programs also identified the need to promulgate regulations.
- 2) One program, the Board of Barbering and Cosmetology (BBC), identified a non-absorbable cost as follows: The BBC would require \$275,000 in the first year, and \$128,000 ongoing to support a one-year limited-term position, as well as one permanent position to support the implementation of this bill. The limited-term position will develop new procedures for applicants, update policies, system modifications, and reporting, and coordinate with licensing staff. The permanent position will be responsible for processing all prioritized applications, and the associated workload to maintain records and support system modifications. The BBC will also need to promulgate regulations and update translations for all eight applications with a cost of approximately \$25,000, which is absorbable within the board’s current resources.
- 3) The Office of Information Services (OIS), within DCA, estimates a one-time IT General Fund cost of \$305,000. OIS indicates this bill will require updates to online applications and posting of paper applications on websites, and assumes all 302 application types would be affected. OIS indicates it can absorb \$30,000 of this cost within existing resources. However, OIS will require one-time funding for the remaining \$278,000 to contract with a vendor to update all online forms.

### **POLICY COMMENTS:**

*“Prioritize” vs “expedite.”* The California Board of Registered Nursing would support this bill if the author changed the word “prioritize” to “expedite.” As noted above, existing law requires state licensing boards to “expedite” the licensure applications by veterans and the spouses of active duty military members. (Business & Professions Code Sections 115.4-115.5.) In fact, the existing law requires the board to do a bit more than “expedite.” Section 115.4 provides that the board “shall expedite, and may assist,” if the applicant is a veteran or on active military duty. Section 115.5 requires the board to “expedite” and “waive the licensure application fee” for an applicant who is married to, or in a domestic partnership with, an active-duty member of the Armed Forces. Just as this bill does not define “prioritize,” the existing law does not define “expedite.” However, “prioritize” is defined by the online Oxford English Dictionary to mean to “to determine the order for dealing with (in a series of items or tasks) according to their relative importance.” The online Cambridge English Dictionary defines the word to mean “to arrange in order of importance.” Thus, as used in this bill, it would appear to mean, at a minimum, to consider the descendant’s application first. These same online dictionaries define “expedite” to mean “to process with a degree of urgency or priority” and “to make something happen more quickly.” Thus “expedite” would not only require moving the application up in the order processed, it would also require considering it without the usual delays.

If the bill moves out of this Committee, the author may wish to consider using “expedite,” which aligns with terminology used in existing law, rather than “prioritize,” if that definition would better reflect the author’s goals and intent.

#### **CURRENT RELATED LEGISLATION:**

AB 7 (Bryan) would allow higher education institutions in California to grant descendants of American chattel slavery preferential consideration for admission, to the extent that it does not conflict with federal law. This bill is pending in the Assembly Committee on Higher Education.

AB 57 (McKinnor) would designate a share of Home Purchase Assistance Funds for first-time home buyers who are descendants of American chattel slavery. This bill is pending in the Assembly Committee on Judiciary.

SB 437 (Weber Pierson) would require the California State University to conduct independent research and issue a report on scientific methods for verifying an individual’s genealogical connection to enslaved ancestors in the United States. This bill is pending in the Senate Committee on Judiciary.

SB 518 (Weber Pierson) would establish the Bureau of Descendants of American Slavery. This bill is pending in the Senate Committee on Governmental Organization.

#### **PRIOR LEGISLATION:**

AB 2862 (Gipson) of 2024 would have required state licensing boards under the DCA to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. This bill died in the Senate Committee on Business, Professions, and Economic Development.

SB 1403 (Bradford) of 2024 would have established a California American Freedmen Affairs Agency. This bill died on the Assembly Floor inactive file.

AB 657 (Cooper), Chapter 560, Statutes of 2022 requires specified boards under the DCA to expedite applications from applicants who demonstrate that they intend to provide abortions.

AB 3121 (Weber), Chapter 319, Statutes of 2020 established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States.

AB 2113 (Low), Chapter 186, Statutes of 2020 requires entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

AB 2138 (Chiu/Low), Chapter 995, Statutes of 2018 reduced barriers to licensure for individuals with prior criminal convictions.

SB 1226 (Correa), Chapter 657, Statutes of 2014 requires entities under the DCA to expedite applications from honorable discharged veterans.

AB 1904 (Block), Chapter 399, Statutes of 2012 requires entities under the DCA to expedite applications from military spouses and partners.

### **SUPPORT:**

- California Faculty Association
- Greater Sacramento Urban League

The Greater Sacramento Urban League writes in support of this bill: For generations, Black Californians have faced systemic discrimination in licensing processes, limiting their ability to enter high-demand professions and contribute fully to California's workforce. The historical impacts of racial bias, mass incarceration, and unjust restrictions on licensing have disproportionately affected descendants of enslaved people, creating economic disparities that persist today. AB 742 takes a critical step toward correcting these injustices by ensuring that licensing boards prioritize applications from descendants of enslaved individuals and eliminate arbitrary waiting periods that delay their ability to enter the workforce. This measure AB 742 Page 7 not only expands access to professional opportunities but also promotes economic mobility and financial independence for historically marginalized communities.

The California Faculty Association supports the bill for substantially the same reasons as those articulated above by the Greater Sacramento Urban League.

ARGUMENTS IN SUPPORT, IF AMENDED: The Board of Registered Nursing (BRN) supports this bill to use the term "expedite", rather than "prioritize." This change, BRN contends, will "align the bill with existing licensing processes for other targeted populations and assist in implementation."

### **OPPOSITION:**

- California Landscape Contractors Association
- Californians for Equal Rights Foundation
- Pacific Legal Foundation

The Pacific Legal Foundation (PLF) and Californians for Equal Rights Foundation each oppose this bill for substantially the same reasons, contending that the operative classification of “descendants of American slavery” is a proxy for race, and, as such, it is a racial classification that violates the 14th Amendment of the U.S. Constitution. PLF contends that this classification would be held to a strict scrutiny test, and that under this test the state could not satisfy either the “compelling interest” prong or the “narrow tailoring” prong of that test.

### **PTBC IMPACT:**

If enacted, AB 742, will potentially result in increased administrative costs for the PTBC associated with implementing the prioritization process for designated applicants who can verify their status as descendants of American slaves. However, due to the lack of clear guidelines and reliable data on the number of affected applicants, the exact fiscal impact remains uncertain. The PTBC depending on implementation, might experience changes in application processing timelines or resource allocation.

Additionally, the provisions of the bill will only take effect if SB 518 from the 2025-26 Legislative Session is enacted, further complicating the ability to accurately estimate any financial consequences.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** AB 1186  
**Author:** Patel (D)  
**Bill Date:** Amended 4/3/2025  
**Subject:** **Data Collection: Race Ethnicity: Minimum Categories**  
**Sponsor:** Author Sponsored with Assemblymember José Luis Solache Jr. as a coauthor

**DESCRIPTION OF CURRENT LEGISLATION:**

Establishes “minimum categories on race and ethnicity” that must be included by state boards that collect demographic data on ethnic origin, ethnicity, or race. All boards that collect these types of demographic data must collect and publish information on at least the top nine largest detailed categories. This bill establishes the following minimum categories for race and ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White.

**ANALYSIS:**

This bill establishes the position of Chief Statistician of California (CSC) within the Department of Finance’s (DOF) Demographic Research Unit (DRU) and requires the CSC to standardize demographic data collection by state agencies.

Specifically, among other provisions, this bill:

- 1) Establishes the following minimum data collection categories for race and ethnicity: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White.
- 2) Requires an agency, board, or commission that collects demographic data on the ethnic origin, ethnicity, or race of Californians (“qualifying agency”) to collect data on at least the minimum categories on race and ethnicity.
- 3) Requires a qualifying agency to collect and publish information on at least the top nine largest detailed categories for each of the minimum categories on race and ethnicity, in accordance with specified federal guidance.
- 4) Authorizes the DRU to exempt a qualifying agency from the bill’s data collection requirements if the DRU determines the administrative burden on the agency outweighs the benefit to the public.
- 5) Requires each qualifying agency to report to the Legislature on its compliance with this bill’s data collection requirements by January 1, 2027, and annually thereafter.



- 6) Makes data collected pursuant to this section available to the public in accordance with state and federal law, except for personally identifying information.
- 7) Prohibits a state agency from disclosing personally identifying information collected from individuals to any federal agency unless the disclosure is expressly required by federal law.

**PURPOSE:**

According to the author: This bill enables our state agencies and policymakers to better serve the unique needs of the diverse communities of California. Disaggregating data to include race and ethnicity subcategories enables state agencies to provide services that better meet the needs of California's diverse tapestry of residents. This more precise data helps all communities receive formal recognition and also improves the accuracy of California's Census Count, which is, in turn, crucial for California to get the federal representation and funding we residents deserve.

**BACKGROUND:**

There are no statewide standards for demographic data collection conducted by or contracted for by state agencies. As described in more detail in the analysis of this bill by the Assembly Committee on Judiciary, there are several statutes that mandate collection of specified racial and ethnic subgroup information by certain state agencies, but data collection and tabulation practices vary by agency.

This bill establishes uniform, minimum requirements for collection of certain racial and ethnic data by qualifying state agencies. The bill creates the CSC to oversee implementation of these requirements, provide exemptions to qualifying agencies for which the administrative burden of compliance is too high, and track and evaluate progress by qualifying agencies.

The bill also tasks the CSC with generally standardizing collection of demographic data, coordinating statistical data collection, and ensuring efficiency, effectiveness, and confidentiality in these efforts across state agencies.

**SUPPORT:**               None on File.

**OPPOSITION:**       None on File.

**POSITION:**           Watch

**PTBC IMPACT:**

The PTBC may experience a fiscal impact which at this time, is minor and absorbable. due to anticipated costs associated with expanded data collection and reporting requirements mandated by the legislation. These costs could include system updates, staff resources, and compliance measures necessary to ensure alignment with regulatory obligations. A more precise assessment will depend on further legislative details and implementation requirements.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** SB 62  
**Author:** Menjivar (D)  
**Bill Date:** Amended 4/23/2025  
**Subject:** **Health Care Coverage: Essential Health Benefits**  
**Sponsor:** Author Sponsored with Assemblymember José Luis Solache Jr. as a coauthor

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill expands California's Essential Health Benefits (EHBs) benchmark coverage, to include services to evaluate, diagnose, and treat infertility; durable medical equipment such as mobility devices; and, hearing aids. EHB's are mandated coverage for health insurance that is sold in California for individuals and small businesses pursuant to the federal Affordable Care Act.

**ANALYSIS:**

Existing federal law:

Establishes, pursuant to the Patient Protection and Affordable Care Act (ACA), federal EHBs requirements, including that the Secretary of the United States Department of Health and Human Services (HHS) not make coverage decisions, determine reimbursement rates, establish incentive program, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life. [42 U.S.C. §18022]

Existing state law:

1) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services to administer the Medi-Cal program. [Healthy and Safety Code (HSC) §1340, et seq., Insurance (INS) §106, et seq., and Welfare and Institutions Code (WIC) §14000, et seq.]

2) Requires an individual or small group health plan contract or insurance policy to include at a minimum, coverage for EHBs pursuant to the ACA, and as outlined below:

- a) Health benefits within the categories identified in the ACA;
- b) Ambulatory patient services;
- c) Emergency services;
- d) Hospitalization;
- e) Maternity and newborn care;
- f) Mental health and substance use disorder services;
- g) Prescription drugs;
- h) Rehabilitative and habilitative services and devices;
- i) Laboratory services;
- j) Preventive and wellness services and chronic disease management; and,
- k) Pediatric services, including oral and vision care;
- l) Health benefits covered by the Kaiser Foundation Health Plan Small Group HMO 30 (Kaiser Small Group HMO), as this plan was offered during the

first quarter of 2014, regardless of whether the benefits are specifically referenced in the evidence of coverage or plan contract for that plan;  
m) Medically necessary basic health care services, as specified;  
n) Health benefits mandated to be covered by the plan pursuant to statutes enacted before December 31, 2011, as described; and,  
o) Health benefits covered by the plan that are not otherwise required to be covered, as specified. [HSC §1367.005 and INS §10112.27]

3) Requires pediatric vision care to be the same health benefits for pediatric vision care covered under the Federal Employees Dental and Vision Insurance Program vision plan with the largest national enrollment as of the first quarter of 2014. [HSC §1367.005 and INS §10112.27].

4) Requires pediatric oral care to be the same health benefits for pediatric oral care covered under the dental benefit received by children under the Medi-Cal program as of 2014, including the provision of medically necessary orthodontic care provided pursuant to the federal Children's Health Insurance Program Reauthorization Act of 2009. [HSC §1367.005 and INS §10112.27].

This bill adds to California's EHB benchmark the following services beginning January 1, 2027, if approved by HHS:

- a) Services to evaluate, diagnose, and treat infertility. Requires the services to include:
  - i) Artificial insemination;
  - ii) Three attempts to retrieve gametes;
  - iii) Three attempts to create embryos;
  - iv) Three rounds of pre-transfer testing;
  - v) Cryopreservation of gametes and embryos;
  - vi) Two years of storage for cryopreserved embryos;
  - vii) Unlimited storage for cryopreserved gametes;
  - viii) Unlimited embryo transfers;
  - ix) Two vials of donor sperm;
  - x) Ten donor eggs; and,
  - xi) Surrogacy coverage for the aforementioned services, as well as health testing of the surrogate for each attempted round of covered services.
- b) The following additional durable medical equipment (DME):
  - i) Mobility devices, including walkers and manual and power wheelchairs and scooters;
  - ii) Augmented communications devices, such as speech generating devices, communications boards, and apps;
  - iii) Continuous positive airway pressure (CPAP) machines;
  - iv) Portable oxygen; and,
  - v) Hospital beds.
- c) An annual hearing exam and one hearing aid per ear every three years.

#### **PURPOSE:**

Author's statement. According to the author, gaps have been identified in coverage in California's EHB benchmark plan for health insurance under the ACA. For example, the existing benchmark excludes coverage for hearing aids, some medically necessary durable medical equipment and infertility treatment. California's benchmark plan can be updated to expand benefits to cover these

needed services and treatment. After a stakeholder process held by DMHC which SB 62 Page 4 included an actuarial report comparing California's EHB to the most generous typical employer health plan, California decided to keep the current benchmark plan but add coverage for hearing aids, additional durable medical equipment, and infertility diagnosis and treatment. This bill is needed to update California's EHB law to incorporate these changes.

### **BACKGROUND:**

#### *California's Benchmark Plan.*

California's current benchmark plan is the Kaiser Small Group HMO plan. The benchmark plan and other state mandates existing prior to December 31, 2011 are used to determine EHBs. Any state mandate exceeding EHBs requires the state to defray the costs associated with the mandate. California last reviewed its benchmark plan in 2015. At that time, the California Health Benefits Review Program (CHBRP) asked Milliman to analyze and compare the health services covered by the ten plans available to California as options for California's EHB benchmark effective January 1, 2017, similar to an analysis completed for Covered California in 2012. Milliman found relatively small differences in average healthcare costs among the ten benchmark options. Among the plan options, Milliman found differing coverage of acupuncture, infertility treatment, chiropractic care, and hearing aids. The three California small group plans were essentially the same average cost as the California EHB plan and the California large group and CalPERS plans were approximately 0.2% to 1% higher in cost. The estimated average costs for the three federal employee plan options was approximately 0.8% to 1.2% higher than the California EHB plan. On April 17, 2015, the Secretary of California's Health and Human Services Agency sent a letter to the federal Center for Consumer Information and Insurance Oversight (CCIIO) selecting the same Kaiser Small Group Plan to remain as California's benchmark plan.

#### *California Stakeholder Process.*

On June 27, 2024, DMHC held a public meeting to discuss California's EHBs and the process for updating the benchmark plan. At that meeting, DMHC shared the timeline and introduced the consultant, who explained the federal rules and recently approved and proposed EHB benchmark changes from other states. Oral public comment was received, and DMHC requested written public comment by July 11, 2024. Public comments included requests for hearing aids for children, infertility treatment, DME, (such as wheelchairs, oxygen equipment, and CPAP machines, intermittent catheters, trach tubes, canes, walkers, neuromodulators, transcutaneous electrical nerve stimulation [TENS], and other medically necessary equipment), oral dietary enteral nutritional formulas, dental benefits at parity with other ACA reforms, massage therapy, and chiropractic. Some requested that benefits not fall below the existing EHB floor.

Health plans and insurers urged striking a balance between benefits, cost, and access. Dental plans raised concerns about market impacts of embedding dental services into health plan structures and the impact it could have on the stand alone dental plans that exist in the market today. There were also several letters submitted urging wig coverage for individuals with Alopecia areata. A second stakeholder meeting was held on January 28, 2025 with another public comment period established by February 4, 2025.

#### *Benefit Analysis.*

At the January 28th meeting, the Wakely Consulting Group (Wakely) presented an actuarial analysis that identified the benefit allowance and potential options and prices for the proposed benchmark plan. Through a typicality test following current CMS standards, Wakely determined that California's proposed benchmark plan can impact benefit costs (which is what the plan pays

for the service plus member cost share) ranging between 1.06% to 2.23%. This means that the value of the benefit additions cannot exceed 2.23%. Wakely further estimated the pricing of a suite of proposed benefits that potentially could be added, including hearing aids, DME, wigs, chiropractic, infertility, and adult dental. Altogether, the cost of these benefits, with the exception of adult dental would add 1.63% to 3.48% cost. These benefits exceed the allowed cost impact range by 0.57% to 1.25%. This means choices must be made to narrow the set of proposed benefits to be covered. The allowed cost range of adult dental preventive services is 1.26% to 1.83% and for comprehensive dental services, the cost range is 2.6% to 4.6%. In addition to the high cost of adding preventive dental services, there are other challenges with adding adult dental benefits to the EHB, such as that as an EHB there cannot be annual or lifetime dollar limits on benefits. This is not typically how dental benefits are offered today.

#### *Informational Hearing.*

On February 11, 2025, the Senate and Assembly Committees on Health held an informational hearing on California's EHB benchmark options. Testimony was provided by DMHC, Covered California, CHBRP, and the public.

#### *DMHC Announcement.*

On March 28, 2025, DMHC announced that California intends to apply to CMS to update the state's benchmark plan to take effect January 1, 2027. A public comment period was held on the draft document submissions to CMS. The documents include a benchmark plan summary, confirmations, certifications, benefits and limits summary and a valuation report. The benefits described are the benefits being added pursuant to this bill. DMHC received comments from a variety of organizations expressing support for the chosen benefits. Some organizations express disappointment that adult dental benefits were not included, as well as chiropractic, and neuromodulators. Some requested clarifications regarding the artificial insemination benefit, and description of behavioral health provider in the benchmark plan summary. Lastly, two organizations requested a delay in the submission to take additional time for review and consultation of the premium impact of these added benefits, impacts of federal decisions related to terminating enhanced Advanced Premium Tax Credits (APTCs), and guidance on infertility treatment requirements in the large group market.

#### **FISCAL IMPACT:**

- DMHC anticipates absorbable costs for state administration.
- Unknown costs for the CDI for state administration (Insurance Fund).

#### **SUPPORT:**

- Alliance for Fertility Preservation
- American Society for Reproductive Medicine
- California Association of Medical Product Suppliers
- California State Council of Service Employees International Union
- Children Now
- Children's Specialty Care Coalition
- County of Santa Clara Office of Education
- Disability Rights Education and Defense Fund
- Facing Our Risk of Cancer Empowerment
- Health Access California
- Indivisible CA: StateStrong

- National Health Law Program
- Resolve: The National Infertility Association
- Western Center on Law & Poverty, Inc

#### ARGUMENTS IN SUPPORT:

Health Access California supports the additional items to be add to California's EHBs because hearing loss can result in delayed language development in children and social isolation among people of all ages. Health Access California writes many Californians do not have access to wheelchairs, augmentation communication devices, hearing aids, oxygen equipment and other DME that they need, and, California as a state is committed to reproductive rights: infertility treatment is as much a part of that as abortion.

Western Center on Law and Poverty writes, "The current benchmark creates a significant gap in services due to its lack of coverage for DME. Without adequate coverage, people go without medically necessary devices, obtain inferior ones that put their safety at risk, or turn to publicly-funded health care programs for help." The Santa Clara County Office of Education writes this bill would establish a new benchmark plan for the 2027 plan year, which would include, among other things, a requirement that private health plans cover hearing aids for children, and, this bill would support our deaf and hard of hearing students by ensuring that all families have access to the choices that meet their needs. RESOLVE: The National Infertility Association writes, "As the American Society for Reproductive Medicine has declared in prior support letters, the proposed benchmark plan meets the standard of care for in vitro fertilization by covering three egg retrievals and an unlimited number of transfers, among other enumerated services. This standard is based on extensive U.S. and international literature, as well as professional consensus, which supports this approach as the most cost-effective way to maximize an individual's chances for a healthy pregnancy and neonatal outcome. This standard is maintained by most states with similar mandates and closely aligns with what commercial insurance companies provide for their covered lives. Without adequate insurance coverage for fertility care, the out-of-pocket costs for these treatments are simply insurmountable for most Californians. Hormone therapy alone can cost as much as \$2,000 and intrauterine insemination can cost more than \$5,000. IVF can run anywhere between \$24,000 and \$38,015 depending on the clinic and whether a patient needs donor eggs or sperm. For Californians struggling with infertility, the very existence of the family they hope to build can depend on income alone." Children Now writes this legislation presents a welcome opportunity to update the EHB benchmark package to include hearing aid coverage for children and adults in 2027, pending federal approval, and, in closing the hearing aid coverage gap, these bills will ensure that all children in California have the opportunity to reach their full potential.

#### Concerns:

The California Association of Health Plans (CAHP) and the Association of California Life and Health Insurance Companies (ACLHIC) express significant concerns with legislation seeking to expand California's EHB benchmark plan. They believe that proceeding with this legislation now is premature and warrants a delay to allow for a more thorough review and consultation on premium impact and affordability. CAHP and ACLHIC write, "The Wakely studies have already indicated a potential 2% premium increase to cover these benefits, a cost that will further strain the affordability of healthcare for many Californians. As Wakely themselves noted in their Benchmark Plan Benefit Valuation Report, the actual cost and premium impacts could be even higher depending on various factors. It is imperative that the State undertake a more comprehensive evaluation of these potential premium increases. CAHP and ACLHIC urge the State to consult with CHBRP to conduct a detailed analysis of the cost implications for these proposed services. Also,

the looming expiration of the APTC subsidies at the end of 2025 presents a significant risk. The expiration of these subsidies could lead to higher insurance premiums for all 2.37 million Californians in the individual market, potentially increasing the number of uninsured individuals. Covered California has publicly testified that the loss of these subsidies would increase the ranks of the state's uninsured by an estimated 400,000 Californians.”

**OPPOSITION:**       None on File.

**POSITION:**       Watch

**PTBC IMPACT:**

SB 62 aims to modernize California's essential health benefits, ensuring that insurance plans cover a broader range of services. The bill's impact on health care access includes:

- Expanded Coverage: It updates the benchmark plan to include fertility treatments, hearing exams, hearing aids, and mobility devices (e.g., wheelchairs and walkers).
- Improved Equity: By reviewing and updating essential health benefits, the bill helps ensure more comprehensive and inclusive health care, particularly for individuals who need specialized services.
- Greater Consumer Protections: The bill aligns California's health care coverage with evolving medical needs, reducing gaps in insurance coverage and enhancing affordability.

SB 62's impact on the Physical Therapy Board of California (PTBC) will likely be indirect but significant in terms of regulatory oversight and accessibility. Since the bill expands essential health benefits to include mobility devices like wheelchairs and walkers, it could lead to greater patient access to physical therapy services.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** SB 470  
**Author:** Laird (D)  
**Bill Date:** Amended 4/10/2025  
**Subject:** **Bagley Keene Open Meeting Act: Teleconferencing**  
**Sponsor(s):** Author (Laird).

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill extends the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) until January 1, 2030, authorizing and specifying conditions under which a state body may hold a meeting by teleconference, as specified.

**ANALYSIS:**

**Existing Law:**

- 1) Requires, pursuant to Bagley-Keene, and with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body.
- 2) Authorizes meetings through teleconference subject to specified requirements, including, among other things, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.
- 3) Authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible, as specified. Existing law repeals these provisions on January 1, 2026.
- 4) Authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, including, among others, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the advisory body be present at the primary physical meeting location during the meeting, and that the members of the advisory body appear on camera during the open portion of a meeting, as specified. Existing law repeals these provisions on January 1, 2026.
- 5) Repeals, on January 1, 2026, the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.



**This Bill:**

- 1) Extends the January 1, 2026, repeal date on the authorization of an alternative set of provisions under which a state body may hold a meeting by teleconference until January 1, 2030.
- 2) Extends the January 1, 2026, repeal date on the authorization for a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions until January 1, 2030.
- 3) Includes related legislative findings and declarations

**BACKGROUND:**

Author Statement. According to the author's office, "when the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation." Further, "Senate Bill 470 builds upon the successful implementation of [last year's] SB 544 by [extending] the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings."

*The Bagley-Keene Open Meeting Act of 1967.*

Bagley-Keene originated as a response to growing concerns about transparency and public involvement in the decision-making process of state agencies. Bagley-Keene aims to ensure that state boards, commissions, and agencies conduct their business openly and transparently, allowing the public to be informed and participate in the decision-making process.

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. The act includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation, to protect the privacy and legal interests of individuals and the state.

The act applies to state bodies, including: every state board, or commission created by statute or required by law to conduct official meetings and every commission created by executive order; any board, commission, or committee exercising the authority of a state body delegated to it; an advisory board, advisory commission, advisory committee or subcommittee created by formal action of the state body; and any board, commission, or committee on which a member of a body that is a state body serves in his or her official capacity as a representative of the state body, as specified. The law does not apply to individual officials or the California State Legislature.

*The Americans with Disabilities Act of 1990 (ADA).*

The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability just

as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that those with disabilities have equal opportunities to pursue employment, purchase goods and services, and participate in state and local government programs. The ADA contains specific requirements for state and local governments to ensure equal access for people with disabilities.

*COVID-19 and Executive Order N-29-20.*

On March 4, 2020, Governor Newsom proclaimed a State of Emergency in California as a result of what at the time was a novel and rapidly growing COVID-19 pandemic. Despite early efforts, the virus continued to spread. On March 17, 2020, Governor Newsom issued Executive Order (EO) N-29-20 citing the fact that strict compliance with various statutes and regulations on open meetings of state bodies would have prevented, hindered, or delayed appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic. The executive order, among other things, required public meetings be accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body.

*Temporary Teleconferencing Extensions in 2022 and 2023.*

SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022), among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings. The law suspended certain requirements that would typically apply to in-person meetings, such as having a physical location for the public to attend and providing access to all remote teleconference locations until July 1, 2023. State bodies are encouraged to use their best judgment when holding teleconferenced meetings, and to make an effort to follow the other provisions of Bagley-Keene as closely as possible. This helps ensure that these remote meetings remain transparent and accessible to the public. This section of the law was temporary, set to expire on July 1, 2023.

SB 544 (Laird, Chapter 216, Statutes of 2023) authorized, until January 1, 2026, granted state bodies an additional option to conduct meetings via teleconference provided that at each teleconference location—defined as a physical site accessible to the public—at least one member of the state body is physically present. In specified circumstances, individual members may participate remotely without being in a public location, such as when a majority of members at a given teleconference site are physically present or if the member has a disability-related need.

Public participation must be ensured: meetings must be visible and audible at each teleconference location, and the public must be able to attend remotely through equivalent audio or video access provided to members. The agenda must list all teleconference locations, internet or telephone access information, and physical addresses, and members of the public must be allowed to provide public comment live (not just in writing beforehand). State bodies must also provide accommodations for individuals with disabilities and prominently advertise those procedures.

SB 544 sets specific rules for member participation: a majority of members must generally be physically present at a single teleconference location, though exceptions are allowed for members with qualifying disabilities. Members participating remotely must disclose if other adults are present at their location and appear on camera during open meetings unless there are technological barriers. Voting must be conducted by roll call, and all actions taken must be publicly reported. If remote public access fails during a meeting and cannot be restored, the meeting must be adjourned, and notice must be promptly provided online and via email to interested parties.

SB 544 authorizes advisory state bodies (like advisory boards, advisory commissions, advisory committees, or advisory subcommittees) to hold meetings by teleconference, allowing members to participate remotely under specific conditions. Members participating remotely must be identified in the meeting minutes, and public notice must be given at least 24 hours in advance, though the remote location of participating members does not have to be disclosed. The notice and agenda must include a designated primary physical meeting location where the public can attend, observe, and participate, with at least one staff member present at that site. Public remote access must also be provided by phone or internet, with the access information included in the 24-hour notice.

During meetings, advisory body members must appear on camera unless doing so is technologically impracticable, in which case the reason must be announced. If remote public access fails and cannot be restored, the meeting must be adjourned with appropriate public notice online and by email. This section complements, but does not replace, other teleconference provisions in existing law and retains the 10- day public posting requirement for agendas under broader open meeting rules. Importantly, the remote participation framework here is designed specifically for advisory bodies, offering more flexibility than general state body teleconferencing rules.

The teleconference exemptions in Bagley-Keene limit the public's access to public meetings of state bodies by allowing a state body to hold a teleconference meeting without allowing the public to access the locations of where members are participating from, providing notice of where they are participating from, and also not requiring any member of the state body to be present at the one physical location required to be provided to the public for any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body. For other state bodies, only one member of the state body is required to be present at the one physical location required to be provided to the public.

This bill includes legislative findings and declarations regarding the need to limit access of public meetings. This bill extends the January 1, 2026, repeal date on the above discussed teleconferencing authorizations in Bagley-Keene until January 1, 2030.

### **PENDING LEGISLATION:**

SB 707 (Durazo, 2025) makes various changes to the Ralph M. Brown Act, including authorizing provisions relating to teleconferencing of local state agencies until January 1, 2030.

AB 259 (Blanca Rubio, 2025) makes various changes to the Ralph M. Brown Act, including removing the sunset date in certain teleconferencing provisions, thereby extending them indefinitely.

### **PRIOR LEGISLATION:**

SB 544 (Laird, Ch. 216, Stats. 2023) authorized, until January 1, 2026, state bodies to meet via teleconferencing without requiring each teleconference location to be identified in the notice and agenda, agendas be posted at all teleconference locations, and each teleconference location being accessible to the public if certain requirements are met.

AB 557 (Hart, Ch. 534, Stats. 2023) eliminated the sunset date for allowing local agencies to use teleconferencing without complying with specified teleconferencing requirements during a proclaimed state of emergency.

SB 189 (Committee on Budget and Fiscal Review, Ch. 48, Stats. 2022) among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of inperson gatherings, as specified.

AB 1733 (Quirk, 2022) would have updated Bagley-Keene to accommodate teleconferenced meetings as a standard practice, as provided. This bill was never set for a hearing in the Assembly Governmental Organization Committee.

AB 2449 (Rubio, Ch. 285, Stats. 2022) allows, until January 1, 2026, members of a legislative body of a local agency to use teleconferencing without noticing their teleconference locations and making them publicly accessible under certain conditions.

### **SUPPORT:**

- AARP
- Alzheimer's Association
- California Association of Licensed Investigators
- California Coalition on Family Caregiving
- California Commission on Aging
- California Foundation for Independent Living Centers
- California Long Term Care Ombudsman Association
- Disability Rights California
- Family Caregiver Alliance
- LeadingAge California
- Little Hoover Commission

### **OPPOSITION:**

- ACLU California Action
- California Broadcasters Association
- California Chamber of Commerce
- California Common Cause
- California News Publishers Association
- CCNMA: Latino Journalists of California
- First Amendment Coalition
- Freedom of the Press Foundation
- Howard Jarvis Taxpayers Association
- League of Women Voters of California
- Media Guild of the West
- National Press Photographers Association
- Orange County Press Club
- Pacific Media Workers Guild, Local 39521
- Radio Television Digital News Association

### **PTBC IMPACT:**

SB 470 aligns with previous legislation, including AB 1733 (Quirk, 2022) and SB 544 (Laird, 2023), both of which PTBC supported without identifying a fiscal impact. AB 1733, in particular, was associated with cost savings. For PTBC, SB 470 provides valuable teleconferencing flexibility, enabling the board to maintain virtual meetings and streamline logistical challenges for members and stakeholders. Additionally, the bill ensures continued remote access for the public, which may lead to increased participation in PTBC meetings.



July 7, 2023

Honorable Senator Laird  
1021 O Street, Suite 8720  
Sacramento, CA 95814

**RE: SB 544, Bagley-Keene Open Meeting Act: Teleconferencing – *Support Position***

Dear Senator Laird,

The Physical Therapy Board of California (PTBC) Board President, Tonia McMillian took an interim support position on SB 544 on the April 27, 2023, version of the bill.

The PTBC's mission is to advance and protect the interests of the people of California by the effective administration of the Physical Therapy Practice Act. If this bill is passed, the PTBC intends to adhere to its mandate to meet in-person at least once in Northern California and once in Southern California (BPC section 2611). During the PTBC's 2021 Sunset Review, the Board recommended amending BPC section 2611 to require the Board to provide online access in addition to its existing mandate of in-person Board meetings. The PTBC believes that requiring the use of an online platform, would increase consumer and stakeholder access and participation; and is more effective than a teleconference. This requirement is intended as an additional point of access, not as a replacement or in lieu of the existing mandate.

SB 544 amends the Bagley-Keene Open Meeting Act to allow meetings to be conducted remotely, while maintaining a method for greater public access. The PTBC believes this legislation will provide an option to meet remotely at any time and allow for an enhanced method for public participation. While the PTBC fully intends to continue to meet in-person for each meeting, the PTBC has found that meeting remotely in the last three years has provided opportunities for increased public access.

Thank you on behalf of the PTBC for your thoughtful consideration of this request. If additional information is needed, please feel free to contact the PTBC's Executive Officer, Jason Kaiser at (916) 561-8278.

Sincerely,

Tonia McMillian  
President, Physical Therapy Board of California

Cc:

Assembly Member Miguel Santiago, Chair of the Governmental Organization Committee  
Jennifer Simoes, Deputy Director, Division of Legislative Affairs, Department of  
Consumer Affairs



April 12, 2022

Honorable Assembly Member Bill Quirk  
State Capitol, Suite 5120  
P.O. Box 942849  
Sacramento, CA 94249-0020

**RE: AB 1733, State Bodies: Open Meetings – Support Position**

Dear Assembly Member Quirk,

The Physical Therapy Board of California (PTBC) recently conducted its March 24, 2022, Board Meeting where our Board members voted to Support AB 1733 on the January 31, 2022, version of the bill.

The PTBC's mission is to advance and protect the interests of the people of California by the effective administration of the Physical Therapy Practice Act.

This bill amends the Bagley-Keene Open Meeting Act to allow meetings to be conducted remotely, while maintaining a method for public access. The PTBC believes this legislation will provide needed flexibility to allow it to continue to meet and operate during a public health emergency, as well as providing an option to meet remotely at any time while providing an enhanced method for public participation. While the PTBC fully intends to continue to meet in-person for each meeting, the PTBC has found that meeting remotely in the last two years has provided opportunities for increased public access. This bill allows opportunity for continued public participation both in-person and remotely.

Thank you on behalf of the PTBC for your thoughtful consideration of this request. If additional information is needed, please feel free to contact the PTBC's Executive Officer, Jason Kaiser at (916) 561-8278.

Sincerely,

Alicia Rabena-Amen  
President, Physical Therapy Board of California

Cc:

Assembly Member Miguel Santiago, Chair of the Governmental Organization Committee  
Assembly Member Marc Berman, Chair of the Committee on Business and Professions  
Jennifer Simoes, Deputy Director, Legislative Affairs, Deputy Director, Division of Legislative Affairs, Department of Consumer Affairs



**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** SB 518  
**Author:** Pierson (D)  
**Bill Date:** Amended 5/23/2025  
**Subject:** **Descendants of Enslaved Persons: Reparations**  
**Sponsor(s):** Pierson; Co-sponsors include Assemblymembers Mia Bonta, Isaac Bryan, Sade Elhawary, Mike Gipson, Corey Jackson, Tina McKinnor, Rhodesia Ransom, LaShae Sharp-Collins, and Lori Wilson, as well as Senators Laura Richardson and Lola Smallwood-Cuevas

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill, contingent upon appropriation of sufficient funding by the Legislature, establishes the Bureau for Descendants of American Slavery (Bureau) within state government, and establishes the Bureau's duties relating to determining an individual's status as a descendant, as defined, and to reviewing and investigating complaints of property taken as a result of racially motivated eminent domain.

**ANALYSIS:**

**Existing Law:**

Existing constitutional law:

- 1) Limits the taking of private property for public use as follows: a) Under the United States Constitution, private property shall not be taken for public use without just compensation. (United States Constitution (U.S. Const.), 5th & 14th Amendments (Amends.)) b) Under the California Constitution (Cal. Const.), private property may be taken or damaged for a public use only when just compensation, ascertained by a jury unless waived, has first been paid to, or into court for, the owner. (Cal. Const., article (art.) I, § 19.)
- 2) Provides for equal protection under the law. (U.S. Const., 14th Amend., § 1; Cal. Const., art. I, § 7.)
- 3) Provides that all persons are by nature free and independent and have inalienable rights, including acquiring, possessing, and protecting property. (Cal. Const., art. I, § 1.)
- 4) Provides that the State shall not discriminate against, or grant preferential treatment to, any individual or group on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, public education, or public contracting. (Cal. Const., art. I, § 31.)
- 5) Provides that the Legislature does not have the power to make any gift or authorize the making of any gift of public money or thing of value to any individual, municipal, or other corporation. (Cal. Const., art. XVI, §

Existing state law establishes the Eminent Domain Law, which establishes the procedures by which a court may determine the right to possession of a property and the value of a property within an eminent domain proceeding. (Code Civ. Proc., pt. 3, tit. 7, §§ 1230.010 et seq.)

Former state law established the Task Force to develop reparations proposals for African Americans, with special consideration for African Americans who are descended from persons enslaved in the United States, and provided that the Task Force statutes would remain in effect until July 1, 2023, and as of that date be repealed. (former Gov. Code, §§ 8301-8301.7, repealed by Gov. Code § 8301.7.)

**This Bill:**

This bill:

1) States the following Legislative intent:

- a) It is the intent of the Legislature in establishing the Bureau to establish an initial framework, and that the scope and responsibilities of the Bureau may expand as necessary to fulfill its mission and address additional harms as identified.
- b) It is the intent of the Legislature that, as the Bureau expands its scope in the future, it shall also advise on reparative remedies for the African American community to address the lasting harms of disenfranchisement, segregation, discrimination, exclusion, neglect, violence, and the persistent consequences of this legacy.
- c) Implementation of this bill shall be contingent upon appropriation of sufficient funding by the Legislature in the annual Budget Act or other statute for that purpose.

2) Defines the following terms:

- a) “Bureau” means the Bureau for Descendants of American Slavery.
- b) “Descendants” means descendants of an African American chattel enslaved person in the United States, or descendants of a free Black person living in the United States prior to the end of the 19th century.
- c) “Director” means the Director of the Bureau for Descendants of American Slavery.
- d) “Racially motivated eminent domain” means when the state, county, city, city and county, district, or other political subdivision of the state acquires private property for public use and does not distribute just compensation to the owner at the time of acquisition, and the acquisition or the failure to provide just compensation was due, in whole or in part, to the owner’s ethnicity or race.

- 3) Establishes the Bureau in the Department of Justice; the Bureau shall be under the direct control of a director who is responsible to the Attorney General.
- 4) Provides that the Director of the Bureau shall be appointed by the Governor and confirmed by the Senate, and shall perform all duties, exercise all powers, assume and discharge all responsibilities, and carry out and effect all purposes vested by law in the Bureau; and that the salary of the Director shall be fixed by the Governor pursuant to Government Code section 12001.
- 5) Requires the Bureau to establish a mission statement consistent with the recommendations from the former Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States.
- 6) Requires the Bureau to determine how an individual's status as a descendant shall be confirmed, provided that proof of an individual's descendant status shall be a qualifying criterion for benefits authorized by the state for descendants.
- 7) Provides that the Bureau, in order to accomplish the goal in 6), shall include the following divisions:
  - a) A Genealogy Division, to (1) establish a process to certify descendants of American slaves; (2) create a method for eligible individuals to submit claims and receive compensation or restitution for those particular harms California inflicted upon the claimant or their family; and (3) establish an equitable alternative qualifying criterion for benefits for descendants authorized by the state in cases where an individual's status as a descendant cannot be confirmed or proven.
  - b) A Property Reclamation Division, to (1) research and document California state properties acquired as a result of racially motivated eminent domain, including properties that no longer exist due to state highway construction or other development; (2) create a database of property ownership in the state identifying properties acquired through racially motivated eminent domain or other discriminatory government action; (3) review and investigate public complaints from people who claim their property was taken without just compensation, pursuant to 8); (4) upon appropriation, distribute just compensation for fair market value, adjusted for property price appreciation, of the property at the time of the taking, pursuant to 8); and (5) address cases where individuals experienced harm due to the policies and practices of state and local agencies.
  - c) An Education and Outreach Division, to develop and implement a public education campaign regarding the cycle of gentrification, displacement, and exclusion; the connection between redlining and gentrification; and the history of discriminatory urban planning in California.
  - d) A Legal Affairs Division, to (1) provide legal advice, counsel, and services to the Bureau and its officials; (2) ensure that the Bureau's programs are administered in

accordance with applicable legislative authority; (3) advise the head of the Bureau on legislative, legal, and regulatory initiatives; (4) serve as an external liaison on legal matters with other state agencies and other entities; and (5) conduct a review of past and current laws, as well as proposed legislation, to determine whether those measures have caused, are causing, or may continue to cause harm, providing recommendations to mitigate or eliminate any harm identified in its review.

8) Sets forth the findings and declarations relating to, definitions for, and the procedure by which, the Property Reclamation Division (PRD) in the Bureau can consider and approve applications for the return of property taken through racially motivated eminent domain, including:

a) A person who believes they had property taken from them as a result of racially motivated eminent domain shall submit an application to the PRD.

b) The PRD shall review the application and investigate the claim, as specified.

c) The PRD shall determine whether the application establishes a racially motivated eminent domain taking; if the PRD concludes there was not a racially motivated taking, the applicant can appeal, as specified.

d) The PRD shall determine the specific state or local public entity that took the property and whether to award financial compensation or property, as specified.

e) A person who receives a certification from the PRD can present the certification to the identified state or local entity, which can award the person with the identified financial or property as compensation; if the entity declines, the person can pursue a lawsuit against the entity and may assert any legal basis for return of the property or compensation that could have been raised at the time of the taking, and the statute of limitations shall not apply. The PRD's determination is not binding on the court.

9) Prohibits the Attorney General from modifying the structure of the Bureau or its work.

## **BACKGROUND:**

In 2020, the Legislature passed, and the Governor signed, SB 3121 (Weber, Chapter 319, Statutes of 2020), which established the first-in-the nation Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States (Task Force) to study and develop reparations proposals for California's role in accommodating and facilitating slavery, perpetuating the vestiges of enslavement, enforcing state-sanctioned discrimination, and permitting pervasive, systematic structures of discrimination against African Americans. The Task Force completed its work and issued its final report in 2023. The report contains a number of recommended remedies the state could implement in order to atone for its decades of state-sanctioned white supremacy.

This bill is intended to implement two of the Task Force's recommendations, by establishing the Bureau for Descendants of American Slavery to oversee reparations programs, including by establishing a method for determining how a person can establish their status as a descendant eligible for reparations. Additionally, the Bureau's Property Reclamation Division will implement and manage a process by which persons who were the victims of racially motivated eminent domain, as defined, can seek compensation for their unjustly taken property. This bill's implementation is contingent upon the Legislature's appropriation of sufficient funding for this bill's purpose.

Committee Amendments: Would make implementation of contingent upon appropriation by the Legislature, as specified and makes other technical conforming changes.

### **FISCAL:**

- Unknown, ongoing annual costs likely in the millions of dollars (General Fund) to establish and operate the Bureau.
- Unknown, potentially significant cost to the state funded trial court system (Trial Court Trust Fund, General Fund) to adjudicate disputes regarding compensation and title to properties as a result of this bill.
- Unknown potentially significant costs (General Fund, local funds) to state and local agencies to provide compensation and or property as reparations as required by this bill.

### **SUPPORT:**

- ACLU California Action Alliance for Reparations, Reconciliation and Truth
- Alliance San Diego
- Asian Americans and Pacific Islanders for Civic Empowerment
- Black Californians United for Early Care and Education
- Black Equity Collective
- Black Leadership Alliance Coalition
- Black Women for Wellness Action Project
- Black Women Organized for Political Action
- Bay Area Regional Health Inequities Initiative
- California Black Power Network
- California Faculty Association
- Catalyst California CFT – A Union of Educators & Classified Professionals, AFT, AFL-CIO
- Courage California
- Don Tamaki, former Task Force Member
- Dr. Cheryl Grills, former Task Force Member
- Equal Justice Society
- Equality California
- Greater Los Angeles African American Chamber of Commerce
- Greater Sacramento Urban League

- Lisa Holder, former Task Force Member
- Live Free California
- NAACP California-Hawai'i Conference
- Prevention Institute
- San Francisco Bay Area Black & Jewish Unity Coalition
- San Francisco Public Defender's Office
- Sarah Webster Fabio Center for Social Justice
- Western Center on law and Poverty
- Where Is My Land
- One individual

According to the NAACP California-Hawai'i State Conference: SB 518 establishes the Bureau of Descendants of American Slavery, which will play a central role in helping to correct historical wrongs. By providing a comprehensive system to verify lineage, facilitate property reclamation, and ensure legal support, the Bureau will empower descendants of enslaved individuals in California to access the benefits and services they deserve.

This bill is directly in line with the recommendations put forth by the California Reparations Task Force, which called for measures that provide practical and meaningful steps to repair the damage caused by centuries of discrimination and systemic injustice.

The creation of the Bureau, with specialized divisions for genealogy, property reclamation, education, and legal affairs, reflects a thoughtful, holistic approach to the needs of this community. It acknowledges the ongoing impact of slavery on Black Californians and ensures that those affected will have the tools and resources they need to receive support and recognition.

SB 518 provides an opportunity for the state to correct the historical neglect and disenfranchisement experienced by Black Californians, fostering equity and social justice. This bill is an essential component of the broader effort to address the economic, social, and legal inequalities that continue to affect this community today.

### **OPPOSITION:**

- American Civil Rights Project
- American Redress Coalition of California Bay Area
- American Redress Coalition of California Sacramento
- California Black Lineage Society
- California Organizations for Reparations
- Californians for Equal Rights Foundation
- Coalition For A Just And Equitable California
- Emend the Mass Media Group
- Lineage Equity and Advancement Project
- Pacific Legal Foundation
- Three individuals

According to the Lineage Equity and Advancement Project: Firstly, SB 518 will significantly delay the implementation of policies intended to benefit descendants of enslaved persons. As

written, the Bureau cannot begin its work until the completion of genealogy research mandated by SB 437 (Weber Pierson), a separate bill that directs millions of dollars toward unnecessary genealogical research, with no start date and no end date to the research. This indefinite timeline creates an open-ended delay, preventing any meaningful process in establishing eligibility criteria for administering benefits... Additionally, SB 518 was drafted without meaningful input from grassroots California-based organizations and leaders who have long been engaged in advocating for Reparations and Reparative justice. Effective policy development requires the inclusion of voices from the communities directly impacted by historical injustices. By failing to incorporate the perspectives of these stakeholders in the legislative process, the bill risks implementing topdown solutions that do not fully address the needs, priorities, or concerns of the people it aims to serve, thereby perpetuating one of the harms that California's Reparations Task Force cited as grounds for Reparative action: namely, political disenfranchisement.

**PTBC IMPACT:**

SB 518 does not have a direct impact on the PTBC, as it primarily focuses on reparations for descendants of enslaved persons; however, AB 742 (Elhawary) Licensing: Applicants Who Are Descendants of Slaves provisions would only be operative if this bill (SB 518) is enacted establishing the Bureau for Descendants of American Slavery and would make the provisions for AB 742 operative when the certification process is established via SB 518. AB 742 would require a state licensing board within the Department of Consumer Affairs (DCA) to prioritize applicants seeking licensure who are descendants of American slaves.

**PHYSICAL THERAPY BOARD OF CALIFORNIA**  
**LEGISLATIVE ANALYSIS**

**Bill Number:** SB 641  
**Author:** Ashby (D)  
**Bill Date:** As Amended 4/9/2025  
**Subject:** **Department of Consumer Affairs and Department of Real Estate: States of Emergency: Waivers and Exemptions.**  
**Sponsor(s):** Sen. Angelique Ashby [D]; Sen. Sabrina Cervantes [D]; Sen. Dave Cortese [D]; Sen. Lena Gonzalez [D]; Sen. Tim Grayson [D]; Sen. Melissa Hurtado [D]; Sen. Sasha Renee Perez [D]; Sen. Benjamin Allen [D]; Sen. Christopher Cabaldon [D]; Sen. Steve Padilla [D]; Sen. Susan Rubio [D]; Sen. Aisha Wahab [D]

**DESCRIPTION OF CURRENT LEGISLATION:**

This bill authorizes the Department of Real Estate (DRE) and boards under the jurisdiction of the Department of Consumer Affairs (DCA) to waive certain laws and regulations to provide regulatory relief to licensees impacted by declared federal, state, or local emergencies; provides that licensees in declared disaster areas have certain examination, fee, and continuing education requirements waived; establish requirements for debris removal; and prohibits a person from making unsolicited purchase offers in a disaster area, as specified.

**ANALYSIS:**

This bill is an urgency measure that supports licensed professionals impacted by a wildfire or natural disaster by waiving various licensure requirements. Addresses predatory practices by prohibiting a person from making an unsolicited purchase offer in a disaster area. Establishes timelines and certifications for appropriate debris removal.

**Existing Law:**

1) Authorizes healing arts programs within the Department of Consumer Affairs (DCA) to adopt regulations to require licensees to display their licenses or registrations in the locality in which they are treating patients, and to inform patients as to the identity of the regulatory agency they may contact if they have any questions or complaints regarding the licensee. (Business and Professions Code (BPC) § 104)

2) Authorizes DCA and each of the boards, bureaus, committees, and commissions within DCA to charge a fee for the processing and issuance of a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure and charge a fee sufficient to cover all costs incident to the issuance of the duplicate certificate or other form but shall not exceed twenty-five dollars (\$25). (BPC § 122)

3) Requires each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board within DCA to notify the issuing board of any change in the person's mailing address within 30 days after the change, unless the board has specified by regulations a shorter time period and subjects a person to a citation and administrative fine for failing to provide notification. (BPC § 136(a) and (b)).



- 4) Authorizes programs within the DCA to charge a delinquency, penalty, or late fee for any licensee, up to \$150. (BPC § 163.5)
- 5) Requires DCA programs to develop through the regulatory process guidelines to prescribe components for mandatory continuing education programs administered by any board within DCA. (BPC § 166)
- 6) Authorizes specified DCA programs to require an email address from applicants and licensees at the time of initial application and/or renewal.
- 7) Establishes the Contractors State License Board (CSLB) within DCA to license and regulate contractors and home improvement salespersons. (BPC § 7000 et seq.
- 8) Establishes the Real Estate Law to provide for the Department of Real Estate (DRE) regulation of real estate salespersons, real estate brokers, transactions associated with the purchase or lease new homes or subdivided interests, and the sales of timeshare interests to consumers in California. (BPC §§ 10000 et seq.)
- 9) Establishes the DRE to administer the Real Estate Law. (BPC §§ 1004).
- 10) Authorizes DRE to investigate the actions of any person engaged in the business or acting in the capacity of a real estate licensee and temporarily suspend or permanently revoke a real estate license for performing, or attempting to perform, specified violations of the Real Estate Law. (BPC § 10176)

**This Bill:**

- 1) States Legislative intent to provide boards, bureaus, commissions, and regulatory entities within the jurisdiction of the DCA and the DRE with authority to address licensing and enforcement concerns in real time after an emergency is declared. Specifies that the Legislature does not intend for any provision of this bill to require regulations to implement.
- 2) Authorizes DRE or any board under the jurisdiction of DCA to waive provisions of licensing laws related to specified activities for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a disaster area. Extends the waiver authority through the duration of a declared federal, state, or local emergency or disaster for licensees and applicants located in a disaster area and for either one year after the end of the declared emergency or disaster or an additional period of time beyond one year, as determined by a DCA entity or DRE.
- 3) Exempts a licensee impacted by a declared federal, state, or local emergency or disaster or whose home or business is located in an area for which a federal, state, or local emergency or disaster has been declared from requirements to pay a processing and issuance fee for a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure.
- 4) Requires every applicant for licensure and every licensee to provide DRE or DCA entity with an email address. 5) Prohibits a contractor from engaging in private debris removal unless the contractor has a specified license or classification. Authorizes the CSLB registrar, during a declared

federal, state, or local emergency or for a declared disaster area, to authorize additional classifications to perform private debris removal or muck out services based on the needs of the declared emergency or disaster. Specifies that the registrar may make the determination on a case-by-case basis and without requiring regulations and may require the qualifier for SB 641 Page 4 the license to have passed an approved hazardous substance certification examination as the disaster requires.

6) Requires the DRE Commissioner to, expeditiously, and until 90 days following the end of a declared emergency, determine the nature and scope of any unlawful, unfair, or fraudulent practices employed by any individual or entity seeking to take advantage of property owners in the wake of the emergency. Authorizes the DRE Commissioner to temporarily suspend or permanently revoke a real estate license at any time where the licensee, while a real estate licensee, makes an unsolicited offer to an owner of real property, on their own behalf or on behalf of a client, to purchase or otherwise acquire any interest in the real property for an amount less than the fair market value of the property or interest in the property when that property is located in an area included in a declared federal, state, or local emergency or disaster area, for the duration of the declared emergency and for three months thereafter.

### **BACKGROUND:**

Regulatory programs within the jurisdiction of the DCA issue about 3.5 million licenses, certificates, and approvals to individuals and businesses in over 250 categories. Within the DCA are 38 entities, including 26 boards, eight bureaus, two committees, one program, and one commission (hereafter “boards” unless otherwise noted). Collectively, these boards regulate more than 100 types of businesses and 200 different industries and professions. As regulators, these boards perform two primary functions: Licensing—which entails ensuring only those who meet minimum standards are issued a license to practice; and Enforcement—which entails investigation of alleged violations of laws and/or regulations and taking disciplinary action, when appropriate.

DCA boards are semiautonomous regulatory bodies with the authority to set their own priorities and policies and take disciplinary action on their licensees. DCA has direct control and authority over bureaus.

The Real Estate Law, administered by the Department of Real Estate, provides for real estate licensing in this state. DRE licenses more than 425,000 persons in California: over 293,000 real estate salespersons and over 131,000 real estate brokers, including corporate brokers, as well as more than 26,000 mortgage loan originators.

#### *COVID Waivers.*

On March 30, 2020, the Governor issued Executive Order N-39- 20 authorizing the Director of the Department of Consumer Affairs to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training. This bill follows that example and authorizes programs to waive various requirements for impacted applicants and licensees.

#### *Wildfires.*

Climate change, primarily caused by the burning of fossil fuels, is increasing the frequency and severity of wildfires, not only in California, but also all over the world. Since 1950, the area burned by California wildfires each year has been increasing. Drought conditions have brought unusually

warm temperatures, intensifying the effects of very low precipitation and snowpack and creating conditions for extreme, high severity wildfires that spread rapidly.

In January 2025, Los Angeles experienced the most catastrophic wildfires in its history. Beginning January 7, a series of wildfires ravaged L.A. County, consuming tens of thousands of acres due to strong Santa Ana winds and severe dry conditions. The Palisades and Eaton Fires were the most destructive, burning over 20,000 and almost 14,000 acres, respectively. The fires claimed at least 28 lives and destroyed over 16,240 structures.

**FISCAL IMPACT:**

According to the Senate Committee on Appropriations, this bill will result in minor and absorbable fiscal impacts for DCA boards and bureaus, as they already have processes in place to meet the mandates of this bill. DCA notes that in the event of a state of emergency that would impact a large licensing population, workload could be significant and not absorbable within existing resources and that fee waivers would create a loss in revenue. The Office of Information Services (OIS) within the DCA notes any fiscal impact to address board IT workload or updates is indeterminate at this time.

DRE reports unknown, potentially significant costs to meet the mandates of this bill, dependent on the frequency and scope of future disasters. DRE notes costs will vary, but the department will require, at a minimum, \$150,000 of staff time for legal, communications, and licensing staff to develop waiver plans, write public notices, and update its regulations, forms, enforcement manual, webpages, and databases.

**SUPPORT:**

- California Association of Licensed Investigators
- California Board of Psychology
- Contractors State License Board

**ARGUMENTS IN SUPPORT:**

The California Association of Licensed Investigators writes that “It is important to enact these provisions prior to the next significant federal, state or local emergency in order to ensure that essential services can continue during these challenging periods.” According to the California Board of Psychology, “SB 641 ensures that regulatory bodies can provide immediate and meaningful relief to licensees during emergencies without requiring an executive order. This authority allows the Board to better support licensees experiencing hardship while maintaining continuity of services for consumers. The Board supports SB 641 and appreciates the author’s efforts to enhance both regulatory responsiveness and consumer protection in times of crisis.” CSLB notes that “In the aftermath of a natural disaster, safe debris removal and disposal is critical to avoid additional health and environmental problems. SB 641 allows CSLB to determine which licensing classifications have sufficient experience and training to assist in debris removal on a case-by-case basis during a declared federal, state, or local emergency. The bill also allows CSLB to safely waive certain licensing requirements to support applicants and licensees during a state of emergency. SB 641 will enhance CSLB’s ability to quickly navigate recovery needs and provide expedient assistance for applicants, licensees, and consumers.”

**OPPOSITION:**      None on File.

**POSITION:** Watch

**PTBC IMPACT:**

SB 641 is not anticipated to have a significant policy or fiscal impact to the Physical Therapy Board of California. However, PTBC remains concerned about the potential fiscal and policy implications outlined in the provisions of the bill. PTBC already have processes in place to meet the mandates of this bill, however in the case of state of emergency that would impact our licensing population, the workload could be significant and not absorbable within existing resources.



## **Briefing Paper**

Date: May 23, 2025

### **Agenda Item 10(B)**

Prepared for: PTBC Members

Prepared by: Brooke Arneson

Subject: 2025 Rulemaking Report

---

### **Purpose:**

To update the Board on the status of proposed rulemaking progress and to provide an update on the rulemaking process.

**Attachments:**    [1. 2025 Rulemaking Update](#)  
                          [2. Overview of the Regulatory Process](#)

---

### **Background:**

At the December 2024 meeting, the Board adopted the 2025 Rulemaking Calendar as required by Government Code (GC) § 11017.6. The rulemaking calendar prepared pursuant to this section sets forth the Board's rulemaking plan for the year and is published by the Office of Administrative Law (OAL) in the California Regulatory Notice Register (Notice Register). The Notice Register is available on OAL's website:  
[https://oal.ca.gov/california\\_regulatory\\_notice\\_online/](https://oal.ca.gov/california_regulatory_notice_online/)

From the 2025 Rulemaking Calendar, staff developed a rulemaking tracking form on which all rulemaking progress is noted and reported to the Board at its quarterly meetings.

Effective September 7, 2016, all regulatory packages must be submitted to the Department of Consumer Affairs for Business, Consumer Services, and Housing Agency (Agency) review, prior to publicly noticing with the Office of Administrative Law (OAL). A copy of the current DCA Rulemaking process is included.

---

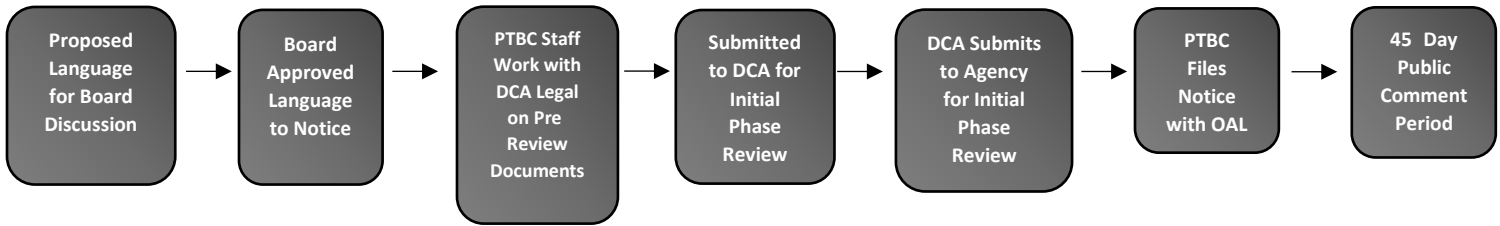
### **Action Requested:**

No action is requested on presentation of the rulemaking report.

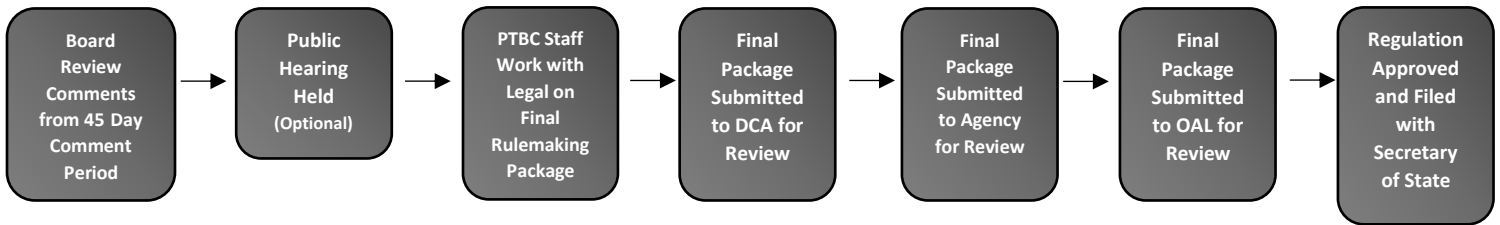
# 2025 Rulemaking Update

## Continuing Competency

Initial Phase:



Final Phase:



**Notes:** This regulation proposes to amend CCR 1399.90 – 1399.99, Article 14, Division 13.2 of Title 16. This proposed regulation was placed on the 2025 Rulemaking Calendar that was adopted at the Board meeting on December 5, 2024. PTBC staff are in the process of researching and developing proposed language for consideration by the Board at a future meeting date. We are in the initial phase of regulatory development, actively gathering workforce and program data to support the creation of the two comprehensive regulatory packages. This workforce and program data will be used to assess compliance with CC program policies and identify modifications to PTBC's existing regulations to ensure alignment with our statutory requirements.

This regulatory proposal was included in previous rulemaking calendars years: 2021; 2022; 2023; and 2024.

# Regulation Package Approval Process

## Concept Phase

- Kick-Off Meeting with relevant Board and DCA staff to discuss potential regulation.
- Board staff drafts proposed regulation.
- Regulations Counsel and Second Level Reviewer reviews and approves proposed regulation.
- Board meeting is held, proposed regulation text is presented for vote and approval.

**Phase Goal:** Proposed Regulation is drafted and approved by the Board to move forward.

## Production Phase

- After the Board approves the proposed text, Board staff develop remaining documents in the initial regulatory package.
- Regulation package is prepared with assistance from DCA Budget Analyst and Board Regulations Counsel.
- Following review and approval of the regulatory package by the Budget Analyst and Regulations Counsel, the package is reviewed and approved by the DCA Director and Agency.

**Phase Goal:** Regulation Package is approved by Agency.

## Initial Filing Phase

- Following Agency approval, the regulatory package is submitted to OAL for publication in the Notice Register for a 45-day comment period.
- If comments are received, Board Staff draft responses for review by the Regulations Counsel.
- Board meeting is held to approve the responses and modified text, if necessary.
- If substantial changes are made to the text, a 15-day comment period commences.

**Phase Goal:** Completion of the Public Comment Period with all comments appropriately addressed and any changes to the text approved by the Board.

## Final Filing Phase

- Board Staff develops and submits a final regulatory package to the Regulations Coordinator for review.
- If there is a fiscal impact to the regulations, the Budget Analyst submits the package to the Department of Finance (DOF) for review and approval, as necessary.
- The package is reviewed by Regulations Counsel, DCA Director, and Agency.
- Final package is submitted to OAL.
- OAL approves package, Board Staff updates the Board website with the new regulation, and contacts interested parties with notification of the effective date.

**Phase Goal:** OAL approves Final Regulatory Package.

## **Briefing Paper**

## **Agenda Item 10C**

**Date:** 4/16/2024

**Prepared for:** PTBC Members

**Prepared by:** April Beauchamps

**Subject:** Outreach Report

---

**Purpose:** To provide PTBC's Outreach activities and statistics for fiscal year (FY) 2024-25 (Q3).

**Attachments:**

1. Website Statistics
2. Social Media Statistics
3. 2025 Outreach Calendar

---

### **Background:**

The PTBC Outreach Report is a quarterly review of the Website and Social Media activities and analysis of those activities for the current fiscal year (CY) in comparison to the previous fiscal year (FY). The website statistics are collected from Google Analytics, and Social Media statistics are collected from Facebook and Hootsuite reporting systems; and, generated by PTBC staff on a quarterly basis: Jul -Sep (Q1), Oct-Dec (Q2), Jan-Mar (Q3) and Apr- Jun (Q4).

---

### **Update and Analysis:**

During Quarter 3 (Q3) PTBC provided 8 outreach presentations to PT and PTA programs in California. The PTBC provided Outreach program presentations to UC San Francisco on 1/28/2025; Fresno State University on 1/30/2025; University of the Pacific on 2/5/2025; University of Southern California on 2/6/2025; CSU Northridge on 2/7/2025; Sacramento City College on 2/24/2025; Institute of Technology-Modesto on 3/3/2025; and San Diego Mesa College on 3/26/2025. The PTBC also attended the California HOSA Career Fair on 3/29/2025.

**Website** – The PTBC had 62,399 web-hits through its web page tabs, resulting in a 14% decrease over last fiscal year Q3.

#### **Social Media<sup>1</sup>:**

**Facebook** – The PTBC received 29 “likes” this fiscal year Q3. In comparison to last fiscal year Q3, there was an decrease of 28% in page visits and an increase of 18% in page reach/impressions which is the number of people who saw any content from the PTBC Facebook page.

**Instagram** – Instagram had a 30% increase in page reach and a 12% decrease in profile visits in comparison to last fiscal year Q3. Instagram also had 37 new followers.

**Tik Tok** – Tik Tok stats for this fiscal year 2024-25 Q3, PTBC had 4,463 new video views/impressions resulting in an 69% increase from last fiscal year Q3. Tik Tok had 19 likes resulting in a 90% increase compared to last fiscal year Q3. Tik Tok also gained 36 new followers this fiscal year Q3.

<sup>1</sup> **Insights Definitions:** Likes-Number of people who have liked the page. Reach/Impressions-The number of people who have had any content from your page enter their screen. Engagements-Number of people who interacted with your page.

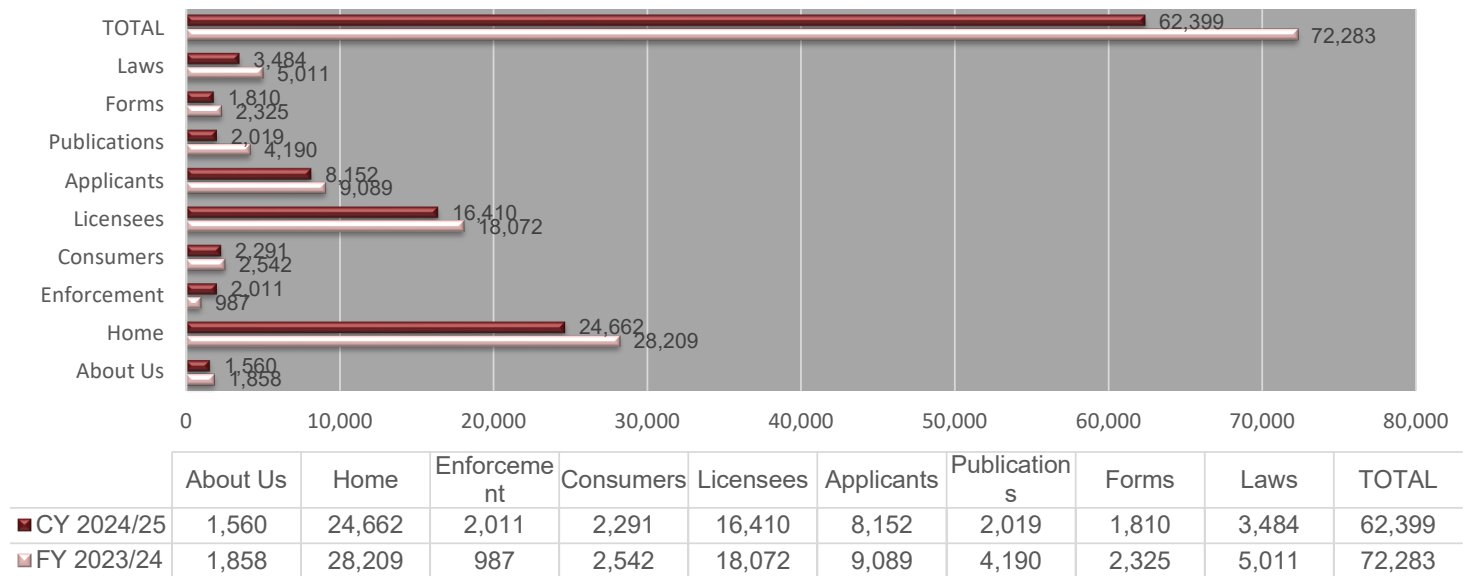


**X (Twitter)** – X stats for this FY 2024-25, the PTBC had an increase of people reached by 53% and a 47% increase of page engagements compared to last fiscal year Q3. X also gained 8 new follower this fiscal year.

**LinkedIn** – LinkedIn stats for this FY 2024-25 Q3 the PTBC had 2,296 impressions resulting in a 13% decrease, 47 page visits resulting in a 78% decrease, and 47 engagements resulting in a 27% increase.

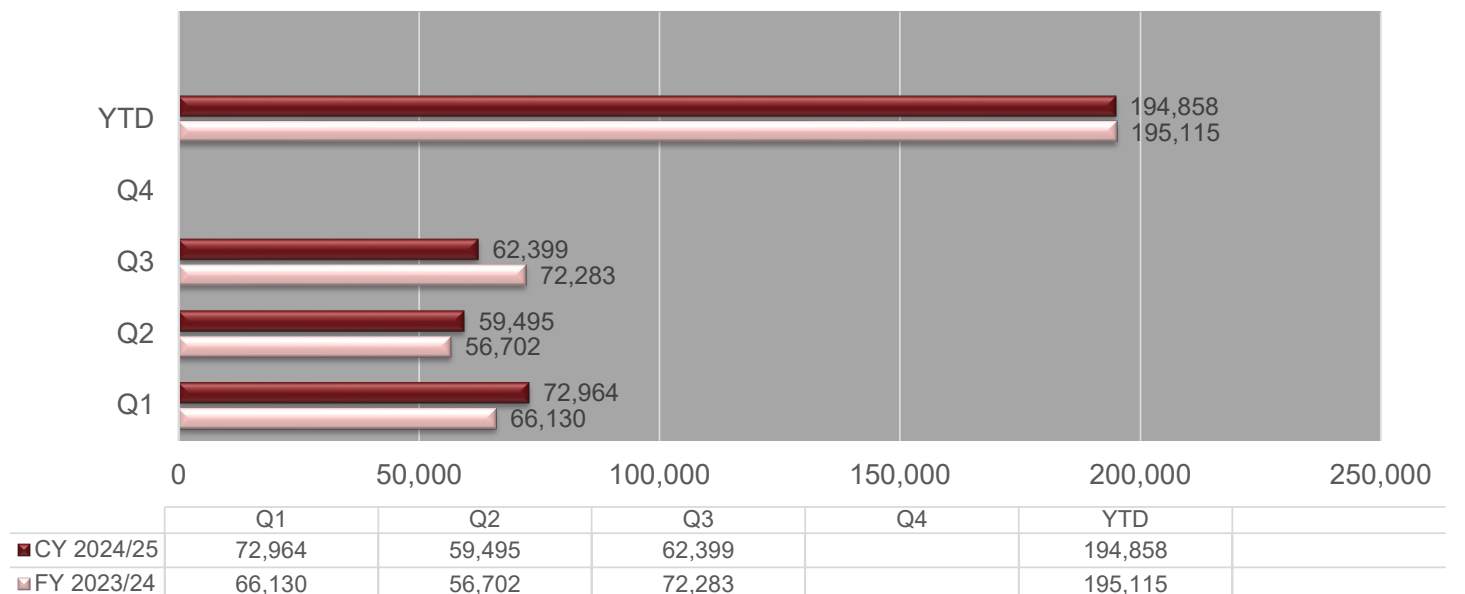
**Action:** No action is requested on presentation of the outreach report.

**Website Activity**  
**Q3 (Jan - Mar)**



This chart reflects a 14% decrease in traffic over last Q3 (FY 2023/24).

**Website Activity**  
**(Year-to-date)**



## Social Media Statistical Reports

### Facebook

	FY 2023/24	Fiscal Year 2024/25						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	2,500	2,521	3,216	3,067		8,804	3,067	↑ 18%
Page Visits	1,300	1,200	1,039	931		3,170	931	↓ -28%
New Followers (Likes)	37	36	31	29		96	29	↓ -22%

### Instagram

	FY 2023/24	Fiscal Year 2024/25						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	476	548	620	617		1,785	617	↑ 30%
Profile Visits	310	222	195	272		689	272	↓ -12%
New Followers	1	46	56	37		139	37	↑ 3600%

### Tik Tok

	FY 2023/24	Fiscal Year 2024/25						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
New Video Views (Impressions)	2,636	1,958	997	4,463		7,418	4,463	↑ 69%
New Likes	10	30	20	19		69	19	↑ 90%
New Followers	28	40	32	36		108	36	↑ 29%

### X (Twitter)

	FY 2023/24	Fiscal Year 2024/25						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	827	533	579	1,761		2,873	1,761	↑ 53%
Page Engagements	17	4	4	25		33	25	↑ 47%
New Followers	1	1	1	8		10	8	↑ 700%

### LinkedIn

	FY 2023/24	Fiscal Year 2024/25						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	2,651	2,089	1,923	2,296		6,308	2,296	↓ -13%
Page Visits	216	47	72	47		166	47	↓ -78%
Reactions to Content (Engagement)	37	36	61	47		144	47	↑ 27%

Page Reach/Impressions is the number of people who saw any content from the PTBC's social media pages.

Engagements is the number of interactions (likes, comments, and/or any action done) on your page.

# Physical Therapy Board of California

## 2025 Outreach Calendar

January							February							March							April						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
			1	2	3	4							1							1			1	2	3	4	5
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8	6	7	8	9	10	11	12
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15	13	14	15	16	17	18	19
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22	20	21	22	23	24	25	26
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29	27	28	29	30			
														30	31												

May							June							July							August						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
				1	2	3	1	2	3	4	5	6	7			1	2	3	4	5						1	2
4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9
11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16
18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23
25	26	27	28	29	30	31	29	30						27	28	29	30	31			24	25	26	27	28	29	30
																					31						

September							October							November							December						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
	1	2	3	4	5	6				1	2	3	4							1		1	2	3	4	5	6
7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
														30													

January		February		March		April	
1	New Year's Day	5	University of Pacific	3	Inst. Of Tech-Modesto	10	Chapman University
20	Martin Luther King Jr	6	University Southern Ca	18-19	PTBC Meeting	14	Cerritos College
28	UC San Francisco	7	CSU Northridge		Stockton, CA	20	Easter
30	Fresno State	17	President's Day	26	San Diego Mesa	21	American Career College
		24	Sac City College	29	Cal-HOSA Career Fair	28	Dozier Libbey Career
				31	César Chávez Day		Fair - Antioch, Ca
May		June		July		August	

11	Mother's Day	15	Father's Day	4	Independence Day			
12	College of the Desert	25-27	PTBC Meeting Sacramento, CA	8	Gurnick Academy			
22	Institute of Tech Modes			14	Azusa Pacific			
26	Memorial Day			31	Samuel Merritt			
September		October		November		December		
1	Labor Day	3	Sacramento State Univ	11	Veteran's Day	4-5	PTBC Meeting Sacramento, CA	
19	Sacramento State Univ	10	Sacramento State Univ	27	Thanksgiving			
20-21	CPTA Annual Meeting Palm Springs, CA	17	Sacramento State Univ	25				Christmas
		21	Unitek College					
22-24	PTBC Meeting Loma Linda, CA	31	Halloween					
26	Sacramento State Univ	National Physical Therapy Month						

**Briefing Paper****Agenda Item 18(C)**

**Date:** May 29, 2025

**Prepared for:** PTBC Members

**Prepared by:** Anastasia Stokes, Lead Budget/Contracts Analyst

**Subject:** Budget Report

---

**Purpose:** To provide an update on the PTBC's Budget activities and statistics for quarter three (Q3) for CY 2024-25.

Attachments: [1. Expenditure Report](#)  
[2. Expenditure Measures Report](#)  
[3. Revenue Report](#)  
[4. Revenue Measures Report](#)  
[5. Fund Condition](#)

---

**Background:**

The PTBC Budget Report is a quarterly review of the expenditures and revenues, including budget activities and analysis for the current fiscal year. The report reflects data collected from the Quarterly Department of Consumer Affairs Budget Office Projection Report and is generated by staff quarterly: Jul-Sep (Q1), Oct-Dec (Q2), Jan-Mar (Q3) and Apr-Jun (Q4).

CY24/25, according to the Governor's Budget, the PTBC is authorized \$7,086,000 which includes personnel services, operating expenses, and equipment, and 29.1 positions to support program requirements. The PTBC's Operating Expenses (PERS SVS/OE&E) budget decreased \$431,000 over previous fiscal year's (PY23/24) budget allotment of \$7,517,000. The PTBC's fund is projected at 8.0 months reserve year end and 7.1 months in reserve BY25/26.

---

**Analysis:**

PTBC spent \$1,480,596 during Q3, a 31.31% increase over previous fiscal year (PY23/24) Q3 expenditures of \$1,127,582, with a 10.67% increase year-to-date. The PTBC had an increase of \$96,443 in Personnel, \$164,475 in Enforcement Costs, \$107,318 in Departmental Services, and a decrease of \$15,222 in General Services.

PTBC collected \$1,839,358 during Q3, a 5.2% increase over previous fiscal year (PY23/24) Q3 revenue of \$1,748,482. The PTBC had an increase of \$10,666 in Licenses/Certifications, \$81,709 in License Renewals, \$1,350 in Delinquent License Renewals, \$11,987 in Miscellaneous Revenue, \$686 in Scheduled Reimbursements and decreases of \$5,980 in Other Regulatory and \$9,542 in Unscheduled Reimbursements.

---

No Action is being requested.

# Physical Therapy Board of California

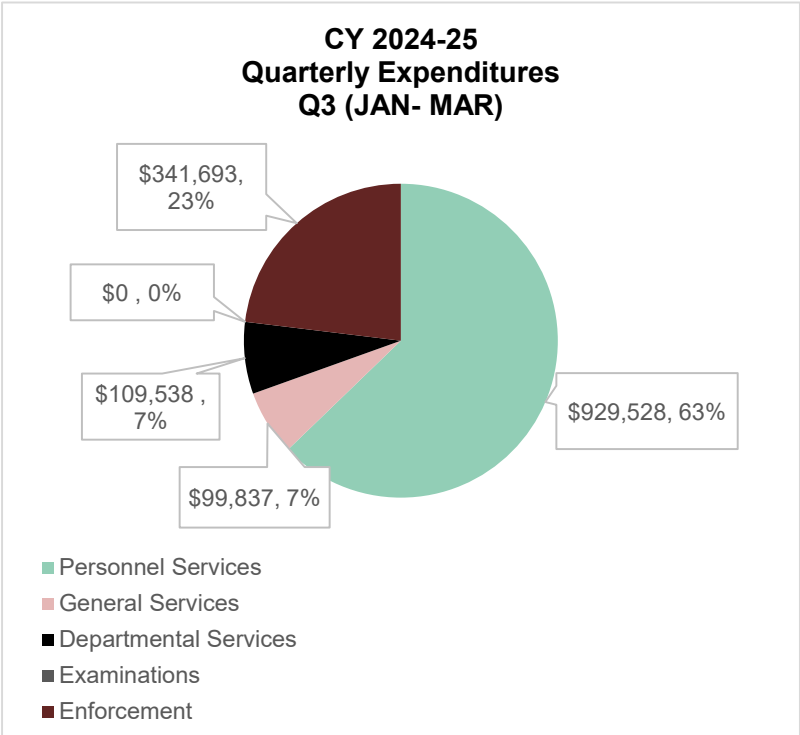
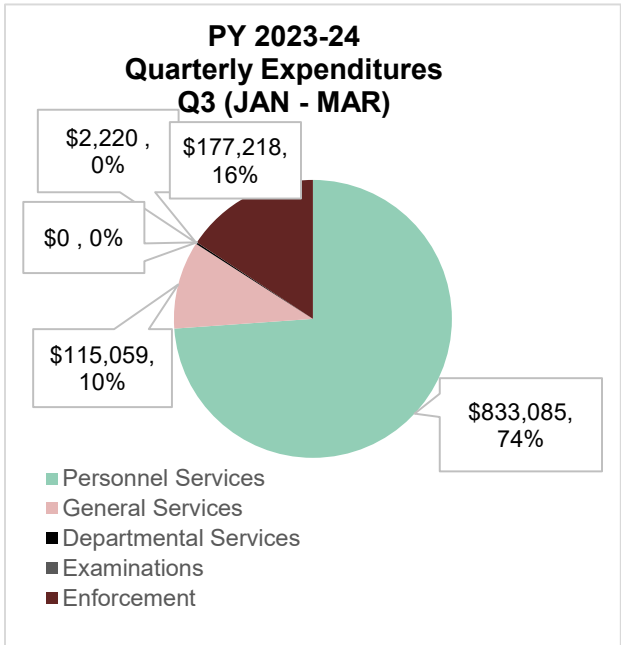
## Expenditure Statistics Report

### CY 2024-25 (Q3)

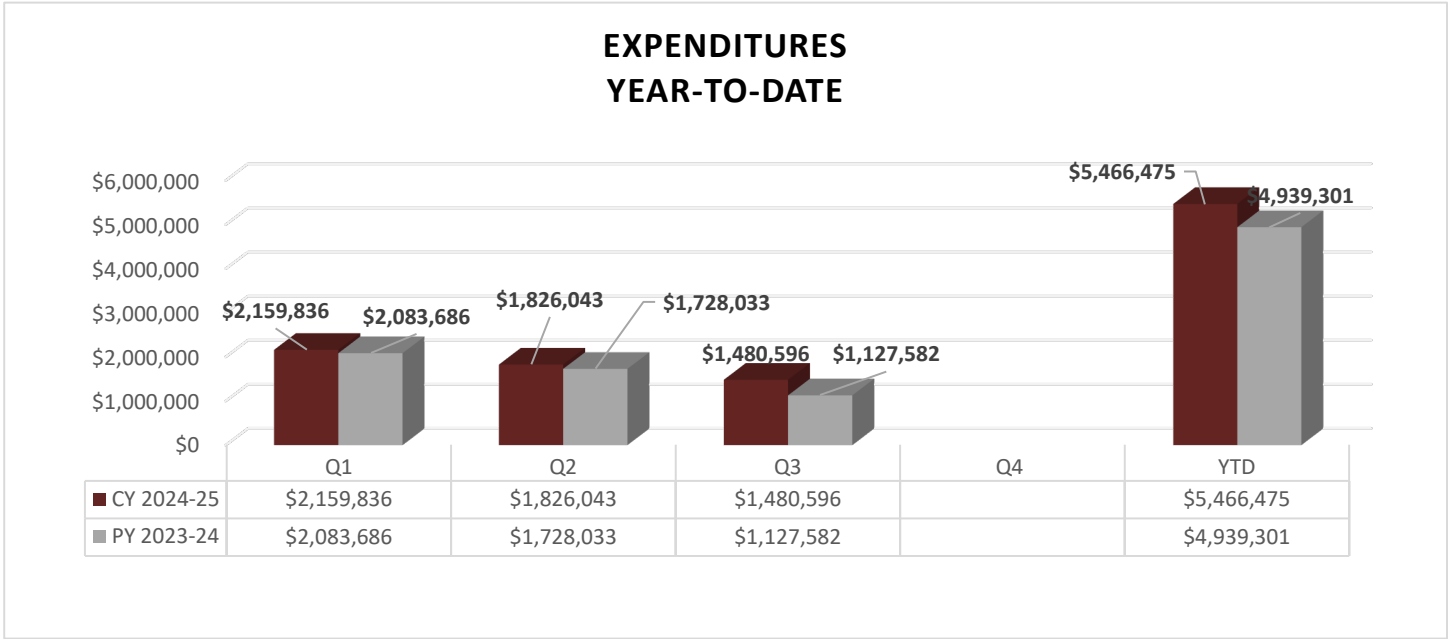
## Expenditure Statistics Report

Budget Line Items	PY (2023-24)			CY (2024-25)				
	Authorized Budget	Q3		Authorized Budget	Q3		Percent Budget Spent	Balance
		Jan	Mar		Jan	Mar		
			(As of 3/31/24)			(As of 3/31/25)		
<b>PERSONNEL SERVICES</b>								
Salaries/Wages	2,122,000	491,554	1,476,415	2,286,000	565,924	1,662,341	73%	623,659
Temp Help (Blanket)	0	2,354	2,554	0	5,402	11,034		(11,034)
Board Members	32,000	11,500	32,600	32,000	18,500	35,100	110%	(3,100)
Overtime/Cash Outs	0	0	0	0	0	3,113		(3,113)
Staff Benefits	1,375,000	327,677	967,853	1,347,000	339,702	996,035	74%	350,965
<b>TOTAL PERS SVS</b>	<b>3,529,000</b>	<b>833,085</b>	<b>2,479,422</b>	<b>3,665,000</b>	<b>929,528</b>	<b>2,707,623</b>	<b>74%</b>	<b>957,377</b>
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>								
<b>General Services Totals</b>	<b>679,000</b>	<b>115,059</b>	<b>333,630</b>	<b>505,000</b>	<b>99,837</b>	<b>341,372</b>	<b>68%</b>	<b>163,628</b>
General Expenses	96,000	11,326	27,865	40,000	8,711	23,737	59%	16,263
Printing	21,000	3,188	11,797	22,000	6,590	7,466	34%	14,534
Communications	21,000	1,191	3,029	12,000	1,665	2,831	24%	9,169
Postage	11,000	1,188	3,712	11,000	2,598	5,129	47%	5,871
Travel	19,000	7,769	22,736	20,000	6,147	13,621	68%	6,379
Training	8,000	350	1,700	5,000	0	850	17%	4,150
Facilities Operations	275,000	64,917	191,195	275,000	65,933	195,515	71%	79,485
Equipment	62,000	0	2,945	8,000	5,168	56,708	709%	(48,708)
C&P SRVS Internal	12,000	0	0	7,000	0	0	0%	7,000
C&P SRVS External	154,000	25,130	68,651	105,000	3,025	35,515	34%	69,485
<b>Departmental Services Totals</b>	<b>1,029,000</b>	<b>2,220</b>	<b>687,775</b>	<b>1,192,000</b>	<b>109,538</b>	<b>962,720</b>	<b>81%</b>	<b>229,280</b>
Consumer Client Services - ProRata	950,000	0	682,500	1,121,000	94,083	940,833	84%	180,167
Departmental Services	37,000	2,220	4,300	37,000	13,645	19,912	54%	17,088
Consolidated Data Center	26,000	0	0	21,000	0	0	0%	21,000
Information Technology	16,000	0	975	13,000	1,810	1,975	15%	11,025
<b>Exams Totals</b>	<b>0</b>	<b>0</b>	<b>3,693</b>	<b>14,000</b>	<b>0</b>	<b>0</b>	<b>-</b>	<b>0</b>
Exam Admin External -FSBPT	0	0	3,693	14,000	0	0	0%	14,000
<b>Enforcement Totals</b>	<b>2,379,000</b>	<b>177,218</b>	<b>1,434,781</b>	<b>1,862,000</b>	<b>341,693</b>	<b>1,454,761</b>	<b>78%</b>	<b>407,239</b>
Attorney General	794,000	136,561	383,751	794,000	231,121	567,247	71%	226,753
Office of Admin Hearings	110,000	26,449	34,563	110,000	2,250	63,512	58%	46,488
Evidence/Witness (SME)	100,000	14,208	43,518	100,000	31,242	61,892	62%	38,108
Court Reporters	0	0	3,199	10,000	1,580	7,110	71%	2,890
DOI Investigation (ProRata)	1,375,000	0	969,750	848,000	75,500	755,000	89%	93,000
Allocated Reimbursements	-99,000			-99,000				
Net adjustments (May Revisions)				-53,000				
<b>TOTAL OE &amp; E</b>	<b>4,087,000</b>	<b>294,497</b>	<b>2,458,750</b>	<b>3,573,000</b>	<b>551,068</b>	<b>2,758,853</b>	<b>77%</b>	<b>814,147</b>
<b>TOTAL PERS SVS/OE&amp;E</b>	<b>7,517,000</b>	<b>1,127,582</b>	<b>4,938,173</b>	<b>7,086,000</b>	<b>1,480,596</b>	<b>5,466,476</b>	<b>77%</b>	<b>1,619,524</b>

Total expenditures does not include 99K authorized reimbursements. Up to 99k received will be deducted from total expenditures year-end and remaining balance will be deposited into PTBC fund.



The chart shows a total increase of \$353,014 in costs compared to Q3 of the previous fiscal year. Personnel expenses rose by \$96,443, followed by a \$107,318 increase in Departmental Services and a \$164,475 rise in Enforcement costs. These gains were partially offset by a \$15,222 decrease in General Services.



The chart shows a \$527,174 increase—equivalent to a 10.67% rise in year-to-date expenditures compared to the same period last year.



**Physical Therapy Board of California**  
**Budget Revenue Statistics Report**  
**CY 2024-25 (Q3)**

Agenda Item 18(C) - Attachment 3

Revenue Statistics Report						
Revenue Line Items	PY 2023-24			CY 2024-25		
	Q3		YTD	Q3		YTD
	Jan	Mar	As of 3/31/24	Jan	Mar	As of 3/31/25
<b>OTHER REGULATORY</b>						
Cite and Fine (Citations)	\$	4,000	\$ 12,500	\$	3,350	\$ 11,000
Endorsement (License Verification)	\$	21,720	\$ 53,100	\$	17,340	\$ 45,960
Duplicate License / Certificate	\$	3,350	\$ 10,050	\$	2,800	\$ 8,950
Retired License App PT	\$	2,000	\$ 6,100	\$	1,600	\$ 3,800
Retired License App PTA	\$	300	\$ 1,100	\$	300	\$ 900
<b>TOTALS</b>	<b>\$</b>	<b>31,370</b>	<b>\$ 82,850</b>	<b>\$</b>	<b>25,390</b>	<b>\$ 70,610</b>
<b>LICENSES / CERTIFICATIONS</b>						
ENMG Exam Fee	\$	-	\$ 500	\$	-	\$ 500
ENMG Application Fee	\$	500	\$ 600	\$	-	\$ 100
KEMG Exam Fee	\$	-	\$ -	\$	-	\$ 1,000
KEMG Application Fee	\$	100	\$ 100	\$	-	\$ 200
PTA Application & Initial License Fee	\$	45,600	\$ 144,000	\$	49,249	\$ 163,854
FPTA Application & Initial License Fee	\$	3,300	\$ 10,800	\$	1,500	\$ 7,500
PT Application Fee	\$	99,150	\$ 371,547	\$	103,500	\$ 400,500
PT Initial License Fee	\$	58,145	\$ 206,091	\$	57,799	\$ 215,997
FPT Application Fee	\$	16,249	\$ 38,247	\$	11,749	\$ 31,448
Refunded Reimbursements	\$	-	\$ -	\$	-	\$ (32)
Over/Short Fees	\$	-	\$ -	\$	-	\$ -
Suspended Revenue	\$	3,700	\$ 10,901	\$	7,048	\$ 15,692
Prior Year Revenue Adjustment	\$	(9,089)	\$ (19,433)	\$	(2,524)	\$ (11,000)
<b>TOTALS</b>	<b>\$</b>	<b>217,655</b>	<b>\$ 763,353</b>	<b>\$</b>	<b>228,321</b>	<b>\$ 825,759</b>
<b>LICENSE RENEWAL</b>						
ENMG Renewal Fee	\$	250	\$ 500	\$	150	\$ 450
KEMG Renewal Fee	\$	200	\$ 500	\$	100	\$ 400
PTA Renewal Fee	\$	315,300	\$ 1,070,700	\$	317,100	\$ 1,096,800
PT Renewal Fee	\$	1,045,641	\$ 3,779,669	\$	1,125,750	\$ 3,829,093
Automated Revenue Refund Claim	\$	-	\$ -	\$	-	\$ -
Over/Short Fees	\$	-	\$ -	\$	-	\$ -
<b>TOTALS</b>	<b>\$</b>	<b>1,361,391</b>	<b>\$ 4,851,369</b>	<b>\$</b>	<b>1,443,100</b>	<b>\$ 4,926,743</b>
<b>DELINQUENT LICENSE RENEWAL</b>						
ENMG Delinquent Fee	\$	-	\$ -	\$	-	\$ 25
KEMG Delinquent Fee	\$	-	\$ -	\$	-	\$ 50
PTA Delinquent Fee	\$	2,400	\$ 8,400	\$	2,850	\$ 8,700
PT Delinquent Fee	\$	9,150	\$ 26,550	\$	10,050	\$ 28,200
<b>TOTALS</b>	<b>\$</b>	<b>11,550</b>	<b>\$ 34,950</b>	<b>\$</b>	<b>12,900</b>	<b>\$ 36,975</b>
<b>MISCELLANEOUS</b>						
Public Sales	\$	-	\$ -	\$	-	\$ -
Surplus Money Investments	\$	63,542	\$ 118,557	\$	74,145	\$ 150,428
Unclaimed/Cancelled Warrants	\$	-	\$ 1,791	\$	1,309	\$ 2,258
Dishonored Check Fees	\$	-	\$ -	\$	75	\$ 175
<b>TOTALS</b>	<b>\$</b>	<b>63,542</b>	<b>\$ 120,348</b>	<b>\$</b>	<b>75,529</b>	<b>\$ 152,861</b>
<b>SCHEDULED REIMBURSEMENTS</b>						
Fingerprint Reports	\$	3,626	\$ 11,368	\$	4,312	\$ 12,375
External/Private/Grant	\$	-	\$ -	\$	-	\$ -
<b>TOTALS</b>	<b>\$</b>	<b>3,626</b>	<b>\$ 11,368</b>	<b>\$</b>	<b>4,312</b>	<b>\$ 12,375</b>
<b>UNSCHEDULED REIMBURSEMENTS</b>						
Cost Recovery - Investigations	\$	52,523	\$ 113,433	\$	45,856	\$ 181,239
Cost Recovery - Probation Monitoring	\$	6,825	\$ 23,925	\$	3,950	\$ 16,250
<b>TOTALS</b>	<b>\$</b>	<b>59,348</b>	<b>\$ 137,358</b>	<b>\$</b>	<b>49,806</b>	<b>\$ 197,489</b>
<b>TOTAL REVENUES</b>	<b>\$</b>	<b>1,748,482</b>	<b>\$ 6,001,596</b>	<b>\$</b>	<b>1,839,358</b>	<b>\$ 6,220,812</b>



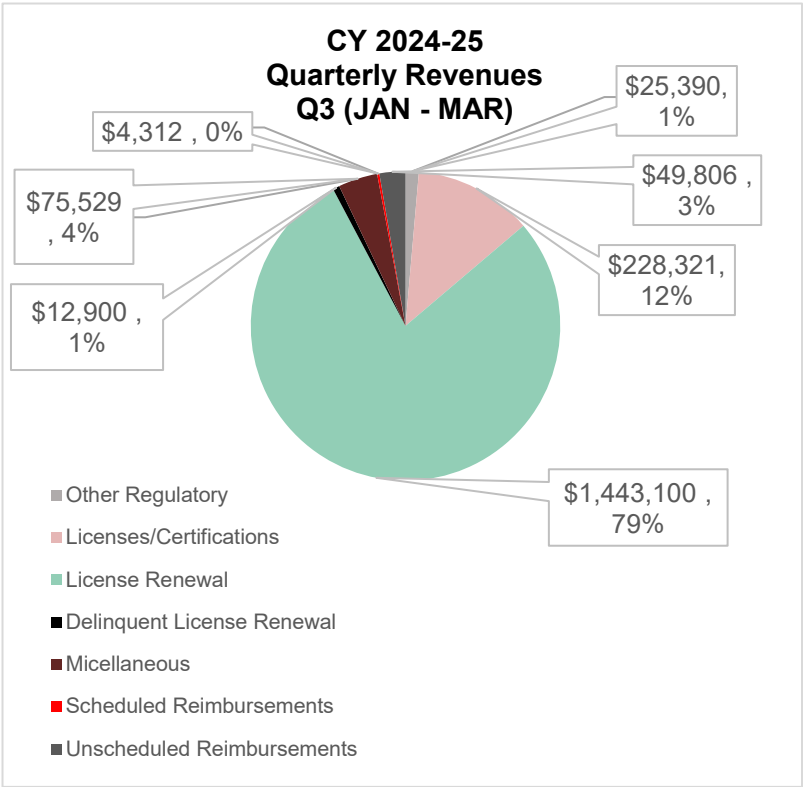
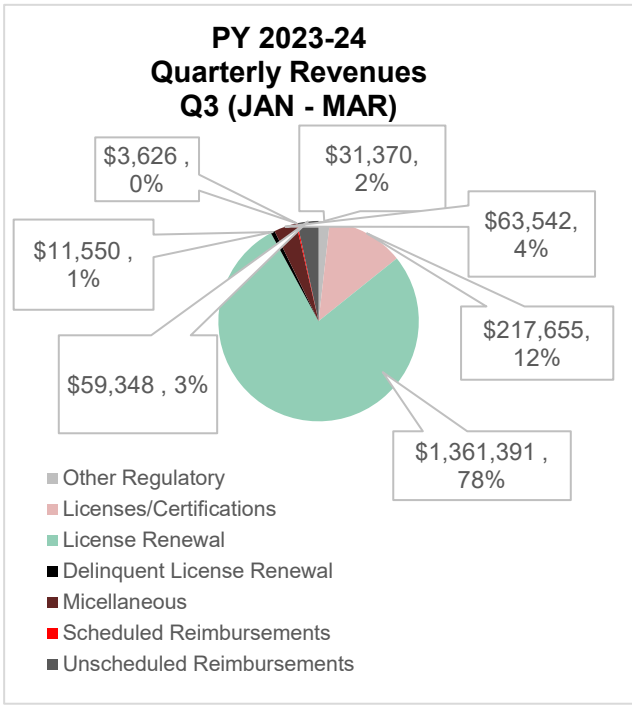
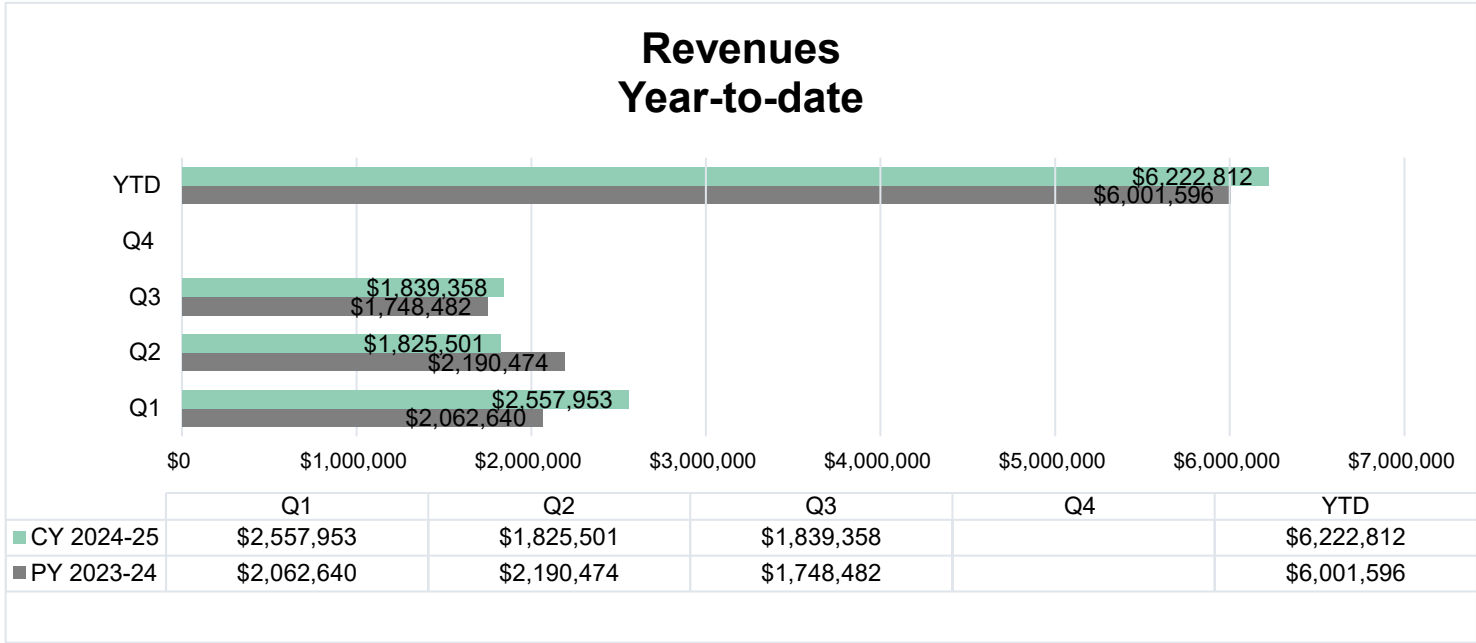


Chart reveals the license renewal fees were the highest source of revenue, followed by licenses/certifications and miscellaneous fees collected. There was a \$90,876 (5.20%) increase over previous fiscal year Q3.



The chart shows a year-to-date revenue increase of \$221,216, or 3.69%, compared to the previous fiscal year.

**0759 - Physical Therapy**  
**Analysis of Fund Condition**  
**(Dollars in Thousands)**  
**2025-26 Governor's Budget With FM 6 Projections**

Prepared 2.5.2025

	ACTUAL 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27	BY +2 2027-28
<b>BEGINNING BALANCE</b>	\$ 5,419	\$ 5,589	\$ 5,269	\$ 4,758	\$ 4,090
Prior Year Adjustment	\$ 37	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 5,456	\$ 5,589	\$ 5,269	\$ 4,758	\$ 4,090
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>					
Revenues					
4121200 - Delinquent fees	\$ 45	\$ 45	\$ 45	\$ 45	\$ 45
4127400 - Renewal fees	\$ 5,653	\$ 5,822	\$ 5,997	\$ 5,997	\$ 5,997
4129200 - Other regulatory fees	\$ 117	\$ 122	\$ 124	\$ 124	\$ 124
4129400 - Other regulatory licenses and certifications	\$ 1,144	\$ 1,136	\$ 1,147	\$ 1,147	\$ 1,147
4163000 - Income from surplus money investments	\$ 256	\$ 229	\$ 62	\$ 60	\$ 47
4171400 - Escheat of unclaimed checks and warrants	\$ 2	\$ 2	\$ -	\$ -	\$ -
Totals, Revenues	\$ 7,217	\$ 7,356	\$ 7,375	\$ 7,373	\$ 7,360
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	\$ 7,217	\$ 7,356	\$ 7,375	\$ 7,373	\$ 7,360
<b>TOTAL RESOURCES</b>	\$ 12,673	\$ 12,945	\$ 12,644	\$ 12,131	\$ 11,450
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 6,569	\$ 7,139	\$ 7,267	\$ 7,485	\$ 7,710
9892 Supplemental Pension Payments (State Operations)	\$ 89	\$ 63	\$ 63	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 426	\$ 474	\$ 556	\$ 556	\$ 556
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	\$ 7,084	\$ 7,676	\$ 7,886	\$ 8,041	\$ 8,266
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 5,589	\$ 5,269	\$ 4,758	\$ 4,090	\$ 3,184
Months in Reserve	8.7	8.0	7.1	5.9	4.5

**NOTES:**

1. Assumes workload and revenue projections are realized in BY+1 and ongoing.
2. Expenditure growth projected at 3% beginning BY+1.



## **Briefing Report**

## **Agenda Item 19**

**Date:** May 29, 2025

**Prepared for:** PTBC Members

**Prepared by:** Valerie Kearney

**Subject:** Licensing Services Report

---

### **Purpose:**

To provide an update on the most recent activities and the state of the Licensing Services program.

**Attachments:**

- [Initial License Application Statistics](#)
- [Application Processing Times](#)
- [Examination Statistics](#)
- [License Maintenance Statistics](#)
- [Continuing Competency Statistics](#)
- [Approval Agency Termination Request](#)

---

### **Data Format:**

The format of the reports displays year-to-date comparisons of the current fiscal year and the previous fiscal year as well as data for each quarter of the current fiscal year.

---

### **Licensing Services Update:**

Application Services initial license applications received increased by 8% from FY 2023/24 Q1 through Q3 to FY 2024/25 Q1-Q3, with Physical Therapist (PT) initial applications received up 5% and Physical Therapist Assistant (PTA) applications up 17% overall from Q1-Q3 the previous fiscal year. U.S. Educated PT applications received increased 7% while U.S. Educated PTA applications received increased 21% Q1 through Q3 over the same time period fo FY 2023-24.

The first three quarters of FY 2024/25 saw a decrease in Foreign Educated applications received by 19% and an increase of 10% in Endorsement Applications received. Military applications received continue to tick up with a 50% increase over FY 2023/24 Q1 through Q3.

Of the 2,009 initial applications received YTD, 93% were U.S. educated with 66% Exam applicants and 34% were by Endorsement; Foreign-educated and Military applications were 7% and 3% respectively. Initial license application processing times – application receipt to

license issued or application closed – for U.S. graduates averaged 29 days while foreign educated applications processing times averaged 48 days. Military applications averaged 8 days. This data is for applications completed during this timeframe. The target turnaround time to license issuance for U.S. graduate complete applications is 45 days for applications by endorsement and 90 days for new graduate applications.

License Maintenance received and completed 55 Retired Status requests through Q3 for FY 2024/25 with an average processing time of less than 1 day. The 30 Retired Status requests for Q1, Q2, and Q3 received is down 26% from the 74 Retired Status Request received in Q1-Q3 of FY 2023/24.

Continuing Competency audited 212 Physical Therapist (PT) licensees over Q1-Q3 of FY 2024/25 with a pass rate of 94%. PTA licensee audits resulted in an 81% pass rate for 68 PTAs for FY 2024/25 Q1 through Q3. Addressing backlogs due to vacancies during this time in FY 2023/24, resulted in no Q3 statistics for comparison.

Effective May 1, 2025, Brett Argento was appointed Associate Analyst for the Continuing Competency unit of the Licensing Services Program. His duties include development and maintenance of the PTBC's Recognized Approval Agencies database and registry to ensure quality continuing competency providers and courses.

Attached is a request to terminate AHP Healthcare as a PTBC Approval Agency.

#### **Application Services Data Summary:**

Endorsement	34%
Exam	66%
U.S. Educated	93%
Foreign Educated	7%
Military	3%

---

#### **License Maintenance Data Summary:**

Current Licensees	56%
Inactive	2%
Delinquent	10%
Retired	1%

---

*\* 31% includes non-renewable license statuses such as cancelled, revoked, deceased, etc.*

#### **Action Requested:**

None.

## Application Services Statistics Report

### Licenses Issued

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,552	785	437	421		1,643	6%
Physical Therapist Assistant (PTA)	584	267	220	175		662	13%
Total	2,136	1,052	657	596		2,305	8%

### Total Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,371	621	431	385		1,437	5%
Physical Therapist Assistant (PTA)	490	208	195	169		572	17%
Total	1,861	829	626	554		2,009	8%

### U.S. Educated Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,237	586	399	339		1,324	7%
Physical Therapist Assistant (PTA)	452	196	189	161		546	21%
Total	1,689	782	588	500		1,870	11%

### Foreign Educated Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	133	35	32	46		113	-15%
Physical Therapist Assistant (PTA)	38	12	6	8		26	-32%
Total	171	47	38	54		139	-19%

### Endorsement Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	549	190	177	228		595	8%
Physical Therapist Assistant (PTA)	75	33	23	33		89	19%
Total	624	223	200	261		684	10%

### Military Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	21	14	7	9		30	43%
Physical Therapist Assistant (PTA)	21	12	8	13		33	57%
Total	42	26	15	22		63	50%

Physical Therapy Board of California  
Application Services  
Fiscal Year 2024/25 - Q1, Q2, Q3

Total Applications Processing Times							
	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	31	28	27	27	0	27	-12%
Physical Therapist Assistant (PTA)	30	40	30	40	0	37	22%
Total	31	31	28	31	0	30	-1%

\* Processing Times are provided in the average number of days. Values of 0 are shown for any averages less than 1 day.

U.S. Educated Applications Processing Times							
	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	29	26	25	26	0	26	-11%
Physical Therapist Assistant (PTA)	29	40	29	40	0	36	24%
Total	29	30	27	30	0	29	0%

Foreign Educated Applications Processing Times							
	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	53	56	48	46	0	51	-5%
Physical Therapist Assistant (PTA)	39	43	37	40	0	40	1%
Total	50	54	44	45	0	48	-4%

Endorsement Applications Processing Times							
	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	12	12	22	30	0	20	68%
Physical Therapist Assistant (PTA)	12	10	17	25	0	17	45%
Total	12	12	21	29	0	20	65%

Military Applications Processing Times							
	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	7	3	6	11	0	7	-1%
Physical Therapist Assistant (PTA)	10	11	10	8	0	10	-5%
Total	8	7	8	10	0	8	-2%

## Application Services Report - Examination Statistics

### National PT and PTA Examination - California Statistics

#### Accredited PT Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	476	306	223		1,005	510	282	197		989	↓ -2%
Fail	106	93	80		279	98	128	105		331	↑ 19%
<b>Total</b>	<b>582</b>	<b>399</b>	<b>303</b>	<b>0</b>	<b>1,284</b>	<b>608</b>	<b>410</b>	<b>302</b>	<b>0</b>	<b>1,320</b>	↑ 3%
Pass Rate	82%	77%	74%		77%	84%	69%	65%		73%	↓ -6%

#### Non-Accredited PT Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	8	9	7		24	10	7	10		27	↑ 13%
Fail	15	21	17		53	16	20	9		45	↓ -15%
<b>Total</b>	<b>23</b>	<b>30</b>	<b>24</b>	<b>0</b>	<b>77</b>	<b>26</b>	<b>27</b>	<b>19</b>	<b>0</b>	<b>72</b>	↓ -6%
Pass Rate	35%	30%	29%		31%	38%	26%	53%		39%	↑ 25%

#### Accredited PTA Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	199	180	117		496	227	193	143		563	↑ 14%
Fail	71	95	68		234	106	99	78		283	↑ 21%
<b>Total</b>	<b>270</b>	<b>275</b>	<b>185</b>	<b>0</b>	<b>730</b>	<b>333</b>	<b>292</b>	<b>221</b>	<b>0</b>	<b>846</b>	↑ 16%
Pass Rate	74%	65%	63%		67%	68%	66%	65%		66%	↓ -2%

#### Non-Accredited PTA Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	5	12	3		20	5	7	5		17	↓ -15%
Fail	3	5	1		9	8	7	2		17	↑ 89%
<b>Total</b>	<b>8</b>	<b>17</b>	<b>4</b>	<b>0</b>	<b>29</b>	<b>13</b>	<b>14</b>	<b>7</b>	<b>0</b>	<b>34</b>	↑ 17%
Pass Rate	63%	71%	75%		69%	38%	50%	71%		53%	↓ -23%

### CA Law Exam (CLE) / CA Jurisprudence Assessment Module (CAL-JAM)

#### Accredited Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	752	591	511		1,854	1,162	661	522		2,345	↑ 26%
Fail	210	179	178		567	21	11	6		38	↓ -93%
<b>Total</b>	<b>962</b>	<b>770</b>	<b>689</b>	<b>0</b>	<b>2,421</b>	<b>1,183</b>	<b>672</b>	<b>528</b>	<b>0</b>	<b>2,383</b>	↓ -2%
Pass Rate	78%	77%	74%		76%	98%	98%	99%		98%	↑ 29%

Physical Therapy Board of California  
Licensing: Examination Statistics  
Fiscal Year 2024/25 Q1

Non-Accredited Program											
	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	41	40	59		140	72	40	48		160	↑ 14%
Fail	27	31	24		82	4	2	2		8	↓ -90%
<b>Total</b>	<b>68</b>	<b>71</b>	<b>83</b>	<b>0</b>	<b>222</b>	<b>76</b>	<b>42</b>	<b>50</b>	<b>0</b>	<b>168</b>	↓ -24%
Pass Rate	60%	56%	71%		63%	95%	95%	96%		95%	↑ 52%

National PT and PTA Examination - National Statistics											
Accredited PT Program											
	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	4,934	2,113	1,981		9,028	5,123	2,028	1,888		9,039	↑ 0%
Fail	1,214	755	591		2,560	922	908	777		2,607	↑ 2%
<b>Total</b>	<b>6,148</b>	<b>2,868</b>	<b>2,572</b>	<b>0</b>	<b>11,588</b>	<b>6,045</b>	<b>2,936</b>	<b>2,665</b>	<b>0</b>	<b>11,646</b>	↑ 1%
Pass Rate	80%	74%	77%		77%	85%	69%	71%		75%	↓ -3%

Non-Accredited PT Program											
	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	223	315	208		746	293	296	186		775	↑ 4%
Fail	498	576	419		1,493	474	602	449		1,525	↑ 2%
<b>Total</b>	<b>721</b>	<b>891</b>	<b>627</b>	<b>0</b>	<b>2,239</b>	<b>767</b>	<b>898</b>	<b>635</b>	<b>0</b>	<b>2,300</b>	↑ 3%
Pass Rate	31%	35%	33%		33%	38%	33%	29%		33%	↑ 1%

Accredited PTA Program											
	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	2,429	1,068	774		4,271	2,056	1,087	807		3,950	↓ -8%
Fail	767	606	418		1,791	929	602	428		1,959	↑ 9%
<b>Total</b>	<b>3,196</b>	<b>1,674</b>	<b>1,192</b>	<b>0</b>	<b>6,062</b>	<b>2,985</b>	<b>1,689</b>	<b>1,235</b>	<b>0</b>	<b>5,909</b>	↓ -3%
Pass Rate	76%	64%	65%		68%	69%	64%	65%		66%	↓ -3%

Non-Accredited PTA Program											
	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	89	97	73		259	87	114	94		295	↑ 14%
Fail	37	58	46		141	66	69	63		198	↑ 40%
<b>Total</b>	<b>126</b>	<b>155</b>	<b>119</b>	<b>0</b>	<b>400</b>	<b>153</b>	<b>183</b>	<b>157</b>	<b>0</b>	<b>493</b>	↑ 23%
Pass Rate	71%	63%	61%		65%	57%	62%	60%		60%	↓ -8%



Physical Therapy Board of California  
Licensing: Examination Statistics  
Fiscal Year 2024/25 Q1

### Jurisprudence Exam (LAW) - National Statistics

#### Accredited Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	1,796	1,340	1,322		4,458	994	688	685		2,367	↓ -47%
Fail	443	374	345		1,162	200	184	153		537	↓ -54%
<b>Total</b>	<b>2,239</b>	<b>1,714</b>	<b>1,667</b>	<b>0</b>	<b>5,620</b>	<b>1,194</b>	<b>872</b>	<b>838</b>	<b>0</b>	<b>2,904</b>	↓ -48%
Pass Rate	80%	78%	79%		79%	83%	79%	82%		81%	↑ 3%

#### Non-Accredited Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	69	72	104		245	46	35	38		119	↓ -51%
Fail	40	55	36		131	11	5	16		32	↓ -76%
<b>Total</b>	<b>109</b>	<b>127</b>	<b>140</b>	<b>0</b>	<b>376</b>	<b>57</b>	<b>40</b>	<b>54</b>	<b>0</b>	<b>151</b>	↓ -60%
Pass Rate	63%	57%	74%		65%	81%	88%	70%		80%	↑ 23%

### Jurisprudence Assessment Module (JAM) - National Statistics

#### Accredited Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	5,764	12,148	15,702		33,614	6,623	8,644	11,166		26,433	↓ -21%
Fail	46	134	147		327	97	1,608	697		2,402	↑ 635%
<b>Total</b>	<b>5,810</b>	<b>12,282</b>	<b>15,849</b>	<b>0</b>	<b>33,941</b>	<b>6,720</b>	<b>10,252</b>	<b>11,863</b>	<b>0</b>	<b>28,835</b>	↓ -15%
Pass Rate	99%	99%	99%		99%	99%	84%	94%		92%	↓ -7%

#### Non-Accredited Program

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	635	1,249	1,456		3,340	594	558	631		1,783	↓ -47%
Fail	8	9	14		31	10	26	15		51	↑ 65%
<b>Total</b>	<b>643</b>	<b>1,258</b>	<b>1,470</b>	<b>0</b>	<b>3,371</b>	<b>604</b>	<b>584</b>	<b>646</b>	<b>0</b>	<b>1,834</b>	↓ -46%
Pass Rate	99%	99%	99%		99%	98%	96%	98%		97%	↓ -2%

## License Maintenance Statistics Report

### License Status Count

	Fiscal Year 2024/25				
	Current	Inactive	Delinquent	Retired	Cancelled
Physical Therapist (PT)	30850	1220	5729	425	16849
Physical Therapist Assistant (PTA)	9211	318	1734	99	4449
Total	40061	1538	7463	524	21298

### Renewals Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	10,819	3,756	3,548	3,769		11,073	2%
Physical Therapist Assistant (PTA)	3,138	1,140	1,025	1,055		3,220	3%
Total	13,957	4,896	4,573	4,824		14,293	2%

### Other License Maintenance Requests Received

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	2,448	902	694	740		2,336	-5%
Duplicates <i>(PT Wall Certificates)</i>	192	62	54	55		171	-11%
License Verifications	821	251	178	232		661	-19%
Name Changes	365	103	116	120		339	-7%
Retired	74	18	12	25		55	-26%

### License Maintenance Requests Processing Times

	FY 2023/24	Fiscal Year 2024/25					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	1	0	0	0		0	-97%
Duplicates <i>(PT Wall Certificates)</i>	0	0	0	0		0	373%
License Verifications	6	6	7	7		6	11%
Name Changes	3	4	6	7		6	108%
Renewals	2	2	3	3		3	52%
Retired	1	0	0	0		0	-94%

\* Processing Times are provided in the average number of days. Values of 0 are shown for any averages less than 1 day.

**Physical Therapy Board of California**  
**Continuing Competency Report**

**Continuing Competency Audit Statistics**

**Physical Therapist**

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD through Q4	Q1	Q2	Q3	Q4	YTD through Q4	
Pass	40	43			83	63	59	90		212	↑ 155%
Fail	4	3			7	4	2	10		16	↑ 129%
<b>Total</b>	<b>44</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>67</b>	<b>61</b>	<b>100</b>	<b>0</b>	<b>228</b>	↑ 153%
Pass Rate	91%	93%			92%	94%	97%	90%		94%	↑ 2%

**Physical Therapist Assistant**

	Fiscal Year 2023/24					Fiscal Year 2024/25					Year → Year Change
	Q1	Q2	Q3	Q4	YTD through Q4	Q1	Q2	Q3	Q4	YTD through Q4	
Pass	11	19			30	17	17	21		55	↑ 83%
Fail	7	2			9	3	4	6		13	↑ 44%
<b>Total</b>	<b>18</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>20</b>	<b>21</b>	<b>27</b>	<b>0</b>	<b>68</b>	↑ 74%
Pass Rate	61%	90%			76%	85%	81%	78%		81%	↑ 7%

**Approval Agencies and Courses**

Approval Agencies	140
-------------------	-----

## Issue Paper

Date: May 29, 2025

Prepared for: PTBC Board Members

Prepared by: Continuing Competency Services (CCS) Staff

Subject: Withdrawal of AHP Healthcare Approval Agency recognition

Location: 900 E. Hill Ave, Suite 380, Knoxville, TN 37915

---

### Purpose:

To advise the Board that AHP Healthcare has gone out of business and has requested to withdraw its recognition as an Approval Agency.

---

**Background:** Below is a list of all communication made with AHP Healthcare.

Date Sent	Delivery Method	Result
May 12, 2025	Emailed Approval Agency	No response
May 20, 2025	Called phone number on PTBC Approving Agency website	Left voicemail
May 20, 2025	Approval Agency returned phone call	Contact Laura Kosa stated that AHP had gone out of business

---

### Action Requested:

Staff recommends the Board move to withdraw Approval Agency Recognition from AHP Healthcare.

**Briefing Paper****Agenda Item 20**

**Date:** May 29, 2025

**Prepared for:** PTBC Members

**Prepared by:** Carole Phelps, Enforcement Manager

**Subject:** Consumer Protection Services (CPS) Program

---

**Purpose:** Update on Consumer Protection Services Program  
FY 2024/2025, Quarter 3

**Attachments:** [A. CPS Statistics Report for FY 24/25, Q3](#)  
[B. Disciplinary Summary for FY 24/25, Q3](#)

---

**Update:**

The CPS Unit continues to implement changes and updates to assist staff in their duties. In January, the CPS Unit migrated its document storage structure over to SharePoint. To prepare for this move, CPS staff met several times to clean up and organize the CPS Unit file structure, which had gotten quite large and complex over the years. The goal of the clean-up process was to reduce the complexity of the file structure, and make sure staff could easily and quickly find documents.

The CPS Unit also continues to work with our IT Analyst, Vincent Azar, on additional SharePoint workflows to simplify tasks, make timely information readily available, and automate or streamline internal procedures. We currently have automated reports to assist with tracking cases out for vote, compliance payments received, applicant cases, and disciplinary actions for reporting purposes. We also have workflows to assist with Executive Officer review of finalized documents, and receipt of internal complaints. Internal complaints are cases that are initiated by PTBC staff based on applicant and licensee criminal history reports, license discipline by other boards, continuing competency violations, and cases opened as companions to an existing complaint.

The CPS Unit and PTBC Management continue to hold quarterly meetings with our contacts at the Division of Investigation (DOI) and the Attorney General's Office (AG) to discuss outstanding issues and collaborate to ensure effective case and program management. The 2025 schedule for Investigator training has not yet been finalized, but the PTBC's next Expert Consultant training is scheduled to be held on September 22<sup>nd</sup>, in conjunction with the September Board Meeting. PTBC continues to work with both DOI and our Liaison at the AG's Office in planning for these trainings.

### **Attachment A: CPS Statistics Report for FY 2024/2025, Quarter 3**

Performance Measure 1 (Complaint Intake) shows that the PTBC received and opened a total of 125 cases this quarter, including 96 consumer complaints, and 29 reports of arrest or conviction.

Performance Measure 2 (Complaint Intake) measures the average number of days after receipt until the PTBC initiates a case and sends an acknowledgement letter to the Complainant. This quarter's average is 3 days, well under the target of 9 days.

Performance Measures 3 shows the average case age in days for all cases that did not result in a referral to the Attorney General's Office for formal discipline. The average case age was 204 days, which is 14% higher compared to this time last fiscal year. These numbers are known to fluctuate greatly, as they reflect the average of all cases, and encompass entire investigative process that involves the timelines, workloads, and response times of not only Enforcement staff, but of all involved parties/agencies. PTBC's target for this performance measure is 180 days.

Performance Measure 4 captures the average case age in days for cases that were referred to the Attorney General's Office for formal discipline. Six cases were finalized at the AG's office this quarter, taking an average of 639 days from receipt of complaint to final outcome. The target for this performance measure is 540 days.

In summary for this fiscal year through Quarter 3, staff has initiated 417 new cases, issued 20 citations, completed 337 desk investigations, referred 41 cases to the Attorney General's Office, received one Interim Suspension Order and two PC 23 Orders, and closed 28 cases after referral to the AG's Office. As of the date of this report, there are 453 open complaint cases currently being investigated by the CPS Unit's 6 analysts.

### **Attachment B: Disciplinary Summary**

Disciplinary Summary of all formal discipline issued for Quarter 3 of FY 2024-25. In this quarter, two licensees were placed on probation, two licensees surrendered their license through disciplinary order, and one licensee lost their privilege to practice physical therapy by revocation order. Disciplinary actions are public record and are available through the DCA License Search. <https://search.dca.ca.gov/>

---

**Action Requested:** No Action Required

## Consumer Protection Services Statistics Report

Complaint Intake							
	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM1: Complaints Received	273	102	86	96		284	↑ 4%
PM1: Convictions/Arrest Received	120	56	48	29		133	↑ 11%
PM1: Total Received	393	158	134	125		417	↑ 6%

Intake							
Target: 9 Days	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM2: Intake/Avg. Days	3	2	3	3		3	↓ -11%

Investigations							
Target: 180 Days	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM3: Cycle Time-Investigation	158	168	169	204		180	↑ 14%
PM3a: Intake Only	4	3	3	2		3	↓ -33%
PM3b: Investigation Only	152	164	164	200		176	↑ 16%
PM3c: Post Investigation Only	2	2	2	1		2	↓ -17%

	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Up to 90 Days	38%	69	58	40		50%	↑ 12%
91 - 180 Days	38%	14	15	24		16%	↓ -22%
181 Days - 1 Year (364)	14%	18	16	28		18%	↑ 4%
1 to 2 Years (365-730)	9%	17	14	13		13%	↑ 4%
2 to 3 Years (731- 1092)	1%	3	2	3		2%	↑ 1%
Over 3 Years (1093 +)	0%	1	1	1		1%	↑ 1%

Citations							
	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Final Citations	29	8	6	6		20	↓ -31%
Average Days to Close	258	468	292	351		370	↑ 44%

Transmittals to Attorney General (AG)							
Target: 540 Days	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM4: AG Cases	734	635	685	626		649	↓ -12%
PM4a: Intake Only	4	5	2	3		3	↓ -17%
PM4b: Investigation Only	419	326	301	153		260	↓ -38%
PM4c: Pre-AG Transmittal	1	3	4	1		3	↑ 167%
PM4d: Post-AG Transmittal	309	302	378	470		383	↑ 24%
	FY 23/24	Fiscal Year 2024/2025					Year → Year

## Consumer Protection Services

## Fiscal Year 2024/2025 Q3

	YTD	Q1	Q2	Q3	Q4	YTD	Change
AG Cases Initiated	38	14	15	12		41	↑ 8%
AG Cases Pending	43	46	47	52		52	↑ 21%
SOIs Filed	4	0	0	0		0	↓ -100%
Accusations Filed	17	5	6	8		19	↑ 12%

## AG Transmittals

	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	Change
Total Closed After Transmission	28	10	12	6		28	→ 0%
Total Average Days to Complete	841	632	685	639		652	↓ -22%

## Total Orders Aging/Final Decision

	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	Change
Up to 90 Days	0%	0	0	0		0%	→ 0%
91 - 180 Days	0%	0	1	0		4%	↑ 4%
181 Days - 1 Year (364)	18%	4	0	0		14%	↓ -4%
1 to 2 Years (365-730)	39%	3	5	5		46%	↑ 7%
2 to 3 Years (731- 1092)	11%	1	5	1		25%	↑ 14%
Over 3 Years (1093 +)	32%	2	1	0		11%	↓ -21%

## Other Legal Actions

	FY 23/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	Change
Interim Suspension or PC 23 Ordered	2	2	1	0		3	↑ 1

1 Interim Suspension &amp; 2 PC 23s

**PM2: Cycle Time - Intake** - Average number of days from the date the complaint was received to the date the complaint was closed or assigned for investigation (assigned to staff).

**PM3: Cycle Time - Investigations** - Average number of days to complete the entire enforcement process for complaints not transmitted to the AG for formal discipline. (includes intake and investigation days)

**PM3a: Intake Only** - Of the cases included in PM3, the average number of days from the date the complaint was received to the date the complaint was assigned for investigation.

**PM3b: Investigation Only** - Of the cases included in PM3, the average number of days from the date the complaint was assigned for investigation to the date the investigation was completed. (without intake)

**PM3c: Post Investigation Only** - Of the cases included in PM3, the average number of days from the date the investigation was completed to the date of the case outcome or non-AG formal discipline effective date.

**PM4: Cycle Time-AG Transmittal** - Average number of days to complete the enforcement process for cases investigated and transmitted to the AG for formal discipline. (includes intake & investigation to final outcome of cases transmitted to the AG - includes withdraws, dismissals, etc.)

**PM4a: AG Transmittal - Intake Only** - Of the cases included in PM4, the average number of days from the date the complaint was received to the date the complaint was assigned for investigation.

**PM4b: AT Transmittal - Investigation Only** - Of the cases in PM4, the average number of days from the date the complaint was assigned for investigation to the date the investigation was completed.

**PM4c: AG Transmittal - Pre AG Transmittal** - Of the cases in PM4, the average number of days from the date the investigation was completed to the date the case was transmitted to the AG.

**PM4d: AG Transmittal - Post AG Transmittal** - Of the cases in PM4, the average number of days from the date the case is transmitted to the AG to the date of the case outcome or formal discipline effective date. (AG days only)



**Disciplinary Summary  
Fiscal Year 2024-2025 / Quarter 3**

The following is a list of disciplinary actions taken by the Physical Therapy Board of California for the months of January 2025 through March 2025. Except for situations where the licensee has obtained a court ordered stay, Decisions become operative on the Effective Date. Stay orders do not occur in stipulated decisions, which are negotiated settlements waiving court appeals.

Copies of Accusations, Decisions, or Citations may be obtained by visiting our website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov). In addition to obtaining this information from our website, you may also request by telephone, fax, or mail. Please address written request to:

Physical Therapy Board of California  
Consumer Protection Services  
2005 Evergreen Street, Suite 2600  
Sacramento, CA 95815  
(916) 561-8200 / FAX (916) 263-2560

---

**January 2025**

**BATTOCCHIO, JAMES MICHAEL PTA 4091**

Violations: Commission of fraudulent, dishonest, or corrupt act; Violating the PT Practice Act or Medical Practice Act; Gross negligence or repeated acts of negligence; Prescribing or administering to self, use of dangerous drugs or alcohol. Order Effective 1/2/2025, Stipulated Disciplinary Surrender

**ALLEN, BRANDON MICHAEL PTA 51181**

Violations: Failure to report disciplinary or criminal action to the board; Conviction of a crime. Order Effective 1/3/2025, 3 Years' Probation

**LOTZE, NICHOLAS SCOTT PT 13012**

Violations: Violating the PT Practice Act or Medical Practice Act; Conviction of a crime; Prescribing or administering to self, use of dangerous drugs or alcohol; Failure to report disciplinary or criminal action to the board. Order Effective 1/9/2025, Revocation

**February 2025**

**NONE**

**March 2025**

**BARTLETT, JESSICA PTA 51417**

Violations: Conviction of a crime; Failure to report disciplinary or criminal action to the board; Unprofessional Conduct. Order Effective 3/7/2025, Stipulated Disciplinary Surrender

**NUNEZ, BERNARDINO DY PTA 47997**

Violations: Violating the PT Practice Act or Medical Practice Act; Failure to report disciplinary or criminal action to the board; Unprofessional Conduct; Conviction of a crime. Order Effective 3/14/2025, Revoked, Stayed, 3 Years' Probation

---

## Glossary of Disciplinary Terms

---

B & P Code – California Business and Professions Code  
CCR – California Code of Regulations, Title 16

**Accusation:** Charges filed against a licensee alleging violation(s) of the Physical Therapy Practice Act.

**Decision:** The Order issued by the Board in a disciplinary action.

**Interim Suspension Order:** An Order issued upon petition, suspending a licensee from all or specified part of their practice of, or assisting in the provision of, physical therapy.

**Petition to Revoke Probation:** Charges filed against a probationer seeking revocation of their physical therapy or physical therapy assistant license based upon violation(s) of probation.

**Probationary License:** Where good cause exists to deny a license, the licensing agency has the option to issue a conditional license subject to probationary terms and conditions.

**Public Letter of Reprimand:** In lieu of filing a formal accusation, the Board may, pursuant to B & P Code section 2660.3, upon stipulation or agreement by the licensee, issue a public letter of reprimand. If the licensee does not agree to the issuance of the letter, the Board shall not issue the letter and may proceed to file a formal accusation. A public letter of reprimand is considered disciplinary action.

**Public Reproval:** A formal public reproval, pursuant to B & P Code section 495, may be issued for an act constituting grounds for suspension or revocation of a license. This requires filing of a formal accusation. A public reproval is considered disciplinary action.

**Revoked:** The license is revoked as a result of disciplinary action rendered by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy.

**Revoked, Stayed, Probation:** "Stayed" means the revocation is postponed, or put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.

**Statement of Issues:** Charges filed against an applicant due to alleged violation(s) of the Physical Therapy Practice Act. If found to be true, the charges may result in discipline.

**Surrender of License:** The licensee surrenders their license to the Board, subject to acceptance of the surrendered license by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy.

**Stipulated Decision:** Negotiated settlements waiving court appeals.

**Briefing Paper****Agenda Item 21**

**Date:** June 2, 2025

**Prepared for:** PTBC Members

**Prepared by:** Monny Martin, PTBC Probation Monitor

**Subject:** Probation Monitoring Program

---

**Purpose:** Update on Probation Monitoring Program for Quarter 3, FY 2024-2025

**Attachments:** [A. Statistical Report](#)

---

**Background:**

This is a report on the Board's Probation Monitoring Program for the third quarter of FY 2024-2025. Please refer to attachment (A) which contains the probation statistics for FY 2024-2025.

---

**Analysis:**

During the third quarter of FY 2024-2025, the number of licensees on probation decreased from sixty-six (66) to sixty-one (61) licensees on probation for various causes. Besides the forty-six (46) licensees on probation and actively working in the state of California, there were an additional six (6) out of state probationers tolling (not receiving credit toward completion of probation), and ten (10) in-state probationers tolling due to unemployment or underemployment. Two (2) licensees were placed on probation in the quarter, and six (6) licensees completed probation in the quarter. Zero (0) probationers were revoked in the quarter, and one (1) licensee stipulated to surrender their license to the Board.

Of the forty-six (46) licensees that are not tolling, nine (9) are enrolled and participating in the Board's Substance Abuse Rehabilitation Program (Premier), equaling about 20% of all licensees on probation that weren't tolling. Zero (0) licensees enrolled in the Board's Substance Abuse Rehabilitation Program in the quarter, and one (1) licensee completed the program.

There were five (5) instances of Non-Compliance with probation in the quarter. The instances of non-compliance were minor violations for not being available for quarterly interviews with the probation monitor.

After several years of working together, our latest contract with Maximus ended on December 31, 2024. As of January 1, 2025, Premier is the new provider for the Board's Recovery Monitoring Program. The transition was a little rocky at the beginning as Premier did it's best

to keep the program running smoothly, but according to participants, the transition has gone well, and everything is running smoothly now. Participants have reported their experiences with Premier have been positive thus far, and we look forward to working with Premier.

**Action Requested:** No Action Required.

## Probation Statistics Report

Probation							
	FY 2023/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Entered Probationer	7	3	5	2		10	↑ 43%
Completed Probation/Ended (Writ)	7	4	5	6		15	↑ 114%
Probation Terminated (Revocation/Stip Su	1	1	3	1		5	↑ 400%
Non-Compliant w/Probation	14	8	5	5		18	↑ 29%
Tolling (Out of State)	7	7	7	6		7	→ 0%
Tolling (In State) (Previously N/A)	11	14	12	10		14	↑ 27%
Surrenders (Voluntary)	0	0	1	0		1	↑ 100%
Total Probationers	75	71	66	61		66	↓ -12%

Premier							
	FY 2023/24	Fiscal Year 2024/2025					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Entered Premier	4	1	3	0		4	→ 0%
Completed Premier	1	1	1	1		3	↑ 200%
Total Premier Participants	10	9	10	9		9	↓ -10%
Determined To Be Clinically Inappropriate	0	1	0	0		1	↑ 100%
Terminated - Public Risk	2	0	0	0		0	↓ -50%
Terminated - Failure to Receive Benefit	0	0	0	0		0	↑ 100%
Withdrawn (Expense) - Post-Dec	0	0	0	0		0	→ 0%
Withdrawn (Left State) - Post-Dec	0	0	0	0		0	→ 0%
Withdrawn - Pre-Dec	0	0	0	0		0	→ 0%
Withdrawn - Voluntary	0	0	0	0		0	→ 0%