



PHYSICAL THERAPY
BOARD OF CALIFORNIA

JUNE 13–14, 2024
BOARD MEETING

California Department
of Consumer Affairs

2005 Evergreen St., Hearing Room
Sacramento, CA 95815

PHYSICAL THERAPY BOARD OF CALIFORNIA

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

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PHYSICAL THERAPY BOARD OF CALIFORNIA NOTICE OF PUBLIC MEETING

June 13, 2024 9 a.m.

June 14, 2024 9 a.m.

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

Action may be 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
ENCOURAGED TO ATTEND.

BOARD MEMBERS

Tonia McMillian, *President*

Dayle Armstrong, Ph.D., P.T., M.S., DPT, *Vice President*

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

Katarina Eleby, M.A., *Member*

Sam Qiu, *Member*

Alicia Rabena-Amen, P.T., DPT, *Member*

Vacant, *Professional 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

Agenda – Thursday; June 13th

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 Establishment of Quorum**
3. **Reading of the Board's Mission Statement**
4. **Review and Approval of December 6-8, 2023, Meeting Minutes** – *Kim Rozakis*
5. **President's Report** – *Tonia McMillian*
(A) 2024 Adopted Meeting Calendar
(B) 2025 Proposed Meeting Calendar
6. **Executive Officer's Report** – *Jason Kaiser*
(A) Executive Services
(B) Administrative Services
(A) Licensing Services
(C) Consumer Protection Service
7. **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)
8. **California Jurisprudence Assessment Module (Cal JAM) Presentation**
– Jeff Rosa (FSBPT)
9. **Discussion and Possible Board Action Regarding the Strategic Plan**
(A) Adoption of Strategic Plan
10. **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).)
11. **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
(B) Pursuant to Government Code section 11126(a)(1), the Board will convene to Consider the Evaluation of Performance of the Executive Officer

12. Recess

Agenda – Friday; June 14th

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

13. Call to Order - 9:00 a.m.

14. Roll Call and Establishment of Quorum

15. Reading of the Board's Mission Statement

16. Office of Professional Examination Services (OPES) Presentation – Department of Consumer Affairs

17. Executive Services Update

(A) **Legislation Report** – Brooke Arneson

2023/24 Legislative Session Summary

- 1) AB 796 (Weber) Athletic Trainers
- 2) AB 814 (Lowenthal) Veterinary Medicine: Animal Rehabilitation
- 3) AB 1991 (Bonta) Licensee and Registrant Records
- 4) AB 2269 (Flora) Board Membership Qualifications: Public Members
- 5) AB 2289 (Low) Vehicles: Parking Placards and Special License Plates for Disabled Veterans and Persons with Disabilities
- 6) AB 2725 (Rubio & Muratsuchi) Teacher Credentialing: Administrative Services Credential: Occupational and Physical Therapists
- 7) AB 2862 (Gipson) Department of Consumer Affairs; African American Applicants
- 8) AB 3127 (McKinnor) Reporting of Crimes; Mandated Reporting
- 9) SB 1067 (Smallwood-Cuevas) Healing Arts: Expedited licensure Process: Medically Underserved Population

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

2024 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 Outreach

18. Administrative Services Update – Liz Constancio

- (A) Program Updates
- (B) Budget Report

19. Licensing Services Update – Valerie Kearney

- (A) Program Updates
- (B) Statistical Reports

20. Consumer Protection Services Update – Carole Phelps

- (A) Program Updates
- (B) Statistical Reports

21. Probation Monitoring Services Update – Carole Phelps

- (A) Program Updates
- (B) 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 17-18, 2024

Location: California

Sacramento State University

24. Closed Session

- (C) 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
- (D) Pursuant to Government Code section 11126(a)(1), the Board will convene to Consider the Evaluation of Performance of the Executive Officer

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)).

The Board plans to webcast this meeting on its website at www.ptbc.ca.gov. 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. 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, 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 (5) business days before the meeting will help to ensure availability of the requested accommodations. TDD Line: (916) 322-1700.

ROLL CALL

**Thursday,
June 13, 2024**

	Present	Absent
Tonia McMillian, President		
Dayle Armstrong, Ph.D, PT, MS, DPT Vice-President		
Karen Brandon, P.T., DsC P.T.		
Katarina Eleby, M.A.		
Samuel Qiu		
Alicia Rabena-Amen, PT, DPT, President		

**Friday,
June 14, 2024**

	Present	Absent
Tonia McMillian, President		
Dayle Armstrong, Ph.D, PT, MS, DPT Vice-President		
Karen Brandon, P.T., DsC P.T.		
Katarina Eleby, M.A.		
Samuel Qiu		
Alicia Rabena-Amen, PT, DPT, President		



1

Board Members

President

Tonia McMillian

Vice-President

Dayle C. Armstrong, Ph.D., P.T., MS, DPT

Members

Karen Brandon, P.T., DSc P.T.

Katarina Eleby, M.A

Samuel Qiu

Alicia Rabena-Amen, PT, DPT

Vacant, PT, DPT

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

December 6-8, 2023 9:00 a.m.

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

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.

Wednesday, December 6, 2023

1. Call to Order

The Physical Therapy Board of California (Board) meeting was called to order
by President Ms. McMillian at 9:00 a.m. and recessed at 3:32 p.m. on December
6, 2023.

2. Roll Call and Establishment of Quorum

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

All Members were present except for Dr. Armstrong, 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 Alicia Hernandez.

30
31 **3. Reading of the Board's Mission Statement**
32

33 Dr. Rabena-Amen read the Board's mission statement: To advance and protect
34 the interests of the people of California by the effective administration of the
35 Physical Therapy Practice Act.
36

37 **4. Strategic Planning Session**
38

39 The Board engaged in strategic planning to set goals in the areas of for
40 Professional Qualifications, Regulation and Enforcement, Communication, and
41 Organizational Relationships and Effectiveness. The finalized strategic plan will
42 be presented in March 2024 Board Meeting for consideration of Board adoption.

43
44 **5. Public Comment on Items Not on the Agenda**
45

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

48
49 **6. Recess**
50

51 The meeting recessed at 3:32 p.m. on December 6, 2023.

52
53 **Thursday, December 7, 2023**
54

55 **7. Call to Order**
56

57 The Physical Therapy Board of California (Board) meeting was called to order
58 by President Ms. McMillian at 9:00 a.m. into closed session at 1:36 p.m. and
59 recessed at 2:04 p.m. on December 7, 2023.

60
61 **8. Roll Call and Establishment of Quorum**
62

63 McMillian - Present
64 Armstrong- Absent
65 Brandon - Present

Eleby – Present
Qiu- Present
Rabena-Amen - Present

All Members were present except for Dr. Armstrong, 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 Alicia Hernandez.

9. Reading of the Board’s Mission Statement

Dr. Brandon 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.

10. (A) Petition of Early Termination – George Ghattas, PT

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)

11. 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

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

The Board entered closed session at 10:00 a.m. and reconvened into open session to break for lunch at 12:36 p.m. on December 7, 2023.

12. Student Q&A – Unitek College Sacramento

Students from Unitek College went before the Board and introduced themselves. Students from Unitek College asked questions, which ranged from why the Members decided to be a Board Member and how long they have served to, what are the most common types of violations the Board sees?

Mr. Kaiser thanked the students for attending the Board meeting.

103 **13. Review and Approval of September 13-14, 2023, Meeting Minutes – Kim**
104 **Rozakis**

105
106 Ms. Rozakis presented the draft September 13-14, 2023, meeting minutes. The
107 Board reviewed the minutes and made grammatical and editorial changes.
108

109 **MOTION:** Adopt the proposed September 13-14, 2023, Meeting
110 Minutes as amended.
111

112 **M/S:** Brandon/Rabena-Amen
113

114 **VOTE:** McMillian - Aye
115 Armstrong- Absent
116 Brandon - Aye
117 Eleby – Aye
118 Qiu - Aye
119 Rabena-Amen - Aye
120 5-0 Ayes, Motion Carried

121
122 **14. President's Report – Tonia McMillian**
123

124 (A) 2024 Adopted Meeting Calendar

125 Mr. Kaiser stated Mr. Kanotz has been assigned as the new Legal
126 Counsel for Board of Accountancy. As a result, the Board's March and
127 September 2024 dates are in conflict with the Board of Accountancy.

128 Mr. Kanotz added there are a few conflicts with the dates, one being on
129 March 21-22, 2024, in Southern California and in September 19-20 with
130 Board of Accountancy.

131 Mr. Kaiser proposed for March Board meeting to be held on March 19-20,
132 2024, instead of March 20-21, 2024, in Loma Linda. Additionally, for the
133 September Board meeting Mr. Kaiser suggested to have the Board
134 Meeting at Sacramento State University and the date be a week after
135 California Physical Therapy Association Annual Conference, but staff will
136 contact Sacramento State University on what dates work for them.

Ms. McMillian stated she will not be available for the June 20-21, 2024, Board meeting. Mr. Kaiser asked if it is possible to move the June 2024 Board to June 13-14, 2024, in Sacramento.

MOTION: March 19-20, 2024, Board Meeting at Loma Linda University, June 13-14, 2024, at Sacramento, September date TBD at Sacramento State University

M/S: Kaiser/McMillian

VOTE: McMillian - Aye
Armstrong- Absent
Brandon - Aye
Eleby – Aye
Qiu - Aye
Rabena-Amen - Aye
5-0 Ayes, Motion Carried

(B) 2025 Proposed Meeting Calendar

Mr. Kaiser shared staff does not have any recommendations for 2025 calendar at this time.

15. Executive Officer's Report- Jason Kaiser

(A) Administrative Services

Mr. Kaiser reported to the Board there is one Board member vacancy that needs to be filled, which is a professional position previously held by Dr. Daniel Drummer. Mr. Kaiser also discussed current staffing with the Physical Therapy Board. There is a vacancy in the Administrative Services Unit, and the Consumer Protection Services Unit has filled their vacancy. Mr. Kaiser stated with current staffing, workflow is still well within acceptable limits, but is not sustainable.

(B) Licensing Services

Mr. Kaiser previously reported on an increase on the number of programs in the physical therapy education system, and that the Board should expect to receive an influx of applications next year.

(C) Consumer Protection Services

Mr. Kaiser has nothing to report for Consumer Protection Services.

Mr. Kaiser thanked CPTA for allowing the Board to attend the CPTA conference in October in Long Beach. The booth gave the Board a chance to do some outreach to licensees, students, and future applicants. Mr. Kaiser thanked staff who attended CPTA conference and Members who attended FSBPT in Florida.

Mr. Kaiser shared he is looking forward to CPTA's annual conference and webinars in 2024.

16. Consumer and Professional Associations and Intergovernmental Relations Reports

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

Mr. Kaiser described a legislative change that eliminated the travel ban on States that had laws that were discriminatory in nature, which allowed himself and Board Members to travel to Jacksonville, Florida to attend FSBPT Annual Education Meeting. Mr. Kaiser also thanked the Department of Consumer Affairs, Board and Bureau Relations, Directory Kimberly Kirchmeyer, and the Business, Consumer Services and Housing Agency for their quick review and approval of the travel request. Additionally, Mr. Kaiser thanks Mr. Qiu and Ms. Eleby for attending the conference with him and representing the State of California.

Mr. Kaiser added he and Mr. Qiu were able to attend multiple educational sessions when it came to pressing issues like artificial intelligence and sexual misconduct violations. Mr. Kaiser shared that nearly all states sent a representative to the meeting.

Mr. Qiu added that he was honored to have the opportunity to represent the Board and the State of California. Mr. Qiu stated that being involved

207 gives him the opportunity to learn about the present issues that the
208 industry is attempting to address.

209
210 Ms. Eleby shared she always enjoys participating in FSBPT conferences
211 because the topics that are discussed don't always come up at Board
212 meetings.

213
214 Mr. Kaiser added FSBPT is always looking for new volunteers for task
215 forces. Mr. Kaiser may be reaching out to Board Members individually
216 to discuss these volunteer opportunities. Additionally, Mr. Kaiser shared
217 that he was reappointed to the FSBPT Sexual Misconduct Committee.

218
219 **(B) Department of Consumer Affairs (DCA Executive Office)**
220

221 Ms. Dorantes, Assistant Deputy Director of Board and Bureau Relations
222 updated the Board on November 28, 2023, Governor Newsom
223 appointed Tamika Moss as Secretary of the Business, Consumer
224 Services and Housing Agency.

225
226 Ms. Dorantes shared that on November 7, 2023, virtual training was
227 provided for DEI dialogue for leaders to 173 DCA managers, supervisors
228 and leaders, the training covered physiological safety and how it effects
229 conversations as well as interactive discussions about the challenges
230 leaders are facings.

231
232 Ms. Dorantes stated that on December 15th DEI Steering Committee will
233 holds its quarterly meeting. The Committee will review a draft DEI
234 internet webpage that is currently being developed.

235
236 Ms. Dorantes added that the latest issue of Consumer Connection
237 magazine includes articles with information important to consumers
238 including a feature cover story translated in four languages. The
239 magazine is accessible through the DCA Homepage or printed copies
240 are available.

241
242 Ms. Dorantes shared on November 29, 2023, the military portal
243 launched in support of servicemembers and their families relating to
244 license portability for servicemembers or their spouses. This new DCA

245 online portal will allow boards and bureaus to accept online requests
246 from military servicemembers and their spouses who currently hold a
247 valid license in good standing in another state, district, or territory, to
248 practice in California within the same profession or vocation if they
249 relocated to California for military service. Additionally, this online portal
250 will allow DCA to properly receive and track request to ensure
251 compliance with federal and state law. DCA's military resources page
252 and board and bureau web pages have also been updated with federal
253 professional license portability and state registration information.

254
255 Ms. Dorantes reminded the Board that it may conduct entirely remote
256 public meetings without noticed locations accessible to the public
257 through December 31, 2023, as long as the public is able to participate
258 in the meeting remotely.

259
260 Commencing on January 1, 2024, four meeting options will be available
261 pursuant the Bagley Keen Open Meeting Act. Option 1 is the traditional
262 single location option, where a majority of Members are gathered at a
263 publicly noticed and accessible location, no Members are participating
264 remotely, and there is no requirement to permit remote public
265 participation. Option 2 is the traditional teleconference, where Board
266 Members are located at different publicly noticed and accessible
267 locations and are connected telephonically or otherwise. Option 3 is a
268 new hybrid meeting option where a majority of Board Members are
269 gathered at one publicly noticed accessible location and additional
270 Board Members above a majority may participate remotely from a
271 private, non-public location; and the meeting must allow for remote
272 public participation. Option 4 is the new advisory body teleconference
273 option, where all Members of the advisory body can participate remotely
274 from a private, non-public meeting site: the meeting must have at least
275 one publicly noticed and accessible location where at least one staff
276 member is present, and where the public can participate in the meeting;
277 and the meeting must allow for remote public access.

278
279 Ms. Dorantes reminded Members that Supervisory Sexual Harassment
280 Prevention and Information Security Awareness Training are due
281 December 31, 2023. Both Trainings can be accessed on the DCA
282 Learning Management System.

Ms. Dorantes shared the My Promise campaign is underway through December 31, 2023. DCA's co-chairs are Monica Vargas; Deputy Director of Communications and herself. Donations can be made one time starting as little as \$5 or continuous donations throughout the year to support non-profits of your choice. Additionally, the State Employee Food Drive is currently collecting any donations and runs through January 8, 2024. This drive helps families in need.

Ms. Dorantes thanked the Members for their year of service, and she is here as a resource for the Members.

Lastly, Ms. Dorantes shared they are working on tentative dates for Board Member orientation trainings for 2024. Mr. Kaiser asked if Ms. Dorantes knows when the Sacramento training will be held. Ms. Dorantes responded that it is most likely to occur in March and October and June will be in Los Angeles, but this is tentative.

(C) California Physical Therapy Association (CPTA)

Ms. Defoe updated the Members on the CPTA Annual Conference in Long Beach in October 2023. The conference had 440 attendees and she thanked the Board for being an exhibitor.

Ms. Defoe stated membership is going strong at 10,000 Members and growing. Ms. Defoe added CPTA has adopted a commitment to diversity equity and inclusion, which will go with their mission, vision, and goals.

MS. Defoe added CPTA's Diversity Affairs Committee has created Challenge for Change, where it is ways for individuals, CPTA districts and Academic Institutions to look for ways to promote diversity or to gain knowledge or share knowledge to do various activities in efforts to promote diversity.

Ms. Defoe shared that CPTA hosts webinar Wednesdays, which has become very successful. As of November 2023, CPTA has hosted 30 webinar Wednesdays with an average of 51 attendees per course. CPTA has also tried in-person courses, but with lower registration.

Ms. Defoe stated that the Modernization Task Force, which was created to look at the Physical Therapy Practice Act and ensure it allows physical therapists to practice at the level of the education currently taught at academic programs. Ms. Defoe added the task force has developed some draft language and spent the year sharing with internal stakeholders. Next year, CPTA will focus on external stakeholders.

Ms. Defoe shared there will be a town hall meeting on January 25, 2024. The focus of the meeting will be the modernization of the Physical Therapy Practice Act. Ms. Defoe added March 12th, 2024, is their annual CPTA Legislative Day.

Ms. Defoe added at the recent CPTA Board meeting, the board approved moving forward with legislation that would allow physical therapists to sign off on disability placards, which would amend the California Vehicle Code.

Ms. Defoe stated CPTA is in support of AB 814, which relates to animal rehabilitation, and supports the Animal Physical Coalition to allow Physical Therapists to register with the Veterinary Board as a physical therapist under certain conditions.

Ms. Rabena-Amen asked if there is an estimated timeline for the Modernization Task Force working on the Physical Therapy Practice Act. Ms. Defoe replied that for the upcoming year, the focus will be on external stakeholders and getting feedback. CPTA would like to move forward with the legislation in the following year, but nothing is set.

17. Public Comment on Items Not on the Agenda

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

18. Recess

The meeting recessed for lunch at 12:36 p.m. on December 7, 2023, and went into closed session.

Thursday, December 8, 2023

19. Call to Order

The Physical Therapy Board of California (Board) meeting was called to order by President Ms. McMillian at 9:00 a.m. and adjourned at 12:18 p.m. on December 8, 2023.

20. Roll Call and Establishment of Quorum

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

All Members were present with the exception of Dr. Armstrong, 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 Alicia Hernandez.

21. Reading of the Board's Mission Statement

Ms. Eleby 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.

22. Legislation Report- Brooke Arneson

(A) 2023/23 Legislative Session Summary

Ms. Arneson gave a synopsis of her roles and responsibilities as the Legislation & Regulation Manager for the Executive Unit.

Ms. Arneson presented to the Members that 2023 marked the first of a two-year legislative cycle which concluded on September 14th. Ms. Arneson added Governor Newsom had until October 14th to sign or veto bills. Additionally, there were 1,046 bills that reached the Governor's desk, and of those, the Governor signed 890 bills and vetoed 156 bills, which was a 14.9% veto rate. Ms. Arneson added that last year during the 2022 session, 1,166 bills reached the Governor's desk and he signed 997 and vetoed 169 for a 14.5% veto rate.

1) AB 931 (Irwin) Prior Authorization: Physical Therapy

Ms. Arneson AB 931, which the Board had a support position on, and a copy of that support letter is included in the legislative report on page 52. This bill would have prohibited a health plan or insurer from requiring prior authorization for the initial 12 physical therapy treatment visits for a new episode of care. The bill would have also required that, prior to treatment, the provider verify an enrollee's coverage and disclose the enrollee's cost sharing, maximum out-of-pocket expense per visit, and whether the provider is in-network for the enrollee. The bill was vetoed, and the Governor's veto message was the following:

"To the Members of the California State Assembly: I am returning Assembly Bill 931 without my signature. Beginning January 1, 2025, this bill would prohibit a health plan or insurer from requiring prior authorization for the initial 12 physical therapy treatment visits for a new episode of care. The bill would also require that, prior to treatment, the provider verify an enrollee's coverage and disclose the enrollee's cost sharing, maximum out-of-pocket expense per visit, and whether the provider is in-network for the enrollee. 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. For these reasons, I cannot sign this bill."

437 2) AB 1163 (Luz Rivas) State Forms: Lesbian, Gay, Bisexual and
438 Transgender Disparities Reduction Act
439

440 This bill was chaptered on October 13, 2023, and will take effect on
441 January 1, 2024. This bill expands the data collection obligations
442 of the Lesbian, Gay, Bisexual, and Transgender Disparities
443 Reduction Act.

444
445 3) SB 14 (Grove, Caballero, and Rubio) Violent Felonies: Serious
446 Felonies: Human Trafficking
447

448 This bill was chaptered on September 25, 2023, and will take effect
449 on January 1, 2024. This bill designates human trafficking of a
450 minor for purposes of commercial sex act as a "serious felony".
451

452 4) SB 143 (committee on Budget & Fiscal Review): State Government
453

454 This bill is a trailer bill and if chaptered will be immediately and
455 chaptered on September 13, 2023. The Bagley-Keene Open
456 Meeting Act requires, with specified expectations, that all meetings
457 of a state body be open and public, and all persons be permitted to
458 attend any meeting of a state body. The act authorizes meetings
459 through teleconference under specified conditions, including,
460 among others, that each teleconference location be accessible to
461 the public and that at least one member of the state body be
462 physically present at the location specified in the notice of the
463 meeting. Prior to July 1, 2023, current law authorized, subject to
464 specified notice and accessibility requirements, including the
465 requirements referenced above. This bill, until December 31, 2023,
466 would reinstate the above-described authorization for a state body
467 to hold public meetings through teleconferencing utilizing online
468 platforms such as Webex, etc.
469

470 5) SB 372 (Menjivar) DCA: Licensee and Registrant Records: Name
471 and Gender Changes
472

473 This bill was chaptered on September 23, 2023, and requires
474 licensing entities within DCA to update license records if that
475 licensing entity receives government-issued documentation
476 demonstrating a legal change of name or gender, as specified. This
477 bill also allows licensees to request for their prior name be removed
478 from online license verification systems operated by the licensing
479 entities and establishes a process for individuals to access a
480 licensee's enforcement records under the prior name.

481
482 Dr. Rabena-Amen asked how this bill might affect prior discipline.
483 Mr. Kaiser responded this bill would remove any dead naming
484 situation, where if there is a transition of some kind, there is still a
485 link that can be kept with history where we can go back into the
486 history.

487
488 Dr. Rabena-Amen asked what would occur following a name
489 change. Mr. Kaiser responded the name history will be trackable,
490 but only upon request and will not be part of Department of
491 Consumer Affairs search identity. Mr. Kaiser added the discipline
492 history would be part of the history, but the name change would not
493 be and only would be available upon request.

494
495 6) SB 525 (Durazo) Minimum Wage: Health Care Workers

496 This bill was chaptered on October 13, 2023, and will establish
497 separate minimum wage schedules for covered health care
498 employees depending on the nature of the employer.

499
500 7) SB 544 (Laird) Bagley-Keene Open Meeting Act: Teleconferencing

501 This bill was chaptered on September 22, 2023. Specifically, this
502 bill preserves existing Bagley-Keene teleconference law as is with
503 no changes—Members can attend meetings from multiple
504 different teleconference sites, connected electronically via audio
505 or audio and video, and the public must be allowed to personally
506 attend each teleconference site where a member is located.

507
508 This bill adds a new, but not exclusive, teleconference option in

Government Code Section 11123.2 that requires a majority of the Members of the state body to be at one physical, publicly accessible, location, and allows additional Members above a majority to participate in the meeting from non-public sites remote sites, so long as the public can also participate in the meeting both remotely and from publicly-accessible sites. A remote location is not required to be accessible to the public. The notice and agenda shall not disclose information regarding a remote location. If a member of the state body attends the meeting by teleconference from a remote location, the member shall disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member and the general nature of the Members relationship with any such individuals. In addition, the Members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform. This bill also requires that upon discovering that a means of remote public access and participation required has failed during a meeting and cannot be restored, the state body shall end or adjourn the meeting. This bill would permit a person to submit a pseudonym or other anonymous information when using the internet website or other online platform to attend the meeting via an exemption from current law where an internet website or other online platform may require the submission of information to log into a teleconferenced meeting.

Additionally, it creates a new meeting method for advisory bodies to allow all Members of to participate remotely in meetings from private non-public locations, as long as there's one physical location with at least one staff member where the public can attend, and the public can also access the meeting remotely.

8) SB 816 (Roth) Professions and Vocations

This bill was chaptered on October 10, 2023. This bill is the Business and Professions omnibus bill. Current law, effective until January 1, 2025, sets forth an approval process for a vocational

nursing school or program and authorizes the Board of Vocational Nursing and Psychiatric Technicians to reduce the continuing approval fees, by no more than 1/2 of the established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity. Current law, the Psychiatric Technicians Law, also grants the board authority to license and regulate psychiatric technicians. That law, effective until January 1, 2025, similarly establishes an approval process for a school or program for psychiatric technicians and authorizes the board to reduce the continuing approval fees, by no more than 1/2 of the established fee, for a program that experiences a reduction in state funding that directly leads to a reduction in enrollment capacity. This bill would instead authorize the board to reduce the continuing approval fees in the above-described circumstances for a program that experiences a reduction in enrollment capacity that directly leads to a reduction in state funding. This bill would revise related provisions to require the board to require a program to provide documentation for purposes of issuing the fee reduction.

Mr. Kaiser added the Board was very active this legislative session and the Board issued a few support letters. Mr. Kaiser mentioned that the Board issued a support letter for AB 931, which made it to the Governor, but was vetoed. Mr. Kaiser stated he does not want the veto of AB 931 to discourage the Board from being expressive early in the legislature session. The legislature encourages the Board to provide input as early as possible in the session.

Dr. Brandon asked who was in opposition of AB 931. Ms. Arneson responded that the Association of California Life, health insurance companies, California Association of health plans and America's health insurance plans and Department of Finance were all in opposition.

Dr. Rabena-Amen said she would like to encourage the Board to support and send a letter of support for a bill like AB 931.

23. Rulemaking Report- Brooke Arneson

- (A) 2023 Rulemaking Update for Pending or Proposed Regulations
1) Update Regarding the Development of Possible Amendments to the Board's Continuing Competency Regulations

Dr. Rabena-Amen asked when the Board adopts a Rulemaking Calendar, what is the timeframe for getting the language started. Mr. Kanotz responded the Rulemaking Calendar is a feature of the Administrative Procedure Act and the legislative intent is to give the public notice of what all state agencies are considering in terms of the regulatory actions for the next year. Mr. Kanotz added they are filed by every state entity, but the document and rulemaking calendar does not impose any actual limitations or requirements on the Board or any state entity to adopt the regulations included in the calendar over the course of that year.

24. Discussion and Possible Board Action on the 2024 Rulemaking Calendar-Brooke Arneson

Dr. Rabena-Amen asked when staff brings language forward for Schedule A, will that include stakeholder feedback. Mr. Kaiser responded the is that Schedule A are new regulations that are being proposed because of new legislation that has passed within that year whereas Schedule B is based on current legislation.

Dr. Rabena-Amen asked about obtaining stakeholder feedback prior to submitting proposed language to the Board. Mr. Kaiser responded getting stakeholder feedback may be difficult until language has been introduced. Mr. Kaiser added that the Board highly encourages the public and stakeholder's groups to participate in the regulatory process.

MOTION: To adopt the 2024 Rulemaking calendar as required by Government Code (GC) § 11017.6.

M/S: Rabena-Amen/Brandon

VOTE: McMillian - Aye
Armstrong- Absent
Brandon - Aye
Eleby – Aye

Qiu - Aye
Rabena-Amen - Aye
5-0 Ayes, Motion Carried

25. Communication & Education Update – April Beauchamps

(A) Outreach

Ms. Beauchamps gave a synopsis of her roles and responsibilities as the Communication & Education Liaison for the Executive Unit.

Ms. Beauchamps presented to the Members the outreach report. Ms. Beauchamps reported PTBC provided 8 virtual and in-person Outreach workshops to 7 PT and PTA programs for the first quarter of the state fiscal year. Ms. Beauchamps added that on September 6, 2023, the Board attended the Education Credentialing and Credentialing and Resource Fair at Fort Irwin in San Bernardino, and on October 7, 2023, the Board attended California Physical Therapy Association's annual conference in Long Beach.

Ms. Eleby asked Ms. Beauchamps what the workforce succession plan is. Ms. Beauchamps answered it relates to staff who work for the Board that are close to retiring and cross training along with planning to ensure the Board stays staffed.

Dr. Brandon asked how the Board chooses school outreach visits and what the goal is. Ms. Beauchamps answered she reaches out to all the schools. Ms. Beauchamps added currently there are 42 Commission on Accreditation in Physical Therapy Education (CAPTE) accredited, the Board has been to 41 of the CAPTE accredited schools this quarter.

Dr. Brandon asked what the goal is for the outreach visits. Ms. Beauchamps responded to educate the students on the application process and laws and regulations relating to physical therapy, and to answer questions any students may have. Dr. Brandon asked if there could be some attention on the non-accredited schools where the pass rate is lower on the California Law Examination. Ms. Beauchamps responded the Board does visit the schools that are up for

661 accreditation that can be seen on CAPTE's website. Mr. Kaiser added
662 that non-accredited schools pass rate for examinations are specific for
663 foreign trained applicants coming in from the outside of the United
664 States or Canada and if the Board was to travel to all those schools the
665 travel expense would be large. Additionally, Mr. Kaiser added the goal
666 is to have one presentation to every graduating cohort for California
667 school. Mr. Kaiser stated that will be hard to do and there is no
668 mandate in the CAPTE accreditation for educational programs in the
669 state to provide any kind of outreach that pertains to the application
670 process within the state.

671
672 Dr. Rabena-Amen asked Ms. Beauchamps how she decides on
673 whether the school will have an in-person or virtual presentation. Ms.
674 Beauchamps answered it depends on the Program Director and the
675 Board's schedule. Mr. Kaiser added it depends on what the school is
676 requesting and what the Boards resources and availability at the time.
677 Additionally, Mr. Kaiser added there are online delivery methods but
678 there is no replacement for in-person presentation. Dr. Rabena-Amen
679 added that Outreach presentations are valuable for students because
680 they get their questions answered, the clarity of the process of
681 applications is enhanced, and they learn about the Board and what the
682 Board does.

683
684 Dr. Rabena-Amen asked how the Board assess the effectiveness of
685 the Board's social media campaign. Ms. Beauchamps responded that
686 she assesses it by the number of views, for example she posted a Tik
687 Tok yesterday and today the video has over 700 views.

688
689 Dr. Rabena-Amen asked what the goal of the Board's social media
690 campaign is. Ms. Beauchamps responded that the goal is to reach
691 stakeholders with information. Mr. Kaiser added the goal is to
692 capitalize on the free advertising nature of social media and providing
693 any content we can provide that can be beneficial to both the applicant
694 and consumer. Mr. Kaiser added the goal is to utilize word of mouth
695 and to get as much information out to as many people as possible.
696

Dr. Rabena-Amen asked about the opportunity to do more the Board's Interested Parties Mailing List. Mr. Kaiser responded that the list is used for all formal communications the Board issues.

Dr. Rabena-Amen thanked Ms. Beauchamps for all the work she has done for the Board.

Ms. McMillian asked is there a way to track how many times QR codes are used. Mr. Kaiser responded that it is possible, but there needs to be a determination of its necessity and the resources available for that endeavor.

26. Administrative Service Update- Alicia Hernandez, Julie Thao, Timothy Davis, Vincent Azar

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

Ms. Hernandez, Administrative Services Lead Analyst, introduced the administrative staff, and each staff member provided a presentation of their roles and responsibilities within the Administrative Services Unit.

Ms. Hernandez presented the Administrative Services Unit update. Ms. Hernandez added that the new fiscal year began on July 1, 2023, and during the first quarter the unit has been working with the budget office on building its 2023/2024 budget to include the changes in duties related to the reorganization that created the Executive Unit. Ms. Hernandez stated they have started the annual review of equipment and will be replacing and consolidating equipment to enhance productivity or save costs, along with working with other unit managers on filling vacancies. Lastly, Ms. Hernandez thanked Ms. Her for her service with Physical Therapy Board and wishes her all the best in her future endeavors.

Ms. Hernandez presented the budget report. Ms. Hernandez added PTBC's budget and revenue are in alignment.

Mr. Qiu asked why on Q1 the pro-rata shows 50%. Mr. Kaiser answered through the process called Galley, when the Governor decides the state budget in its entirety, that process includes all the individual budgets for state agencies. The Board is given that final number of what the expectation of our budget is going to be and then internally we categorize and split up those monies with the exception of the pro-rata. Mr. Kaiser added that the Q4 is unique as the state shuts down its books to close out the fiscal year, and there is often a rebound effect in Q1 as a result.

Dr. Rabena-Amen asked whether there should be an expectation where Q4 will be at zero or close to Zero. Mr. Kaiser responded that we might get close to zero, but we typically plan to under expend our budget, but there are unforeseen expenses that can come up.

Mr. Qiu asked why the collection of licensing renewal fees is higher than prior years. Mr. Kaiser responded the quarter is affected by different factors, one is that our license population is growing and that our licensed renewals expirations are based on the birth year and month of the person who applied.

Mr. Qiu asked how the Board ensures there is sufficient segregation duties on the financial side. Mr. Kaiser responded that, for example, in the Administrative Services Unit there are measures and separation of duties on who can make an order and who can approve the invoice and who can issue the check for the payment of that invoice. These procedures are dictated by the State Administrative Manual (SAM) for the State of California. Additionally, Mr. Kaiser added the Board is subject to state audits.

Ms. Eleby asked how many months in reserve does the board have currently. Ms. Hernandez responded that the reserve is 7 months. Mr. Kaiser added he would like 10 to 12 months in reserve for unexpected expenditures.

Dr. Rabena-Amen asked what does statutory exempt mean. Mr. Kaiser answered it is his position, he is exempt from Civil service protections and bargaining agreements.

27. Licensing Services Update- Valerie Kearney, Justin Silva, Teresa Gutierrez, Monet Dyson

(A) Staff Introductions

- 769 (B) Program Updates
- 770 (C) Statistical Reports

771 Ms. Kearney, Licensing Services Manager, introduced the Licensing Services
772 Unit staff, and each staff member provided a presentation of their roles and
773 responsibilities within the Licensing Services Unit.

774
775 Ms. Gutierrez shared that the Board has been actively accepting the
776 Performance Evaluation Tool (PET) since September 2020. Since September
777 2020 35% were under the PET and in the last month 50% received were under
778 the PET.

779
780 Ms. Kearney shared the Board is currently recruiting for 2 Staff Services Analyst
781 positions. Ms. Kearney thanked Mr. Row on overseeing new physical therapy
782 assistant graduate applications for the past year and a half.

783
784 Dr. Rabena-Amen asked if Mr. Row is doing physical therapy assistant and
785 military applications. Ms. Kearney responded yes and explained that Mr. Row's
786 duties are endorsement applications, both physical therapy and physical
787 therapy assistant, military active duty, honorably discharged and military spouse
788 applications. Additionally, Mr. Row issues, and maintains those licenses. Ms.
789 Kearney added that since March of 2022 she has needed assistance on
790 Physical Therapy Assistance new grads, and Mr. Row has done a great job.

791
792 Ms. Kearney presented the Licensing Services Statistical Report, which can be
793 found on the materials.

794
795 Dr. Rabena-Amen asked if the total application processing times in the first table
796 on the report, is that a total of all the different types of applications. Ms. Kearney
797 responded that it is the processing time for all applications. Dr. Rabena-Amen
798 asked how is that time measured, for example, for the CAPTE application, when
799 does the clock start and stop? Ms. Kearney responded it starts when the
800 application is paid for and stops when the candidate is either licensed or denied.
801 Mr. Kaiser added that it is difficult to break down the time, and that the
802 Department of Consumer Affairs has been struggling with this because boards
803 and bureaus have different models and different requirements.

804
805 Dr. Rabena-Amen asked about continuing competency audit pass rates. The
806 Physical Therapy Assistance (PTA) pass rate is 30% lower than the Physical
807 Therapy (PT) pass rate. Would there be an opportunity for outreach regarding
808 continuing competency to PTAs? Mr. Kaiser responded those numbers have
809 always had a disparity between PT and PTAs, it can be due in part to the use of
810 practitioners during that period and how many stepped away during the middle

811 of the pandemic. Mr. Kaiser also added that it may be anomolous due to a very
812 small pass rate. Ms. Conley added this is due to the limitation the Board has
813 right now is the Continuing Competency Unit being down 1 position. With the
814 vacancy the Board had to reduce the sample rate, which showed a slight change
815 in the number of failures. Dr. Rabena-Amen asked if the Board was fully staff
816 how many would be audited. Ms. Conley responded the last quarter was 30 for
817 PTA's, and but the sample was reduced due to vacancy.
818
819

820 **28. Consumer Protection Services Update- Carole Phelps, Cristy Livramento,**
821 **David Laxton, Francisco Solis, Angel Ottley**
822

- 823 (A) Staff introductions
- 824 (B) Program Updates
- 825 (C) Statistical Reports

826 Ms. Phelps, Consumer Protection Services Manager introduced the Consumer
827 Protection Services Unit (CPS) staff, and each staff member provided a
828 presentation of their roles and responsibilities within the CPS Unit.
829

830 Ms. Phelps stated that the unit filled one of its vacant positions on July 1, 2023,
831 with Ms. Ottley, and on November 15, 2023, CPS filled the other vacant position
832 with Mr. Solis. Ms. Phelps thanked CPS staff for all their patience, flexibility,
833 and support in carrying the additional workload for the last year.
834

835 Ms. Phelps added that working with Ms. Beauchamps and Mr. Azar, CPS has
836 successfully updated the Board's website where they can provide consumer
837 protection-related resources and information on the consumers page and the
838 new enforcement page.
839

840 Ms. Phelps presented the CPS statistics report on Performance Measure 1,
841 which shows that the number of complaints received this quarter has increased
842 by 34% from last fiscal year with a total of 160 complaints received which is
843 comparable to pre-pandemic statistics. Ms. Phelps stated Performance
844 Measure 3 shows the average case in days that were closed without referral to
845 the Attorney's General's Office for formal discipline, and that the average for
846 those were 122 days, a decrease of 27% in comparison to last fiscal year. Ms.
847 Phelps stated Performance Measure 4 reflects the average number of days to
848 complete investigations and enforcement actions for complaints that are
849 transmitted to the Attorney General's Office for formal discipline. The case
850 aging average for this performance measure of 552 days is lower compared to
851 last fiscal year and is just over the target of 540 days.

852
853 Ms. Phelps reported there are currently 403 open complaint investigation cases
854 currently being investigated by 6 analysts. Ms. Phelps added that 7 of those
855 cases were opened in 2019, 6 were opened in 2020, 24 were opened in 2021,
856 84 were opened in 2022, and 279 were opened in 2023.

857
858 Ms. Phelps provided a summary of all disciplinary actions taken by the Board
859 in the first quarter. There were 3 licensees who entered into a stipulated
860 agreement to surrender their license, 2 licenses were revoked, and 1 licensee
861 was placed on probation.
862

863 **29. Probation Monitoring Services Update- Monny Martin**

864 (A) Staff Introductions

865 (B) Program Updates

866 (C) Statistical Reports
867

868 Mr. Martin gave a synopsis of his roles and responsibilities as the probation
869 monitor for the Consumer Protection Services Unit and presented the
870 Probation Statistics Report. Mr. Martin reported that for the first quarter of FY
871 2023-24, there was an increase from the last quarter of a total of 77 licenses on
872 probation for various causes. Same quarter last year, there were 75 licensees
873 on probation. Mr. Martin added besides the 59 licensees that are not tolling
874 and are working in the state, 9 enrolled in substance abuse rehab program
875 equal about 15% of licensees that are working in the State, 1 licensee enrolled
876 in the quarter and 0 licensee completed the program in that quarter.
877

878 Mr. Martin added there were 0 instances of major non-compliance with
879 probation in the quarter, but there were 4 instances of minor violations which
880 were handled by sending warning letters to the offending licensees.
881 Additionally, there was 1 licensee who entered probation compared to the
882 same quarter last fiscal year where 4 licensees began probation.
883

884 Mr. Martin added that 1 licensee was terminated for Non-compliance with the
885 Substance Abuse Rehabilitation Program.
886

887 Ms. Eleby asked what it looks like when someone's probation ends. Mr. Martin
888 responds if the probation ends, during the quarterly interview, Mr. Martin will
889 let the probationer know what this is the last interview and what the next
890 process is. Mr. Martin added if the probationer finishes in the middle of the

quarter, he will tell them to send him their paperwork and the minimum hours to count for probation for the month. Mr. Martin will update BreEZe or create a new order so people can see probation is completed. Additionally, a copy is sent to the probationer via mail of successful completion of probation.

Dr. Brandon asked what the challenges are of being a probation monitor. Mr. Martin responded that prior to COVID, he would travel to meet probationers. For probationers who are not easily accessible in remote areas, he would see them twice a year; but the probationers that are easier to access he would see every quarter.

Dr. Rabena-Amen asked what some of the reasons are for in-state tolling. Mr. Martin responded in-state tolling is mostly unemployment. These situations can range from people who are unable to meet requirements due to being in a rural area with few opportunities, to people who are working and are unable to meet the requirements for health reasons.

30. Board Member Elections

(A) President

NOMINATION:

Ms. Eleby nominated Ms. McMillian as Board President

NOMINEE:

Ms. McMillian

MOTION:

To elect Ms. McMillian as Board President.

M/S:

Eleby/Rabena-Amen
Ms. McMillian accepted the nomination.

VOTE:

McMillian - Aye
Armstrong- Absent
Brandon - Aye
Eleby – Aye
Qiu - Aye
Rabena-Amen - Aye
5-0 Ayes, Motion Carried

928

929 (B) **Vice-President**

930

931 **NOMINATION:** Dr. Brandon nominated Dr.

932 Armstrong as Vice- President

933

934 **NOMINEE:** Dr. Armstrong

935

936 **MOTION:** To elect Dr. Armstrong as Vice-

937 President.

938

939 **M/S:** Brandon/McMillian

940 Dr. Armstrong accepted the

nomination.

941

942 **VOTE:** McMillian - Aye

943 Armstrong- Absent

944 Brandon - Aye

945 Eleby – Aye

946 Qiu - Aye

947 Rabena-Amen - Aye

948 5-0 Ayes, Motion Carried

949

950 (C) **FSBPT Delegate**

951

952

953 **NOMINATION:** Ms. Eleby nominated Mr. Qiu as

954 FSBPT Delegate

955

956 **NOMINEE:** Mr. Qiu

957

958 **MOTION:** To elect Mr. Qiu as FSBPT

959 Delegate

960

961 **M/S:** Eleby/McMillian

962 Mr. Qiu accepted the nomination.

963

964 **VOTE:** McMillian - Aye

965 Armstrong- Absent

Brandon - Aye

Eleby – Aye
Qiu - Aye
Rabena-Amen - Aye
5-0 Ayes, Motion Carried

(D) **FSBPT Alternate Delegate**

NOMINATION: Ms. Eleby nominated Dr. Brandon
as FSBPT Alternate Delegate

NOMINEE: Dr. Rabena-Amen

MOTION: To elect Dr. Brandon as FSBPT
Alternate Delegate

M/S: Eleby/McMillian
Dr. Brandon accepted the
nomination.

VOTE: McMillian - Aye
Armstrong- Absent
Brandon - Aye
Eleby – Aye
Qiu - Aye
Rabena-Amen - Aye
5-0 Ayes, Motion Carried

(E) **FSBPT Back-Up Delegate**

The Board established back-up alternate delegates in alphabetical order
by the last name of each Board member.

NOMINATION: Alphabetical order by last name of
the remaining Board Members

NOMINEE: Alphabetical order by last name of
remaining Board Members

1005	MOTION:	Alphabetical order by last name of
1006		remaining Board Members

1007		
1008	M/S:	Rabena-Amen/Eleby

1009		
1010		
1011	VOTE:	McMillian - Aye
1012		Armstrong- Absent
1013		Brandon - Aye
1014		Eleby – Aye
1015		Qiu - Aye
1016		Rabena-Amen - Aye
1017		5-0 Ayes, Motion Carried

1018
1019

1020 **31. Public Comment on Items Not on the Agenda**

1021
1022 The Board requested public comment on items not on the agenda and there
1023 was no public comment.

Agenda for Future Meeting

March 19-21, 2024

Loma Linda, CA

1027
1028 There were no requests to add items to the agenda at a future meeting.

1029
1030 **33. Adjournment**

1031 The meeting adjourned at 12:18 p.m. on December 8, 2023.

1032
1033

Physical Therapy Board of California

2024 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	5	6					1	2	3						1	2		1	2	3	4	5	6
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9	7	8	9	10	11	12	13
14	15	16	17	18	19	20	11	12	13	14	15	16	17	10	11	12	13	14	15	16	14	15	16	17	18	19	20
21	22	23	24	25	26	27	18	19	20	21	22	23	24	17	18	19	20	21	22	23	21	22	23	24	25	26	27
28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	28	29	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	4							1		1	2	3	4	5	6					1	2	3
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30	31
							30																				

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

January		February		March		April	
1	New Year's Day	19	President's Day	19-20	PTBC Meeting Loma Linda University Loma Linda, Ca	3-4	PTA NPTE
3-4	PTA NPTE	15-17	APTA Sections Meeting Boston, MA			24-25	PT NPTE
15	Martin Luther King Jr			31	César Chávez Day		
23-24	PT NPTE						
May		June		July		August	
12	Mother's Day	TBD	FSBPT REG Training Alexandria, VA	4	Independence Day		
16-18	FSBPT BM Training Alexandria, VA	16	Father's Day	2-3	PTA NPTE		
27	Memorial Day	13-14	PTBC Meeting Sacramento, CA	13-14	FSBPT LIF Alexandria, VA		
				29-30	PT NPTE		
September		October		November		December	
2	Labor Day	8-9	PT	11	Veteran's Day	5-6	PTBC Meeting Sacramento, CA
17-18	PTBC Meeting CSUS Sacramento, CA	29-30	PT NPTE	28	Thanksgiving		
		31	Halloween	31-2	FSBPT Annual Meeting Cedar Rapids, IA	25	Christmas
21-22	CPTA Annual Meeting San Francisco, CA	31-2	FSBPT Annual Meeting Cedar Rapids, IA				

Physical Therapy Board of California

Proposed 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												

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
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																	

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	17	President's Day	19-20	PTBC Meeting TBD, Bay Area, CA	TBD	PTA NPTE
TBD	PTA NPTE	13-15	APTA Sections Meeting			TBD	PT NPTE
20	Martin Luther King Jr	Houston, TX				20	Easter
TBD	PT NPTE			31	César Chávez Day		

May		June		July		August	
11	Mother's Day	TBD	FSBPT REG Training	4	Independence Day		
TBD	FSBPT BM Training		Alexandria, VA	TBD	PTA NPTE		
	Alexandria, VA	15	Father's Day	TBD	FSBPT LIF		
26	Memorial Day	26-27	PTBC Meeting		Alexandria, VA		
			Sacramento, CA	TBD	PT NPTE		

September		October		November		December	
1	Labor Day	TBD	FSBPT Annual Meeting	11	Veteran's Day	4-5	PTBC Meeting
17-18	PTBC Meeting		TBD	27	Thanksgiving		Sacramento, CA
	TBD, Southern CA	TBD	PTA NPTE			25	Christmas
21-22	CPTA Annual Meeting	TBD	PT NPTE				
	San Francisco, CA	31	Halloween				



Physical Therapy Board of California

Strategic Plan 2024-2029

Prepared by SOLID Planning Solutions



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Board Members

Tonia McMillian, Board President, Public Member

Dayle C. Armstrong, PhD, PT, MS, DPT, Vice President, Licensed Member

Karen Brandon, PT, DSc, Licensed Member

Katarina V. Eleby, MA, Public Member

Samuel Qiu, Public Member

Alicia Rabena-Amen, PT, DSc, Licensed Member

Gavin Newsom, Governor

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

Kimberly Kirchmeyer, Director, Department of Consumer Affairs

Jason Kaiser, Executive Officer, Physical Therapy Board of California

Message from the Board President

About the Board

The Physical Therapy Practice Act (Act) was established in 1953, Chapter 1823 (AB 17) and Chapter 1826 (AB 1001) of the Statutes of 1953, creating the Physical Therapy Examining Committee (PTEC) under the auspices of the Medical Board of California (MBC). The Act mandated the regulation of physical therapy by the Physical Therapy Examining Committee. A “practice act” safeguards the public by regulating a defined scope of practice.

Legislative amendments occurred between 1971 and 1996 transferring administrative oversight from MBC to the PTEC. Chapter 829 of the Statutes of 1996 (AB 3473) renamed the “Physical Therapy Examining Committee” the “Physical Therapy Board of California” (PTBC). The current composition of the Board is four physical therapist members, one of whom must be involved in physical therapy education, and three public members. The Governor appoints all licensed members as well as one public member; the Senate Rules Committee appoints one public member; and the Speaker of the Assembly appoints one public member.

The PTBC protects the public from the incompetent, unprofessional, and fraudulent practice of physical therapy. 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.”

To meet this mission, the PTBC ensures that:

- Applicants meet the necessary education, examination, and experience qualifications to obtain licensure;
- Licensees comply with continuing competency requirements to maintain licensure;
- Consumers are informed of their rights and how complaints may be filed with the Board;
- Consumer complaints are processed efficiently;
- Appropriate action is imposed on licenses who are found in violation of the Act; and
- Laws and regulations uphold the PTBC's mandate, mission, and vision.

Mission, Vision, and Values

Mission

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

Vision

The Board is the standard of excellence in consumer protection.

Values

- Consumer Protection
- Equity
- Innovation
- Integrity
- Leadership
- Respect
- Service

Goal 1: Enforcement

The Board protects consumers through effective enforcement of laws and regulations governing the practice of physical therapy.

- 1.1 Expand the enforcement section on the Board's website with information to increase stakeholder understanding about the enforcement process.
- 1.2 Incorporate a reoccurring educational agenda item in board meetings to advance stakeholder knowledge of laws and regulations.
- 1.3 Partner with schools and professional associations to increase a diverse pool of expert consultants.
- 1.4 Increase the frequency of expert consultant training to accommodate new expert consultants and increase consistency in report writing.

Goal 2: Licensing

The Board provides effective and efficient application and licensing services while maintaining consumer protection.

- 2.1 Expand the licensing section on the Board's website with information about the licensing process for enhanced clarity and stakeholder expectations.
- 2.2 Analyze and optimize the process for licensing foreign-trained applicants to address any unnecessary barriers.
- 2.3 Assess licensing exams to encourage moving licensing exams to an online platform.

Goal 3: Outreach and Communication

The Board provides relevant, timely, and accurate information to consumers, applicants, licensees, and other stakeholders.

- 3.1 Explore and implement diverse avenues for outreach to increase consumer awareness and opportunities for feedback.
- 3.2 Explore and implement diverse avenues for outreach to increase applicant awareness of the Board, understanding of the application process, and communication.
- 3.3 Create informational materials to increase outreach to all stakeholders.

Goal 4: Organizational Effectiveness

The Board facilitates an exemplary organization through governance, leadership, performance, and service.

- 4.1 Invest in development opportunities for staff to increase their skillsets.
- 4.2 Explore and develop an effective, transparent, and consistent system to improve internal communications.
- 4.3 Assess the Board's technological needs to enhance efficiency of services provided to stakeholders.

Goal 5: Continuing Competency

The Board provides an effective and efficient continuing competency program to maintain consumer protection.

- 5.1 Promulgate regulation to establish fees for recognized approval agencies to ensure solvency of the continuing competency program.
- 5.2 Clarify guidelines for the continuing competency requirements to improve licensee compliance.
- 5.3 Evaluate and optimize the continuing competency program to ensure its effectiveness.

Strategic Planning Process

Stakeholders include any individual or group who is influenced by or influences a program. Information for the Board's environmental scan report was gathered by surveying external stakeholders (licensees, consumers, professional associations, etc.) and internal stakeholders (board members, executive management, and staff) using the following methods:

- SOLID interviewed board members in April 2023.
- SOLID interviewed PTBC's executive officer and assistant executive officer in April 2023.
- A link to an online survey for external stakeholders that opened on April 7th, 2023, and closed on April 28th, 2023, was posted on the DCA website, posted on the PTBC website, sent out via LISTSERV, and posted on the Board's social media pages.

The most significant themes and trends identified in the environmental scan were discussed by strategic planning participants during a strategic planning session facilitated by SOLID on December 6, 2023. This information guided the Board in the development of its strategic objectives outlined in this 2024-2028 strategic plan.

Physical Therapy Board of California

2005 Evergreen Street, Suite 2600

Sacramento, CA 95815

(916) 561-8200

www.ptbc.ca.gov

Strategic plan adopted on:



Prepared by:

SOLID Planning Solutions

1747 N. Market Blvd., Ste. 270

Sacramento, CA 95834

ROLL CALL

**Thursday,
June 13, 2024**

	Present	Absent
Tonia McMillian, President		
Dayle Armstrong, Ph.D, PT, MS, DPT Vice-President		
Karen Brandon, P.T., DsC P.T.		
Katarina Eleby, M.A.		
Samuel Qiu		
Alicia Rabena-Amen, PT, DPT, President		

**Friday,
June 14, 2024**

	Present	Absent
Tonia McMillian, President		
Dayle Armstrong, Ph.D, PT, MS, DPT Vice-President		
Karen Brandon, P.T., DsC P.T.		
Katarina Eleby, M.A.		
Samuel Qiu		
Alicia Rabena-Amen, PT, DPT, President		



Briefing Paper

Agenda Item 17(A)

Date: March 13, 2024

Prepared for: PTBC Members

Prepared by: Brooke Arneson

Subject: Legislation Report

Purpose:

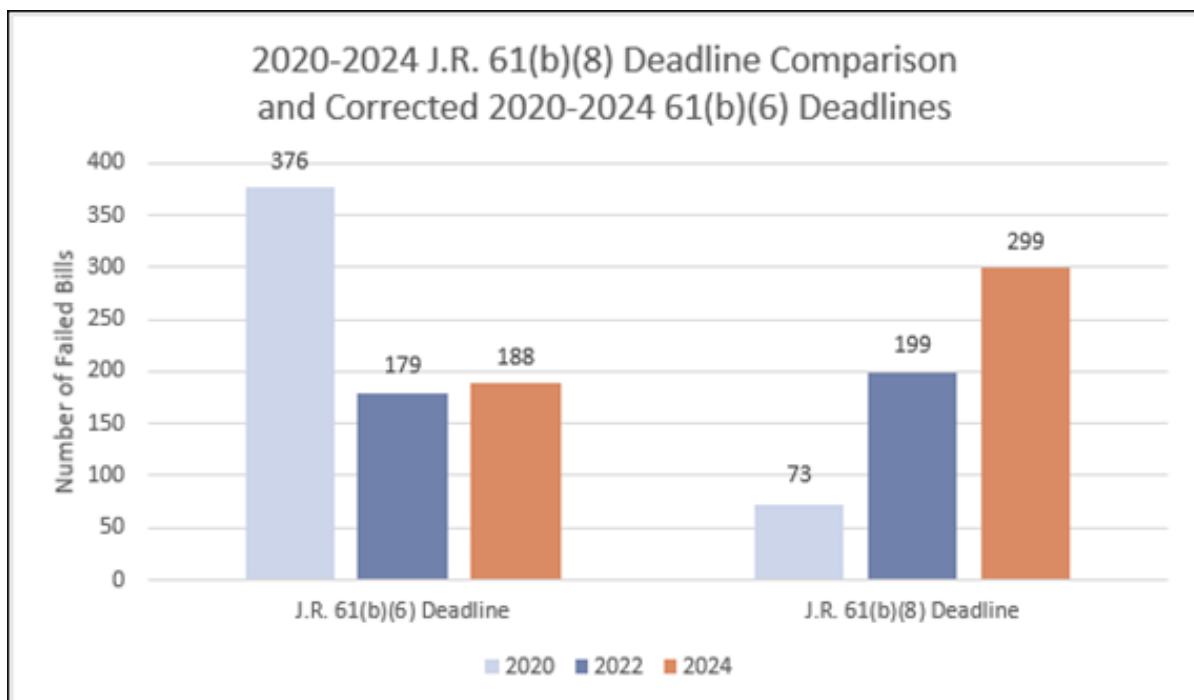
To provide an update on the 2023/24 Legislative session.

Attachments:

1. 2024 Legislative Calendar
2. Definition of the Board's Legislative Positions
3. 2024 Legislative Summary

Background and Update:

May 17th brought a deadline for bills introduced in the second year of session. J.R. 61(b)(8) requires all Fiscal Bills to be out of Appropriation committees and move to the Floor. The bills which failed to advance were marked Dead. Here is how this deadline compares with the same deadline from 2022 and 2020:



299 bills failed this deadline in 2024, compared to 199 in 2022, and an outlier of 73 bills failed in 2020.

The 2024 Legislative calendar is included in the meeting materials for your reference, along with a copy of the Board's Legislative positions taken from the PTBC's Board Member Administrative Manual.

Also included is the 2023/24 Legislative summary which notes all bills from the current Legislative session. 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:

April 1, 2024	Legislature Reconvenes from Spring Recess
April 26, 2024	Last Day for Policy Committees to Hear and Report to the Floor Nonfiscal Bills Introduced in their House
May 3, 2024	Last Day for Policy Committees to Hear and Report to the Floor Fiscal Bills Introduced in their House
May 17, 2024	Last Day for Fiscal Committees to Hear and Report to the Floor bills introduced in their house.
May 24, 2024	Last Day for Each to Pass Bills Introduced in that House
August 23, 2024	Last Day to Amend on the Floor
August 31, 2024	Last Day for Each House to Pass Bills
September 30, 2024	Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1
January 1, 2025	Statutes Take Effect

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			

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 3](#) **Legislature Reconvenes** (J.R. 51(a)(4)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- [Jan. 12](#) Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the **odd-numbered year** (J.R. 61(b)(1)).
- [Jan. 15](#) Martin Luther King, Jr. Day.
- [Jan. 19](#) Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)).
- Last day to **submit bill requests** to the Office of Legislative Counsel.
- [Jan. 31](#) Last day for each house to **pass bills introduced** in that house in the odd-numbered year (J.R. 61(b)(3), (Art. IV, Sec. 10(c)).

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	29		

- [Feb. 16](#) Last day for bills to be **introduced** (J.R. 61(b)(4), (J.R. 54(a)).
- [Feb. 19](#) Presidents’ Day.

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						

- [Mar. 21](#) **Spring Recess** begins upon adjournment of this day’s session (J.R. 51(b)(1)).
- [Mar. 29](#) Cesar Chavez Day observed.

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				

- [Apr. 1](#) Legislature Reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- [Apr. 26](#) Last day for **policy committees** to hear and report to **fiscal committees** **fiscal bills** introduced in their house (J.R. 61(b)(5)).

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	

- [May 3](#) Last day for **policy committees** to hear and report to the floor **non-fiscal** bills introduced in their house (J.R. 61(b)(6)).
- [May 10](#) Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- [May 17](#) Last day for **fiscal committees** to hear and report to the floor bills introduced in their house (J.R. 61(b)(8)).
- Last day for **fiscal committees** to meet prior to May 28 (J.R. 61(b)(9)).
- [May 20- 24](#) **Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61 (b)(10)).
- [May 24](#) Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- [May 27](#) Memorial Day.
- [May 28](#) Committee meetings may resume (J.R. 61(b)(12)).

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

[June 27](#) Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

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 3](#) Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment provided Budget Bill has been passed (J.R. 51(b)(2)).

[July 4](#) Independence Day.

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. 5](#) Legislature Reconvenes from **Summer Recess** (J.R. 51(b)(2)).

[Aug. 16](#) Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

[Aug. 19-31](#) **Floor Session only.** No committees, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).

[Aug. 23](#) Last day to **amend** on the floor (J.R. 61(b)(16)).

[Aug. 31](#) Last day for **each house to pass bills.** (Art. IV, Sec. 10(c), (J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval

IMPORTANT DATES OCCURRING DURING FINAL STUDY RECESS

- 2024

[Sept. 30](#)

Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor’s possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- [Nov. 5](#)

General Election
- [Nov. 30](#)

Adjournment *Sine Die* at midnight (Art. IV, Sec. 3(a)).
- [Dec. 2](#)

12 Noon convening of the 2025-26 Regular Session (Art. IV, Sec. 3(a)).
- 2025

[Jan. 1](#)

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

**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 796 Athletic Trainers

Author: Blanca Weber (D)

Status: Senate BPED Committee. Hearing Set for 6/24/2024.

Position: No Position.

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

Summary:

This bill would establish, until January 1, 2028, the Athletic Trainer Registration Committee within the Medical Board of California to register athletic trainers.

Bill Analysis

AB 814 Veterinary Medicine; Animal Rehabilitation

Author: Lowenthal (D)

Status: Senate BPED Committee. Hearing Set for 6/24/2024.

Position: No Position.

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

Summary:

This bill authorizes a licensed physical therapist (PT), who meets requirements determined by the Veterinary Medical Board (VMP), to provide animal physical rehabilitation (APR) to an animal patient if certain requirements are met, including that the APR is performed on premises registered with the VMB and that the PT works under the supervision of a licensed veterinarian who has established veterinarian-client-patient relationship with the animal, among other requirements.

Bill Analysis

AB 2289 Vehicles: Parking Placards and Special License Plates For Disabled Veterans and Persons with Disabilities

Author: Low (D)

Status: In Senate Transportation Committee. Hearing Set for 6/11/24.

Position: No Position.

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

Summary:

This bill adds a physical therapist to the list of professionals who may submit a signed certificate to the Department of Motor Vehicles (DMV) to certify a person has a disability for purposes of applying to the department for issuance of a distinguishing placard, which DMV refers to as a disabled person placard or plate.

Bill Analysis

2023/24 Legislative Summary

AB 2725 **Teacher Credentialing: Physical Therapy**

Status: Senate Education Committee. Hearing Date Set for 6/5/24.

Position: No Position.

Author: Blanca Rubio (D)
& Muratsuchi (D)

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

Summary:

This bill creates a pathway for a school-based occupational therapist (OT) or a school-based physical therapist (PT) to obtain a credential that would allow them to pursue administrative and leadership positions in schools. Specifically, this bill adds a valid license to practice occupational therapy or a valid license to practice physical therapy, verification of meeting a basic skills requirement, and three years of experience as school-based OT or PT to the minimum requirements for a preliminary services credential with a specialization in administrative services.

Bill Analysis

Department-Wide Legislation:

AB 1991 **Licensee and Registrant Records**

Status: Referred to BPED Committee. Hearing Set for 6/5/24.

Position: No Position.

Author: Bonta (D)

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

Summary:

This bill requires all healing arts boards under the DCA to collect specified workforce data from their licensees and registrants at least biennially as a requirement of license or registration renewal, and requires that information to be subsequently provided to the Department of Health Care Access and Information (HCAI).

Bill Analysis

AB 2269 **Board Membership Qualifications: Public Members**

Status: In Senate Business Professions and Economic Development Committee. Hearing Set for 6/10/24.

Position: No Position

Author: Flora (R)

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

Summary:

This bill prohibits a public member of any board within the DCA from having a business relationship with a licensee of that board within the three years, instead of the current law five years, preceding the member's appointment. In addition, this bill deletes an exception to the above requirement allowing an appointment if the relationship constituted no more than 2% of the practice or business of the licensee. This bill also clarifies the changes provided in this bill apply to board members appointed or reappointed on or after January 1, 2025.

Bill Analysis

2023/24 Legislative Summary

[AB 2862](#)

DCA: African American Applicants

Author: Gipson (D)

Status: In Senate. Read First Time. Pending Referral.
Position: No Position

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

Summary:

This bill would, until January 21, 2029, require a state licensing board to prioritize African American applicants seeking licensure, especially those applicants who are descended from a person enslaved in the United States.

Bill Analysis

[AB 3127](#)

Reporting of Crimes: Mandated Reporting

Author: McKinnor (D)

Status: Amended 5/22/24. In Senate Public Safety Committee.
Hearing Set for 6/11/24.
Position: No Position

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

Summary:

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct, except in specified circumstances. Health practitioners in such cases would instead be required to provide brief counseling and a referral to local and national domestic violence or sexual violence advocacy services, as specified.

Bill Analysis

[SB 1067](#)

Healing Arts: Expedited Licensure Process: Medically Underserved Population

Author: Smallwood-Cuevas (D)

Status: In Assembly B&P Committee. Hearing Set for 6/11/24.
Position: No Position

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

Summary:

This bill would require healing arts boards under DCA to prioritize the review of applicants who demonstrate that they intend to practice in medically underserved areas or serve a medically underserved population.

Bill Analysis

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [AB 796](#)
Author: Weber (D)
Bill Date: Amended 7/06/2023.
Subject: Athletic Trainers
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill would enact the Athletic Training Practice Act, which would establish, until January 1, 2028, the Athletic Trainer Registration Committee within the Medical Board of California to register athletic trainers and administer duties under the act. The bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being registered by the Committee.

ANALYSIS:

This Bill:

This bill enacts the Athletic Training Practices Act.

Major Provisions Establishes, until January 1, 2028, the Athletic Trainer Registration Committee within the Medical Board of California to register athletic trainers.

- 1) Requires an athletic trainer to register their certification with the newly created Athletic Trainer Registration Committee in order to practice athletic training or use the title of athletic trainer.
- 2) Requires a supervising physician or surgeon to define the terms of the relationship with an athletic trainer and continuously maintain supervision and the ability to direct an athletic trainer. This supervision does not require the physical presence of the supervising physician or surgeon at the time and place where athletic training services are performed.
- 3) The Athletic Trainer Registration Committee is to register an individual as an athletic trainer if the committee receives official verification of the applicant's current certification by a certifying entity for athletic trainers, submits an application, and pays registration fees. The registration is to be valid for two years and will be subject to renewal.
- 4) Registration fees are to be set and collected by the committee and shall be paid into the Athletic Trainers Fund. Fees are to support the committee's work, upon appropriation, and are not to exceed the reasonable regulatory costs of administering, implementing, and enforcing this bill.
- 5) Allows the committee to deny or revoke registration if an applicant or registrant fails to provide required information or has no certifying entity for athletic trainers certifies the applicant or registrant. The committee is to participate in the disciplinary action exchange of each certifying entity for athletic trainers and otherwise work with the certifying entities for athletic trainers to receive disciplinary action reports. The committee is to refer complaints related to incompetent or unethical practice or patient harm by an athletic trainer to the certifying entity for athletic trainers that was the basis for the athletic trainer's registration. In addition, the committee is to track and

report data relating to complaints and registrants to the appropriate policy committees of the Legislature by January 1, 2027.

6) The bill specifies that a person who violates its requirements shall be guilty of a misdemeanor.

Background:

Athletic trainers specialize in preventing, diagnosing, and treating injuries and illnesses sustained by an athlete that affect an athlete's participation or performance in sports, games, recreation, or exercise.

According to the California Athletic Trainers Association, in 2017 there were 3,100 certified athletic trainers in California and a number who are uncertified. Athletic Trainers work in educational settings, hospitals, fitness centers, physicians' offices, and for professional sports teams.

All states but California currently have some oversight of athletic trainers: 46 states plus Washington D.C. require licensure; two states require certification; and one state requires registration.

According to California Athletic Trainers Association, education for athletic training is standardized and is accredited by a national accreditation agency, the Commission on Accreditation of Athletic Training Education.

The Medical Board of California is a licensing board under the Department of Consumer Affairs (DCA). The purpose of the Medical Board of California is to protect health care consumers and prevent harm through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals.

Athletic Trainer Registration Committee Special Funds.

Boards and bureaus within the DCA are "special funded," meaning they largely derive their funding from fees charged to licensees. Generally, licensee fees can only be adjusted by legislation. Increases in operating costs resulting from the implementation of new legislative mandates may place pressure on existing fee structures that, in totality, may necessitate legislation to raise licensee fees.

In the case of the Athletic Trainer Registration Committee created by this bill, the committee is responsible for establishing the fees not to exceed the reasonable cost of administering, implementing, and enforcing the bill. Registrants are also required to renew their registration with the committee every two years. In Arizona, application and renewal fees are set at \$175. If California were to charge \$175, estimated revenue for application and renewals would be approximately \$613,000 in the first year, assuming all known current athletic trainers apply for a state registration. Ongoing revenue from applications and renewals would likely be less. In addition, the committee may generate additional revenue from delinquent fees, fines, and other sources.

From the Author:

"California has demanded strict standards for medical professionals. This reduces the chance of incompetent persons making difficult and life-threatening decisions. Athletic training is one of the last allied health professions to be regulated by California, thus increasing the likelihood that unqualified, unethical or sanctioned individuals may practice athletic training."

Fiscal:

According to the Assembly Committee on Appropriations:

- 1) One-time and ongoing special fund costs of \$385,000 in the 2024-25 fiscal year, \$361,000 in the 2025-26 fiscal year, and \$235,000 annually thereafter to fund three positions to support the Athletic Trainer Registration Committee at the DCA to meet the anticipated registration workload. Cost are higher at the onset of this bill because DCA anticipates an influx of initial registrants.
- 2) One-time and ongoing special fund costs of \$162,000 in 2024-25 fiscal year and \$154,000 annually thereafter to fund one position at the Athletic Trainer Registration Committee at the DCA to meet the anticipated enforcement workload. DCA bases this estimate on 3,500 total licensees, and between 60 and 100 complaints and investigations per year.
- 3) Ongoing special fund costs of \$200,000 to DCA to fund Attorney General and Office of Administrative Hearings enforcement costs. However, this funding will not be required until the 2025-26 fiscal year and thereafter because these costs are unlikely to materialize until then.
- 4) One-time and ongoing special fund costs of \$299,000 in the 2024-25 fiscal year and \$283,000 annually thereafter for administrative costs related to the committee's work.
- 5) One-time and ongoing special fund costs of \$557,000 in one-time and \$152,500 ongoing to the Office of Information Services for IT costs. The office requests a delayed implementation of 24 months to finalize the requirements of the project and complete the IT work.

SUPPORT:

Los Angeles Unified School District
California State University, Fullerton
Cypress College
California Orthopedic Association
Fresno Unified School District
American Medical Society for Sports Medicine
University of California, San Francisco
Southern California University of Health Sciences
California Athletic Trainers' Association
California Interscholastic Federation
West Coast Sports Medicine Foundation
Santa Barbara City College
Turlock Unified School District
Sierra College
Azusa Pacific University
National Football League
Gavilan College
Citrus Community College District
Board of Certification, Inc.
Eric Paredes Save a Life Foundation
Arroyo Grande High School
Coast Union High School
Venice High School
Los Angeles Rams

Breg, Inc.
Commission on Accreditation of Athletic Training Education
California Community College Athletic Association
California Coaches Association
California State University - Fullerton
Westrock
California Community College Athletic Director's Association
California Interscholastic Federation Los Angeles City Section
Far West Athletic Trainers Association
Forty Niners Football Company Llc, a Delaware Limited Liability Company
Fullerton College Student Athletes
Kelvi
Korey Stringer Institute
Los Angeles Chargers
Maine Athletic Trainers' Association
National Athletic Trainers' Association
National Basketball Athletic Trainers' Association
Oakland Soul Sports Club
Pride Sports Medicine
Project 510
Rhode Island Athletic Trainers Association
San Joaquin Delta College Athletics
San Jose State Athletics
Stanford Medicine Children's Health
The Oakland Roots Soccer Club
University of California - San Francisco Orthotic and Prosthetic Centers
Numerous individuals and organizations

Arguments in Support:

According to the California Athletic Trainers' Association, "Currently, there are more than 3,400 certified athletic trainers working in California. In all other states and the District of Columbia, the athletic training profession has statute-outlined education and training standards, a defined scope of practice, an oversight board, and a formal adjudication process. Because California does not regulate the profession, this framework does not exist in the state. There are at least 138 individuals claiming to be athletic trainers and performing athletic training services who are unqualified to practice. Tens of thousands of secondary school student athletes come in contact with these individuals on a daily basis and there are documented cases of harm resulting from the care by these unqualified individuals. Individuals who lose their athletic training license in another state can become gainfully employed in the state of California without any oversight or legal consequences."

OPPOSITION:

California Nurses Association
United Nurses Associations of California/Union of Healthcare Professionals
California Physical Therapy Association
15 Individuals
Occupational Therapy Association of California
California Academy of Pas

Arguments in Opposition:

Numerous allied health professional organizations oppose this bill, including organizations representing nurses, physical therapists, and occupational therapists. These professionals generally object to the establishment of a new scope of practice, believe the defined scope is overly expansive and overlaps with that of other professionals, and believe a new regulatory program is unnecessary.

POSITION: Recommendation: Watch

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [AB 814](#)
Author: Lowenthal (D)
Bill Date: Amended 4/27/2023
Subject: **Veterinary Medicine: Animal Physical Rehabilitation**
Sponsor: The Animal Physical Therapy Coalition

DESCRIPTION OF CURRENT LEGISLATION:

Authorizes a licensed physical therapist (PT), who meets requirements determined by the Veterinary Medical Board (VMB), to provide animal physical rehabilitation (APR) to an animal patient if certain requirements are met, including that the APR is performed on premises registered with the VMB and that the PT works under the supervision of a licensed veterinarian who has an established veterinarian-client-patient relationship with the animal, among other requirements.

ANALYSIS:

This Bill:

- 1) Authorizes a licensed PT and a PT assistant, as specified, to perform APR.
- 2) Makes a violation of this bill by a PT unprofessional conduct with the PTBC.
- 3) Makes a report of a final disciplinary action against PT by the VMB under this bill conclusive evidence of unprofessional conduct.
- 4) Establishes various definitions, including:
 - a) "Indirect supervision" means both of the following:
 - i) The supervising veterinarian is not physically present at the location where delegated APR tasks are to be performed, but has given an order for treatment to an registered animal PT to provide treatment to an animal patient.
 - ii) The animal has been examined by the supervising veterinarian within the period of time consistent with standards of good veterinary medical practice and the particular delegated APR task.
 - b) "Supervising veterinarian" means a veterinarian who is responsible for all of the following:
 - i) Examining the animal patient before giving an order for treatment to an registered animal PT or APR assistant to perform a delegated APR task. The examination of the animal patient shall establish a veterinary-patient-client-relationship and shall be conducted within the period of time consistent with standards of good veterinary medical practice and the particular delegated animal rehabilitation task, including specific consideration of the animal patient's condition.
 - ii) Making all decisions relating to the diagnosis, treatment, management, and future disposition of the animal patient.
 - iii) Determining the appropriate degree of supervision of an registered animal PT or an APR assistant necessary for the performance of the particular delegated animal physical rehabilitation task, consistent with standards of good veterinary medical practice.

- 5) Authorizes an registered animal PT to provide APR to an animal if all of the following requirements are met:
- a) The registered animal PT performs all delegated APR tasks under the supervision of a veterinarian who has an established veterinary-patient-client-relationship with the animal. This veterinary-patient-client-relationship need not be established on the same premises where the delegated APR tasks are performed.
 - b) The degree of supervision is consistent with standards of good veterinary medical practice and the particular delegated APR task, as determined by the supervising veterinarian.
 - c) The delegated APR task is performed on a veterinary premise registered with the VMB, in an APR facility registered with the VMB, or in a mobile or range setting.
 - d) The registered animal PT has registered to practice APR with the VMB and has paid the required fee.
- 6) Prohibits, except as specified, a registered animal PT or APR assistant from performing any activity that represents the practice of veterinary medicine or requires the knowledge, skill, and training of a licensed veterinarian or RVT.
- 7) Requires an APR facility to be registered with the VMB and pay the registration fee.
- 8) Authorizes the VMB to inspect an animal rehabilitation facility for safety and compliance with this bill.
- 9) Requires the VMB to determine the qualifications necessary for a PT to register with the VMB and receive authorization in APR and requires, when making this determination, the VMB and PTBC to ensure that the qualifications provide for safe and efficacious treatment of an animal and are consistent with the VMB's Animal Rehabilitation Task Force findings and approved motions.
- 10) Requires the VMB to create the registration form and determine the registration process for authorization.
- 11) Specifies that an authorization expires two years after the date of issuance and may be renewed in a manner approved by the VMB.
- 12) Specifies that a registered animal PT shall be solely liable for any delegated animal rehabilitation tasks that they perform. The veterinarian who issues an order for treatment for APR shall not be liable for any animal physical rehabilitation provided by the registered animal PT or the APR assistant.
- 13) Authorizes the VMB to discipline a registered animal PT, including, but not limited to, revocation of the PT's authorization to perform APR.
- 14) Specifies that failure to comply with the supervision requirements under this bill shall be deemed unprofessional conduct and shall subject a registered animal PT to revocation of the authorization issued by the VMB.
- 15) Requires the VMB to report final disciplinary actions against a registered PT to the PTBC.
- 16) Specifies that the fee for the issuance and renewal of authorization in APR shall be set by the VMB in an amount not to exceed the reasonable regulatory costs to the VMB.

17) Specifies that the initial and annual renewal fees for registration of an APR facility shall be set by the VMB in an amount not to exceed the reasonable regulatory costs to the VMB

18) Makes the bill operative on January 1, 2025.

19) Sunsets the bill January 1, 2026.

Background:

In California, only licensed veterinarians may provide veterinary medicine to an animal for a wound, fracture, or bodily injury, which includes all treatment, including physical therapy, except that RVTs and unlicensed veterinary assistants may treat animals under a veterinarian's supervision.

Like other licensing requirements, practice restrictions on veterinary medicine serve to protect consumers of professional services and the public from practices that present a high risk of harm when performed by unqualified practitioners. As a result, those who wish to practice a licensed profession must demonstrate a minimum level of competency that reduces the risk of harm to an acceptable level. Licensing requirements vary by profession but usually include specific education, examination, and experience. Specific training and education may also be supplemented with or substituted for additional supervision by a licensee with the proper level of training.

Currently, a licensed PT who wants to perform physical therapy on an animal must pursue additional licensure as a veterinarian, pursue registration as RVT, or work under the direct supervision of a licensed veterinarian as a veterinary assistant. Direct supervision means the supervising veterinarian is on-site, is readily available, and performs necessary examinations on the animal patient.

RVTs work under the indirect supervision of a licensed veterinarian, which means the licensed veterinarian is not on-site but has provided written or oral instructions, has established a VCPR with the animal patient, and performs examinations as necessary under the veterinary standard of care. This bill seeks to also authorize PTs who are certified in APR, as determined by the VMB and PTBC, to work under the indirect supervision of a licensed veterinarian.

Veterinary Medicine Education.

Applicants for licensure as a veterinarian must graduate with a Doctor of Veterinary Medicine (DVM) degree from a four-year program at an accredited college of veterinary medicine or its equivalent, as determined by the VMB. Graduates must take and pass the North American Veterinary Licensing Exam and a California-specific law and ethics examination. The national exam covers all aspects of veterinary medicine and contains visual materials designed to test diagnostic skills.

Licensed veterinarians may also seek board certification by completing a 3-to-4-year residency program. The residency program provides intensive training in one of the 39 specialties recognized by the American Veterinary Medical Association (AVMA). The specialties include internal medicine, oncology, pathology, dentistry, nutrition, radiology, surgery, dermatology, anesthesiology, neurology, cardiology, ophthalmology, preventive medicine, and exotic-small animal medicine.

Applicants for registration as an RVT must be at least 18 years of age, complete a two-year minimum veterinary technology program at a VMB-approved college or postsecondary institution or the equivalent, as determined by the VMB. The VMB may also consider a combination of education and clinical experience of the RVT as equivalent of the graduation requirement. The RVT must also pass a national examination and state-specific examination.

Veterinary assistants are not required to meet any specific requirements for education or examination. RVTs and veterinary assistants may perform animal health care services and tasks as prescribed by law or regulation under the supervision of a veterinarian. However, RVTs may perform animal health care services on impounded animals pursuant to direct, written, or telephonic order of a veterinarian and may directly purchase sodium pentobarbital for performance of euthanasia without the supervision or authorization of a veterinarian.

Physical Therapy Education.

Applicants for licensure as a PT must complete a postbaccalaureate (master's) degree in physical therapy from an accredited postsecondary institution or an institution approved by the PTBC. The educational requirements must include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and must include a combination of didactic and clinical experiences.

Generally, PT programs cover basic science courses, including biology, chemistry, and physics as well as specialized courses in biomechanics, neuroanatomy, human growth and development, manifestations of disease, examination techniques, and therapeutic procedures. In addition to classroom and laboratory instruction, students must complete at least 18 weeks of full-time clinical experience with a variety of patients.

Graduates must also take and pass the National Physical Therapy Examination (NPTE) and a California-specific law and ethics examination. The NPTE PT exam consists of 250 multiple choice questions that are designed to assess basic entry-level competence after graduation from an accredited program or from an equivalent non-accredited program.

Animal Physical Rehabilitation Task Force.

During the VMB's 2016 Sunset Review hearing, the staff background paper noted that the VMB was becoming increasingly concerned about the welfare of the animals being treated by unlicensed personnel and found evidence of animal harm. As a result, the staff recommendation was for the VMB to "create a task force comprised of stakeholders including veterinarians, RVTs, animal rehabilitation and related animal industry professionals, consumers, and representatives from the legislature to further examine the issue and present a recommendation to the [VMB] by January 1, 2017."

The specific recommendations approved at each meeting are as follows:

First meeting on June 20, 2016:

1) Animal Physical Rehabilitation is defined as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment.

- 2) Animal Physical Rehabilitation does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training or exercise.
- 3) Any proposed changes to existing law and regulations are not an attempt to restrict or amend section 2038 of the California Code of Regulations regarding the provision of Musculoskeletal Manipulation modalities.
- 4) Prior to performing or authorizing Animal Physical Rehabilitation, a veterinarian shall establish a valid veterinarian-client-patient relationship as defined in sections 2032.1 or 2032.15 of the California Code of Regulations.

Second meeting on October 4, 2016:

- 1) Veterinarians have sufficient education and training to provide Animal Physical Rehabilitation.
- 2) Registered Veterinary Technicians (RVTs) may provide Animal Physical Rehabilitation under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may provide the appropriate level of supervision.
- 3) Veterinary Assistants may provide Animal Physical Rehabilitation under the direct supervision of a veterinarian or an RVT.

Third and final meeting on February 2, 2017:

California licensed physical therapists with advanced certification in Animal Physical Rehabilitation (with such certification to be defined by the Veterinary Medical Board and Physical Therapy Board working cooperatively) may provide animal physical rehabilitation under the degree of supervision to be determined by the veterinarian who has established a veterinarian-client-patient relationship, on a veterinary premises or an Animal Physical Rehabilitation premises (as defined in regulation by the Veterinary Medical Board and the Physical Therapy Board working cooperatively), or a range setting.

However, at the VMB's April 19, 2017, board meeting, the VMB approved a motion to modify the task force's final recommendation to specify that a PT may offer APR under direct supervision, rather than the degree of supervision to be determined by the supervising veterinarian. This bill seeks to codify the task force's original recommendations.

From the Author:

"California is facing a shortage of veterinarians that has resulted in challenges to accessing veterinary care for animal owners, including physical rehabilitation. [This bill] will help ease the burden on veterinarians by providing them with an additional option for physical rehabilitation care by authorizing a licensed veterinarian, after establishing a veterinary-patient-client relationship, to refer an animal to an authorized animal physical therapist for treatment. Additionally, the bill authorizes the referring veterinarian to determine the appropriate degree of supervision for an authorized animal physical therapist to provide rehabilitation services on an animal. As the state and veterinary community continue to explore options to address the AB 814 Page 6 veterinary shortage and issues with access to care, [this bill] represents a piece of the puzzle that will help balance workload for overburdened veterinary practices and expand options and access to care for animal owners."

Fiscal:

According to the Assembly Appropriations Committee:

- 1) The VMB estimates costs of \$843,000 in 2024-25, \$315,000 in 2025-26 and \$161,000 in 2026-27 and ongoing to support the increased workload associated with this bill (VMB Contingent Fund). These funds would support one limited term government program analyst and one program

technician to process regulations, create new applications, provide outreach, process applications, and take calls related to the new registration requirements. If an examination is required to determine minimum qualifications for licensure, VMB would need to conduct an occupational analysis, a one-time cost of \$175,000, as well as conduct annual exam workshops, which would cost approximately \$50,000 annually. Additionally, VMB would need to modify existing office space to accommodate for the additional staff which is projected to be up to \$196,000 in one-time costs. Costs to update the BreZE licensing system, including a new license type, approximately 20 new enforcement codes, and a new modifier are also included in the above cost estimate. The VMB would receive generated revenue, however the amount is unknown at this time.

2) The Physical Therapy Board (PTB) projects this bill would create approximately 15 enforcement complaints annually, which would equate to approximately 180 hours of staff time. The total fiscal impact to the Board in staff time would be \$13,000 annually. Additionally, PTB would need to establish and update regulations. PTB assumes a total of four regulatory packages at 80 hours to complete one package. The total fiscal impact to PTB would be \$27,000. The total workload for PTB is considered absorbable at this time.

SUPPORT:

Numerous individuals

Best Friends Animal Society

California Physical Therapy Association

Santa Barbara County Sheriff

RESQCATS

A Heart Performance Horses

Atlas Rehabilitation for Canines

Veterinary Medical and Surgical Group

Animal Physical Therapy Coalition

A Well-Adjusted Pet

Advanced Veterinary Specialists

Jurney Veterinary Neurology

Wilder Animal Hospital

Santa Barbara Veterinary Integrative Services

Scout's House—A Rehab Center for Animals

Roadogs Rescue

The Whole Pet Vet Hospital and Wellness Center

Adobe Pet Hospital

Canine Rehabilitation Institute, Inc.

Law Enforcement Canine Handlers

Search and Rescue Canine Handlers

FitPaws

SpectraVet Therapeutic Lasers

Paw Prosper

Hero Canine Orthotics

Doggon' Wheels

The Street Dog Coalition

Santa Barbara Flyers Dog Sports

FourLeg Rehab, Inc.

Beach Animal Rehabilitation Center (BARC)

Shorty's Rescue

Chrissie's Fund
K9 PT Academy
Return to Freedom Wild Horse Conservation
Academy of Orthopaedic Physical Therapy—Animal Physical Therapy SIG
Dermatology and Allergy Clinic for Animals
Santa Ynez Valley Humane Society/Dog Adoption and Welfare Group
Happy Hounds Massage and Fitness
Moe Love Myofascial Release
Medipaw
Help 'Em Up Harness
Respond Systems Therapeutic Lasers
Animal Rehab Division of the Canadian Physiotherapy Association
Muffin's Halo—Guide for Blind Dogs
Registry of Allied Animal Health Practitioners of Canada
Wiggleless—Canine Spine Supportive Device
Santa Barbara County Sheriff's Search and Rescue Team

Arguments in Support:

The Animal Physical Therapy Coalition (sponsor) writes in support: “We are acutely aware of the veterinary access to care issues that plague California. It is very difficult to get the physical rehabilitative care for our animals and passage of this bill will make a profound difference so more animals can get the care they need.

1) Veterinarians have been asking for the ability to authorize/refer to a qualified animal physical therapist (licensed PT with additional training specifically on animals) to assess and treat their animal patients under their supervision (whether that be direct or indirect) at a premise that meets health and safety standards. Once a veterinarian has diagnosed, examined, and determined that physical rehabilitation is the best choice for an animal patient, the veterinarian should be allowed to refer to a qualified animal PT at a facility that is registered with the California Veterinary Medical Board (CVMB).

2) Consumers want and need more access to and choice of animal rehabilitative services.

3) The CVMB wants the ability to inspect facilities where animal rehabilitation services are provided. For this reason, under this measure, a qualified animal PT will be allowed to carry the newly created Animal Physical Rehabilitation Facility permit. This limited premise permit will give the CVMB the authority to inspect these animal rehabilitation facilities as an additional layer of consumer protection.

4) The CVMB wants to ensure liability would not fall on the referring veterinarian. Sharing this concern, [this bill] makes clear that liability would appropriately be placed on the treating licensed professional. This is standard and customary for any licensed professional in California but was explicitly defined in this measure to directly address CVMB concerns.

5) Qualified animal PTs want to be able to provide physical rehabilitative services at their own facility registered with the CVMB under veterinary indirect supervision after a veterinarian has made a diagnosis and determined that their animal patient could benefit from such services. This bill will not only greatly increase safe access to animal rehab care, but it will also improve interprofessional collaboration between DVMs and PTs which will elevate patient care for animals.”

OPPOSITION:

California Veterinary Medical Association
Numerous individuals
Southern California Veterinary Medical Association
American College of Veterinary Sports Medicine and Rehabilitation
American Veterinary Medical Association
Sacramento Valley Medical Association

Arguments in Opposition:

The California Veterinary Medical Association (CVMA), the Southern California Veterinary Medical Association (SCVMA), the Sacramento Valley Veterinary Medical Association (SVVMA), and the American Veterinary Medical Association (AVMA), write in opposition:

"1) Animal Physical Rehabilitation (APR) is the Practice of Veterinary Medicine and Should be Performed by or Under the Direct Supervision of Veterinarians, as Stated in Current Law After over a decade of dialogue about animal physical rehabilitation and how it should be performed, the California Veterinary Medical Board (VMB) promulgated CCR Title 16, section 2038.5 in 2022. This regulation is now in effect and defines APR as "the treatment of an injury or an illness to address pain and improve function by means of physical corrective treatment," which places it squarely within the practice of veterinary medicine per California Business and Professions Code section 4826(c). The rulemaking process pursuant to which Section 2038.5 was promulgated was open and fair and welcomed all stakeholders to present information to help the VMB craft a regulation that best serves the interests of animals and consumers alike. The resulting regulation allows a registered veterinary technician (RVT), veterinary assistant, or even a human physical therapist (the subject of AB 814) to perform APR on an animal, but only if specific supervisory parameters are in place to guarantee the safety of the treatment. The model for these 2022 regulations were based on California's twenty-year old regulations allowing chiropractors to work on animals under the direct supervision of a veterinarian, which have been viewed as successful and workable by veterinarians and chiropractors alike.

2) [This bill] Would Allow Physical Therapists to Practice on Animals Without Veterinary Supervision California's Veterinary Medicine Practice Act—specifically, 16 CCR section 2034—defines two types of veterinary supervision: "Direct" or "indirect." "Direct" supervision means that the veterinarian has established a Veterinarian-Client-Patient Relationship (VCPR) through examination of the animal and communication with the client, and is present on the premises while veterinary staff perform a treatment. "Indirect" supervision means that the same VCPR is established, but the veterinarian is not present on the premises while veterinary staff perform a treatment under direct veterinarian treatment orders. For example, under "indirect supervision," an RVT could be instructed by a veterinarian to give a pill to an animal every 4 hours if the veterinarian had to be offsite during that time. The "supervision" contemplated with [this bill] falls under neither of these rubrics. Indeed, and in stark contrast to the two types of supervision resident in the practice act, [this bill] would allow a human physical therapist to "hang out their own shingle" and perform work on an animal without any veterinarian present on the property whatsoever. Because of the misleading characterization of the term "supervision" both in the bill itself and in the sponsors' publications concerning same, an unsuspecting consumer will wrongly assume that all protections will be in place at the animal rehab facility to provide for the safety and proper veterinary medical care of the animal. Such will not be the case.

3) Physical Therapists Have No Animal-Related Training in Their Licensing Curriculum Allowing physical therapists to work without veterinary supervision poses a threat to both animal welfare and consumer protection for the following reasons:

a) Physical therapists learn only about human beings in their core education. Vast anatomic, physiologic, and behavioral differences exist between human beings and animals. For that matter, significant differences exist between animal species. In addition, animals obviously cannot speak, and will instinctively hide signs of pain. Animal-specific education is absent in a physical therapist's education, and training in human anatomy and physiology does not

translate sufficiently to safely permit physical therapists to practice on animals without veterinary supervision.

b) Physical Therapists have no formal training or aptitude testing to address emergency conditions in animals. Currently, if a human suffers a health emergency on a physical therapy premises, the physical therapist can call 911 and have paramedics promptly arrive. Because there is no 911 or 911 equivalent for animals, animals experiencing a health crisis will not receive emergency care if being treated at a facility that does not have veterinary licensees present. In that regard, veterinary practices are required by law to be equipped with emergency medical equipment and drugs to treat emergencies that could arise as a result of procedures being performed on the premises. Furthermore, allowing physical therapists to arbitrarily insert the word "animals" into the California Physical Therapy Practice Act is unacceptable since they have no formal training to justify them working on animals.

4) Certification is Inadequate to Permit Unsupervised Veterinary Practice Currently, the two certification programs in the United States that offer animal-centric training to physical therapists do so via online self-study and/or a few weekend classes. Because the core education of physical therapists is focused on a very specific facet of human medicine, the certifications offered in APR do not give them the necessary education or experience needed to safely manage animal patients without veterinary supervision. Specifically, these certifications include:

- i) No standardization and institutional oversight of curricula
- ii) No uniform time, clinical practice, or course work requirements
- iii) No practice restriction for those who perform poorly in the course
- iv) No standardized aptitude testing
- v) No continuing education requirement
- vi) No obligation to meet ongoing minimum standards of care

5) The Veterinary Profession Has Adequate Training in APR and Provides Services at Hundreds of Veterinary Hospitals Throughout California as demonstrated through analysis of standardized veterinary school curricula and previously presented to both the VMB and the California legislature, veterinary school curricula incorporate elements of APR throughout a veterinary student's education. Veterinarians who graduate from accredited schools and obtain licensure are well-versed in rehabilitative therapy and commonly incorporate such practices into their case management. There are currently 13,082 licensed veterinarians in California—all of whom have knowledge, skill, ability, and experience in rehabilitating sick or injured animals.”

POSITION: Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [AB 1991](#)
Author: Bonta (D)
Bill Date: As Amended 4/17/2024
Subject: **Licensee and Registrant Records**
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires all healing arts boards under the DCA to collect specified workforce data from their licensees and registrants at least biennially as a requirement of license or registration renewal and requires that information to be subsequently provided to the Department of Health Care Access and Information (HCAI).

ANALYSIS:

Major Provisions:

- 1) Provides that healing arts boards under the DCA that are not already required to collect workforce data from their licensees and registrants shall be required to collect that workforce data for future workforce planning at least biennially.
- 2) Requires a licensee or registrant to provide the workforce data information as a condition for license or registration renewal.
- 3) Prohibits healing arts boards from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the required workforce data.

The workforce data collected or required by each Board about its licensees and registrants shall include, at a minim all of the following information:

- (1) Anticipated year of retirement.
- (2) Area of practice or specialty.
- (3) City, county, and ZIP Code of practice.
- (4) Date of birth.
- (5) Educational background and the highest level attained at time of licensure or registration.
- (6) Gender or gender identity.
- (7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
- (8) Languages spoken.
- (9) National Provider Identifier.
- (10) Race or ethnicity.
- (11) Type of employer or classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.
- (12) Work hours.
- (13) Sexual orientation.
- (14) Disability status.

According to the Author:

"California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity.

There are 16 health care professional oversight boards that "request" workforce data but do not require workforce data to be reported as condition as licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended. This information will provide HCAI with data necessary to assess whether or not loan repayment programs intended to increase the diversity of the health workforce, and to encourage providers to serve in underserved areas, are working as intended."

Fiscal:

According to the Assembly Committee on Appropriations, minor and absorbable costs to the DCA and HCAI.

Previous Legislation:

In 2014, the Legislature enacted AB 2102, authored by Assembly Member Phil Ting and cosponsored by the California Pan-Ethnic Health Network and the Latino Coalition for a Healthy California. The bill required four specified healing arts boards—the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians—to collect and report specific demographic data related to its licensees. Specifically, AB 2102 mandated that the four boards collect the following data from licensees: (1) location of practice, including city, county, and zip Code; (2) race or ethnicity; (3) gender; (4) languages spoken; (5) educational background and (6) classification of primary practice site, such as clinic, hospital, managed care organization, or private practice. In order to implement AB 2102, the DCA and HCAI established an interagency agreement to facilitate the specified data collection and exchange.

Assembly Member Ting subsequently introduced AB 2704 in 2020, which sought to replace the distinct data collection requirements for the four healing arts boards with a single statute requiring data collection for all healing arts boards. The bill was not set for a hearing in this committee. The next year, Assembly Member Ting reintroduced the bill as AB 1236, adding sexual orientation and disability status to the list of required data points. This bill passed this committee, but the author ultimately decided to hold the bill on the Assembly floor. Instead, language was included in the omnibus health trailer bill as part of the Budget Act of 2021 consolidating the existing workforce data collection requirements for the four healing arts boards into one section with an expanded list of data points. However, the trailer bill did not require this data to be collected by any additional boards under the DCA; instead, it provided that all other healing arts boards request the information. The trailer bill also expressly provided that licensees could not be required to provide the information as a condition for license renewal, and that they could not be disciplined for failing to provide the information. This bill would amend the consolidated data collection law enacted through the trailer bill to require all healing arts boards to collect the workforce data and report it to HCAI. The author cites recommendations in a 2019 report by the California Future Health Workforce Commission, which included among its goals an objective to "expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers." The author believes that providing HCAI with workforce data for all healing arts

licensees will allow legislators and policymakers to more effectively evaluate the success of efforts to improve representation and diversity in the state's health care professions.

SUPPORT:

California Pan-Ethnic Health Network
Latino Coalition for a Healthy California

Arguments in Support:

The California Pan-Ethnic Health Network supports this bill, writing: "HCAI administers several Loan Repayment Programs that offer financial support to health professionals who agree to provide direct patient care in medically underserved areas. However, California has recently faced major shortages of health workers, not producing enough new workers to meet future needs, and the current health workforce does not match the state's diversity. Reports have also found that Hispanic and Black workers are very underrepresented in the existing health workforce in California. [This bill] would help support workforce supply and diversity problems to help improve the impacts on health access, quality, and equity in our most underserved communities."

The Latino Coalition for a Healthy California also supports this bill, writing: "We urge you to support [this bill], as California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity. Specifically, there are 16 health care professional oversight boards that 'request' workforce data but do not require workforce data to be reported as condition as licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended."

OPPOSITION:

None on file.

POSITION:

Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [AB 2289](#)
Author: Low (D)
Bill Date: As Amended 3/21/2024
Subject: **Vehicles: Parking Placards and Special license Plates for Disabled Veterans and Persons with Disabilities**
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill adds a physical therapist to the list of professionals who may submit a signed certificate to the Department of Motor Vehicles (DMV) to certify a person has a disability for purposes of applying to the department for issuance of a distinguishing placard, which DMV refers to as a disabled person placard or plate.

ANALYSIS:

Certification of Disability: Existing law requires DMV to issue a disability placard or plate to a qualifying customer, without additional fees.

To be eligible to receive such a placard or plate, a person must submit to DMV a certificate, signed by a physician and surgeon, or, in some instances, by a nurse practitioner, a certified nurse-midwife, or a physician assistant, substantiating the disability, unless the applicant's disability is readily observable and uncontested. The law also authorizes other types of health professionals to certify a person's disability, as follows:

- The disability of a person who has lost, or has lost the use of, one or more lower extremities or one hand, for a disabled veteran, or both hands for a disabled person, or who has significant limitation in the use of lower extremities, may also be certified by a licensed chiropractor.
- The disability of a person related to the foot or ankle may be certified by a licensed podiatrist.
- The blindness of an applicant shall be certified by a licensed physician and surgeon who specializes in diseases of the eye or a licensed optometrist.

This bill additionally allows a licensed physical therapist to certify the disability of a person who has lost, or has lost the use of, one or more lower extremities or one hand, for a disabled veteran, or both hands for a person with a disability, or who has significant limitation in the use of lower extremities.

Purpose:

The author notes the extensive training required of physical therapists, as well as their oftentimes regular, frequent interaction with patients with disabilities. The National Multiple Sclerosis Society contends this bill provides persons living with multiple sclerosis "an easy and efficient means to obtaining a renewal of a disability placard."

Background:**State Auditor Report:**

In many jurisdictions, a vehicle displaying a disabled person placard or plate may park for extended periods in spaces that are otherwise time restricted, and oftentimes at no cost. In 2017, the State Auditor released a report on the use of such placards and plates and DMV's administration of the program. The State Auditor made several recommendations:

- a) Require DMV to seek the assistance of health boards and conduct quarterly audits of applications for placards or plates.
- b) Require DMV to use the federal death master file to inform its efforts to identify deceased placard holders and cancel their placards.
- c) DMV should establish goals regarding the number of sting operations its district offices should perform each quarter and develop and implement an application, database or other technology to allow local parking enforcement officials to have immediate access to placard status information.

Subsequent legislation directed DMV to conduct quarterly audits of applicants for disability placards and plates.

Fiscal:

1) Costs to DMV to update forms and publications and modify information technology (IT) systems, likely in excess of \$150,000.

DMV did not put a dollar amount on these costs; however, DMV warns that any changes to its IT systems will require subsequent integration with the DMV's larger modernization effort – DXP—and at a considerable cost. All costs would come from the Motor Vehicle Account (MVA).

In addition, DMV contends it would not be able to implement this bill's requirements by the bill's operative date.

According to the Legislative Analyst's Office (LAO), the (MVA)—the main funding source for DMV—is expected to fully exhaust its reserves and become insolvent in fiscal year 2025-26. The LAO further warns that the MVA, absent corrective action, such as revenue increases or spending reductions, will experience a negative fund balance of \$1.4 billion in fiscal year 2028-29.

2) Minor and absorbable costs to the Physical Therapy Board.

SUPPORT:

California Physical Therapy Association (CPTA)

National Multiple Sclerosis Society

California State Association of Counties

United Nurses Associations of California/Union of Healthcare Professionals

OPPOSITION:

None on file.

POSITION:

Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2725
Author: Blanca Rubio (D) & Maratsuchi (D)
Bill Date: As Amended 4/15/2024
Subject: Teacher Credentialing: Administrative Services Credential:
Occupational and Physical Therapists
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill creates a pathway for a school-based occupational therapist (OT) or a school-based physical therapist (PT) to obtain a credential that would allow them to pursue administrative and leadership positions in schools.

Specifically, this bill adds a valid license to practice occupational therapy or a valid license to practice physical therapy, verification of meeting a basic skills requirement, and three years of experience as school-based OT or PT to the minimum requirements for a preliminary services credential with a specialization in administrative services.

According to the Author:

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.

Background:

In schools, OTs are health professionals who support a child's engagement and participation in educational activities, play, and social interactions. These services are mandated for students with special needs under the federal Individuals with Disabilities Act (IDEA). To be licensed to practice in California, OTs must earn a master's degree, pass the National Board for Certification in Occupational Therapy examination, and obtain a license through the California Board of Occupational Therapy.

PTs are health professionals who correct, facilitate, or adapt a child's functional performance in motor control and coordination, functional mobility, and the use of assistive devices.

These services are mandated for students with special needs under the federal IDEA. To be licensed to practice in California, PTs must earn a master's degree and pass national and state licensure examinations. Currently, there is no credential requirement for OTs and PTs to serve in public schools.

In order to become a school administrator, current law requires an individual to hold a credential and meet other requirements. Currently, there is no avenue for OTs and PTs serving in schools to obtain a credential to hold administrative and leadership positions, as current statute requires an individual to possess a credential issued by the CTC.

This bill allows school-based OTs and PTs to pursue an administrative services credential if they meet certain requirements. This would provide a pathway for OTs and PTs to hold administrative positions.

Fiscal:

Special Fund costs to the Commission on Teacher Credentialing (CTC) of \$138,000 in the first year and \$136,000 ongoing to create resources, answer inquiries from the public and LEAs, update the system, and process the additional applications.

Related Legislation:

AB 381 (Blanca Rubio) authorizes OTs and PTs to be eligible for a service credential with a specialization in health. The bill was held in this committee.

Previous Legislation:

AB 2386 (Rubio), of the 2017-18 Legislative 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 was, requirements for that credential. The bill was held in this committee.

AB 1087 (Irwin), of the 2017-18 Legislative Session, would have required the CTC to develop a services credential with a specialization in occupational therapy and physical therapy services. The bill was referred to, but not heard by, the Assembly Education Committee.

SUPPORT:

American Federation of State, County and Municipal Employees
California Federation of Teachers
California Labor Federation
California School Employees Association
California Physical Therapy Association
Occupational Therapy Association of California
40 individuals
Service Employees International Union, California State Council

OPPOSITION:

None on file.

POSITION:

Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2269
Author: Flora (R)
Bill Date: Introduced 2/8/2024
Subject: Board Membership Qualifications: Public Members
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill prohibits a public member of any board within the DCA from having a business relationship with a licensee of that board within the three years, instead of the current law five years, preceding the member's appointment. In addition, this bill deletes an exception to this limit.

ANALYSIS:

Specifically, this bill:

- 1) Prohibits a public member or lay member of any board within DCA from having a contractual or employment relationship, as defined, with a licensee of that board, for services provided pursuant to that license, within the period of three years, rather than five years, immediately preceding the member's appointment.
- 2) Deletes an exception to the above requirement allowing an appointment if the relationship constituted no more than 2% of the practice or business of the licensee.
- 3) Clarifies the changes provided in this bill apply to board members appointed or reappointed on or after January 1, 2025.

Purpose:

The author seeks to update the conflict-of-interest requirements regarding appointments to DCA boards by easing the standard prohibiting a recent business relationship with a licensee while simultaneously deleting an administratively burdensome exception to the standard. According to the author: "Public members serve a vital role on professional licensing boards, providing an important check and balance to the professional members in assuring that boards achieve their consumer protection goal. To that end, current law appropriately prohibits a public member from having had a significant recent employment or contractual relationship with a licensee. [This bill] would update and simplify that statute by repealing an arbitrary exception to that prohibition for relationships not exceeding 2 percent of a licensee's employment or business."

Background:

The DCA has jurisdiction over 38 regulatory boards and bureaus that regulate California professionals and vocations. Boards are comprised of a combination of members of the regulated profession appointed by the Governor, and members of the public appointed by the Governor and the Legislature. Board members commonly serve four-year terms, but term lengths vary depending on the board.

Existing law (AB 735 (Burton), Chapter 2232, Statutes. of 1961) prescribes qualifications and limitations on public members of boards including the prohibition against public members holding or having previously held within five years prior to their appointment, any employment or

contractual relationship with a licensee of the board, unless the relationship constitutes no more than 2% of the overall practice or business of the respective licensee.

According to the author, the intent behind the 2% language was to provide a small amount of leeway for a public member applicant to have had a prior employment or contractual relationship with a licensee of the board they are wishing to join. However, the author asserts the 2% exception has proven challenging in practice to implement and enforce.

This bill repeals this exception, instead prohibiting any employment or contractual relationship with a licensee of the board, while also shortening the window, from five years to three years, within which such relationships are considered a conflict-of-interest for a prospective public board member.

Fiscal:

DCA indicates no costs.

SUPPORT:

None on file.

OPPOSITION:

None on file.

POSITION:

Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2862
Author: Gipson (D)
Bill Date: As Amended 4/17/2024
Subject: DCA: African American Applicants
Sponsor: Primary: Gipson (D); Co Sponsors: Carrillo (D) & Lowenthal (D)

DESCRIPTION OF CURRENT LEGISLATION:

This bill would, until January 21, 2029, require a state licensing board to prioritize African American applicants seeking licensure, especially those applicants who are descended from a person enslaved in the United States

ANALYSIS:

Requires state licensing boards to prioritize license applications from African Americans. Specifically, this bill:

- 1) Requires a state licensing board, as defined, to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States.
- 2) Provides that the provision above shall remain in effect until January 1, 2029, and as of that date is repealed.

Purpose:

This bill is part of a package of bills introduced by members of the California Legislative Black Caucus.

According to the author: Currently, there are barriers to employment, especially for African Americans seeking occupational licenses. Furthermore, there is severe under-representation of African Americans in professional occupations. There are also extreme disparities when comparing white professionals and African American professionals, including salary differences, and leadership or managerial positions. [This bill] would provide an imperative initiative of the prioritization of African Americans when seeking occupational licenses, especially those who are descendants of slaves. There has been historical long-standing deficiencies and internal barriers to African Americans seeking professional work, and by prioritizing their applications, we are bridging the gap of professional inequities of under representation and under compensation.

Background:

The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, and otherwise regulating professionals in California. As of March 2023, there are 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.

In 2020, the Legislature enacted Assembly Bill 3121 (Weber), Chapter 319, Statutes of 2020, which 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. The Task Force was given responsibility for studying and developing reparation proposals for African Americans as a result of slavery and numerous subsequent forms of discrimination based on race. The Task Force was then required to recommend appropriate remedies in consideration of its findings, which were submitted as the California Reparations 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].”

On January 31, 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, this bill seeks to implement the Task Force’s recommendation by requiring boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. This requirement is 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 those transgressions have had on African Americans seeking licensure in California.

Fiscal:

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

- a) 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.
- b) A few programs were unable to quantify the workload to comply with the bill as currently written. Additional resources may be required with additional amendments to the bill, or if the workload creates a significant impact that is unabsorbable within existing resources.
- c) The five programs below identified a non-absorbable impact totaling \$1.04 million:
 - i) Respiratory Care Board (RCB). The RCB would require 2.0 positions to conduct extensive research to determine and verify the eligibility of a licensee. This would require the use of several data sources as well as 23 & Me or Ancestry (kits) resulting in an additional cost of \$12,000 to RCB. The workload would require \$343,000 in 2025-26 and \$327,000 ongoing to support the 2.0 positions and the kits used to verify heritage.
 - ii) Cemetery and Funeral Bureau (CFB). The CFB would require a 1.0 limited term (LT) position to assist with the changes to applications, verifying eligibility and serve as the point of contact for all questions. Currently the CFB does not collect and maintain demographic data for any applicants or licensees, so at this time there is no way to determine the number of potential applicants this would affect. CFB would require \$137,000 in 2025-26 and \$129,000 in 2026-27 to support the 1.0 LT position.
 - iii) Medical Board of California (MBC). The MBC assumes 5% of its licensees will participate and would create an increase in workload. In addition, the MBC will

require regulations. The Board identified costs of \$80,000 in 2025-26 and \$23,000 ongoing to support the additional workload in the licensing unit.

iv) Board of Behavioral Sciences (BBS). The BBS will require 1.5 positions to research and develop regulations, review, verify, communicate, and expedite applications. The BBS assumes 800 applications per year and will require \$213,000 in 2025-26, \$197,000 in 2026-27 and \$117,000 ongoing to support 0.5 LT position and 1.0 permanent position to address the increased workload in the licensing unit.

v) Board of Barbering and Cosmetology (BBC). The BBC will require 2.0 positions to create and implement a new process, and prioritize applications for expedite. It is unclear how the Board would legally verify a person's race, and how the Board would verify a person is descended from an enslaved person in order to qualify. The BBC will also require regulations. The increase in workload will require \$271,000 in 2025-26, \$255,000 in 2026-27 and \$126,000 ongoing to support 1.0 LT position and 1.0 permanent position for the licensing unit.

2) The Office of Information Services (OIS), within DCA, estimates a one-time informational technology (IT) General Fund cost of \$168,000. 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 this cost can be absorbed within existing maintenance resources.

SUPPORT:

Greater Sacramento Urban League

San Francisco African American Chamber of Commerce

One Individual

Arguments in Support:

The California African American Chamber of Commerce writes in support: "By prioritizing African American applicants, especially those with ancestral ties to slavery, [this bill] seeks to promote equity and provide opportunities for economic advancement within our community. This legislation is crucial in fostering diversity and inclusivity in various industries, paving the way for greater representation and participation of African Americans in the workforce. By ensuring fair access to licensure, this bill contributes to our overarching goal of promoting economic empowerment and prosperity for African American entrepreneurs and professionals across the state."

OPPOSITION:

Respiratory Care Board of CA

Pacific Legal Foundation

Arguments in Opposition:

The Pacific Legal Foundation writes in opposition: "Fewer barriers to entering the workforce, not more, will meaningfully advance opportunity in California. Barriers based on race are especially odious and detrimental. Licensing laws already hinder opportunity, and the government does not need to make things worse by injecting racial discrimination into the system. The PLF further argues this bill violates the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution."

Oppose Unless Amended:

The Respiratory Care Board of California (RCB) opposes this bill unless amended. RCB points to the significant time and expense that will be required to identify applicants as African American and especially to determine if they are descended from a person enslaved in the United States. RCB asks for an amendment to “allow for self-identification of African American ethnicity by the applicant, as well as the inclusion of a provision that requires the applicant to provide evidence that he or she is the descendent of a person enslaved in the United States.”

POSITION: Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [AB 3127](#)
Author: McKinnor (D)
Bill Date: As Amended 4/17/2024
Subject: **Reporting of Crimes; Mandated Reporters**
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct, except in specified circumstances. Health practitioners in such cases would instead be required to provide brief counseling and a referral to local and national domestic violence or sexual violence advocacy services, as specified.

ANALYSIS:

This bill eliminates the duty of a health care practitioner to report assaultive or abusive conduct to law enforcement when they suspect a patient has suffered physical injury caused by such conduct, except in specified cases.

Major Provisions:

- 1) Retains a health practitioner's duty to make a report of injuries to law enforcement to instances where a wound or injury is self-inflicted, caused by a firearm, is life threatening and caused by intentional violence, or involves child abuse, elder abuse, or the abuse of a dependent adult.
- 2) Allows reporting of other assaultive or abusive conduct when a patient requests, and in such cases, requires the medical documentation of injuries be made available to the patient.
- 3) Requires a health care practitioner, who in their professional capacity or within the scope of their employment, knows or reasonably suspects that their patient is experiencing any form of domestic violence or sexual violence, to provide brief counseling, education, or other support, and offer a "warm handoff" or referral to domestic violence or sexual violence advocacy services before the end of treatment, to the extent that it is medically possible.
- 4) Encourages health care practitioners to offer patients direct connection to an in-person domestic or sexual violence advocate or social worker whenever available.
- 5) Provides that the health practitioner can satisfy the above requirement when the brief counseling, education, or other support is provided by, and warm handoff or referral is offered by, a member of the health care team.
- 6) States that if the patient is being treated in the emergency department of a general acute care hospital, the health practitioner shall also offer assistance to the patient in accessing a medical evidentiary exam, reporting to law enforcement, and a 24-hour domestic or sexual violence advocacy program, if the patient wants to pursue these options.
- 7) Allows the health practitioner to offer a warm handoff and referral to other available victim services, including, but not limited to, legal aid, community-based organizations, behavioral health, crime victim compensation, forensic evidentiary exams, trauma recovery centers, family justice centers, and law enforcement to patients who are suspected to have suffered any non-accidental injury.
- 8) Defines "warm handoff" as including but not being limited to, the health practitioner establishing direct and live connection through a call with survivor advocate, in-person on site survivor advocate, in-person on-call survivor advocate, or some other form of teleadvocacy.
- 9) Provides the patient may decline the "warm hand-off."

10) Provides that a "referral" may include, but is not limited to, the health practitioner sharing information about how a patient can get in touch with a local or national survivor advocacy organization, information about how the organization could be helpful for the patient, what the patient could expect when contacting the survivor organization, the survivor advocacy organizations contact information.

11) Provides that nothing limits or overrides the ability of a health care practitioner to alert law enforcement to an imminent or serious threat to health or safety of an individual or the public, pursuant to the privacy rules of the federal Health Insurance Portability and Accountability Act of 1996 (HIPPA).

12) Gives health care practitioners immunity from criminal or civil liability arising from any required or authorized report.

13) Contains legislative findings and declarations.

Purpose:

According to the author, AB 3127 will ensure survivors can access healthcare services by creating a survivor-centered, trauma-informed approach and limit nonconsensual and potentially dangerous referrals to law enforcement. This change will increase access to healthcare and ensure that survivors are provided the agency and information they need to be safe and healthy.

Background:

Existing law requires a health practitioner who treats a person suffering from specified injuries to report that fact immediately to local law enforcement authorities. The duty to report is triggered when a health practitioner knows or reasonably suspects that the patient is suffering from a wound or other physical injury that is the result of assaultive or abusive conduct caused by another person, or when the injury was caused by a firearm. The duty to report extends to many health care professionals including physicians, surgeons, psychiatrists, psychologists, dentists, medical residents, interns, marriage and family therapists, clinical social workers, emergency medical technicians, and paramedics, among others. A health practitioner is required to report assault or abuse regardless of patient consent. Failure to make the required report is a misdemeanor.

This bill narrows the circumstances in which a health practitioner has a duty to report known or suspected assaultive or abusive conduct. Under the bill, a health practitioner must make a report to law enforcement only if the patient's injury was caused by a firearm, was life threatening, or resulted in death. The bill defines "life threatening" as an injury likely to result in death without immediate medical or surgical intervention, including injuries from a knife, gun, or strangulation. In practice, this means a health practitioner who suspects a lesser injury was caused by domestic violence will no longer be required to report the injury to law enforcement or face a potential criminal charge. A health practitioner may still make a report to law enforcement based on lesser injuries at the request of a patient.

Whenever a health practitioner knows or reasonably suspects a patient is experiencing domestic or sexual violence, the bill requires the practitioner, to the degree that it is medically possible for the individual patient, to provide brief counseling, education, or other support, and offer a "warm handoff" or referral to local and national domestic violence or sexual violence advocacy services. This requirement is satisfied when a member of the health care team provides brief counseling and simply offers a referral to advocacy services. The bill does not eliminate a health practitioner's duty to report known or suspected child abuse and neglect, or their duty to report known or suspected abuse of an elder or a dependent adult.

Fiscal:

Likely no state costs. Possible minor cost savings to the court and counties to the extent this bill narrows an existing misdemeanor and results in fewer convictions and jail terms.

Unknown, potentially absorbable costs to local public health agencies and clinics to provide brief counseling and offer referrals to patients suspected of experiencing domestic or sexual violence. Costs to the General Fund will depend on whether the duties imposed by this bill constitute a reimbursable state mandate, as determined by the Commission on State Mandates.

Previous Legislation:

AB 1028 (McKinnor), of this legislative session, would have eliminated the duty of a health practitioner to report assaultive or abusive conduct to law enforcement. AB 1028 was held in the Senate Appropriations Committee.

AB 2790 (Wicks), of the 2021-2022 Legislative Session, would have limited the duty of a health practitioner to report assaultive or abusive conduct to law enforcement to injuries that are self-inflicted or caused by a firearm. AB 2790 was held in the Senate Appropriations Committee.

SUPPORT:

California Partnership to End Domestic Violence

Public Counsel

Western Center on Law and Poverty

Youth Leadership Institute

American Nurses Association of California

Community Solutions

Coalition to Abolish Slavery and Trafficking

Los Angeles Dependency Lawyers

Asian Americans for Community Involvement

San Francisco Public Defender

Women Organized to Make Abuse Non-existent (WOMAN, Inc.)

Alliance for Boys and Men of Color

East Los Angeles Women's Center

Downtown Women's Center

Jenesse Center, Inc.

Family Violence Appellate Project

Los Angeles Gay and Lesbian Center

California Consortium for Urban Indian Health

Initiate Justice

Youth Forward

Resilience Orange County

FreeFrom

Californians for Safety and Justice

Communities United for Restorative Youth Justice

California Psychiatric Association

Access Reproductive Justice

ACLU California Action

Black lives Matter – Los Angeles

The Collective Healing and Transformation Project

Lumina Alliance
Safe Alternatives to Violent Environments
Miracles Counseling Center
Sheedy Consulting, LLC
University of California, Irvine School of Law Domestic Violence Clinic
Futures Without Violence
Victims Empowerment Support Team
YWCA of Silicon Valley
California Black Women's Collective Empowerment Institute
Culturally Responsive Domestic Violence Network (CRDVN)
Gray's Trauma-informed Care Services Corp
Heal Trafficking
Project Sanctuary, INC.
Sunita Jain Anti-trafficking Initiative

Arguments in Support:

OPPOSITION:

California District Attorneys Association
Riverside Sheriffs' Association
Los Angeles County Professional Peace Officers Association
California Reserve Peace Officers Association
California Narcotic Officers' Association
Santa Ana Police Officers Association
San Diego District Attorney
Newport Beach Police Association
Los Angeles School Police Association
Los Angeles School Police Association
Association of California Sexual Assault Forensic Examiners (Cal SAFE)
Palos Verdes Police Officers Association
Riverside Police Officers' Association
Corona Police Officers' Association
Arcadia Police Officers' Association
Fullerton Police Officers' Association
Pomona Police Officers Association
Claremont Police Officers' Association
Upland Police Officers Association
Burbank Police Department
Culver City Police Officers Association
Placer County Deputy Sheriff's Association
Deputy Sheriffs' Association of Monterey County
Murrieta Police Officers' Association
Novato Police Officers Association

POSITION: Watch.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: [SB 1067](#)
Author: Smallwood- Cuevas (D)
Bill Date: Introduced 2/12/2024
Subject: **Healing Arts: Expedited Licensure Process: Medically Underserved Area of Population**
Sponsor: California Primary Care Association Advocates

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require healing arts boards under DCA to prioritize the review of applicants who demonstrate that they intend to practice in medically underserved areas or serve a medically underserved population.

ANALYSIS:

This Bill:

- 1) Requires each DCA health professional licensing board to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.
- 2) Specifies that an applicant may demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

Background:

This bill is sponsored by California Primary Care Association Advocates (CPCA Advocates). According to the Author, “The healing arts boards who license dentists, nurses, and other healthcare providers in California have lengthy backlogs for processing applications for licensure, which prevents a provider from joining the healthcare workforce in a timely manner. Licensing delays undermine quality patient care, timely access to care, and further exacerbates the major healthcare workforce shortage in California. Workforce has historically been a major issue in medically underserved areas of the state, and in health facilities primarily serving the populations who access safety net services like Community Health Centers. (CHCs) The issue has become more acute since the COVID-19 pandemic when workforce burnout contributed to a mass resignation from healthcare jobs. In a recent survey CHCs reported high vacancy rates and prolonged periods of time to fill staff vacancies for key positions such as physicians, dentists, and nurse practitioners. The existing expedited licensure process for medically underserved areas and medically underserved populations at the MBC has been a huge success. By replicating this for other healthcare providers we can support those serving the safety net population when it comes to recruiting workers to provide healthcare to some of the state’s most vulnerable populations.”

The DCA currently requires that three populations receive priority review for licensure from DCA entities:

- (1) members of the Armed Forces who have served on active duty and were honorably discharged,
- (2) spouses or domestic partners of active duty members of the Armed Forces who are currently assigned to a duty station in California under official active duty military orders, and
- (3) refugees who have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States or those with a Special Immigrant Visa.

In addition, the Medical Board of California (MBC) also grants expedited licensure review to physician and surgeon's certificate applicants who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population and MBC, Osteopathic Medical Board of California, Board of Registered Nursing, and Physician Assistant Board expedite the licensure process for an applicant who demonstrates that they intend to provide abortions.

Fiscal:

One-time cost of \$137,000 in Fiscal Year 2025-26 and ongoing costs of \$129,000 to the Board of Behavioral Sciences (BBS) to address increased workload to identify qualified applications, verify eligibility, and continue communication with applicants through the expedited licensure process (Behavioral Sciences Fund). Workload to update forms is anticipated to be absorbable. BBS notes 19 percent of its registrant population, or approximately 3,116 applicants, may qualify for expedited licensure under this bill.

Unknown, potentially minor workload impacts to other healing arts boards, as DCA notes that the majority of its boards generally have a process in place for expediting applications (various special funds). Actual fiscal impact to the other healing arts boards will depend on how many applicants for licensure would qualify for expedited application review under each board.

One-time IT cost of \$55,000 to DCA's Office of Information Services to update systems, which may be absorbable through the redirection of existing maintenance resources.

The boards and bureaus within the DCA are special fund agencies whose activities are funded by regulatory and license fees and generally receive no support from the General Fund. New legislative mandates, even those modest in scope, may in totality create new cost pressures and impact the entity's operating costs, future budget requests, or license fees.

Recent Similar Efforts:

AB 2442 (Zbur, 2024) requires MBC, OMBC, BRN, and PAB to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care or gender-affirming mental health care services within the scope of practice of their license.

AB 883 (Mathis, 2023) requires a DCA licensing program, after July 1, 2024, to expedite, and authorizes the program to assist with, the initial licensure process for an applicant who supplies satisfactory evidence they are an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program.

SB 1168 (Morrell, 2020) would have required a state agency that issues a business license to establish a process to expedite licensing services for a person or business that meets specified criteria, including that the person or business has been displaced by an emergency proclaimed or declared within 365 days of the request for licensing services.

AB 2113 (Low, 2020) requires DCA Boards to expedite licensure applications for refugees, asylees, and special immigrant visa holders.

SUPPORT:

Alameda Health Consortium
Altamed Health Services Corporation
Apla Health
Arroyo Vista Family Health Center
Asian Health Services
California Consortium for Urban Indian Health
CAPA
Chapa-de Indian Health
Communicare+ole
Community Clinic Association of Los Angeles County (CCALAC)
Comprehensive Community Health Centers
CPCA Advocates, Subsidiary of The California Primary Care Association
DAP Health
Dientes Community Dental
Eisner Health
El Proyecto Del Barrio, INC.
Family Health Centers of San Diego
Friends of Family Health Center
Golden Valley Health Centers
Health Alliance of Northern California
Health and Life Organization, Inc./ DbA Sacramento Community Clinics
Health Center Partners of Southern California
Hill Country Community Clinic
Inland Family Community Health Center
LA Clinica De LA Raza, INC.
LA Maestra Community Health Centers
Lifelong Medical Care
Neighborhood Healthcare
North Coast Clinics Network
North East Medical Services
North East Medical Services
Northeast Valley Health Corporation
Petaluma Health Center
San Ysidro Health
Share Our Selves
Shasta Cascade Health Centers
Shasta Community Health Center
The Children's Clinic, "serving Children and Their Families"/TCC Family Health
Truecare
Unicare Community Health Center
Venice Family Clinic
Wellspace Health
West County Health Centers, INC.

Arguments in Support:

Supporters state that community health center workforce challenges continue to worsen, noting that the pandemic led to burnout, which contributed to a significant loss of professionals from the healthcare sector. Supporters state that health professional licensing boards have prolonged backlogs for processing applications for licensure, often preventing a provider from joining the workforce in a timely and efficient manner...delays create bottlenecks and further exacerbate recruitment and retention challenges.

OPPOSITION:

None on file.

POSITION:

Watch.



Briefing Paper

Date: May 1, 2024

Prepared for: PTBC Members

Prepared by: Brooke Arneson

Subject: Rulemaking Report

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

Attachments:

1. [2024 Rulemaking Update](#)
2. [Rulemaking Processing Timelines](#)
3. [Overview of the Regulatory Process](#)

Background:

At the December 2023 meeting, the Board adopted the 2024 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: http://www.oal.ca.gov/Notice_Register.htm

From the 2024 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.

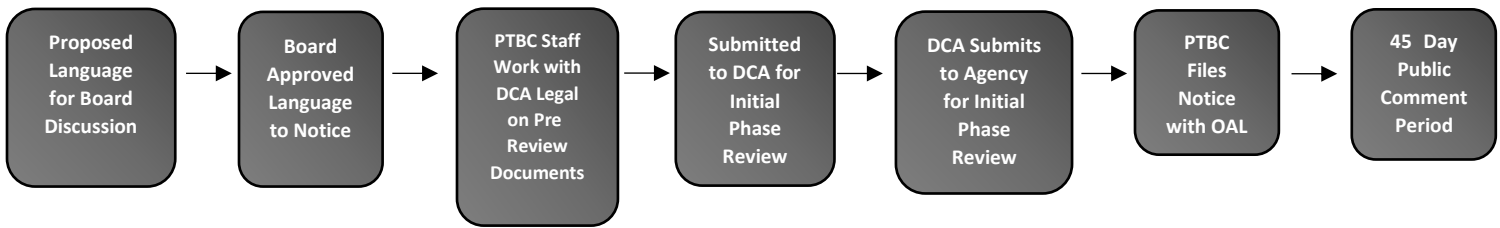
Action:

No action is requested on presentation of the rulemaking report.

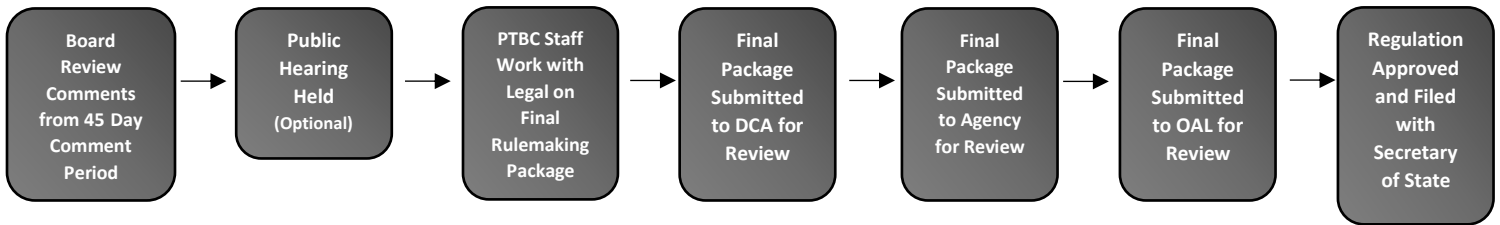
2024 Rulemaking Update

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 2024 Rulemaking Calendar that was adopted at the Board meeting on December 8, 2023. PTBC staff are in the process of researching and developing proposed language for consideration by the Board at a future meeting date.

Processing Times

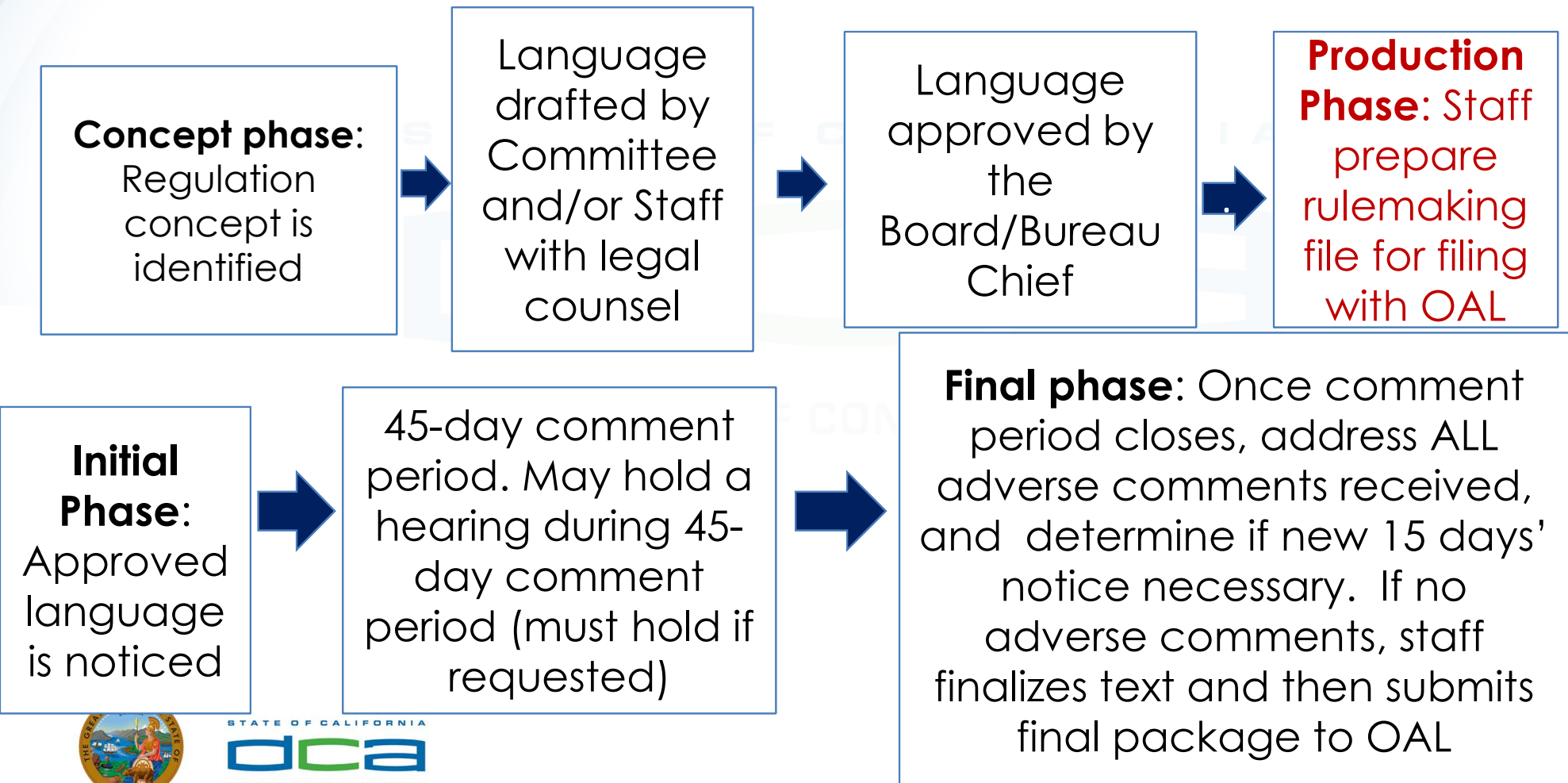
- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The OAL issues the Notice File Number upon filing the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Department of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes of 2012 (SB 1099, Wright), regulation effective dates are as follows:

Date Filed with the Secretary of State

Effective Date

September 1 st – November 30 th	January 1 st
December 1 st – February 29 th	April 1 st
March 1 st – May 31 st	July 1 st
June 1 st – August 31 st	October 1 st

General Overview of Regulatory Process





Briefing Paper

Agenda Item 17 (C)

Date: 4/9/2024

Prepared for: PTBC Members

Prepared by: April Beauchamps

Subject: Outreach Report

Purpose: To provide PTBC's Outreach activities and statistics for FY 2023-24 (Q3).

Attachments: [1. Website Statistics](#)
[2. Social Media Statistics](#)

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 in comparison to the previous fiscal year. The website statistics and Social Media statistics are generated by PTBC staff on a quarterly basis: Jul-Sep (Q1), Oct-Dec (Q2), Jan-Mar (Q3) and Apr-Jun (Q4).

During this quarter (Q3) the PTBC provided nine outreach school workshops to University of San Francisco on 1/16/2024, California State University, Fresno on 1/30/2024, University of the Pacific on 2/7/2024, College of the Desert on 2/8/2024, California State University, Northridge on 2/9/2024, Sacramento City College on 2/26/2024, San Diego Mesa College on 3/6/2024, Chapman University on 3/14/2024 and University of Southern California on 3/21/2024. Of these nine workshops, the University of the Pacific and Sacramento City College were conducted in-person on the school campuses and the other seven were held virtually via zoom.

Analysis:

Website – PTBC had 173,570 web-hits through its web page tabs, resulting in an 19% increase over last fiscal year (Q3).

Social Media¹:

Facebook – The PTBC received 37 “likes” this fiscal year (Q3). In comparison to last fiscal year (Q3), there was also an increase of 19% for page visits and an increase of 37% of page reach/impressions which is the number of people who saw any content from the PTBC Facebook page.

Instagram – This fiscal year (Q3) PTBC had a 46% increase in page reach for Instagram and a 248% increase in profile visits in comparison to last fiscal year (Q3).

Tik Tok – When looking at Tik Tok stats for FY 2023-24 (Q3), PTBC had a 1810% increase in new video views/impressions compared to last fiscal year (Q3). There was also a 367% increase in new followers compared to last fiscal year (Q3) and a 900% increase in new likes compared to last fiscal year (Q3).

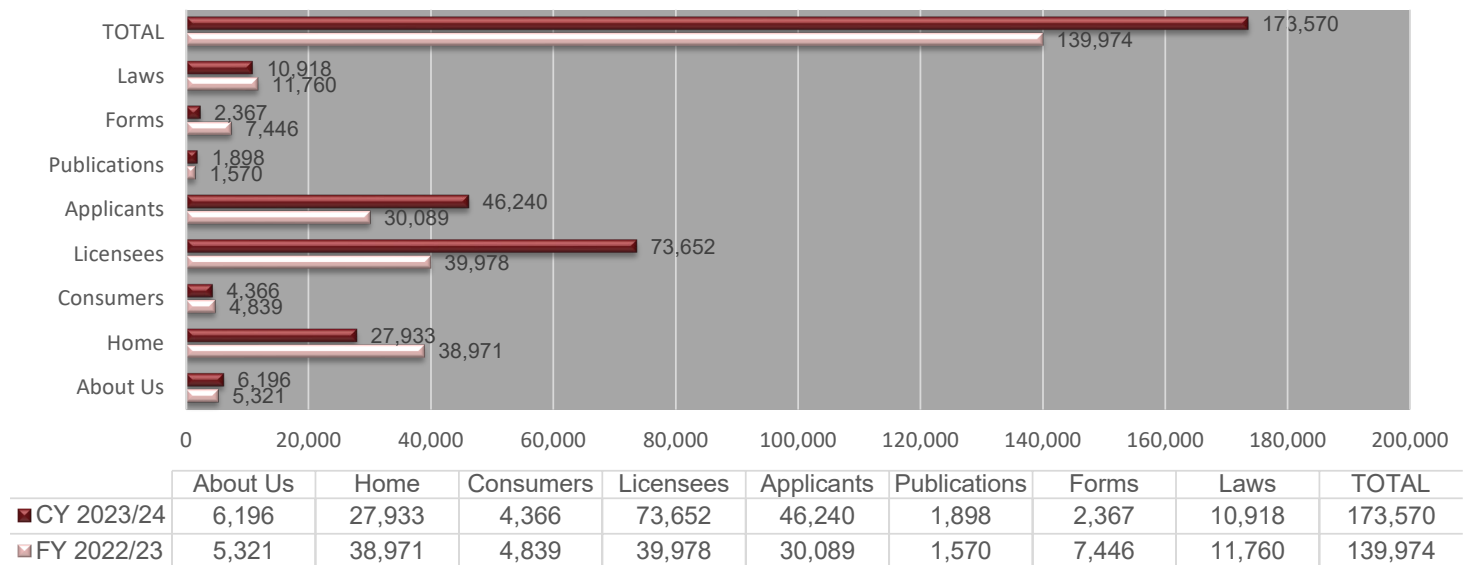
X (Twitter) – When looking at Twitter stats for FY 2023-24, the PTBC had a decrease of people reached by 88% and a 17% decrease of page engagements compared to last fiscal year (Q3). There were also no new followers for this fiscal year (Q3).

LinkedIn – When looking at LinkedIn stats for FY 2023-24 (Q3) the PTBC had a 214% increase in impressions compared to last fiscal year (Q3), a 170% increase in page visits compared to last fiscal year (Q3), and an 825% increase in engagements compared to last fiscal year (Q3).

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

¹ **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.

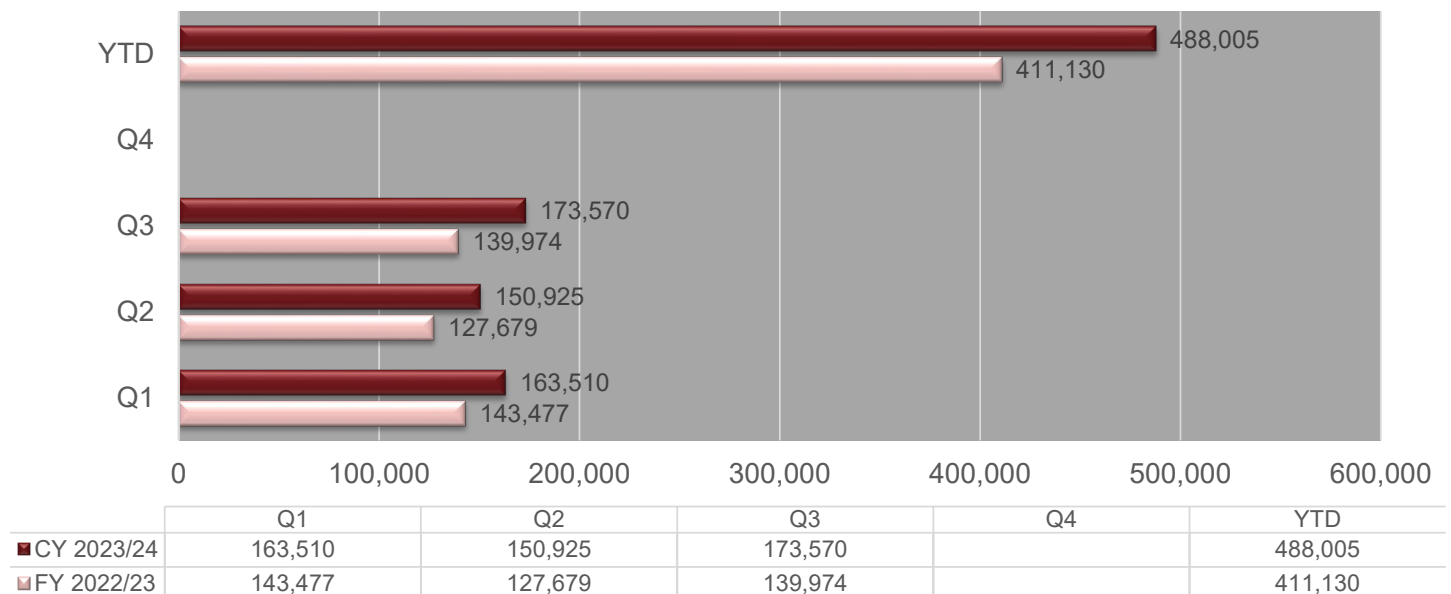
**Website Activity
Q3 (Jan - Mar)**



This chart reflects a 24% increase in traffic over last Q3 (FY 2022/23).

This chart also shows the Licensee tab was accessed the most and the publications tab had the least amount of access this Q3.

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



This chart reflects a 19% increase year-to-date.

Social Media Statistical Reports									
Facebook									
	FY 2022/23	Fiscal Year 2023/24						Year → Year Change	
	Q3	Q1	Q2	Q3	Q4	YTD	Q3		
Page Reach/Impressions	1,580	2,888	2,997	2,500		5,885	2,500	↑	37%
Page Visits	1,094	1,396	929	1,300		2,325	1,300	↑	19%
New Followers (Likes)	22	46	19	37		65	37	↑	68%
Instagram									
	FY 2022/23	Fiscal Year 2023/24						Year → Year Change	
	Q3	Q1	Q2	Q3	Q4	YTD	Q3		
Page Reach/Impressions	327	526	535	476		1,061	476	↑	46%
Profile Visits	89	144	246	310		390	310	↑	248%
Tik Tok									
	FY 2022/23	Fiscal Year 2023/24						Year → Year Change	
	Q3	Q1	Q2	Q3	Q4	YTD	Q3		
New Video Views (Impressions)	138	3,041	6,544	2,636		9,585	2,636	↑	1810%
New Likes	1	11	32	10		43	10	↑	900%
New Followers	6	14	33	28		47	28	↑	367%
X (Twitter)									
	FY 2022/23	Fiscal Year 2023/24						Year → Year Change	
	Q3	Q1	Q2	Q3	Q4	YTD	Q3		
Page Reach/Impressions	1,551	2,652	1,178	827		3,830	827	↓	-88%
Page Engagements	22	38	51	17		89	17	↓	-23%
New Followers	0	11	2	0		13	0		0 %
LinkedIn									
	FY 2022/23	Fiscal Year 2023/24						Year → Year Change	
	Q3	Q1	Q2	Q3	Q4	YTD	Q3		
Page Reach/Impressions	845	1,232	3,071	2,651		4,303	2,651	↑	214%
Page Visits	80	91	163	216		254	216	↑	170%
Reactions to Content (Engagement)	4	22	59	37		81	37	↑	825%

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.



Briefing Paper

Date: June 13, 2024

Prepared for: PTBC Members

Prepared by: Alicia Hernandez, Budget Analyst

Subject: Budget Report

Purpose: To provide an update on the PTBC's Budget activities and statistics for quarter three (Q3) for CY 2023-24.

Attachments: [1. CY 2023-24 Expenditure Report Q3](#)
[2. CY 2023-24 Expenditure Measures Q3](#)
[3. CY 2023-24 Revenue Report Q3](#)
[4. CY 2023-24 Revenue Measures Report Q3](#)

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).

CY 2023-24, according to the Governor's Budget, the PTBC is authorized \$7,253,000 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 for (CY 2023-24) has increased \$126,000 over previous fiscal year's budget allotment of \$7,127,000 (PY 2022-23). The PTBC's fund is projected at 7.7 months reserve CY 2023-24, and 6.8 reserve BY 2024-25.

Analysis:

PTBC spent \$1,124,367 Q3 (CY23-24), an overall 9% decrease from previous fiscal year's Q3 expenditures of \$1,147,818 (PY22-23). The PTBC had a decrease of \$65,185 in Personnel services, \$58,978 decrease in General services, \$5,396 decrease in Departmental services, \$23,310 decrease in Enforcement costs, and an \$1,588 decrease in Scheduled Reimbursements.

PTBC collected \$1,748,482 during Q3 (FY23-24), an overall 3% or \$47,671 decrease over Q3 revenue of \$1,796,153 over previous fiscal year (FY22-23). The PTBC had a \$5,560 decrease in Other Regulatory fees, \$28,330 decrease in Initial Applications, \$34,259 decrease in Renewals, \$32,870 increase in Miscellaneous fees, \$588 decrease in Scheduled Reimbursements, and \$47,671 decrease in Unscheduled Reimbursements.

Action Requested: No action requested.

Physical Therapy Board of California
Expenditure Statistics Report
CY 2023-24 (Q3)

Expenditure Statistics Report

Budget Line Items	PY (2022-23)			CY (2023-24)				
	Authorized Budget	Q3 Jan Mar	YTD (As of 3/31/23)	Authorized Budget	Q3 Jan Mar	YTD (As of 3/31/24)	Percent Budget Spent	Balance
PERSONNEL SERVICES								
Civil Services Permanent	1,861,000	385,497	1,236,053	1,959,000	459,847	1,382,954	71%	576,046
Statutory Exempt	77,000	30,810	92,120	77,000	31,707	93,461	121%	(16,461)
Temp help	0	45,994	186,648	0	2,354	2,554	-	(2,554)
Board Members	12,000	12,700	35,300	32,000	11,500	32,600	102%	(600)
Overtime	0	0	0	0	0	0	-	0
Staff Benefits	1,221,000	292,899	923,632	1,319,000	327,677	967,853	73%	351,147
TOTAL PERS SVS	3,171,000	767,900	2,473,753	3,387,000	833,085	2,479,422	73%	907,578
OPERATING EXPENSES & EQUIPMENT								
General Services Totals	621,000	175,448	513,660	679,000	115,470	337,474	50%	341,526
Fingerprints	99,000	4,508	11,123	69,000	4,151	10,928	16%	58,072
General Expense	7,000	7,623	12,225	17,000	7,175	16,397	96%	603
Minor Equipment	26,000	43,114	44,949	62,000	0	2,945	5%	59,055
Major Equipment	0	0	0	0	0	0	-	0
Printing	17,000	6,939	16,430	21,000	3,549	12,158	58%	8,842
Communications	17,000	3,548	6,366	21,000	1,191	3,030	14%	17,970
Postage	9,000	3,437	4,459	11,000	1,188	3,712	34%	7,288
Insurance	0	38	38	0	50	50	-	(50)
Travel in State	13,000	12,094	21,939	29,000	7,769	22,737	78%	6,263
Training	6,000	5,880	7,130	8,000	350	1,700	21%	6,300
Facilities Operations (Utilities/Leases)	261,000	62,455	184,469	275,000	64,917	191,195	70%	83,805
C&P SRVS Internal	12,000	0	133,819	12,000	0	0	0%	12,000
C&P SRVS External	154,000	25,811	70,712	154,000	25,130	72,621	47%	81,379
Departmental Services Totals	1,062,000	8,156	732,847	989,000	2,220	689,929	70%	299,071
Consumer Client Services - ProRata	991,000	0	718,500	910,000	0	682,500	75%	227,500
Interagency Services	37,000	1,560	7,028	37,000	2,220	6,454	17%	30,546
Consolidated Data Center	18,000	0	0	26,000	0	0	0%	26,000
Information Technology	16,000	6,596	7,319	16,000	0	975	6%	15,025
Exams Totals	0	0	0	0	0	540	-	0
Exam Admin External -FSBPT	0	0	0	0	0	540	-	
Enforcement Totals	2,372,000	200,528	1,325,666	2,297,000	177,218	1,430,811	62%	866,189
Attorney General	794,000	145,652	306,297	794,000	136,561	383,752	48%	410,248
Office of Admin Hearings	110,000	43,404	58,911	110,000	26,449	34,563	31%	75,437
Evidence/Witness	100,000	10,979	32,776	100,000	14,208	42,347	42%	57,653
Court Reporters	0	493	1,432	0	0	399	-	(399)
DOI Investigation (ProRata)	1,368,000	0	926,250	1,293,000	0	969,750	75%	323,250
TOTAL OE & E	4,055,000	384,132	2,572,173	3,965,000	294,908	2,458,754	62%	1,506,246
Scheduled Reimbursements								
Fingerprints	-99,000	-4,214	-3,381	-99,000	-3,626	-7,742	8%	91,258
TOTALS, PERS SVS/OE&E	7,127,000	1,147,818	5,042,545	7,253,000	1,124,367	4,930,434	68%	2,505,082

*The PTBC is authorized to allocate \$99k of its revenues collected from scheduled/unscheduled reimbursements towards CY expenditures. Revenues over \$99k are transferred/ deposited directly to fund (year-end).

Physical Therapy Board of California
 Budget Expenditures Measures Report
 CY 2023-24 (Q2)

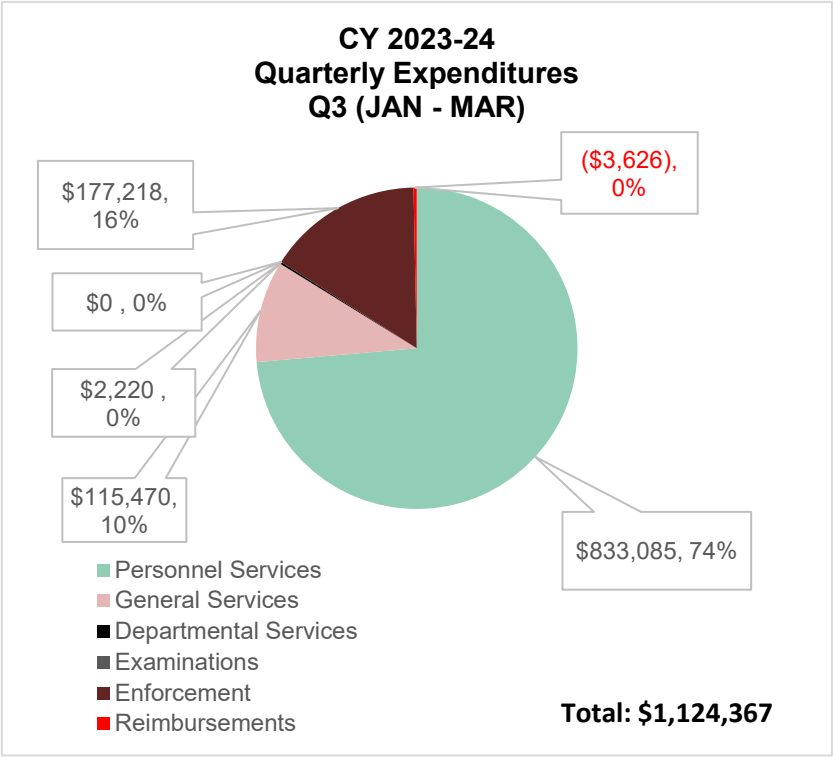
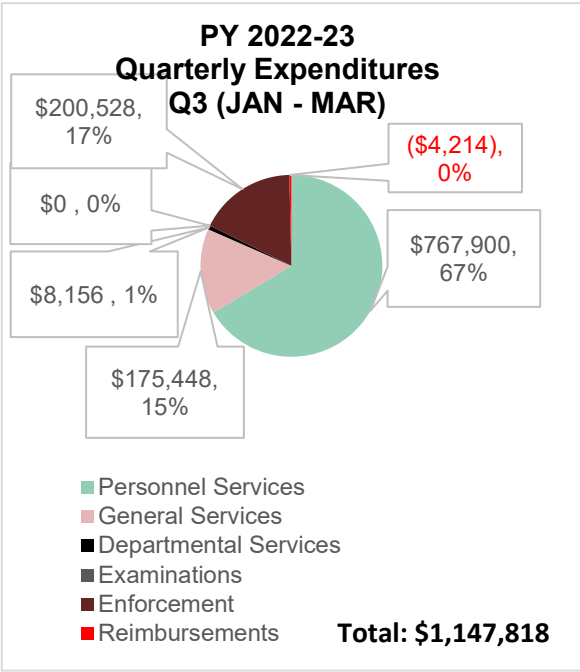


Chart reveals Personnel Services was the highest expenditure at \$833,085 or 74%.

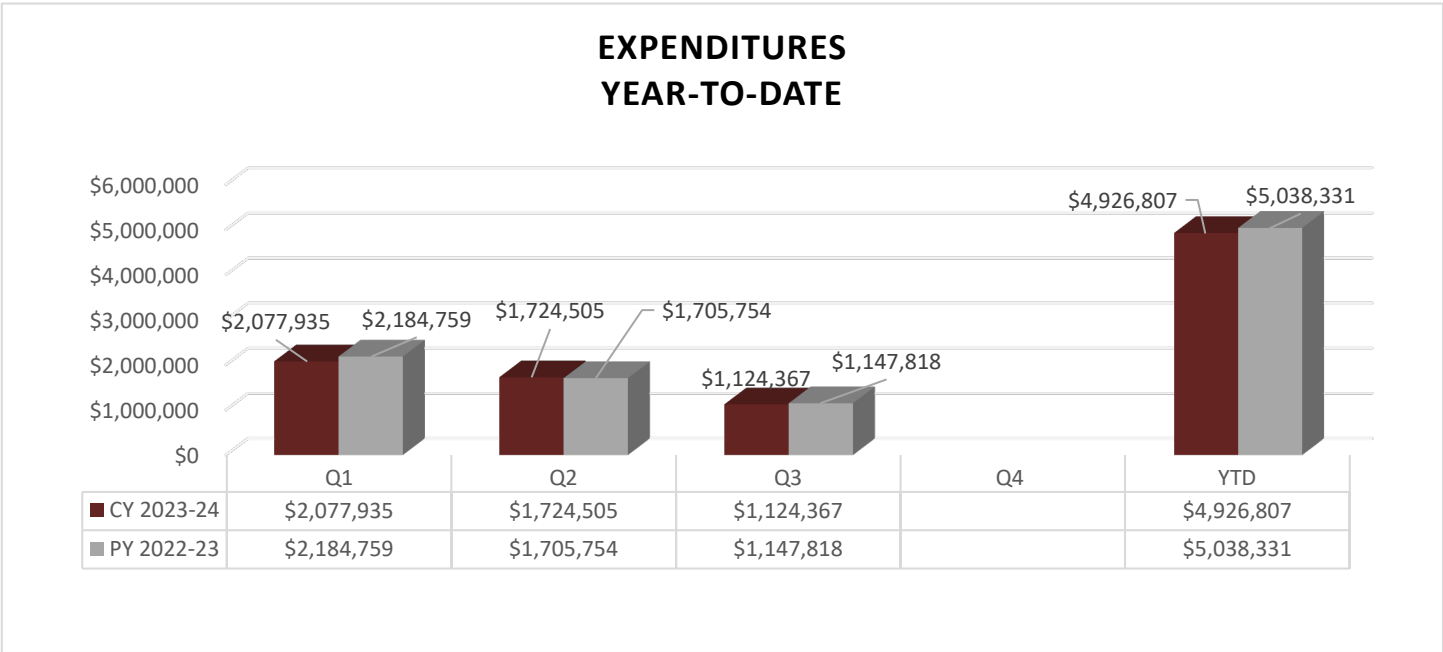


Chart reveals a \$111,524 or 10% decrease in Year-to-date expenditures over previous year-to-date Q3.

Physical Therapy Board of California
Budget Revenue Statistics Report
CY 2023-24 (Q3)

Revenue Statistics Report					
Revenue Line Items	PY 2022-23		CY 2023-24		
	Q3	YTD	Q3	YTD	
	Jan	Mar	Jan	Mar	As of
					3/31/2023
					3/31/2024
OTHER REGULATORY					
Cite and Fine (Citations)	\$	4,550	\$	14,175	\$ 4,000 \$ 12,500
Endorsement (License Verification)	\$	25,980	\$	67,800	\$ 21,720 \$ 53,100
Duplicate License / Certificate	\$	3,400	\$	11,100	\$ 3,350 \$ 10,050
Retired License App PT	\$	2,600	\$	-	\$ 2,000 \$ 6,100
Retired License App PTA	\$	400	\$	-	\$ 300 \$ 1,100
TOTALS	\$	36,930	\$	93,075	\$ 31,370 \$ 82,850
INITIAL APPLICATION & LICENSE					
ENMG Exam Fee	\$	-	\$	1,000	\$ - \$ 500
ENMG Application Fee	\$	-	\$	200	\$ 500 \$ 600
KEMG Exam Fee	\$	-	\$	-	\$ - \$ -
KEMG Application Fee	\$	-	\$	-	\$ 100 \$ 100
PTA Application & Initial License Fee	\$	44,100	\$	157,800	\$ 45,600 \$ 144,000
FPTA Application & Initial License Fee	\$	3,900	\$	9,600	\$ 3,300 \$ 10,800
PT Application Fee	\$	114,649	\$	395,048	\$ 99,150 \$ 371,547
PT Initial License Fee	\$	65,841	\$	222,037	\$ 58,145 \$ 206,091
FPT Application Fee	\$	14,749	\$	40,347	\$ 16,249 \$ 38,247
Refunded Reimbursements	\$	-	\$	-	\$ - \$ -
Overt/Short Fees	\$	-	\$	-	\$ - \$ -
Suspended Revenue	\$	2,596	\$	9,598	\$ 3,700 \$ 10,901
Prior Year Revenue Adjustment	\$	150	\$	(4,254)	\$ (9,089) \$ (19,433)
TOTALS	\$	245,985	\$	831,376	\$ 217,655 \$ 763,353
LICENSE RENEWAL					
PTA Renewal Fee	\$	288,600	\$	1,008,300	\$ 315,300 \$ 1,070,700
PT Renewal Fee	\$	1,106,700	\$	3,683,100	\$ 1,045,641 \$ 3,779,669
ENMG Renewal Fee	\$	150	\$	350	\$ 250 \$ 500
KEMG Renewal Fee	\$	200	\$	450	\$ 200 \$ 500
Automated Revenue Refund Claim	\$	-	\$	-	\$ - \$ -
Overt/Short Fees	\$	-	\$	-	\$ - \$ -
TOTALS	\$	1,395,650	\$	4,692,200	\$ 1,361,391 \$ 4,851,369
DELINQUENT LICENSE RENEWAL					
PTA Delinquent Fee	\$	2,850	\$	8,400	\$ 2,400 \$ 8,400
PT Delinquent Fee	\$	10,050	\$	27,900	\$ 9,150 \$ 26,550
ENMG Delinquent Fee	\$	-	\$	-	\$ - \$ -
KEMG Delinquent Fee	\$	-	\$	25	\$ - \$ -
TOTALS	\$	12,900	\$	36,325	\$ 11,550 \$ 34,950
MISCELLANEOUS					
Public Sales	\$	-	\$	-	\$ - \$ -
Surplus Money Investments	\$	30,250	\$	19,741	\$ 63,542 \$ 118,557
Attorney General Proceeds	\$	-	\$	-	\$ - \$ -
Unclaimed/Cancelled Warrants	\$	(225)	\$	3,848	\$ - \$ 1,791
Misc Revenue	\$	647	\$	-	\$ - \$ -
Dishonored Check Fees	\$	-	\$	25	\$ - \$ -
TOTALS	\$	30,672	\$	23,614	\$ 63,542 \$ 120,348
SCHEDULED REIMBURSEMENTS					
Fingerprint Reports	\$	4,214	\$	7,595	\$ 3,626 \$ 11,368
External/Private/Grant	\$	-	\$	-	\$ - \$ -
TOTALS	\$	4,214	\$	7,595	\$ 3,626 \$ 11,368
UNSCHEDULED REIMBURSEMENTS					
Cost Recovery - Investigations	\$	63,418	\$	219,195	\$ 52,523 \$ 113,433
Cost Recovery - Probation Monitoring	\$	6,384	\$	17,209	\$ 6,825 \$ 23,925
TOTALS	\$	69,802	\$	236,404	\$ 59,348 \$ 137,358
TOTAL REVENUES	\$	1,796,153	\$	5,920,589	\$ 1,748,482 \$ 6,001,596

Physical Therapy Board of California
 Budget Revenue Measures Report
 CY 2023-24 (Q3)

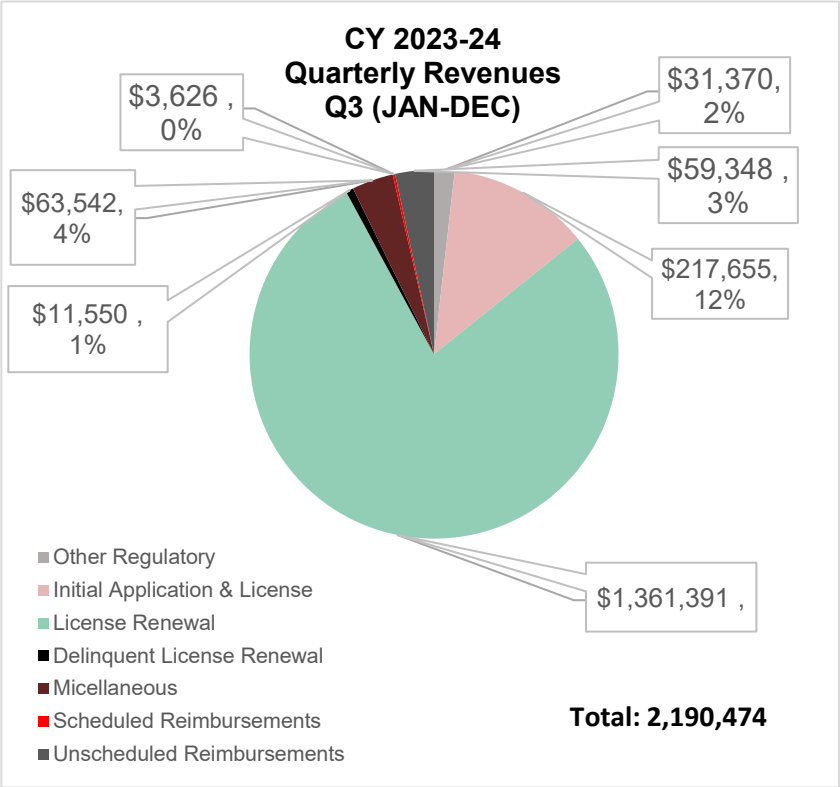
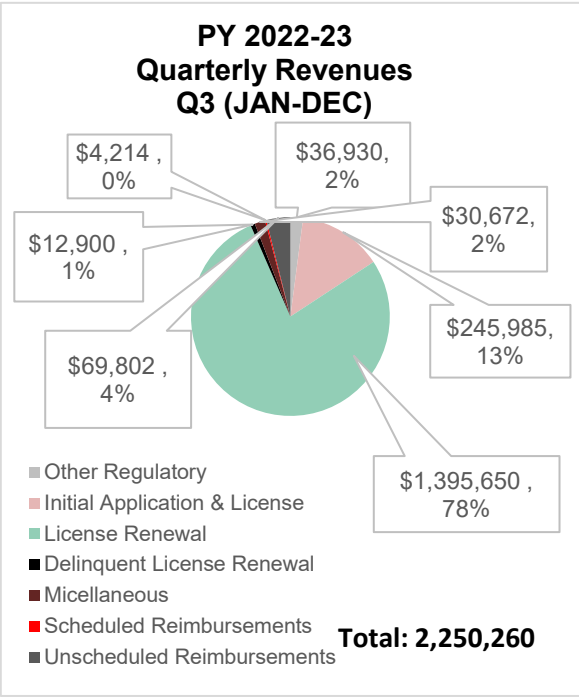


Chart reveals license renewals was the highest revenue collected at \$1,361,391 or 78%, a \$47,671 or 9% decrease in revenues over previous year Q3 .

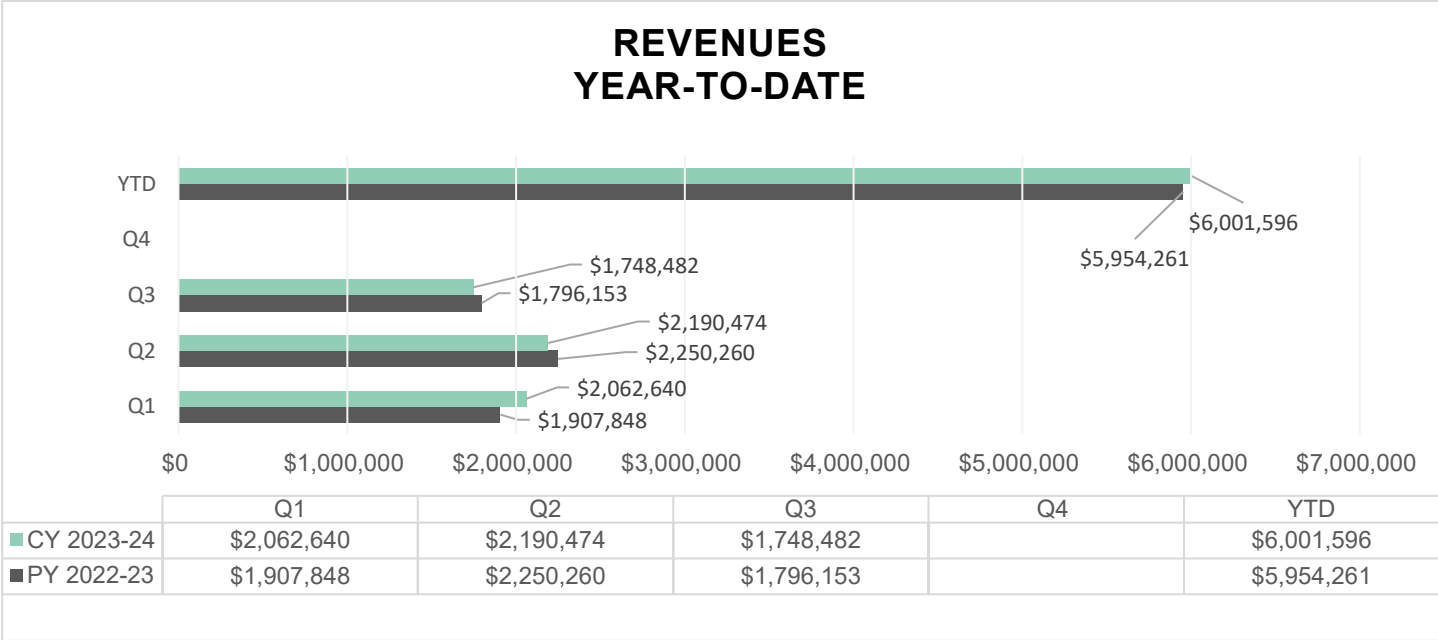


Chart reveals a year-to-date increase of \$47,335 or .9% in revenues over previous fiscal year.



Briefing Report

Agenda Item 19

Date: 5/10/2024

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](#)

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:

Licensing Services welcomed two new staff members, Brianda Ferguson and Brenda Martinez. Brianda Ferguson began as Applications Analyst in March and is processing U.S. new graduate Physical Therapist (PT) applications, sharing the workload with our current PT new graduate Applications Analyst. Brenda Martinez joined the PTBC in May as License Maintenance Technician assisting licensees by phone and email with their renewals, address and name changes, license verifications, and general inquiries. Justin Silva was promoted to Applications Analyst evaluating the U.S. new graduate Physical Therapist Assistant (PTA) applications. The PTBC is excited to have all of them as part of the team and in their new roles! With these three positions filled, Licensing Services has two remaining vacancies: a Continuing Competency Analyst and the Licensing Lead. Leadership has begun the recruitment process to fill these positions.

Application Services initial license applications received decreased by 7% from total FY 2022/23 Q1 through Q3 to total FY 2023/24 Q1 through Q3. Of the 1,862 initial applications received Q1, Q2, and Q3 total, 91% were U.S. educated with 57% Exam applicants and 43%

were by Endorsement; Foreign-educated and Military applications were 9% and 2% 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 50 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 74 Retired Status requests in Q1 through Q3 for FY 2023/24 with an average processing time of 1 day. The 74 Retired Status requests received is down 4% from the 77 Retired Status Request received through Q3 of FY 2022/23.

Beginning in Q2 through Q3 of FY 2023/24, Continuing Competency has been focusing on catching up on licensee audit backlog due to the analyst position vacancy. Leadership is in the recruitment process to fill that vacancy soon.

Application Services Data Summary:

Endorsement	43%
Exam	57%
U.S. Educated	91%
Foreign Educated	9%
Military	2%

License Maintenance Data Summary:

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

** 30% includes non-renewable license statuses such as cancelled, revoked, deceased, etc.*

Action Requested:

None.

Application Services Statistics Report

Licenses Issued

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,615	665	445	442		1,552	-4%
Physical Therapist Assistant (PTA)	533	229	192	163		584	10%
Total	2,148	894	637	605		2,136	-1%

Total Applications Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,451	562	412	398		1,372	-5%
Physical Therapist Assistant (PTA)	547	163	162	165		490	-10%
Total	1,998	725	574	563		1,862	-7%

U.S. Educated Applications Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,315	519	370	348		1,237	-6%
Physical Therapist Assistant (PTA)	514	146	155	151		452	-12%
Total	1,829	665	525	499		1,689	-8%

Foreign Educated Applications Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	135	43	42	48		133	-1%
Physical Therapist Assistant (PTA)	31	17	7	14		38	23%
Total	166	60	49	62		171	3%

Endorsement Applications Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	643	186	181	182		549	-15%
Physical Therapist Assistant (PTA)	119	24	21	30		75	-37%
Total	762	210	202	212		624	-18%

Military Applications Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	25	13	4	4		21	-16%
Physical Therapist Assistant (PTA)	23	8	8	5		21	-9%
Total	48	21	12	9		42	-12%

Total Applications Processing Times							
	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	24	33	33	27	0	31	31%
Physical Therapist Assistant (PTA)	30	35	33	20	0	30	-1%
Total	25	33	33	24	0	31	20%

* 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 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	23	32	31	24	0	29	27%
Physical Therapist Assistant (PTA)	30	34	33	18	0	29	-1%
Total	25	33	31	22	0	29	18%

Foreign Educated Applications Processing Times							
	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	44	51	55	52	0	53	22%
Physical Therapist Assistant (PTA)	44	40	33	45	0	39	-11%
Total	44	49	51	51	0	50	15%

Endorsement Applications Processing Times							
	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	15	13	17	6	0	12	-21%
Physical Therapist Assistant (PTA)	16	11	13	11	0	11	-27%
Total	15	13	16	7	0	12	-22%

Military Applications Processing Times							
	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	15	8	4	5	0	7	-55%
Physical Therapist Assistant (PTA)	15	8	13	7	0	10	-33%
Total	15	8	10	6	0	8	-43%

Application Services Report - Examination Statistics

National PT and PTA Examination - California Statistics

Accredited PT Program

	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	483	250	220		953	476	306	223		1,005	↑ 5%
Fail	76	88	75		239	106	93	80		279	↑ 17%
Total	559	338	295		1,192	582	399	303		1,284	↑ 8%
Pass Rate	86%	74%	75%		80%	82%	77%	74%		78%	↓ -3%

Non-Accredited PT Program

	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	10	10	7		27	8	9	7		24	↓ -11%
Fail	14	13	18		45	15	21	17		53	↑ 18%
Total	24	23	25		72	23	30	24		77	↑ 7%
Pass Rate	42%	43%	28%		38%	35%	30%	29%		31%	↓ -20%

Accredited PTA Program

	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	134	163	127		424	199	180	117		496	↑ 17%
Fail	66	67	69		202	71	95	68		234	↑ 16%
Total	200	230	196		626	270	275	185		730	↑ 17%
Pass Rate	67%	71%	65%		67%	74%	65%	63%		68%	↑ 2%

Non-Accredited PTA Program

	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	6	2	2		10	5	12	3		20	↑ 100%
Fail	4	7	6		17	3	5	1		9	↓ -47%
Total	10	9	8		27	8	17	4		29	↑ 7%
Pass Rate	60%	22%	25%		37%	63%	71%	75%		75%	↑ 68%

California Law Examination (CLE)

Accredited Program

	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	741	619	483		1,843	752	591	511		1,854	↑ 1%
Fail	173	135	156		464	210	179	178		567	↑ 22%
Total	914	754	639		2,307	962	770	689		2,421	↑ 5%
Pass Rate	81%	82%	76%		80%	78%	77%	84%		77%	↓ -4%

Non-Accredited Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	40	43	39		122	41	40	59		140	⬆️ 15%
Fail	31	14	22		67	27	31	24		82	⬆️ 22%
Total	71	57	61		189	68	71	83		222	⬆️ 17%
Pass Rate	66%	75%	64%		65%	60%	56%	71%		64%	⬇️ -2%

National PT and PTA Examination - National Statistics											
Accredited PT Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	4,966	1,884	1,807		8,657	4,934	2,113	1,981		9,028	⬆️ 4%
Fail	983	761	647		2,391	1,214	755	591		2,560	⬆️ 7%
Total	5,949	2,645	2,454		11,048	6,148	2,868	2,572		11,588	⬆️ 5%
Pass Rate	83%	71%	74%		78%	80%	74%	77%		78%	➡️ 0%

Non-Accredited PT Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	233	202	167		602	223	315	208		746	⬆️ 24%
Fail	339	441	352		1,132	498	576	419		1,493	⬆️ 32%
Total	572	643	519		1,734	721	891	627		2,239	⬆️ 29%
Pass Rate	41%	31%	32%		35%	31%	35%	33%		33%	⬇️ -6%

Accredited PTA Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	2,391	1,155	834		4,380	2,429	1,068	774		4,271	📉 -2%
Fail	809	679	498		1,986	767	606	418		1,791	📉 -10%
Total	3,200	1,834	1,322		6,366	3,196	1,674	1,192		6,062	📉 -5%
Pass Rate	75%	63%	63%		69%	76%	64%	65%		70%	📈 1%

Non-Accredited PTA Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	51	49	47		147	89	97	73		259	↑ 76%
Fail	34	45	39		118	37	58	46		141	↑ 19%
Total	85	94	86		265	126	155	119		400	↑ 51%
Pass Rate	60%	52%	55%		55%	71%	63%	61%		65%	↑ 17%

Jurisprudence Examination - National Statistics											
Accredited Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	1,831	1,429	1,267		4,527	1,796	1,340	1,322		4,458	↓ -2%
Fail	432	312	231		975	443	374	345		1,162	↑ 19%
Total	2,263	1,741	1,498		5,502	2,239	1,714	1,667		5,620	↑ 2%
Pass Rate	81%	82%	84%		82%	80%	78%	79%		79%	↓ -4%

Non-Accredited Program											
	Fiscal Year 2022/23					Fiscal Year 2023/24					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	85	86	76		247	69	72	104		245	↓ -1%
Fail	38	26	33		97	40	55	36		131	↑ 35%
Total	123	112	109		344	109	127	140		376	↑ 9%
Pass Rate	69%	77%	70%		72%	63%	57%	74%		65%	↓ -10%

License Maintenance Statistics Report

License Status Count

	Fiscal Year 2023/24				
	Current	Inactive	Delinquent	Retired	Cancelled
Physical Therapist (PT)	30026	1275	5397	415	15959
Physical Therapist Assistant (PTA)	8788	326	1615	104	4210
Total	38814	1601	7012	519	4210

Renewals Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	10,558	3,750	3,605	3,464		10,819	2%
Physical Therapist Assistant (PTA)	2,971	1,101	996	1,040		3,137	6%
Total	13,529	4,851	4,601	4,504		13,956	3%

Other License Maintenance Requests Received

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	2,650	898	776	774		2,448	-8%
Duplicates <i>(PT Wall Certificates)</i>	217	74	49	69		192	-12%
License Verifications	1,008	273	227	321		821	-19%
Name Changes	355	125	118	122		365	3%
Retired	77	31	21	22		74	-4%

License Maintenance Requests Processing Times

	FY 2022/23	Fiscal Year 2023/24					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	0	0	1	0		1	29%
Duplicates <i>(PT Wall Certificates)</i>	0	0	0	0		0	0%
License Verifications	8	6	6	5		6	-27%
Name Changes	2	3	2	3		3	68%
Renewals	2	2	2	1		2	-14%
Retired	0	1	2	0		1	673%

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



Briefing Paper

Agenda Item 20

Date: 4/26/2024

Prepared for: PTBC Members

Prepared by: Cristy Livramento, Enforcement Analyst

Subject: Consumer Protection Services (CPS) Program

Purpose: Update on Consumer Protection Services Program
FY 2023/24, Quarter 3

Attachments: [A. CPS Statistics Report for FY 2023/24, Q3](#)
[B. Disciplinary Summary](#)

Update:

CPS staff continues to work with each other training our newest staff members on various complaint investigation processes.

Spring Cleanup-CPS staff continues to work on historical document clean-up. As part of our annual voluntary spring cleanup project, staff have been working on verifying older public documents that were previously stored in binders are accurately posted to our website. If we find a document that is not posted, staff are working on scanning and attaching the documents to the Breeze file, verifying ADA compliance, and linking the documents to our website for public disclosure. These public documents are from pre-Breeze cases. Once scanned and attached, staff are able to purge the hard copies, since these documents are just copies of the original documents stored in the hard-copy case files. In addition, new file cabinets have been added to our enforcement file room, and as part of spring cleanup, CPS staff worked on cleaning out filing old cases that had been boxed up and had not yet been filed since our move in 2021.

Telework-CPS staff continues to participate in the telework program. Staff members were recently provided the opportunity to make changes, as necessary, to their telework/in-office schedules. All CPS staff are scheduled to be in the office two days per week.

Attachment A: CPS Statistics Report for FY 2022/23

Performance Measure 1 (Complaint Intake) shows that the number of complaints received year-to-date has increased by 16% over last fiscal year, with a total of 393 complaint received.

PTBC's average for Performance Measure 2 (Complaint Intake) remains 3 days, coming well under the target of 9 days. This is the average number of days it takes for PTBC to initiate a complaint once received, and to acknowledge receipt of the complaint to the Complainant.

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 went down 7% in comparison to 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 CPS staff, but of all involved parties. Our target for this performance measure is 180 days, so with the current average cycle time of 158 days, we are meeting this target.

Performance Measure 4 captures the average case age in days for cases that were referred to the Attorney General's Office for formal discipline. In Quarter Three, only three cases were finalized at the AG's office. Two of the three cases with final decisions, resulted in the closure of multiple "companion" cases, as the two subjects both had multiple complaints against them.

In summary, this quarter we opened 123 new cases, issued 12 citations, sent 19 cases to the Attorney General's Office, closed 108 cases without referral to the AG's Office, and placed one license on probation.

Attachment B: Disciplinary Summary

Disciplinary Summary of all formal discipline issued for Q3 of FY 2023-24. In this quarter, one licensee was placed on probation, and two licensees lost their privileges to practice physical therapy, one by stipulated surrender of licensure, and one by a default 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 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM1: Complaints Received	241	106	81	86		273	↑ 13%
PM1: Convictions/Arrest Received	97	54	29	37		120	↑ 24%
PM1: Total Received	338	160	110	123		393	↑ 16%

Intake

Target: 9 Days	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM2: Intake/Avg. Days	4	3	3	3		3	↓ -25%

Investigations

Target: 180 Days	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM3: Cycle Time-Investigation	169	122	141	211		158	↓ -7%
PM3a: Intake Only	4	4	4	4		4	→ 0%
PM3b: Investigation Only	162	116	135	204		152	↓ -6%
PM3c: Post Investigation Only	3	2	2	3		2	↓ -22%

	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Up to 90 Days	57%	72	33	36		38%	↓ -19%
91 - 180 Days	14%	31	18	91		38%	↑ 24%
181 Days - 1 Year (364)	16%	10	10	31		14%	↓ -2%
1 to 2 Years (365-730)	7%	12	8	15		9%	↑ 2%
2 to 3 Years (731- 1092)	5%	1	0	3		1%	↓ -4%
Over 3 Years (1093 +)	2%	1	0	0		0%	↓ -2%

Citations

	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Final Citations	30	10	7	12		29	↓ -3%
Average Days to Close	394	166	384	224		258	↓ -35%

Transmittals to Attorney General (AG)

Target: 540 Days	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM4: AG Cases	970	552	973	676		734	↓ -24%
PM4a: Intake Only	3	1	8	2		4	↑ 22%
PM4b: Investigation Only	548	300	664	294		419	↓ -23%
PM4c: Pre-AG Transmittal	1	1	1	1		1	→ 0%

PM4d: Post-AG Transmittal	418	249	300	379		309	↓ -26%
	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
AG Cases Initiated	49	7	12	19		38	↓ -22%
AG Cases Pending	48	41	47	43		43	↓ -10%
SOIs Filed	2	0	0	4		4	↑ 100%
Accusations Filed	11	3	6	8		17	↑ 55%

AG Transmittals							
	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Total Closed After Transmission	36	11	2	15		28	↓ -22%
Total Average Days to Complete	973	551	970	1001		841	↓ -14%

Total Orders Aging/Final Decision							
	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Up to 90 Days	0%	0	0	0		0%	⇒ 0%
91 - 180 Days	3%	0	0	0		0%	↓ -3%
181 Days - 1 Year (364)	3%	4	0	1		18%	↑ 15%
1 to 2 Years (365-730)	47%	5	1	5		39%	↓ -8%
2 to 3 Years (731- 1092)	8%	1	0	2		11%	↑ 3%
Over 3 Years (1093 +)	39%	1	1	7		32%	↓ -7%

Other Legal Actions							
	FY 2022/23	Fiscal Year 2023/24					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Interim Suspension or PC 23 Ordered	3	0	1	1		2	↓ -1

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 withdrawals, 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 2023-2024 / Quarters 2 & 3**

The following is a list of disciplinary actions taken by the Physical Therapy Board of California for the months of October 2023 through March 2024. 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. 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

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October 2023

PRATT, LUCAS EDMUND PT 39584

Violations: Misrepresenting documentation of patient care or deliberately falsifying patient records; Commission of fraudulent, dishonest, or corrupt act; Charging a fee for services not performed; Failure to maintain adequate and accurate patient records; Patient record documentation requirements; Unprofessional Conduct. Order Effective 10/02/2023, Three (3) Years' Probation

November 2023

NONE

December 2023

BATTOCCHIO, JAMES MICHAEL PTA 4091

Violations: Prescribing or administering to self, use of dangerous drugs or alcohol; Violating the PT Practice Act or Medical Practice Act; Gross negligence or repeated acts of negligence; Commission of fraudulent, dishonest, or corrupt act. Order Effective 12/06/2023, 5 Years' Probation

January 2024

KIM, JAMES JIN PT 40938

Violations: Conviction of a crime; Violating the PT Practice Act or Medical Practice Act. Order Effective 01/01/2024, Stipulated Disciplinary Surrender

MORRIS, CHRISTA LEE-ANNE PTA 49672

Violations: Unprofessional Conduct; Prescribing or administering to self, use of dangerous drugs or alcohol; Conviction of a crime. Order Effective 01/02/2024, 5 Years' Probation

MINA, ROBIN MATT BABELA PTA 48891

Violations: Failure to maintain adequate and accurate patient records; Commission of fraudulent, dishonest, or corrupt act; Misrepresenting documentation of patient care or deliberately falsifying patient records; Charging a fee for services not performed; Practicing outside the scope of physical therapy; Conviction; Violating the PT Practice Act or Medical Practice Act; Gross negligence or repeated acts of negligence; Inadequate supervision of PTA. Order Effective 01/03/2024, Revocation

VASQUEZ, ANTHONY CARMEN PT 20188

Violations: Conviction of a crime; Prescribing or administering to self, use of dangerous drugs or alcohol; Violating the PT Practice Act or Medical Practice Act; Unprofessional Conduct. Order Effective 01/08/2024, 5 Years' Probation

February 2024

TANAKA, JASON KAZUKI PT 39899

Violations: Commission of fraudulent, dishonest, or corrupt act; Misrepresenting documentation of patient care or deliberately falsifying patient records; Charging a fee for services not performed; Requirements for use of "PT" and "DPT"; Failure to cooperate and participate in board investigation; Unlawful for unlicensed person to practice or offer to practice PT, or hold self out as a PT; Engaging in any act in violation of BPC Section 650, 651, or 654.2; Failure to comply with Direct Access provisions per BPC Section 2620.1; Misleading advertising; Failure to maintain adequate and accurate patient records; Violating the PT Practice Act or Medical Practice Act; Gross negligence or repeated acts of negligence; Violation of insurance requirements. Order Effective 02/16/2024, Stipulated Disciplinary Surrender

March 2024

LOLLA, DOLORES ANGELA PTA 50449

Violations: Conviction of a crime; Violating the PT Practice Act or Medical Practice Act; Prescribing or administering to self, use of dangerous drugs or alcohol. Order Effective 03/08/2024, 5 years' Probation

PHAM, SEAN TUNGHUY PT 36580

Violations: Commission of fraudulent, dishonest, or corrupt act; Employment of runners, cappers, steerers, or other persons to procure patients; Conviction of a crime; Violating the PT Practice Act or Medical Practice Act; Failure to report disciplinary or criminal action to the board Engaging in any act in violation of BPC Section 650, 651, or 654.2. Order Effective 03/13/2024, 8 Years' Probation

ABRAHAM, TOMAS ERMIA PT 27774

Violations: Violating the PT Practice Act or Medical Practice Act; Supervision requirements for PT License Applicants; Supervision requirements for PTA License Applicants; Patient record documentation requirements; Gross negligence or repeated acts of negligence; Unprofessional Conduct; Identification & supervision of PTA Students; Aide, Applicant and Student identification requirements; Failure to maintain adequate and accurate patient records; PT responsible for managing all aspects of patient care; Requirements for use of Aides; Requirement to provide Notice to Consumer; Requirement to disclose name and license status. Order Effective 03/14/2024, 3 Years' Probation

KHAN, ANAS YOUNAS PTA 49436

Violations: Commission of fraudulent, dishonest, or corrupt act; Commission of verbal abuse or sexual harassment; 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; Failure to provide requested documents to the board. Order Effective 03/25/2024, Revocation

Glossary of Disciplinary Terms

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B & P Code – 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, 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: April 26, 2024
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 2023 - 2024

Attachments: [A. Statistical Report](#)

Background:

This is a report on the Board's Probation Monitoring Program for Quarter 3 of FY 2023-2024. Please refer to attachment (1) which contains the probation statistics for Quarter 3 - FY 2023-2024.

Analysis:

At the end of the third quarter of FY 2023-2024 there were a total of seventy-five (75) licensees on probation for various causes. Besides the fifty-seven (57) licensees on probation and actively working in the state of California, there were an additional seven (7) out of state probationers tolling (not receiving credit toward completion of probation), and eleven (11) in-state probationers tolling due to unemployment or underemployment. Four (4) licensees were placed on probation in the quarter, and two (2) licensee completed probation in the quarter.

Of the fifty-seven (57) licensees that are not tolling, ten (10) were enrolled and participating in the Board's Substance Abuse Rehabilitation Program (Maximus) at the end of the quarter, equaling about 18% of all licensees on probation that weren't tolling. Three (3) licensees enrolled in Maximus in the quarter and zero (0) licensees completed the program.

There were two (2) instances of major Non-Compliance with probation in the quarter. Additionally, there were six (6) instances of minor violations which were handled by sending warning letters to the offending licensees.

There were no other changes to the Probation Monitoring Program for the third quarter.

Action Requested: No Action Required.

Probation Statistics Report

Probation							
	FY 2022/23	Fiscal Year 2023/2024				YTD	Year → Year Change
	YTD	Q1	Q2	Q3	Q4		
Entered Probationer	4	1	2	4		7	↑ 75%
Completed Probation/Ended (Writ)	1	1	4	2		7	↑ 600%
Probation Terminated (Revocation/Stip Su	0	1	0	0		1	↑ 100%
Non-Compliant w/Probation	1	4	4	6		14	↑ 1300%
Tolling (Out of State)	10	9	8	7		7	↓ -30%
Tolling (In State) (Previously N/A)	N/A	9	10	11		11	N/A
Surrenders (Voluntary)	0	0	0	0		0	→ 0%
Total Probationers	75	77	75	75		75	→ 0%

Maximus							
	FY 2022/23	Fiscal Year 2023/2024				YTD	Year → Year Change
	YTD	Q1	Q2	Q3	Q4		
Entered Maximus	1	1	0	3		4	↑ 300%
Completed Maximus	0	0	1	0		1	↑ 100%
Total Maximus Participants	9	9	7	10		10	↑ 11%
Determined To Be Clinically Inappropriate	0	0	0	0		0	→ 0%
Terminated - Public Risk	1	0	1	1		2	↑ 100%
Terminated - Failure to Receive Benefit	0	0	0	0		0	→ 0%
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%