



PHYSICAL THERAPY
BOARD OF CALIFORNIA

JUNE 24–25, 2026
BOARD MEETING

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 24, 2026 9 a.m.

June 25, 2026 9 a.m.

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

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. Please refer to the instructions attached to observe and participate in the meeting using Webex.

BOARD MEMBERS

Karen Brandon, PT, DSc PT, *President*

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

Tala Khalaf, DPT, OMPT, *Member*

Tonia McMillian, *Member*

Sam Qiu, *Member*

Vacant, *Professional Member*

Vacant, *Public Member*

BOARD STAFF

Jason Kaiser, *Executive Officer*

Sarah Conley, *Assistant Executive Officer*

Brooke Arneson, *Legislation and Regulation Manager*

Carole Phelps, *Consumer Protection Services Manager*

Liz Constancio, *Administrative Services Manager*

Valerie Kearney, *Licensing Manager*

MISSION

To 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.



CALIFORNIA DEPARTMENT OF
**CONSUMER
AFFAIRS**

Agenda – Wednesday; June 24, 2026

Discussion and Action may be taken on any agenda item.

Agenda items may be taken out of order.

Members of the public may also view a livestream of the Wednesday meeting only at <https://thedcapage.blog/webcasts>. Using the livestream link will allow only for observation with closed captioning. Livestream availability cannot be guaranteed due to technical difficulties or resource limitations. The meeting will not be cancelled if livestream becomes unavailable.

- 1. Call to Order – 9:00 a.m.**
- 2. Roll Call and Establish Quorum**
- 3. Reading of the Board’s Mission Statement**
- 4. Special Order of Business – 9:05 a.m.**
 - (A) Petition for Reinstatement – James Ward Jr.
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)
 - (B) Petition for Reinstatement – Christine Spellman
After submission of the matters, the Board will convene in CLOSED SESSION to deliberate on the petitions pursuant to Government Code section 11126(c)(3)
- 5. Review, Discussion, and Possible Action to Approve the March 19, 2026, Meeting Minutes – Kim Rozakis**
- 6. Executive Services Update**
 - (A) Staff Introductions**
 - (B) Legislation Report – Brooke Arneson**
2025/26 Legislative Session Summary, Discussion, and Possible Action to take a position on the following bills:
 - 1) AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act
 - 2) AB 1775 (Ward) Veterans
 - 3) AB 1979 (Bonta) Health Care Services: Artificial Intelligence
 - 4) AB 2774 (Assembly Committee on Business and Professions): Physical Therapy Board of CA
 - 5) AB 2497 (Johnson) Physical Therapists

(C) Rulemaking Report – Brooke Arneson

2026 Rulemaking Update for Pending or Proposed Regulations

- 1) Update and Discussion Regarding the Development of Possible Amendments to the Board’s Continuing Competency Regulations

(D) Communication & Education Update – April Beauchamps

7. Consumer and Professional Associations and Intergovernmental Relations Reports

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

(B) California Physical Therapy Association (CPTA)

(C) Department of Consumer Affairs (DCA) – Executive Office

8. Review, Discussion, and Possible Action regarding an increase in the Exempt Position Review (EPR) – EPR Committee

9. Closed Session (Will not be webcast)

(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

10. Public Comment for Items Not on the Agenda

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

11. Recess overnight

Agenda – Thursday; June 25, 2026

Discussion and Action may be taken on any agenda item.

Agenda items may be taken out of order.

(This portion of the meeting will not be webcast)

12. President's Report – Karen Brandon

- (A) Discussion of 2026 Adopted Meeting Calendar, and Possible Action to Modify Dates if Needed
- (B) Discussion of 2027 Proposed Meeting Calendar, and Possible Action to Select 2027 Meeting Dates
- (C) Committee Updates

13. Executive Officer's Report – Jason Kaiser

- (A) Executive Services
- (B) Administrative Services
- (C) Licensing Services
- (D) Consumer Protection Services

14. Administrative Services Update – Liz Constancio

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

15. Licensing Services Update – Paul Row & Brett Argento

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

16. Consumer Protection Services Update – Carole Phelps

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

17. Probation Monitoring Services Update – Monny Martin

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

18. Public Comment for 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).)

19. Agenda Items for Future Meeting

September 23-24, 2026
Sacramento, CA

20. 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

21. 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)).

For more information on this Board meeting, contact 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

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 the contact information provided above. Providing your request at least five business days before the meeting will help ensure availability of the requested accommodations. TTD Line: (916) 322-1700

ROLL CALL

**Wednesday,
June 24, 2026**

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

**Thursday,
June 25, 2026**

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

1

Board Members

President

Karen Brandon, DSc P.T.

Vice-President

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

Members

Karen Brandon, DSc P.T.

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

Tala Khalaf, PT, DPT, OMPT

Tonia McMillian

Samuel Qiu

Vacant, PT Member

Vacant, Public Member

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

March 19, 2026 9:00 a.m.

**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.

5

6

Thursday, March 19, 2026

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1. Call to Order

9

10 The Physical Therapy Board of California (Board) meeting was called to order
11 by President Brandon at 9:00 a.m. and adjourned at 12:27 p.m.

12

13

2. Roll Call and Establishment of Quorum

14

15

Brandon – Present

16

Qiu- Present

17

Armstrong- Present

18

Khalaf – Present

19

McMillian - Absent

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21

22

All Members except for Ms. McMillian were present, and a quorum was
23 established. Also present at the meeting were: Jason Kaiser, Executive Officer,
24 Ann Salisbury, Acting PTBC Legal Counsel, Sarah Conley, Assistant Executive
25 Officer; and Board staff: Kim Rozakis, Paul Row, Brett Argento, James Heaton
26 and Monny Martin.

27

28 **3. Reading of the Board’s Mission Statement**

29
30 Dr. Armstrong read the Board’s mission statement: To protect the people of
31 California by the effective administration of the Physical Therapy Practice Act.
32

33 **4. Review, Discussion, and Possible Action to Approve the September 23-24,**
34 **2025, Meeting Minutes**

35
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37 **5. Review, Discussion, and Possible Action to Approve the November 19,**
38 **2025, Meeting Minutes**

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41 **6. Review, Discussion, and Possible Action to Approve the December 11-12,**
42 **2025, Meeting Minutes**

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44
45 At the request of the Board President, Items 4, 5, and 6 were considered
46 together. Draft meeting minutes for the Board meetings of September 23-24,
47 2025, November 19, 2025, and December 11-12, 2025 were presented. The
48 Board reviewed the minutes and no changes were needed.

49
50 **MOTION:** Adopt the September 23-24, 2025, November 19, 2025, and
51 December 11-12, 2025 Meeting Minutes.

52
53 **M/S:** Armstrong/Qiu

54
55 **PUBLIC**
56 **COMMENT:** None

57
58 **VOTE:** Brandon – Aye
59 Armstrong- Aye
60 Khalaf- Aye
61 McMillian – Absent
62 Qiu – Aye
63 4-0 Ayes, Motion Carried

64
65 **7. President’s Report**

66
67 (A) Discussion of 2026 Adopted Meeting Calendar, and Possible Action to
68 Modify Dates if Needed

69 Mr. Qiu shared he has a conflict with the June 26, 2026, meeting
70 schedule. Jason recommended moving the June 2026 meeting to June
71 24-25, 2026 and to have members let him know if these dates work.
72

73 (B) Discussion of 2027 Proposed Meeting Calendar, and Possible Action to
74 Select 2027 Meeting Dates
75

76 Mr. Kaiser shared in the past meetings that were held in Sacramento
77 that the meeting would be held Thursdays and Fridays and meetings
78 held outside of Sacramento the meetings would be held on Tuesdays
79 and Wednesdays. Mr. Kaiser asked if the members can re-visit this in
80 the future.
81

82 Public Comment for items (A) and (B) was opened and there was no
83 public comment.
84

85 (C) Committee Updates

86 Dr. Brandon provided an update on the Sunset Review Committee. The
87 Committee met on March 10, 2026, at the Capitol to review the Board's Sunset
88 Report for submission to the Legislature. Dr. Brandon thanked PTBC staff for
89 their continued excellent work, noting that their preparation made it significantly
90 easier for the Committee to gather information and respond to legislative
91 question.
92

93 Dr. Armstrong added that serving on the Subcommittee was a valuable learning
94 experience, giving her deeper insight into the Board, the review process, and
95 the Department of Consumer Affairs (DCA). She described the experience as
96 very positive, though also very busy.
97

98 Mr. Kaiser thanked both Dr. Brandon and Dr. Armstrong for their availability
99 and for providing testimony at the Capitol hearing.
100

101 Mr. Qiu provided an update on the Exempt Position Review (EPR) and shared
102 that the subcommittee continues to work with the Department of Consumer
103 Affairs' Office of Human Resources. A meeting was held in February 2026 to
104 develop the justification and plan for the EPR request, which is expected to be
105 submitted to the Board for approval in June 2026.
106

107 Public comment was opened for this item and there was no public comment.
108

109 **8. Executive Officer's Report**

110

111 (A) Executive Services

112 Mr. Kaiser thanked the members for attending the March 2026 meeting. He
113 shared that due to budget cuts and travel restrictions, there was a slight change
114 to both the meeting date and location, resulting in the Board holding a one-day
115 meeting in Sacramento.

116

117 Mr. Kaiser reported that Quarter 2 (Q2) has been busy with outreach efforts.
118 There were total of 11 outreach presentations conducted statewide for Physical
119 Therapy (PT) and Physical Therapist Assistant (PTA) programs.

120

121 Mr. Kaiser shared the Board is working with DCA Public Affairs Office on a new
122 campaign to address the Board member vacancies.

123

124 (B) Administrative Services

125 Mr. Kaiser stated in Q2 the Board spent \$4.2 million of the \$7.2 million budget
126 which is 57% of the budget. Year to date the Board has collected \$4.5 million
127 in revenue with surplus of \$350,000.

128

129 (C) Licensing Services

130 Mr. Kaiser reported in Q2 saw an overall increase of 13% of applications
131 received in part due to an increase in foreign trained applications and
132 endorsement applications.

133

134 (D) Consumer Protection Services

135 Mr. Kaiser shared James Heaton will be provided the Consumer Protection
136 Services (CPS) report

137

138 Public comment was opened for this item and there was no public comment.

139

140 [Recess for 5 Minute Break]

141

142 **9. Update, Discussion, and Possible Action on 2025 Sunset Review Report**

143

144 (A) Recommendation to increase the Board's statutory fee caps as part of the
145 Sunset Review process.

146

147

148 Mr. Nishimine, Senior Fiscal Advisor, DCA Budget Office & Regulations Unit,
149 presented to the Board the fee and revenue analyses related to the Board's
150 statutory fee proposals.

151
152 Mr. Nishimine shared that beginning in November 2025, he met regularly with
153 the Board at times more than once per week to conduct detailed interviews
154 and review the Board's workload process mapping, application data statistics,
155 staffing composition, and direct and indirect costs. This work supported a
156 data-driven assessment of the cost inputs associated with the Board's various
157 fee types. He noted that the Board's primary revenue drivers its main license
158 fees are currently at their statutory caps.

159
160 Mr. Qiu asked if the second estimate provided was closer to reality. Mr. Kaiser
161 highlighted the differences between the Board's previous fee related requests
162 and the current proposal. As the licensing population grows, the Board's
163 workload increases proportionally, requiring additional staffing and raising
164 indirect costs. He also noted that hourly rates charged by the Office of the
165 Attorney General and the Office of Administrative Hearings have increased,
166 contributing to higher direct costs. As a result, the Board is paying more for
167 case adjudication.

168
169 Mr. Qiu asked if pro rata fees will stay flat. Mr. Nishimine related that there is a
170 three percent increase statewide for Budget Year 27-28. He further explained
171 that statewide pro rata costs are static and complicated, and are based on the
172 state budget and program usage; generally, larger programs pay more.

173
174 Dr. Armstrong asked how long it had been since the Board last maintained the
175 DCA recommended reserve level of 12 to 15 months. Mr. Nishimine clarified
176 that DCA does not have a formal recommendation for fund balance levels. The
177 Board's statutory cap is 24 months, and raising the statutory cap alone does
178 not increase fees. Any fee increase would require a future regulatory process.
179 The purpose of the current discussion is to raise the cap levels to give the
180 Board flexibility to address fiscal challenges over the next four to five years.

181
182 Dr. Armstrong recalled that the Board last requested a fee increase in 2009,
183 though fees were not raised until 2016. She asked whether the Board had a
184 projection for when a fee increase might be needed once the cap is raised. Mr.
185 Kaiser added that the Board also requested a fee increase in 2021 and a cap
186 increase in 2016. The statutory cap itself has not changed since 2009, when it
187 increased from \$150 to \$300, implemented in 2015–2016. He explained that
188 the Board would need to complete a workload and cost analysis to determine
189 the appropriate fee levels to meet operational needs. The Board anticipates
190 that a fee increase may be necessary within the next two to three fiscal years.

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Dr. Brandon asked what percentage of total revenue the Board's fees represent and whether this is consistent with other boards. Mr. Nishimine responded that most programs are primarily license-fee funded. He noted that the Bureau of Automotive Repair is an exception, as it receives revenue from smog abatement fees. Mr. Kaiser added that healthcare-related boards follow similar models. Approximately 80% of revenue is typically generated from renewal fees, 10%–15% from application fees, and the remainder from miscellaneous fees such as cost recovery or citation and fine authority. He also noted that some boards have limited or no statutory authority for cost recovery. Mr. Qiu asked if the Board had multiple layers of fees. Mr. Kaiser responded that the Board's fees were provider-based and not company-based. Mr. Qiu also asked if there would be an increase in investigator costs if there were a large number of licensed physical therapists. Mr. Kaiser responded that it was an issue to consider but that the Board could still perform consumer protection in an individual basis and pursue cite and fine actions for unlicensed practice against corporations and work with district attorneys to pursue misdemeanor actions when appropriate.

Mr. Kaiser emphasized that the Board is solely special funded and receives no taxpayer revenue, all funding comes from application and renewal fees paid by the licensing population. Staff recommends maintaining the current fee structure for Physical Therapist Assistant (PTA) and Physical Therapist (PT) applicants, in which the application and initial license fees are combined into a single fee—consistent with the PTA application fee structure.

MOTION: For the Board to pursue legislation as part of Sunset review to amend business and professions code section 2688 to raise the cap on the fees that may be collected by the Board for some applications, licenses and renewals in amounts not greater than the following: PT application - \$600, PT initial license fee - \$300, PT application and initial license fee - \$600, and PT and PTA renewal fee - \$600 and to authorize the Executive Officer to confer with the legislator regarding these fees to maintain the fiscal health of the Board.

M/S: Dr. Khalaf/Dr. Armstrong

PUBLIC COMMENT: Ms. DeFoe, Executive Director of the California Physical Therapy Association (CPTA), stated that CPTA is neutral on this issue, noting that

232 they understand the need and appreciate the
233 Board's management.

234
235 **VOTE:** Brandon- Aye
236 Armstrong- Aye
237 Khalaf-Aye
238 McMillian-Absent
239 Qiu- Aye
240 4-0 Ayes, Motion Carried

241
242 **10. Consumer and Professional Associations and Intergovernmental**
243 **Relations Reports**

244
245 (A) Federation of State Boards of Physical Therapy (FSBPT)

246
247 Mr. Kaiser shared the Board is working on the Sexual Misconduct and
248 Boundaries Committee and on a workforce data project currently in
249 development. An update on both efforts will be provided after the June
250 2026 meeting

251
252 (B) California Physical Therapy Association (CPTA)

253
254 Ms. Island, Executive Associate with the California Physical Therapy
255 Association (CPTA), informed the Board that CPTA's annual conference
256 will be held September 19–20, 2026, in San Jose, California. She also
257 noted that CPTA membership remains strong at approximately 10,000
258 members.

259
260 Ms. Island added CPTA's education programs continue to be strong,
261 especially webinar Wednesdays and clinical instructor (CI) courses.
262 CPTA's goal for the year is to host 36 Webinar Wednesday sessions (3
263 per month), 5 virtual weekend courses, 12 virtual CI courses, and 1
264 in-person CI course.

265
266 Ms. Island shared that CPTA held its 2026 Legislative Day on March 17,
267 2026, with 150 physical therapists (PTs), physical therapist assistants
268 (PTAs), and students in attendance. More than 30 legislative meetings
269 were scheduled with legislators and staffers.

270
271 Lastly, CPTA successfully introduced their own sponsored legislation
272 AB 2497, authored by Assembly Member Natasha Johnson of Assembly

273 District 63, representing the City of Corona. AB 2497 aims to modernize
274 the California Physical Therapy Practice Act by ensuring it reflects
275 current educational standards and allows PTs to practice at the highest
276 level of their training. The bill seeks to strengthen patient access to
277 physical therapy, improve care efficiency, and align California with
278 national standards. There is a proposed removal of the 45-day/12-visit
279 physician signature requirement. The proposal would also authorize PTs
280 to perform tissue penetration for the purpose of treating the
281 neuromuscular system and could potentially allow PTs to order or refer
282 for imaging, perform and interpret musculoskeletal ultrasound imaging,
283 and prescribe non-opioid analgesics and NSAIDs, with an explicit
284 prohibition on opioid prescribing. In addition, the proposal would allow
285 PTs to prescribe, store, and administer topical medications and would
286 designate the Doctor of Physical Therapy (DPT) as the regulatory title.
287 Mr. Kaiser asked when CPTA anticipate draft language for AB 2497. Ms.
288 Island responded that the amended bill language is expected to be
289 available in late March 2026.

290
291 (C) Department of Consumer Affairs (DCA) – Executive Office

292
293 Ms. Jones, Assistant Deputy Director of Board and Bureau Relations
294 with the Department of Consumer Affairs (DCA), informed the Board that
295 Ms. Lally has been named Acting Director of DCA, following the
296 retirement of Director Ms. Kirchmeyer at the end of December 2025. Ms.
297 Lally has held multiple leadership roles within the department since 2013
298 and will serve in this capacity until a director is formally appointed by the
299 Governor's Office.

300
301 Ms. Jones added last year, Governor Newsom took action to support
302 licensees affected by the Los Angeles fires by issuing an executive order
303 allowing a one-year postponement of license renewal fees due between
304 January and June 2025 for survivors impacted by the fires. In January
305 2026, DCA began sending notices to licensees who opted for this
306 postponement, reminding them of the one-year extension and upcoming
307 renewal fee deadlines. Licensees with license types in the BreeZE
308 system may pay renewal fees through their online accounts, while those
309 with license types not in BreeZE may submit payments by mail.

310 Ms. Jones shared that Governor Newsom's proposed state budget
311 includes a proposal to split DCA's oversight agency, The Business,
312 Consumer Services and Housing Agency into two new state agencies.
313 They will be named the California Housing and Homelessness Agency
314 and the Business Consumer Services Agency. The new Business and
315 Consumer Services Agency will oversee consumer affairs licensing and

316 enforcement, and DCA will be one of eight departments within this new
317 structure. These two new agencies will become operative on July 1,
318 2026. DCA leadership continues to participate in multiple agency
319 workgroups to address the logistical requirements of this transition and
320 will keep Board and Bureau leadership updated in the coming months.
321 Lastly, Ms. Jones reminded the Board that DCA is currently in its Form
322 700 filing season for Board Members. Form 700 must be filed within 30
323 days of assuming or leaving an appointment and annually by April 1.
324 This year's filing period covers January 1, 2025, through December 31,
325 2025. Form 700 must be submitted through the FPPC's e-filing portal,
326 paper filings will not be accepted.

327
328 Public comment was opened for this item and there was no public
329 comment.

330
331 [Recess for 10 minute break]

332
333 **11. Executive Services Update**

334
335 Item (C) was taken out of order.

336
337 (C) Communication & Education Update

338
339 Ms. Conley, Assistant Executive Officer, presented the Outreach
340 Report. She reported that during Quarter 2 (Q2) of Fiscal Year (FY)
341 2025/2026, the Board conducted 11 virtual and in-person workshops
342 for Physical Therapist (PT) and Physical Therapist Assistant (PTA)
343 programs.

344
345 Mr. Kaiser shared that the Board is working with an analyst from the
346 Department of Consumer Affairs Public Affairs Office to develop a
347 campaign to promote vacancies for Board Member positions, including
348 Governor appointed and public member roles. The goal is to create a
349 reusable campaign product that the Board can utilize as needed. The
350 campaign will include a social media series posted across all Board
351 platforms, featuring video testimonials from current and former Board
352 Members about their experiences, along with informational slides
353 outlining the application process. The campaign will run for four weeks,
354 with new content posted each week. If, at the end of the campaign,
355 applications for Board Member positions have not increased, the Board
356 can reuse the campaign materials in the future.

357

358 Dr. Brandon added that she hopes individuals who view these videos
359 will feel inspired to serve on the Board in the future.

360

361 (A) Legislation Report

362 2025/26 Legislative Session Summary, Discussion, and Possible Action
363 to take position on the following bills:

364

365 Mr. Kaiser reported that the deadline for the submission of bills was the
366 last week of February 2026. The Legislature will go into recess on March
367 26, 2026, and will return during the first week of April 2026. The last day
368 for policy committees to hear and report fiscal bills introduced in their
369 house to the fiscal committees is April 24, 2026. May 1, 2026, is the final
370 day for policy committees to hear and report non-fiscal bills to the floor.
371 Ultimately, May 29, 2026, is the last day for each house to pass bills
372 introduced in its own house, with legislative activity resuming on June 1,
373 2026.

374

375 **AB 2774 (Assembly Committee on Business and Professions):**
376 **Physical Therapy Board of CA**

377

378 Mr. Kaiser shared AB 2774 being the Boards sunrise bill, this bill has a
379 hearing date of April 21, 2026.

380

381 **AB 2140 (Johnson) Healing arts: reports: claims against licensees**

382

383 Mr. Kaiser shared AB 2140 is a carryover from a previous legislative
384 session. This bill is a malpractice claims against licenses in healthcare
385 which is more of an all of healthcare bill.

386

387 (B) **Rulemaking Report**

388 2026 Rulemaking Update for Pending or Proposed Regulations

389 1) Update and Discussion Regarding the Development of Possible
390 Amendments to the Board's Continuing Competency Regulations

391

392 Mr. Kaiser shared Board staff have been working with regulatory
393 attorneys to develop proposed language related to continuing
394 education changes. The most significant component of this package
395 addresses the resource draw for the Consumer Competency Program
396 and utilizing the legislative authority to pass on those costs for fees for
397 recognized approval agencies, providers and licensees.

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399 Public comment was opened for this item and no one wished to make public
400 comment.

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12. Administrative Services Update – Liz Constancio

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

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Mr. Kaiser reported that, due to budget constraints, the Board has reached its internal cap for both operating and equipment expenditures. As a result, the Board has reduced travel and limited external training opportunities for staff.

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Mr. Kaiser also shared that the Board currently has several vacancies, however, hiring is on hold because of budget limitations. Once the Board is financially able to fill these positions, the recruitment process will resume.

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Dr. Brandon asked about the issues paper from the Sunset Review Committee, specifically regarding Performance Measure 4 in enforcement and whether the Board is able to complete cases from complaint receipt to final outcome. Mr. Kaiser explained that the Board recently experienced a retirement in the enforcement unit. With that vacancy, the caseload had to be redistributed among the remaining enforcement analysts. Because the Board must delay recruitment due to financial constraints, this redistribution has increased individual caseloads and, consequently, extended processing timelines.

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Public comment was opened for this item and there was no public comment.

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13. Licensing Services Update

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

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Mr. Row, Applications License Lead, reported that initial license applications increased by 13% from Quarter 1 (Q1) and Quarter 2 (Q2) of Fiscal Year (FY) 2024/2025 to Q1/Q2 of FY 2025/2026. Physical Therapist (PT) initial applications increased by 12%, and Physical Therapist Assistant (PTA) applications increased by 14% compared to the same period in the prior fiscal year. U.S.-educated PT applications rose by 12%, while U.S.-educated PTA applications increased by 14% across both quarters of FY 2025/2026.

434
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437

Mr. Row shared that of the 1,640 initial applications received, 93% were U.S. educated applicants, with 68% applying by examination and 32% by endorsement. Foreign educated applicants accounted for 6%, and military applicants accounted for 2%. Initial license processing times averaged 22

438 days for U.S. graduates, 58 days for foreign-educated applicants, and 5 days
439 for military applicants. The Board’s targeted turnaround times for license
440 issuance are 45 days for complete U.S. graduate endorsement applications
441 and 90 days for complete new-graduate applications.

442
443 Mr. Row also reported that License Maintenance received and completed 42
444 retired status requests during Q1 of FY 2025/2026, with an average
445 processing time of 1 day. This represents a 40% increase compared to the 30
446 retired status requests received during Q1/Q2 of FY 2024/2025.

447
448 Dr. Brandon asked whether the Board tracks pass rates for the Jurisprudence
449 Assessment Module (Cal-JAM). Mr. Row responded that 1,162 candidates
450 passed in Q1 and 661 passed in Q2, and he will confirm those figures.

451
452 Mr. Argento, Analyst with the Continuing Competency Program, reported that
453 during Q1/Q2 of FY 2025/2026, the program audited 115 PT licensees,
454 resulting in a 94% pass rate which is a slight decrease from the 97% pass
455 rate during the same period in FY 2024–2025. For PTAs, 34 licensees were
456 audited, resulting in a 94% pass rate, an improvement from the 81% pass
457 rate in Q1/Q2 of FY 2024/2025.

458
459 Mr. Argento added that the Board’s recognized approval agencies for Q1/Q2
460 of FY 2025/2026 remain at 124, unchanged from Q1. Staff continue to
461 develop the audit process to evaluate approval agency compliance with CCR
462 1399.95 and plan to begin audits in June 2026, with a goal of auditing 5
463 agencies per month. At this pace, all current agencies would be audited over
464 approximately two years, though the number may be adjusted based on the
465 time and resources required for each audit.

466
467 Lastly, Mr. Argento shared that in preparation for the upcoming Continuing
468 Competency Approval Agency fee regulatory proposal, Board staff have been
469 working with the Department of Consumer Affairs (DCA) to complete a
470 workload study. The study is now complete, and the next step is to meet with
471 regulatory attorneys to discuss the proposed fees.

472
473 Public comment was opened for this item and there was no public comment.

474
475 **14. Consumer Protection Services Update**

- 476 (A) Program Updates
- 477 (B) Statistical Updates

478
479 Mr. Heaton, Analyst with the Consumer Protection Program, reported that in
480 Quarter 2 (Q2) of Fiscal Year (FY) 2025/2026, the CPS Unit finalized data

481 entry and process clean-up in response to the Department of Consumer
482 Affairs (DCA) efforts to improve and streamline department wide annual
483 report statistics collection. Information for the FY 2024/2025 Annual Report
484 was completed in Q2 using the updated processes.

485
486 Mr. Heaton shared that CPS management and staff continue to hold frequent
487 meetings with the Division of Investigation (DOI) and the Attorney General's
488 Office (AG) to discuss outstanding issues and collaborate to ensure effective
489 case and program management.

490
491 Mr. Heaton added that CPS management and staff worked with DOI, SOLID,
492 and other DCA boards to review and update SOLID's Enforcement Academy
493 training materials. The Enforcement Academy is a multi-day, comprehensive
494 training program covering the entire enforcement process, from complaint
495 intake through investigation, disciplinary action, and probation monitoring.

496
497 Mr. Heaton stated for Q2 FY 2025/2026 staff initiated 161 new cases, issued
498 14 citations, completed 145 desk investigations, referred 19 cases to the AG's
499 office, and closed 10 cases after referral to the AG's office.

500
501 Public comment was opened for this item and there was no public comment.

502
503 **15. Probation Monitoring Services Update**

- 504 (A) Program Updates
505 (B) Statistical Updates

506
507 Mr. Martin, Probation Monitoring Compliance Monitor for the Consumer
508 Protection Program, reported that during Quarter 2 (Q2) of Fiscal Year (FY)
509 2025/2026, the number of licensees on probation decreased from 59 to 56.
510 This total includes probationers actively serving their terms as well as those
511 whose probation is currently tolled for various reasons.

512
513 There were 42 licensees on probation and actively working in the State of
514 California. In addition, 4 probationers were tolling while located out of state,
515 meaning they were not receiving credit toward completion of their probation,
516 and 10 probationers were tolling while located within California due to
517 unemployment or underemployment.

518

519 Mr. Martin stated that during Q2, 2 licensees were placed on probation and 5
520 licensees completed probation. Additionally, 0 probationers had their license
521 revoked and 0 probationers exercised their option to voluntarily surrender their
522 license to the Board.

523
524 Mr. Martin added that of the 42 licensees that are not tolling, 11 were enrolled
525 and participating in the Board's Substance Abuse Rehabilitation Program
526 (Premier). This represents 26% of licensees on probation who were not tolling.
527 During Q2, 1 licensees enrolled in the premier program and 1 licensees
528 completed the program.

529
530 Mr. Martin reported that there were 2 instances of non-compliance with
531 probation during Q2. All were minor violations related to probationers not being
532 available for their required quarterly interviews with the probation monitor.

533
534 Public comment was opened for this item and there was no public comment.

535
536 **16. Public Comment on Items Not on the Agenda**

537
538 The Board requested public comment on items not on the agenda, and there
539 was no public comment.

540
541 **17. Agenda for Future Meeting** June 25-26, 2026
542 Sacramento, CA

543
544 No Member requested agenda items for the next meeting.

545 **18. Closed Session**

546
547 No disciplinary items were pending and the Board did not go into closed
548 session.

549
550 **19. Adjournment**

551
552 The meeting adjourned at 12:27 p.m. on March 19, 2026.

553

Briefing Paper

Agenda Item 6(B)

Date: June 1, 2026
Prepared for: PTBC Members
Prepared by: Brooke Arneson
Subject: Legislation Report

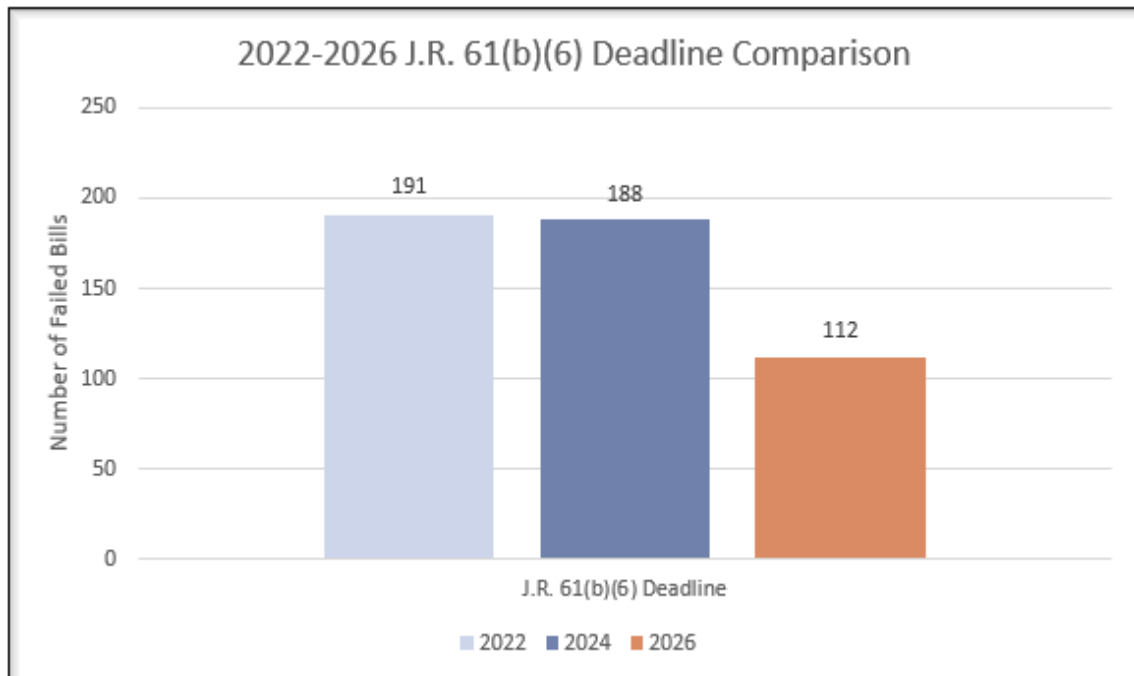
Purpose:

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

- Attachments:**
- 1. 2026 Legislative Calendar
 - 2. Definition of the Board’s Legislative Positions
 - 3. 2026 Legislative Summary
 - 4. Bill Analysis for Bills on the Legislative Summary
-

Background and Update:

May 1 marked a key deadline for second-year bills. Under J.R. 61(b)(6), all Non-Fiscal Bills must clear their policy committees and move to the Floor. Bills that did not advance were designated *Dead*. Below is how the May 1 deadline compares with the same deadline in 2024 and 2022.



A total of 112 bills failed to meet this deadline, compared to 188 in 2024 and 191 in 2022. The May 15 fiscal deadline requires all bills with a fiscal impact to pass out of their

Appropriation Committees and advance to the floor; and May 29 is the House of Origin deadline, requiring each house to pass bills introduced in that house.

The 2026 Legislative calendar is provided in the meeting materials for reference. Additionally, the materials contain a copy of the Board's legislative positions, as outlined in the PTBC's Board Member Administrative Manual, along with the 2026 Legislative summary, which highlights key bills from the current session that the PTBC is monitoring.

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

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

Recent & Upcoming Legislative Calendar Highlights:

May 8, 2026	Last Day for Policy Committees to Meet Prior to June 1 st .
May 15, 2026	Last Day for Fiscal Committees to Hear and Report to the Floor Bills Introduced in their House
May 29, 2026	Last Day for Each House to Pass Bills Introduced in that House
July 2, 2026	Last day for policy committees to meet and report bills Summer Recess begins upon adjournment of session, provided Budget Bill has passed.
August 3, 2026	Legislature Reconvenes from Summer Recess.
August 14, 2026	Last Day for Fiscal Committees to Meet and Report Bills to the Floor.
August 21, 2026	Last Day to Amend on the Floor.
August 31, 2026	Last Day for Each House to Pass Bills.
September 30, 2026	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, 2027	Statutes Take Effect.

Action: No action requested.

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised March 27, 2026

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. 5** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- Jan. 16** 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. 19** Martin Luther King, Jr. Day.
- Jan. 23** 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 (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

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

- Feb. 16** Presidents' Day.
- Feb. 20** Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

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. 26** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30** Farmworkers 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. 6** Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 24** 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 1** 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 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** 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 June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day.
- May 26 – 29 Floor Session only.** No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

*Holiday schedule subject to Senate Rules committee approval.

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised March 27, 2026

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 1 Committee meetings may resume (J.R. 61(b)(12)).

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

June 25 Last day for a legislative measure to qualify for the Nov. 3 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 2 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins upon adjournment of session, provided Budget Bill has passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

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. 3 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 14 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).

Aug. 17 – 31 Floor Session only. No committee, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).

Aug. 21 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 RECESS

2026

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. 3 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7 12 Noon convening of the 2027-28 Regular Session (Art. IV, Sec. 3(a)).

2027

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.

Physical Therapy Board Legislation:

AB 2497 Physical Therapists

Author: Johnson (D)

Status: Failed Passage in the Assembly. Amended 5/22/26

Position: No Position.

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

AB 2497 Bill Analysis Link

Summary:

AB 2497 updates the Physical Therapy Practice Act by expanding and revising statutory definitions, authorizing physical therapists to examine, evaluate, and diagnose conditions of the movement system, and broadening the scope of physical therapy techniques and procedures. The bill removes the 45-day/12-visit limitation on direct access and clarifies that no referral or prior authorization is required for a patient to obtain PT services. This bill also increases the number of physical therapist assistants a PT may supervise from two to three, eliminates the electromyography certification program and instead authorizes PTs, with physician authorization and PTBC certification, to use needle electrodes for neuromusculoskeletal assessment, and makes related technical and conforming changes.

AB 2774 Physical Therapy Board of California

Author: Committee on
Business and
Professions

Status: In Senate. Referred to Senate BPED Committee. Amended 4/22/26

Position: No Position.

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

AB 2774 Bill Analysis Link

Summary:

AB 2774 is the Physical Therapy Board of California's sunset review bill, extending the Board's operations until January 1, 2031, and making targeted updates to its administrative and enforcement statutes. The bill authorizes the Board to summarily deny petitions for reinstatement submitted by individuals required to register as sex offenders under Penal Code section 290 or those convicted of crimes involving sexual misconduct. It also makes non-substantive revisions to fee-related provisions, updates and clarifies enforcement and disciplinary language, and modernizes several sections of the Physical Therapy Practice Act to align with current DCA administrative standards, without making substantive changes to scope of practice.

Department-Wide Legislation:

AB 1558 Uniform Emergency Volunteer Health Practitioners Act

Author: Arambula (D)

Status: In Assembly Held Under Submission.

Position: No Position.

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

AB 1558 Bill Analysis Link

Summary:

This bill would establish a volunteer health practitioner registration system overseen in this state by the Emergency Medical Services Authority that would facilitate registered out-of-state volunteer health practitioners practicing in California without a California license. The relevant boards may restrict the services that may be provided by such volunteers. Boards may also impose administrative sanctions both on California licensees volunteering in other states and out-of-state volunteers practicing in this state.

AB 1775 Veterans

Author: Ward (D)

Status: Referred to Senate Committees on BPED; Employment Development; and Military and Veterans Affairs. Amended 5/18/26.

Position: No Position.

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

AB 1775 Bill Analysis Link

Summary:

This bill would restore benefits and status to veterans who discharged from the armed services solely as a result of Executive Order No. 14183 issued on January 27, 2025. For the Department of Consumer Affairs, this would primarily affect licensure expediting.

AB 1979 Health Care Services: Artificial Intelligence

Author: Bonta (D)

Status: In Senate Referred to Committees on Public Safety; Disability and Transportation; Consumer Protection; and Health. Amended 4/23/26.

Position: No Position

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

AB 1979 Bill Analysis Link

Summary:

This bill would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2497
Author: Johnson (D)
Bill Date: Amended 5/22/2026
Subject: Physical Therapists
Sponsor: California Physical Therapy Association (CPTA)

DESCRIPTION OF CURRENT LEGISLATION:

Makes various changes to the practice of physical therapy under the Physical Therapy Practice Act, including: authorizing physical therapists (PTs) to diagnose conditions of the movement system, removing the 45-day, two-visit limitation on directly accessing PT services, increasing the number of physical therapist assistants (PTAs) a PT can supervise from two to three, repealing the requirement for electromyographical certification, and expanding, revising, and recasting definitions under the act.

Major Provisions:

- 1) Define "movement system" to mean the collection of all bodily systems that interact to move the body or its parts.
- 2) Redefine "physical therapist" and "physiotherapist" to mean a health care professional who is licensed to practice physical therapy on a person and is part of the primary care team who works in a variety of settings to help improve function of the movement system.
- 3) Redefine "physical therapy" and "physiotherapy" to mean services specified under the Physical Therapy Practice Act that are provided as follows:
 - a) By or under the direction and supervision of a PT.
 - b) To facilitate motion, force, energy, and motor control through the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, movement, and active, passive, and resistive exercise to maximize health, well-being, function, and community participation across the diversity of age, sex, gender, culture, environment, and psychosocial and socioeconomic status.
 - c) For prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions.
- 4) Expand the practice of physical therapy to include the following services:
 - a) Examination and evaluation of the movement system and the system's relation to health-related and disabling conditions, including a review of systems and medication regimen to identify developmental, mechanical, physiological, and biopsychosocial impairments of the movement system, participation restrictions, or other conditions to determine diagnosis of conditions of the movement system, prognosis, and intervention, and assess outcomes.
 - b) The design, implementation, and modification of interventions to alleviate impairments, functional limitations, and participation restrictions related to the movement system or other health-related conditions.

c) Furnishing, ordering, fabrication, and application of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment consistent with the Pharmacy Law.

5) Specify that physical therapy techniques and procedures include, but are not limited to: therapeutic exercise; gait training; functional training; self-care; in-home, community, or work integration or reintegration; manual therapy, including soft tissue mobilization joint mobilization or manipulation; therapeutic massage; lymphatic drainage; neuromuscular reeducation; blood flow restriction; pulmonary management and airway clearance; integumentary protection and active repair; biophysical agents or modalities, including electrical, sound, light, mechanical, electromagnetic, or thermal; movement system counseling and education; nutritional education and counseling; pain and stress management; prevention or reduction of risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness; administration, consultation, education, and research; referring for other indicated services and tests for consultation with other providers, decision making, and patient management.

6) Delete the 45-day or 12-visit restriction on directly accessing a PT without physician or podiatrist approval of the treatment plan and the associated disclosures, limitations, and interpretation and construction provisions.

7) Specify that nothing in the Physical Therapy Practice Act may be construed to require a referral or prior authorization for a patient to directly access PT services.

8) Require a PT to refer a patient to a physician and surgeon or other appropriately licensed health care provider when the situation or condition of the patient is beyond the scope of the education and training of the PT.

9) Replace the existing authority to perform tissue penetration for electromyographical testing with the authority, when authorized by a physician and certified by the Physical Therapy Board of California (PTBC), with the general authority to use electrode needles to perform tissue penetration for the purpose of evaluating and interpreting performance of the neuromusculoskeletal system.

10) Delete provisions relating to the electromyographical testing certification program, including application, renewal, and fee provisions.

11) Make various technical, conforming, or nonsubstantive changes.

Background:

PTs are licensed health care providers who specialize in the movement system of the human body. Within the PT profession, the movement system is described as the combination of cardiovascular, pulmonary, endocrine, integumentary, nervous, and musculoskeletal systems interacting to move the body. PTs evaluate and assess patient pain, mobility, function, and other aspects of the movement system to develop a treatment plan and recommend or apply interventions, such as therapeutic exercise or other specifically dosed movements. PTs also utilize adjunctive modalities, such as heat, electrical stimulation, or ultrasound to facilitate healing.

PTs work in a wide range of settings, from organized health systems to private clinics. Physical therapy is commonly prescribed for rehabilitation after surgery, recovery from trauma, management of chronic conditions that affect the movement system.

PT Scope of Practice.

The PT license authorizes the practice of physical therapy, which is defined as: the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services.

The practice of physical therapy is further defined to include "the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions."

According to the sponsor, this bill is intended to "modernize" this scope to reflect advancements in the profession and in other states.

Physical Therapy Practice Act "Modernization."

The last major legislative overhaul of the Physical Therapy Practice Act was in 2013, which updated terminology, reorganized the structure of the act, and made general code clean-up. The last significant expansion of the scope of practice of physical therapy was "direct access" in 2013. Direct access is the term used to describe the authority for a PT to see patients for a limited amount of time without the patient having to first obtain a physician or podiatry diagnosis or referral—the patient could directly access the PT. While minor updates have been made to that authority, such as the availability of telehealth visits for ongoing treatment approvals, there have been no changes to the services PTs can provide. Arguably the last actual scope change was the addition of physical fitness and related health and wellness interventions in 2004.

Authority to Diagnose.

The Physical Therapy Practice Act expressly prohibits a PT from "diagnosing disease."

A 1982 Attorney General opinion opined that PTs could not treat a condition if there was no diagnosis to confirm what was being treated.⁴ As a result, before the current 45-day/12-visit restriction on direct access was established in 2013, patients were required to obtain a medical diagnosis from a physician before seeing a PT.

However, even with direct access, the prohibition against diagnosis means the PT scope is limited to physical therapy evaluation of dysfunction up to the point of a medical diagnosis. In other states such as Colorado, Arizona, Utah, Maryland, Massachusetts, North Dakota, and Oregon, the PT can, within the physical therapy scope of practice, make a diagnosis for the patient to use within the medical system.

This bill would authorize PTs to diagnose conditions of the movement system, but not disease, which addresses the diagnosis limitation identified by the AG.

According to the Author:

The Physical Therapy Practice Act dates back to the 1950s. Very few alterations have been made to it, despite progression in the profession, in moving from a requirement of a Bachelor's Degree to a Master's Degree to today's standard, which calls for all to come from an education and training program ending in a Doctorate in Physical Therapy (DPT). [This bill] moves the profession forward in California in a way that benefits patients in the state, is representative of the education and

training they receive to practice, and brings California more in line with what Physical Therapists are able to provide in patient care in other states.

FISCAL COMMENTS: According to the Assembly Appropriations Committee:

1) Costs to the PT Board of an unknown amount, likely less than \$150,000 per year, to conduct investigations, update regulations, and provide information to licensees (Physical Therapy Fund).

2) Additional, absorbable costs of \$5,000 to the Office of Information Services to retire specialty modifiers and specialty transactions from the information systems.

PTBC ANALYSIS:

AB 2497 creates several operational and regulatory impacts for the Physical Therapy Board of California.

The bill significantly revises statutory definitions, expands the scope of practice to include diagnosis of conditions of the movement system, removes the 45-day/12-visit direct-access limitation, increases the PT-to-PTA supervision ratio, and replaces the electromyographical certification program with a new tissue-penetration authority. These changes require PTBC to update regulations, revise forms and guidance documents, and provide extensive licensee and consumer education to ensure compliance with the new statutory framework.

Enforcement impacts are expected, particularly in distinguishing between permitted movement-system diagnoses and prohibited disease diagnoses, as well as monitoring compliance with the new referral requirement when a patient's condition is beyond a PT's education and training.

The repeal of the EMG certification program will require PTBC to sunset the existing program and develop new certification standards for electrode-needle tissue penetration.

The Board may also experience increased complaint volume related to direct access, invasive procedures, and supervision adequacy. As the analysis notes, the bill "makes various changes to the practice of physical therapy including authorizing physical therapists (PTs) to diagnose conditions of the movement system and repealing the requirement for electromyographical certification," which will require PTBC to adjust its regulatory and enforcement infrastructure accordingly.

Anticipated Regulatory Impact to the PTBC: Potentially 6 Regulatory Packages

Identifying rules for use of DPT, including doctoral degrees in related health sciences,

Establishing expectations for direct access,

Repealing existing ENMG and KEMG requirements,

Outlining new competencies for ENMG and KEMG,

Guidelines for ordering durable medical equipment, and

Providing clarification regarding the revised scope.

The Assembly Appropriations Committee estimates that PTBC will incur ongoing costs associated with implementing AB 2497. These include regulatory updates, enforcement adjustments, and licensee outreach. The analysis states that there will be "costs to the PT Board of an unknown amount, likely less than \$150,000 per year, to conduct investigations, update regulations, and provide information to licensees."

PTBC will also incur one-time and ongoing workload associated with retiring the existing EMG certification program and establishing the new tissue-penetration authority.

Additionally, the bill triggers minor technology adjustments, with the analysis noting “absorbable costs of \$5,000 to the Office of Information Services to retire specialty modifiers and specialty transactions from the information systems.”

SUPPORT:

California Physical Therapy Association (CPTA)

Other Supporters: Physical therapy and rehabilitation stakeholders (not individually listed in the analysis).

Arguments in Support:

The California Physical Therapy Association (sponsor) writes in support:

This bill clarifies and modernizes the scope of physical therapy practice, explicitly recognizing physical therapists as movement system experts who evaluate, diagnose movement impairments, and design interventions accordingly. In complex neurological cases, physical therapists are often the providers most consistently monitoring functional changes. Enabling us to fully practice at the top of our license improves care coordination, reduces duplication of services, and allows physicians to focus on medical management while therapists manage rehabilitation.

Improving timely access to care Patients with neurological injuries and other disabling conditions are especially sensitive to delays in care. Research consistently shows that early rehabilitation improves functional outcomes, reduces long-term disability, and lowers overall healthcare costs. Patients often require timely, coordinated, and highly specialized care to optimize recovery, prevent complications, and maintain independence. [This bill] represents a critical step toward improving access, efficiency, and quality of care for these vulnerable populations and for all Californians seeking physical therapy services.

This bill strengthens direct access by removing outdated administrative barriers, allowing patients to receive physical therapy services more efficiently without unnecessary delays. For patients recovering from stroke or spinal cord injury, even small delays can mean the difference between regaining independence and requiring lifelong assistance.

Use of modern diagnostic tools to improve outcomes

The bill authorizes physical therapists to perform and interpret musculoskeletal ultrasound imaging and to refer patients for imaging when appropriate. For patients with neurological and musculoskeletal complications (such as spasticity, tendon injuries, or joint instability), timely imaging can significantly improve diagnostic accuracy and treatment planning. This reduces unnecessary delays, lowers costs associated with redundant referrals, and accelerates recovery. It is also a skill taught in all physical therapy programs today and allowed in practice in 22 states. While not prohibited in California, this will clarify that physical therapists can order medically necessary imaging that will help in the evaluation and treatment process of each patient.

Supporting the rehabilitation workforce and patient access

This bill modestly increases the number of physical therapist assistants a therapist may supervise, improving clinic efficiency and expanding access to care. Given the growing demand for rehabilitation services, driven by an aging population and increased survival from serious injuries, this change helps ensure more patients receive needed care without compromising quality or safety.

Comprehensive, patient-centered care

The bill reinforces that physical therapy includes prevention, rehabilitation, and health promotion across the lifespan, addressing impairments, activity limitations, and participation restrictions. For patients with stroke, traumatic brain injury, or spinal cord injury, recovery is not just about physical function. It is about returning to family, work, and community. [This bill] supports this broader, patient-centered model of care.

Recognition of current skills

Our practice act originated in the 1950s and has had relative few updates since. The changes in this bill update the act to recognize important treatment techniques recognized by many, if not most, other states. An example of this is the specific technique of “dry needling.” This technique is recognized for use by physical therapists in 47 states, with only California, Hawaii, and New York physical therapists prohibited from using it. Additionally, as the attached letter from the largest malpractice insurer of physical therapists states, it has resulted in ZERO increase to liability of physical therapists, including NO premium increases related to use of this skill for the profession.

OPPOSITION:

- California Acupuncture Coalition
- American Association of Chinese Medicine and Acupuncture
- Numerous additional acupuncture organizations (coalition)
- California Academy of Family Physicians
- California Medical Association
- California Neurology Society
- California Orthopedic Association
- California Radiological Society
- California Society of Anesthesiologists
- California Society of Dermatology & Dermatologic Surgery
- Psychiatric Physicians Alliance of California

Arguments In Opposition:

A coalition of acupuncture groups, including the California Acupuncture Coalition, the American Association of Chinese Medicine and Acupuncture, and numerous others write in opposition: We are specifically opposed to the language that adds Section 2620.5 to the Business and Professions Code allowing physical therapists to practice acupuncture without any additional training.

Physical therapists typically refer to the practice of acupuncture as dry needling, which is not a new or separate therapy. While acupuncture is a traditional Eastern Asian medicinal technique, studies have found that the practices are essentially the same. In 1983, a study by Dr. Janet Travell showed that 92% of dry needling trigger points overlap with acupuncture points. A 2009 study concluded that a 91% correlation between trigger point pain referral patterns and acupuncture meridians demonstrates that they are the same physiological phenomenon. To pretend otherwise is misleading to patients and dangerous to public health.

Acupuncturists in California are required to have a three to four-year master’s degree, a total of 3,000 hours with 950 hours of clinical training in order to practice in the State. The proposed addition to the Business and Professions Code would bypass these safeguards entirely. The bill, as currently written, adds no additional education requirements for physical therapists in order to practice acupuncture.

California has deliberately established rigorous standards for acupuncture to protect patient safety. Licensed acupuncturists complete thousands of hours of didactic and clinical education in anatomy, sterile technique, point location, differential diagnosis, and complication management. The proposed bill would permit physical therapists to perform the same invasive procedure with dramatically less specialized training, effectively bypassing the safeguards the Legislature has put in place.

A coalition of physician groups that includes the California Academy of Family Physicians, the California Medical Association, the California Neurology Society, the California Orthopedic Association, the California Radiological Society, the California Society of Anesthesiologists, the California Society of Dermatology & Dermatologic Surgery, and the Psychiatric Physicians Alliance of California writes in opposition to the March 19, 2026, version of this bill, which still contained the prescription provisions discussed in the letter but have since been removed: While we deeply value the contributions of all members of the health care team, we are concerned that this bill moves beyond appropriate team-based care and risks compromising patient safety and quality of care.

This bill would extensively expand the scope of practice for PTs, without any additional education or residency level training. This bill would allow PTs to be considered a primary care provider and removes any requirement for a referral from a physician or any other health care provider for PT services. Additionally, this bill would give PTs expansive prescriptive authority for oral and topical medications, excluding opioids. PTs would also be authorized to provide extensive imaging services including ordering x-rays and performing ultrasounds without any physician involvement. Lastly, this bill would allow PTs to perform dry needling without the required training or certification, creating a major patient safety issue. Due to the issues listed above this bill will lead to fragmentation of patient care, over ordering of medical tests and services, an increase in emergency room visits, and most importantly undermining the physician-led care model. All of these issues will disproportionately impact our most vulnerable communities.

Physicians undergo extensive education and training, including four years of medical school and a minimum of three to seven years of residency training, amounting to over 10,000 hours of supervised clinical experience. This preparation is essential to developing the diagnostic acumen and clinical judgment required to manage complex and undifferentiated patient conditions. Expanding independent scope of practice to PTs with significantly fewer clinical training hours creates a two-tiered system of care and increases the risk of misdiagnosis, delayed treatment, and inappropriate management. Health care delivery is increasingly complex. Patients often present with multiple comorbidities, atypical symptoms, and evolving conditions that require comprehensive medical oversight. The collaborative, physician-led team model ensures that patients benefit from the full expertise of each provider while maintaining a clear standard of accountability. [This bill] undermines this model by promoting unsupervised practice rather than strengthening coordinated care.

Additionally, there is insufficient evidence that scope expansions meaningfully improve access to care in underserved areas. Workforce shortages are driven by geographic, economic, and infrastructure challenges—not solely by provider type. Policies that invest in physician workforce development, incentivize practice in underserved communities, and expand team-based care models are more effective and safer solutions.

Patient safety must remain the Legislature's highest priority. Scope of practice decisions should be guided by education, training, and evidence—not by workforce substitution.

POSITION: Watch

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 2774
Author: Committee on Business and Professions
Bill Date: Amended 4/22/2026
Subject: Physical Therapy Board of California
Sponsor:

DESCRIPTION OF CURRENT LEGISLATION:

States that is the intent of the Legislature to evaluate the Physical Therapy Board of California (PTBC) through the joint legislative sunset review oversight process and to subsequently include in this bill recommendations produced through that process.

AB 2774 extends the Physical Therapy Board of California’s sunset date to January 1, 2031 and reorganizes existing public-protection provisions for clarity. The bill also strengthens enforcement authority by prohibiting the Board from considering reinstatement petitions when the underlying conduct involves sexual misconduct or when the petitioner is required to register as a sex offender, with a narrow statutory exception. Additionally, the bill updates the Board’s statutory fee cap but does not change any current fees.

ANALYSIS:

Summary:

This bill extends the Physical Therapy Board of California’s (PTBC) authority to enforce and administer the Physical Therapy Act and to appoint an executive officer until January 1, 2031.

This bill also prohibits PTBC from considering a petition for reinstatement or modification or modification of a penalty if the applicant has been convicted of sexual or other offenses.

Specifically, this bill:

- 1) Extends PTBC’s authority to enforce and administer the Physical Therapy Act and to appoint an executive officer until January 1, 2031.
- 2) Prohibits PTBC from considering a petition for reinstatement or modification of a penalty if the applicant is required to register as a sex offender, as specified, unless the applicant’s requirement to register as a sex offender is based solely on a misdemeanor conviction.
- 3) Prohibits PTBC from considering a petition if the petitioner if the conduct underlying the petitioner’s conviction involved sexual misconduct, as defined.
- 4) Prohibits PTBC from considering a petition if the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole, or if there is an accusation or petition to revoke probation pending against the petitioner.

This Bill:

- 1) Makes technical changes to the provisions that contain the PTBC’s sunset dates and review requirements.

SUNSET ISSUES FOR CONSIDERATION: In preparation for the sunset hearings, committee staff publish background papers that identify outstanding issues related to the entity being reviewed. While every issue discussed in the background papers remain available for discussion, the following are being addressed in the amendments to this bill or are being actively discussed.

1) Issue #1: Statutory Fee Cap Increase.

This issue is a continuation of the discussions from Issue #1 from its 2017 sunset review and Issue #3 from the PTBC's 2022 sunset review. During the PTBC's 2017 sunset review, the PTBC wrote in its 2016 Sunset Review Report: In an effort to avoid an operational deficiency within the next 5 years or prior to PTBC's next Sunset Review (FY 2022/23), the PTBC suggests amending the licensing caps under [BPC] § 2688 to appropriate amounts that would sustain the ongoing operations of the PTBC. It should be noted, should this action be approved through the Sunset Review process, the outcome will increase the licensing fee caps only. Should the PTBC require the need to increase its licensing fees to sustain ongoing operations, the PTBC would require a regulatory change through the rulemaking process which includes various approvals, including board members. The PTBC's sunset bill was ultimately not amended to increase the fee caps at that time. However, during the PTBC's 2022 sunset review, it was again noted that PTBC anticipated a diminishing fund condition. Specifically, starting in FY 2021-22 (7.7 months) and continuing each FY with projected insolvency occurring FY 2025-26. The fee cap increases were not included in the final version of sunset bill. The DCA budget office projections in the PTBC's 2025 Sunset Review Report indicate that the PTBC's fund may shrink to 6.6 months of operating expenses by FY 2026-27. If those projections actualize, insolvency is possible beyond FY 2030-31. PTBC staff has since noted that the projection did not include updated budget deficiencies identified in the Current Year (CY) 2025-26 and ongoing. Specifically, the new projected deficiency is \$576,582 (\$183k AG, \$122k OAH, and \$271,582 Personnel Services and Operating Expenses), up from approximately \$417k. PTBC staff notes that this deficiency will be ongoing and is subject to increase with increased workload, i.e., licensing population, enforcement, and employee salaries and benefit changes. Therefore, the PTBC expects insolvency will occur before FY 2030-31.

Staff Background Paper Recommendation: The PTBC should continue to work with the Committees on ensuring fees are set at the appropriate amounts and share the result of its fee study when it is complete.

PTBC Response: The PTBC appreciates the Committees' recommendation and agrees that fees should be set at appropriate amounts to support the PTBC's consumer protection mission. As noted in the background paper, the issue before the Legislature is whether the statutory fee caps in Business and Professions Code section 2688 should be increased, not whether fees themselves should be increased. The PTBC's fee study has now been completed and was presented to the PTBC at its March 19, 2026, meeting. Following discussion of the study, the PTBC adopted proposed legislative fee caps for consideration through the Sunset Review process. Any future increase to actual fees would not occur automatically and would require a separate regulatory action through the formal rulemaking process, including PTBC approval and public notice and comment. The PTBC looks forward to continuing to work with the Committees on this issue. Sunset Recommendation: The PTBC's fee study is still under review.

2) Issue #4: Automatic Denial of Reinstatement for Sexual Offenses.

The Physical Therapy Practice Act requires the PTBC to process all petitions for reinstatement through the full administrative hearing process, including petitioners whose

licenses were revoked for acts of sexual abuse, sexual misconduct, or sexual exploitation. The PTBC notes that, even in cases where it is required to deny reinstatement, the petition must still move through the complete administrative process, including preparation by enforcement staff, review by legal counsel, and hearings before an administrative law judge. The PTBC states that this is an unnecessary use of state resources when petitions are legally prohibited from being granted. Therefore, it is requesting authority to do the following: a) Deny petitions for reinstatement at intake when the underlying revocation or surrender was based on sexual misconduct or sexual exploitation. b) Deny petitions for reinstatement when the petitioner is required to register under Penal Code § 290 and the conduct involved a patient or client. While these were the formal requests for purposes of the PTBC's 2025 Sunset Review Report, PTBC staff notes there are still details that the full board did not have the opportunity to discuss.

Staff Background Paper Recommendation: The PTBC should provide specific examples of the range of cases that fall under this category, discuss whether there is any risk to a licensee's right to due process, and continue to work with committee staff on the specifics of the language.

PTBC Response: The PTBC is prepared to provide additional examples of the types of cases it believes should fall within this proposal, including revocations or surrenders based on sexual misconduct or sexual exploitation involving a patient or client. In the last ten years, fifteen licenses were revoked or surrendered for cases that involved allegations of sexual misconduct (violation of Business and Professions Code section 726 and/or 2660(m)). The PTBC also clarifies that the Penal Code section 290 portion of the proposal would not expand the number of individuals denied licensure, as those applications must already be denied under existing law. Instead, it would align the reinstatement process with that existing requirement and avoid unnecessary expenditure of enforcement, legal, and administrative resources on petitions that cannot lawfully be granted. The PTBC agrees that due process considerations are important and that any proposed language should be narrowly tailored. The intent is to provide clear authority in limited circumstances, not to remove appropriate procedural safeguards. The PTBC will continue working with the Committees' staff on the specifics of the language to ensure the proposal is clearly defined, legally sound, and consistent with the PTBC's public protection mandate. Sunset Recommendation: Amendment 2 on pages 9 and 10 of this analysis would include the PTBC's proposals in the list of conditions under which a petition for reinstatement are automatically denied.

- 3) **Issue #11: Sunset Extension.** The PTBC and its staff continue to work well with the Legislature in implementing its consumer protection mission. This is demonstrated by its implementation of prior committee recommendations, including the prudent maintenance of its fund and initiation of a fee study, its proactive efforts to identify gaps in consumer protection, and implementing various workflow efficiencies. While the outstanding issues noted in this background paper still need to be addressed, the PTBC and its staff have been communicating with the Committees on next steps.

Staff Recommendation: The PTBC's current regulation of PTs and PTAs should be continued and reviewed again on a future date to be determined.

PTBC Response: The PTBC is in agreement with the Committees' staff's recommendation that regulation of physical therapists and physical therapist assistants under the PTBC should be continued. The PTBC is grateful for the Committees' recognition of the work undertaken by the PTBC and its staff in furtherance of the PTBC's consumer protection mission, as well as their acknowledgment of the challenges that remain. The PTBC also

appreciates the Committees' continued engagement and willingness to work collaboratively toward addressing outstanding issues. Sunset Recommendation: Amendment 3 on page 11 of this analysis would extend the PTBC by four years, until January 1, 2031.

PTBC ANALYSIS:

1. Sunset Extension (Major Change)

Sections affected: 2602, 2607.5 What changed:

- Extends PTBC's statutory authority — including its ability to enforce the Act and employ an EO — from January 1, 2027 → January 1, 2031.
- This is the core sunset extension.

Impact: PTBC continues operating for four more years without interruption.

2. Reorganization of Public-Protection Sections

Renumbers existing 2602.1 to 2602.2 and adds a new 2602.1 clarifying the Legislature's intent regarding sunset review.

Impact: No policy change; structural alignment only.

3. Restrictions on Petitions for Reinstatement (Substantive Enforcement Change)

Updates 2661.7 to prohibit the Board from considering petitions for reinstatement or penalty relief when:

- The petitioner is required to register under Penal Code 290 (with the narrow PC 314 exception), or
- The underlying conduct involved 2660(m) (sexual misconduct).

Impact: This codifies and strengthens PTBC's authority in sexual-misconduct-related cases.

4. Fee Section Cleanup (Nonsubstantive)

Section affected: 2688 What changed:

- Reformatting and re-lettering of subsections.
- No fee increases.
- Clarifies that the Board may adjust fees within existing statutory caps.

Impact: Administrative only — no fiscal change for licensees.

This bill through future amendments may increase the statutory fee cap but does not adjust any existing PTBC fees. Should the Board later determine that a fee increase is necessary, a separate regulatory package would be required, as fee levels may only be changed through the regulatory process.

PTBC Fiscal & Operational Impact Analysis

AB 2774 has minimal and absorbable operational impact on the Physical Therapy Board of California. The bill extends the Board's sunset date to January 1, 2031, requires minor updates to statutory references, and strengthens existing prohibitions on considering reinstatement petitions involving sexual-misconduct-related conduct. These changes do not create new programs, reporting requirements, or enforcement mandates that would increase workload beyond current capacity. While the bill raises the statutory fee cap, it does not increase any PTBC fees, and any future fee adjustments would require a separate regulatory package under the Administrative Procedure Act. As a result, no immediate fiscal effect is anticipated, and any workload associated with implementation is minor and absorbable within existing resources.

FROM THE

AUTHOR:

Background. The PTBC is responsible for administering and enforcing the Physical Therapy Practice Act, which establishes the board and contains the regulatory framework for the practice of physical therapy. According to the PTBC: The practice of physical therapy combines art and science to enhance quality of life and movement potential through promotion, prevention, treatment/intervention, habilitation, and rehabilitation. This scope includes physical, psychological, emotional, and social well-being. Physical therapy is delivered through collaboration between the physical therapist, patients/clients, other health professionals, families, caregivers, and communities. In this process, movement potential is assessed, and goals are established, using knowledge and skills unique to physical therapists.

The PTBC's primary function is to run the licensing, education, and disciplinary programs for physical therapists (PTs) and physical therapy assistants (PTAs). The PTBC also regulates unlicensed physical therapy aides and physical therapy students.

At the end of fiscal year (FY) 2024-25,3 the PTBC reported a total of 40,278 active, in-state licensees, including 31,023 PTs and 9,255 PTAs. It also reported 50 approved educational programs in California, 20 PT programs and 30 PTA programs.

The PTBC's mission statement, as stated in its 2024-2029 Strategic Plan, is: "To protect the people of California by the effective administration of the Physical Therapy Practice Act."

Sunset Review. The PTBC is currently under sunset review. As part of that review, committee staff publish background papers that identify outstanding issues related to the entity being reviewed. This bill addresses some of the identified issues while others remain in active discussion. Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development hold joint sunset review oversight hearings to review the licensing entities under the Department of Consumer Affairs (DCA). The DCA boards, bureaus, and other entities are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the legislature, DCA, licensing entities, and stakeholders to discuss the entities' performance and make recommendations for improvements.

Each licensing entity subject to review has an enacting statute with a repeal date, meaning their authority must be extended by the legislature before the repeal date, otherwise the entity will lose its statutory mandate. This bill is a "sunset" bill, intended to extend the repeal date of the PTBC, as well as incorporate the recommendations from the sunset review oversight hearings. This year there are ten boards up for review, each with their own sunset bill. Five of the sunset review bills are authored by the chair of the Assembly Committee on Business and Professions and the other five are authored by the chair of the Senate Committee on Business, Professions, and Economic Development.

SUPPORT:

None

OPPOSITION:

None

POSITION:

Watch

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1558
Author: Arambula (R)
Bill Date: Introduced 1/8/2026
Subject: Uniform Emergency Volunteer Health Practitioners Act
Sponsor: American Red Cross

DESCRIPTION OF CURRENT LEGISLATION:

This bill would establish a volunteer health practitioner registration system overseen in this state by the Emergency Medical Services Authority that would facilitate registered out-of-state volunteer health practitioners practicing in California without a California license. The relevant healing arts boards may restrict the services that may be provided by such volunteers. Boards may also impose administrative sanctions both on California licensees volunteering in other states and out-of-state volunteers practicing in this state.

ANALYSIS:

AB 1558 enacts the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA) in California. The bill establishes a framework that allows out-of-state licensed health practitioners to provide volunteer services in California during a declared emergency, provided they register through an approved volunteer system and their licenses are verified. The bill also authorizes California healing arts boards to take administrative action against volunteer practitioners, whether licensed in California or another state, if they engage in misconduct while providing services during an emergency.

PTBC ANALYSIS:

Key Provisions

- Authorizes out-of-state licensed health practitioners to volunteer in California during a state-declared emergency.
- Requires practitioners to register with an approved volunteer health practitioner system for license verification.
- Allows practitioners to practice within the scope of their home-state license while volunteering.
- Grants California healing arts boards authority to impose administrative sanctions on:
 - California-licensed practitioners who volunteer in another state and commit misconduct.
 - Out-of-state practitioners who volunteer in California and commit misconduct.
- Does not create new licensing categories, fees, or reporting requirements.
- Does not amend the Physical Therapy Practice Act.

Impact on PTBC:

Potential Operational Impact

AB 2140 could potentially increase PTBC's enforcement-related workload in several ways:

- Higher volume and consistency of incoming reports due to strengthened compliance and increased penalties for non-reporting.

- Additional intake and screening workload for enforcement staff, including review, documentation, and routing of reports.
- Updates to internal procedures, including enforcement screening protocols, documentation standards, and communication templates.
- Potential system adjustments, including modifications to Breeze workflows or internal tracking systems to reflect updated reporting requirements or data elements.
- Staff training to ensure consistent application of revised statutory requirements.

Potential Fiscal Impact

PTBC could experience both one-time and ongoing fiscal impacts:

- One-time costs
 - Staff training on revised reporting requirements.
 - Updates to internal procedures and enforcement protocols.
 - Potential system or workflow adjustments.
- Ongoing costs
 - Increased enforcement intake and screening workload.
 - Additional administrative processing associated with higher reporting compliance.
- No new revenue authority
 - Although the bill increases fines for non-reporting, these fines are not collected by PTBC and do not offset workload increases.
 - PTBC must absorb all workload within existing resources unless future fee-setting authority is exercised.

PTBC FISCAL:

PTBC does not anticipate a fiscal impact. Any enforcement workload associated with misconduct by volunteer practitioners during declared emergencies is expected to be minor and absorbable within existing resources.

FROM THE AUTHOR:

Purpose: This bill is sponsored by American Red Cross. According to the author: Historically, emergency responses during natural disasters and public health crises have faced challenges in efficiently integrating volunteer health professionals. Unfortunately, the need for medical care is often greatest at the very beginning of a disaster, when first responders, hospitals, and local health systems are also stretched thin. People who are injured, displaced, elderly, or living in disaster-impacted areas face higher risks without care during this critical window. This bill will expedite access to care by limiting administrative barriers that prevent out-of-state licensed health care professionals from helping communities when they need it the most.

Background: The Emergency Medical Assistance Compact (EMAC) is a national interstate mutual aid agreement that enables states to share resources during disasters. EMAC is administered by the National Emergency Management Association (NEMA) and has been ratified by the U.S. Congress and is law in all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the Northern Mariana Islands. EMAC's members may share resources from all disciplines, protect personnel who deploy, and be reimbursed for mission-related costs. EMAC provides mutual assistance in managing emergencies or disasters declared by the governor of the affected state, whether arising from natural disaster, technological hazard, manmade disaster, civil emergency aspects of resource shortages, community disorders, insurgency, or enemy attack. This bill authorizes EMSA, after approval by the Commission on Emergency Medical Services, to

promulgate rules and requires EMSA to consult with and consider the recommendations of the entity established to coordinate the implementation of the EMAC and to also consult with and consider rules promulgated by similar agencies in other states to promote uniformity of application of the Act and make the emergency response systems in the various states reasonably compatible. According to the Uniform Law Commission (ULC), “[a] primary purpose of [the Act] is to establish a robust and redundant system to quickly and efficiently facilitate the deployment and use of licensed practitioners to provide health and veterinary services in response to declared emergencies.” The Act was drafted immediately following the Gulf Coast Hurricanes of 2005 to remedy significant deficiencies in interstate and intrastate procedures used to authorize and regulate the deployment of health practitioners to supplement resources provided by state and local governments and first responders. The ULC notes the Act supplements EMAC “by authorizing the interstate use of volunteer health practitioners who are not state and local employees in the same manner as government employees may be used under EMAC and other state compacts.”

SUPPORT:

None

OPPOSITION:

None

POSITION:

Watch

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1775
Author: Ward (D)
Bill Date: Amended 5/18/2026
Subject: Veterans
Sponsor: Author
Co-Sponsors: Equality California; Out in National Security and SPARTA Pride

DESCRIPTION OF CURRENT LEGISLATION:

This bill requires the Department of Consumer Affairs (DCA) to expedite licensure for an applicant who has served as an active-duty member of the United States (U.S.) Armed Forces and received a discharge solely as a result of federal action to restrict military service by transgender individuals.

Existing Law:

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations.

Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

Existing law requires the department, subject to an appropriation by the Legislature, to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, for free or at low cost, will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications, as specified.

Existing law authorizes the department to prioritize veteran recipients of the services, such as prioritizing those who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation.

This Bill:

This bill would extend the expedite requirement and authorization to also include members who were discharged or received a discharge solely as a result of a specified executive order. The bill would make additional conforming changes.

This bill would instead require the program to help fund service providers who will educate veterans on the above-described services at no cost. The bill would additionally require the department to prioritize veteran recipients who are able to demonstrate that their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

This bill would additionally require the department, subject to an appropriation by the Legislature, to establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans being discharged from service. The bill would require the department to develop criteria, procedures, and accountability measures as may be necessary to implement the grant program, and to prioritize veteran recipients who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

5/18/2026 Amendments:

- Adds explicit eligibility for expedited licensure for veterans who were discharged *solely* due to Executive Order 14183, which restricted military service by transgender individuals.
- Expands DCA's annual reporting requirements to include data on applications and licenses issued under this new eligibility category.
- Revises the Veterans Military Discharge Upgrade Grant Program to prioritize veterans whose discharge is connected to gender identity, mental health conditions, traumatic brain injury, or sexual assault/harassment.
- Establishes a new Veterans Housing and Supportive Services Grant Program providing no-cost housing and supportive services, with priority for veterans discharged under the same conditions listed above.

PTBC ANALYSIS:

To qualify for expedited licensure under AB 1775, an applicant must provide official military discharge documentation demonstrating that their separation from the U.S. Armed Forces was solely due to Executive Order 14183, which restricted military service by transgender individuals. Acceptable documentation includes a DD-214 showing the narrative reason for separation and separation code, along with any supporting military records or official correspondence that verifies the discharge was based exclusively on that federal action.

Under the amended BPC §115.4, DCA boards, including PTBC must expedite licensure when an applicant:

1. Served on active duty, and
2. Was discharged solely because of Executive Order 14183.

To determine this, the applicant must provide military discharge papers that show:

- Their discharge characterization (e.g., Honorable, General, OTH)
- The narrative reason for separation
- The separation code (SPD code)
- Any supporting documentation that ties the discharge to the Executive Order

The Key Document is the DD-214 which includes:

- "Narrative Reason for Separation"
- "Separation Authority"
- "Separation Code (SPD)"
- Dates of service
- Character of service

If the DD-214 alone does not explicitly reference the Executive Order, the applicant may also provide:

- Military personnel records showing the basis for discharge
- Official correspondence referencing the Executive Order
- Legal or administrative separation documents
- A letter from the Department of Defense confirming the discharge reason

PTBC Fiscal & Operational Impact Analysis

Licensing Operations

- PTBC must expedite licensure for an additional category of applicants, those discharged solely due to Executive Order 14183.
- Expected volume is likely low but may require:
 - Updated application instructions
 - Staff training
 - Adjustments to internal expedited-processing workflows

Documentation Review

- PTBC will need to verify that the applicant's discharge was solely due to the Executive Order.
- May require coordination with DCA for standardized documentation guidance.

Reporting Requirements

- PTBC must provide additional data to DCA for inclusion in the annual military licensure report, specifically:
 - Number of expedited applications received under the new eligibility category
 - Licenses issued/denied
 - Processing time metrics

Fiscal Impact to PTBC

- Minor and absorbable workload increases related to:
 - Application processing
 - Staff training
 - Data collection and reporting
- No new fees or revenue impacts.

POLICY CONSIDERATIONS

- Equity and Access: Expanding expedited licensure to veterans discharged due to discriminatory federal policy aligns with statewide equity goals.
- Verification Challenges: Boards may need clear guidance from DCA on acceptable proof of discharge circumstances.
- Consistency Across Boards: Uniform implementation will be important to avoid inconsistent treatment of applicants.

FISCAL IMPACT:

1) CalVet:

a) Ongoing General Fund cost pressures of an unknown amount but potentially in the high hundreds of thousands to the low millions of dollars annually to establish, administer, and provide grants for the new Housing and Supportive Services Grant Program. CalVet indicates it may incur administrative costs associated with developing program criteria, clarifying eligibility and prioritization requirements, awarding and overseeing grants, and ensuring program accountability. This program is subject to an appropriation by the

Legislature and actual costs depend on the level of funding provided and the final statutory framework adopted.

b) GF cost pressures of an unknown amount resulting from the new requirement that discharge upgrade services be provided at no cost.

The author is requesting \$5.5 million in the 2026-27 state budget to support this bill, including \$5 million for housing assistance and \$500,000 for the discharge upgrade program.

2) DCA:

a) Minor and absorbable implementation costs, depending on the need to verify the number of people impacted by the EO and to validate their eligibility.

b) One-time IT costs of \$197,000 to update application language for all programs that accept online applications and update paper applications on the program's specific website. DCA indicates this cost is absorbable by redirecting existing resources if delayed implementation is granted.

The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

**FROM THE
AUTHOR:**

Purpose: This bill is co-sponsored by Equality California, Out in National Security, and SPARTA Pride. According to the author: AB 1775 is a vital lifeline to ensure we provide critical housing, employment, and transition to-civilian-life support for service members being discharged from the U.S. military as a result of President Donald Trump's Executive Order (EO) 14183, which targets transgender service members. California has a responsibility to step in when the federal government turns its back on people who served honorably. These service members are being forced out of service not because of misconduct or performance, but because of who they are. AB 1775 ensures that California does not compound that injustice by leaving veterans without housing, jobs, or a clear path to stability.

Background: On January 27, 2025, President Trump signed EO 14183, which called for the removal of transgender individuals from military service. While two federal courts initially blocked the ban, the U.S. Supreme Court lifted those injunctions on May 6, 2025, enabling the U.S. Department of Defense to commence the discharge of transgender personnel. Supporters assert: As documented by national experts and advocates, the implementation of this policy has created widespread fear, confusion, and instability. Thousands of service members now face the prospect of forced separation, often under compressed and uncertain timelines, with little clarity about their benefits, discharge status, or future. These abrupt separations can immediately cut off pay and benefits, leaving veterans unable to secure housing or transition smoothly into civilian employment.

Existing law requires boards and bureaus under the DCA to expedite applications from honorably discharged veterans, with the goal of enabling these individuals to quickly transition into civilian employment upon retiring from service. The author contends California law should expressly provide that programs intended to support honorably discharged service members obtain professional licenses are available to individuals discharged as a result of EO 14183, regardless of how the discharge is officially processed by the Department of Defense.

This bill provides transgender service members subject to involuntary separation from the armed forces under EO 14183 eligibility for expedited professional licensing under DCA, as well as priority access to both discharge upgrade services through the Veteran's Military Discharge Upgrade Grant Program and housing services through a newly established housing program for discharged veterans.

SUPPORT:

Equality California (Co-Sponsor)
Out in National Security (Co-Sponsor)
SPARTA Pride (Co-Sponsor)
Advocates for Trans Equality
Alliance for TransYouth Liberation
California Association of Veteran Service Agencies
California Commission on the Status of Women and Girls
California Legislative LGBTQ Caucus
California LGBTQ Health and Human Services Network
CalPride Valle Central
City of West Hollywood
Courage California
Disability Rights California
El/La Para TransLatinas
Families United for Trans Rights (FUTR) East Bay Chapter
Gender Affirming Professionals
Lavender Democrats OC
Lyon-Martin Community Health Services
Modern Military Association of America
National Women's Law Center Action Fund
PFLAG Clayton-Concord
PFLAG Fresno
PFLAG San Francisco
Planned Parenthood Affiliates of California
Public Counsel
Rainbow Families Action Bay Area
San Diego Pride
Service Women's Action Network
Swords to Plowshares
The San Diego LGBT Community Center
The TransLatin@ Coalition
TransCanWork
AB 1775
Page 7
Transgender Military Hub
Viet Rainbow of Orange County

OPPOSITION:

None

POSITION:

Watch

PHYSICAL THERAPY BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

Bill Number: AB 1979
Author: Bonta (D)
Bill Date: Amended 4/23/2026
Subject: Health Care Services: Artificial Intelligence
Sponsor: Author Sponsored

DESCRIPTION OF CURRENT LEGISLATION:

AB 1979 requires health facilities, clinics, physician offices, and group practices to ensure that no clinical decision is based solely on the output of a clinical decision support system (CDSS). A licensed health care professional must exercise independent professional judgment when reviewing and approving any clinical decision influenced by artificial intelligence (AI). This bill clarifies that it does not prohibit the use of AI for non-clinical documentation or communication, including automated messages that inform patients of updates to their health records. AB 1979 further amends the Confidentiality of Medical Information Act (CMIA) to specify that a business offering a health-care chatbot to consumers is considered a provider of health care and is therefore subject to CMIA privacy protections.

ANALYSIS:

1. Confidentiality of Medical Information Act (CMIA)

The bill clarifies that “manage the individual’s information” includes the ability to:

- Query medical history
- Summarize doctor notes
- Organize lab results

This ensures that AI-enabled tools performing these functions fall under CMIA’s privacy requirements.

2. AI-Generated Patient Communications

Existing law requires AI-generated clinical communications to include:

- A disclaimer that the communication was generated by AI
- Clear instructions for contacting a human provider

AB 1979 maintains these requirements.

3. Prohibition on AI Performing Licensed Clinical Functions

The bill prohibits the use of AI for:

- Any activity requiring professional judgment
- Any function constituting the practice of a licensed health profession
- Directing, guiding, supervising, or instructing unlicensed personnel in tasks requiring a license

The April 23 amendments refine earlier language to focus specifically on clinical judgment and licensed functions, rather than broadly prohibiting AI “replacement.”

4. Enforcement Authority

Healing arts boards may seek an injunction or restraining order if AI is used in a manner that constitutes unlicensed practice. This authority is permissive and aligns with existing enforcement tools.

5. Technical and Conforming Amendments

The April 23 amendments include minor structural and wording updates to improve clarity and consistency.

PTBC ANALYSIS:

Impact of Recent Amendments:

The April 9 and April 23 amendments do not change PTBC's authority, operations, or regulatory framework. The amendments primarily:

- Strengthen restrictions on AI use in clinical decision-making
- Expand CMIA coverage to AI health models and chatbots
- Clarify that AI cannot replace or direct licensed clinical judgment

PTBC's role remains limited to enforcement when AI use crosses into unlicensed practice or when a licensee fails to exercise required professional judgment.

PTBC-Relevant Provisions

Clinical Judgment Requirement: PTs and PTAs must not rely solely on AI for any clinical decision. Failure to exercise independent judgment could constitute:

- Negligence
- Unprofessional conduct
- Violation of practice standards

Unlicensed Practice

If AI tools perform functions that constitute the practice of physical therapy, PTBC may pursue injunctive relief under existing unlicensed-practice authority.

Documentation Tools

AI-generated documentation is permitted only if reviewed and approved by the licensee.

Privacy Compliance

PT practices using AI-enabled tools may now fall under CMIA obligations, depending on the tool's function.

Enforcement authority is permissive, not mandatory.

While AB 1979 does not impose new enforcement duties on PTBC, the bill could result in a minor increase in enforcement workload if the Board receives complaints alleging that AI systems are being used in a manner that constitutes the unlicensed practice of physical therapy. Any such cases would be handled within PTBC's existing unlicensed-practice authority.

The bill allows healing arts boards to seek injunctions only if:

- A violation constitutes unlicensed practice, and
- The board chooses to pursue that remedy

This is the same authority PTBC already has under existing unlicensed-practice statutes. AB 1979 does not expand PTBC's jurisdiction. The PTBC enforcement effect would depend on the number of complaints received alleging either unlicensed practice or inappropriate use of AI by a licensed provider. PTBC already receives such complaints and investigates them within our current investigation framework.

Indirect impact (minimal):

PTs may see:

- Clinics adjusting internal policies on AI-based tools
- Clarification that AI cannot replace PT clinical judgment
- Stronger privacy protections for patient data handled by digital tools

POLICY CONSIDERATIONS:

- Potential for Additional Complaints: AB 1979 may generate occasional complaints alleging AI is being used in a way that constitutes unlicensed practice of physical therapy.
- No New Mandates for PTBC: The bill does not require PTBC to monitor AI use or initiate AI-specific investigations; enforcement remains discretionary.
- Existing Authority Is Sufficient: Any AI-related unlicensed-practice cases would be handled under PTBC's current enforcement framework.
- Low Likelihood of Significant Impact: Most AI compliance issues fall under facilities, health plans, or privacy regulators, limiting spillover to PTBC.

PTBC FISCAL CONSIDERATIONS:

AB 1979 does not impose new duties on PTBC and is not expected to create operational or fiscal impacts. The bill may result in a minor increase in enforcement workload if the Board receives complaints alleging that AI is being used in a manner that constitutes unlicensed practice of physical therapy. Any such cases would be addressed through PTBC's existing enforcement processes and are expected to be infrequent and absorbable within current resources.

FISCAL COMMENTS ASSEMBLY APPROPRIATIONS: According to the Assembly Appropriations Committee, costs of an unknown amount to the California Department of Public Health (DPH) to ensure health facilities, clinics, and physician offices comply with the provisions of this bill. If DPH adopts regulations, one-time costs could be in the hundreds of thousands of dollars (Licensing and Certification Fund).

The Department of Consumer Affairs reports most healing arts boards anticipate an increase in workload due to a higher volume of complaints resulting from this bill. However, the boards are unable to estimate the increase in complaint volume or related enforcement costs due to the lack of data on how frequently AI violations occur (various special funds).

Costs of an unknown but potentially significant amount to the Department of Justice (DOJ) to bring enforcement actions as authorized by this bill. Actual costs will depend on the number of enforcement actions pursued by DOJ and the amount of additional work created by each action, but costs may be in the hundreds of thousands of dollars annually. (Unfair Competition Law Fund).

Cost pressures of an unknown but potentially significant amount to the courts to adjudicate any additional filings (Trial Court Trust Fund, General Fund). Actual costs will depend on the number of cases filed and the amount of court time needed to resolve each case. It generally costs approximately \$1,000 to operate a courtroom for one hour. Although courts are not funded based on workload, increased pressure on the Trial Court Trust Fund may create a demand for increased funding for courts from the General Fund. The state budget provides annual General Fund backfills to the Trial Court Trust Fund to offset revenue reductions, totaling approximately \$117.3 million in 2025-26.

**FROM THE
AUTHOR:**

AI is rapidly integrating into our health care system and reshaping our personal experience with health care. While this technology holds a lot of promise, there is no question that without careful consideration of the potential perpetuation of biases, risks to patient safety, and challenges of clinical workers knowing what to question and what to trust, the deployment of AI in health care can do more harm than good.

The author notes that a 2023 study found that, while carefully crafted AI could slightly improve diagnostic accuracy for certain disorders, in cases where clinicians were provided AI support using a systematically biased model, diagnostic accuracy dropped substantially to 62% (from 73%). This also demonstrates that having a human-in-the-loop is not a panacea for all the challenges that AI can present. Providing health care requires compassion, empathy, and real-world judgment that cannot be captured in patterns and algorithms. Technology should assist human clinicians, not replace them.

As AI deploys into health care settings, it is also reaching consumers directly through applications like Copilot and ChatGPT offering to connect directly to personal medical records. The author concludes that voluntary commitments to protect this sensitive information are not enough, we must ensure any entity accessing medical records for managing health is abiding by the law.

Background:

AI is the mimicking of human intelligence by artificial systems. AI uses algorithms, or sets of rules, to transform inputs into outputs. Inputs and outputs can be anything a computer can process: numbers, text, audio, video, or movement. AI is not fundamentally different from other computer functions; unlike other computer functions, however, AI is able to accomplish tasks that are normally performed by humans. Most modern AI tools are created through a process known as "machine learning." Machine learning involves techniques that enable AI tools to learn the relationship between inputs and outputs without being explicitly programmed. The next step is "training," the process of exposing a naïve AI to data. The algorithm that an AI develops during training is known as its "model." Models trained on small, specific datasets in order to make recommendations and predictions are referred to as "predictive AI." This differentiates them from "generative AI" (GenAI), which are trained on massive datasets in order to produce detailed text, images, audio, and video. Because it can process a range of data sources and create novel outputs, and because it can convincingly mimic human capabilities and convincingly generate perfectly worded nonsense, GenAI poses unique opportunities and challenges.

Administrative and clinical-adjacent uses of AI applications in health care.

Hospitals, clinics, physician groups, and health plans are leveraging GenAI to automate a wide range of routine back-office tasks as well as those tasks that provide administrative support for clinical work. For instance, electronic health record (EHR) systems are being equipped with GenAI

functionality that allows health care providers to automatically generate billing codes, improving accuracy and completeness by checking for errors, omissions, and compliance with current requirements. At the same time, health plans and insurers are using AI on the other end of the transaction to automate and streamline multiple functions, including processing claims and evaluating prior authorization requests. According to the Wall Street Journal, UnitedHealth Group said it now has a thousand AI applications in production, even as a class action lawsuit is advancing through the courts accusing the insurer of using AI algorithms instead of medical professionals to illegally deny Medicare Advantage claims. Other types of administrative tasks, such as appointment scheduling and other routine, non-clinical communication have significant potential to be automated. Researchers also believe AI can assist in generation of quality metrics, which are important for measuring health system performance but often rely on data that must be manually extracted from EHRs. Similar to the Layer Health project mentioned above, a pilot study found that large language models (LLMs) could perform accurate extractions of specific data from these patient records for use in calculating complex quality measures. Finally, although they state they are not seeking to diagnose or prescribe, a company called Hippocratic AI seeks to usher in a world of "healthcare abundance" through the development and deployment of "health care AI agents" who interact with patients on behalf of health care providers. The company describes these voicebot agents as being designed to live within a liminal space in the health care system: accomplishing a number of common tasks that are often performed by medical assistants or clinical staff like nurses, such as case management, appointment preparation, follow-up from procedures, but that may not require a license.

Diagnosics, Treatment and CDSS.

In addition to the clinical-adjacent applications discussed above, clinical applications of GenAI technology are advancing rapidly and substantially. Google's MedPaLM-2 LLM achieved expert-level scores on the United States Medical Licensing Examination, with physicians preferring AI answers to those from other physicians on eight of nine clinical axes. GenAI can now synthesize, augment, and interpret heterogeneous complex images across various modalities, such as X-rays, MRI, and CT scans. AI algorithms can also assist in diagnosing dental health conditions through image analysis and data interpretation. In recent years, minimally invasive surgical techniques such as laparoscopic surgery and robotic surgery have become increasingly prevalent. The ultimate goal of robotic surgery development is the creation of fully autonomous AI-powered surgical instruments. Data from the 2023 American Hospital Association Annual Survey Information Technology Supplement reflect 65% of United States hospitals used predictive models, and 79% of those used models from their EHR developer. Hospitals use AI and predictive models to predict health trajectories or risks for inpatients, identify high-risk outpatients to inform follow-up care, monitor health, and recommend treatments. CDSS are also being deployed and designed to aid physicians in diagnosing, managing, and treating patients in outpatient settings.

Racial, ethnic, and gender bias.

The performance of an AI is directly impacted by the quality, quantity, and relevance of the data used to train it. If the data used to train the AI is biased, the tool's outputs will be similarly biased and the results can be inaccurate when applied to populations not reflected in the training data. When automated decision systems are deployed in healthcare, biased historical data can lead to patients being recommended substandard care on the basis of their race or ethnicity. In 2007, an automated decision system was developed to help doctors estimate whether it was safe for people who had delivered previous children through cesarean section to deliver subsequent children vaginally. The system considered relevant factors as it made its decision, such as the woman's age, her reason for the previous cesarean, and how long ago the cesarean had been performed. However,

a 2017 study found that the system was biased; it predicted Black and Latino people were less likely to have a successful vaginal birth after a cesarean than similar non-Hispanic white women. As a result, doctors performed more cesareans on Black and Latino people than on white people. Such discrepancies can potentially perpetuate historical biases and lead to worse health outcomes. The University of California (UC), San Francisco also reported bias in an algorithm used to identify potential appointment no shows to facilitate double-booking for that appointment. The program was confirmed to result in low-resourced and marginalized populations being double-booked more often than others, reflecting underlying structural inequalities and highlighting how these tools, if not studied and corrected for bias, that can create feedback loops that worsen discrimination.

Cognitive biases and cognitive burden.

Bias exhibited by an AI model based on underlying training data is not the only bias that may influence how an AI system works when deployed. Its effectiveness can also be impacted by predictable patterns of human error called cognitive biases. Reviewing an AI system's output for errors or omissions is a substantively different cognitive task than generating a clinical note or medical advice, and the use of AI systems raise questions about how cognitive bias evoked by AI assistance with clinical tasks might affect clinical judgement or practice in ways that are difficult to understand, predict, and measure.

Research shows automation bias, or placing undue confidence in and over-relying on automated outputs, is a problem in many fields. Automation-induced complacency, or insufficient monitoring of automation output, is also a concern. Over time, these biases can lead to people being less likely to catch errors or to disagree with what was written. There are many factors that can exacerbate the potential danger posed by automation bias in CDSS, including, for instance, if an AI model's process to arrive a given output lacks transparency or is not explainable, if the model is implemented with inadequate training of end users, or if a clinician is under significant time pressure or cognitive burden that limits their practical ability to systematically assess and effectively integrate the additional information provided by an AI system with their clinical knowledge and experience.

Although there are many examples of promising AI applications for improving clinical decision making, a 2023 experimental study demonstrated some concerning results. It tested the efficacy of AI models designed to assist clinicians in diagnosing chronic obstructive pulmonary disease, pneumonia, or heart failure from a radiograph. Although assistance from a carefully designed AI model slightly improved clinicians' accuracy in diagnosis as compared the clinicians who received no assistance (76-78% versus 73%), in cases where clinicians were provided AI support using a systematically biased model, diagnostic accuracy dropped substantially to 62%. In other words, receiving support from a bad AI system actually made clinicians significantly worse at diagnosing conditions than simply relying on their own clinical judgement. This study showed that having a "clinician-in-the-loop" overseeing the AI does not overcome the challenges of poor-performing AI systems, regardless of whether the clinicians are given information explaining how the AI arrived at its output.

Safety and effectiveness.

In some cases, an AI model's accurate predictions may nevertheless lead to bad decisions. In one example, a hospital trained AI models on a dataset of 15,000 pneumonia patients in order to develop a model that could identify which pneumonia patients were at the greatest risk, in order to triage new patients. During testing, it was discovered that one of the most accurate models recommended outpatient status for asthmatics. This is a lifethreateningly dangerous error based on an accurate statistical correlation, namely, asthmatics are less likely to die from pneumonia than the general

population precisely because asthma is such a serious risk factor that asthmatics automatically get elevated care.

The "generative" aspect of GenAI models mean they may produce incorrect outputs, including "confabulations" and "hallucinations"—confidently stated but erroneous content that may mislead or deceive users. GenAI's well-reported challenges with factual correctness are particularly problematic in health care, where inaccuracies can cause serious harm. Recent problems include incorrect differential diagnosis and invalid scientific citations.

Direct to consumer AI tools.

Direct to consumer (DTC) health-related AI tools are rolling out at a rapid pace. This year, major AI developers at OpenAI, Anthropic, and Microsoft have announced ChatGPT Health, Claude for Health Care, and Copilot Health, respectively. The CMIA prohibits a provider of health care, among others, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application designed to maintain medical information to make the information available to an individual or a provider of health care, for purposes of allowing the individual to manage their information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. In announcements of these DTC health AI apps, developers have made clear that their tools do not diagnose or treat patients, or claim that consumer facing elements are intended to assist with preparing for doctor's appointments. Given this focus, there may be room for clarity for what it means to manage an individual's information. In January 2025, the California Department of Justice released legal advisories regarding the use of AI in health care, which cite these provisions of the CMIA: "California state medical privacy laws provide protections that are, in some cases, more stringent than federal health privacy laws like HIPAA. The CMIA and the Information Practices Act govern use and disclosure of Californians' medical information. Covered entities must preserve confidentiality of patients' medical information and ensure that patients have access to that information. Sensitive information, including mental and behavioral healthcare and reproductive and sexual healthcare (e.g., abortion and gender affirming care), receive heightened protections. Medical privacy laws apply to governmental healthcare agencies, medical providers, and insurance plans, as well as businesses that offer software or hardware to consumers for the purposes of managing medical information, diagnosis or treatment, or management of medical conditions, via mobile applications or other related devices."

SUPPORT:

- California Nurses Association
- Consumer Watchdog
- Board of Behavioral Sciences

Arguments in Support: The California Nurses Association (CNA) is the sponsor of this bill and states in support that it would protect against the threats presented by the rapid expansion of AI in health care to standards of care in clinical practice and patient privacy. CNA argues that caring for patients is deeply human work, requiring professional judgment, clear accountability, and strong protection for patients' sensitive medical information. CNA contends this bill rejects the false promise of a human-in-the-loop model where AI performs the substantive clinical decision making and the clinician is left to supervise or sign off. CNA argues that this bill preserves a human in command standard, where the licensed health care professional remains the actual decision maker

in health care clinical practice. In plain terms, if California law requires a licensed clinician to perform a health care activity, an AI tool cannot be used in that clinician's place. CNA concludes this bill also ensures that AI health applications remain subject to California's medical confidentiality laws, so patients do not lose privacy protections simply because their information passes through a digital platform.

Consumer Watchdog supports this bill and states that by ensuring that health care entities and AI developers cannot use AI to replace licensed clinical judgment or bypass health privacy protections it safeguards patient safety, medical privacy, and the integrity of health care practice. AI is rapidly entering the places patients receive care and consumer-facing health applications, often unbeknownst to patients. Too often the existing guardrails that are meant to protect patients are being blurred. Patient safety demands clear guardrails on the use of AI technologies. Consumer Watchdog argues this bill would protect patients by prohibiting health care entities from using AI to perform functions that require the clinical judgment of licensed health care professionals. Allowing untested and unaccountable AI technologies to perform or guide these functions risks patient harm and undermines public trust in the health care system.

The Board of Behavioral Sciences (BBS) also supports this bill stating that the BBS believes it is essential to provide guardrails to ensure that emerging technologies enhance, rather than undermine, the delivery of safe and effective care. By reinforcing the requirement for independent professional judgment and prohibiting the inappropriate delegation of licensed functions, this bill supports patient safety and upholds the integrity of clinical practice.

OPPOSITION:

- AtaAction
- America's Physician Groups
- California Association of HealthPlans
- California Radiological Society
- Civil Justice Association of California
- Epic
- Kaiser Permanente
- California Chamber of Commerce

Arguments in Opposition:

A coalition including ataAction, America's Physician Groups, the California Association of Health Plans, California Radiological Society, Civil Justice Association of California, Epic, and Kaiser Permanente opposes this bill stating that it will significantly hinder the ability of the entire health care system to provide safe and effective care for Californians and still imposes rigid statutory constraints on rapidly evolving tools that are already deeply embedded across clinical operations. The coalition argues that this bill would require inventorying and legally readjudicating a wide range of existing tools across EHR workflows, patient education, care navigation, imaging, medical devices, and enterprise analytics. They state this bill would cause them to redesign or disable many current capabilities, create new compliance, audit, and documentation processes to demonstrate "independent professional judgment" and absorb downstream productivity losses.

The California Chamber of Commerce (CalChamber) also opposes this bill citing concerns with the ambiguity of which outputs would be considered a "clinical decision." CalChamber states that it strongly believes that AI should support — not replace — licensed health care professionals, who retain full decision-making authority at all times. Unfortunately, this bill would impose sweeping

oversight requirements on not just AI systems, but also a wide range of patient-centered technologies. CalChamber argues that this bill could disrupt or create unintended challenges to existing, widely used, and beneficial technologies embedded in electronic health record platforms, where AI supports functions such as predictive alerts, clinical summarization, and documentation. These capabilities are deeply integrated into clinical workflows and, without clarifying a "clinical decision," could compromise workflow efficiency and interoperability and cannot be removed without compromising data quality, workflow efficiency, and interoperability.

POSITION: Watch



Briefing Paper

Date: May 12, 2026
Prepared for: PTBC Members
Prepared by: Brooke Arneson
Subject: 2026 Rulemaking Report

Agenda Item 6(C)

Purpose:

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

Attachments: [1. 2026 Rulemaking Update](#)
[2. Overview of the Regulatory Process](#)

Background:

At the December 2025 meeting, the Board adopted the 2026 Rulemaking Calendar as required by Government Code (GC) § 11017.6. The 2026 Rulemaking calendar prepared pursuant to this section sets forth the Board's rulemaking plan for the year and is published by the Office of Administrative Law (OAL) in the California Regulatory Notice Register (Notice Register). The Notice Register is available on OAL's website: https://oal.ca.gov/california_regulatory_notice_online/

From the 2026 Rulemaking Calendar, staff developed a rulemaking tracking form on which all rulemaking progress is noted and reported to the Board at its quarterly meetings.

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

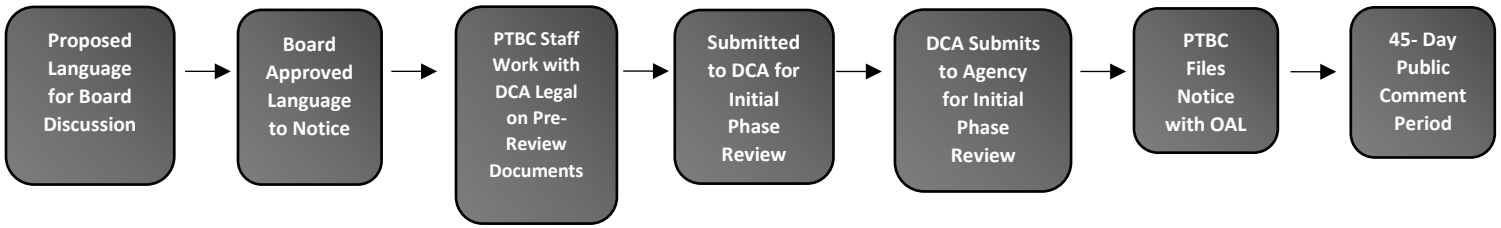
Action Requested:

No action is requested on presentation of the rulemaking report.

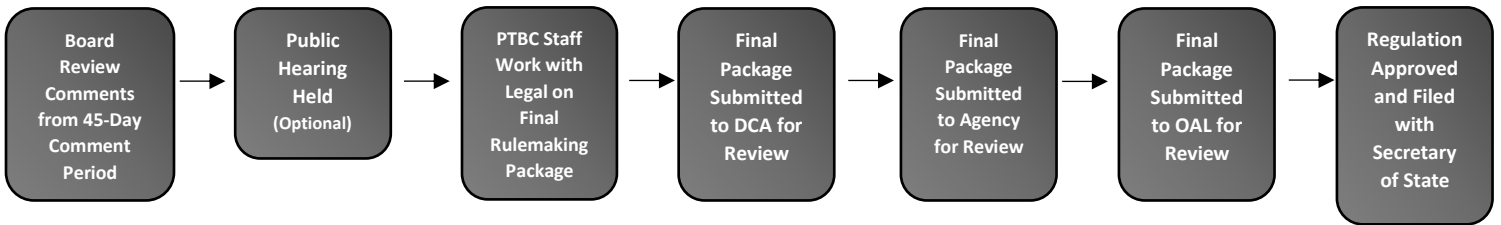
2026 Rulemaking Update

Continuing Competency

Initial Phase:



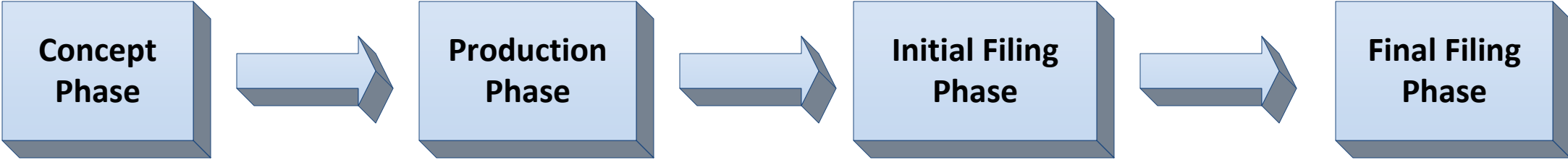
Final Phase:



Notes: This regulation proposes to amend CCR 1399.90 – 1399.99, Article 14, Division 13.2 of Title 16. This proposed regulation is on the 2026 Rulemaking Calendar that was adopted at the meeting on December 11, 2025. PTBC staff are in the process of researching and developing proposed language for consideration by the Board at a future meeting date. We are in the initial phase of regulatory development, actively gathering workforce and program data to support the creation of the two comprehensive regulatory packages. This workforce and program data will be used to assess compliance with CC program policies and identify modifications to PTBC's existing regulations to ensure alignment with our statutory requirements. PTBC Continuing Competency staff have been working on a fee study, in collaboration with DCA, to support the implementation of a per-course fee for approval agencies. The study outlines PTBC's responsibilities and calculates the time and cost associated with each task, which will serve as the basis for the fee.

This regulatory proposal was included in previous rulemaking calendars years: 2021; 2022; 2023; 2024; 2025 and is also included in the Rulemaking Calendar for 2026.

Regulation Package Approval Process



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

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

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

Phase Goal: Regulation Package is approved by Agency.

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

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

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

Phase Goal: OAL approves Final Regulatory Package.

Briefing Paper

Agenda Item 6D

Date: 5/18/2026
Prepared for: PTBC Members
Prepared by: April Beauchamps
Subject: Outreach Report

Purpose: To provide PTBC's Outreach activities and statistics for fiscal year (FY) 2025-26 (Q3).

Attachments:

1. [Website Statistics](#)
2. [Social Media Statistics](#)
3. [2026 Outreach Calendar](#)

Background:

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

Update and Analysis:

During Quarter 3 (Q3) PTBC provided 8 outreach presentations to PT and PTA programs in California. The PTBC provided Outreach program presentations to Gurnick on 1/6/2026; CSU Fresno on 1/16/2026; UCSF on 1/21/2026; University of the Pacific on 1/28/2026; University of Southern California on 2/5/2026; CSU Northridge on 2/6/2026; Sacramento City College on 3/6/2026; and San Diego Mesa College on 3/25/2026. The PTBC also attended a high school career fair at Burbank High School for the 2nd year in a row on 1/29/2026.

Website – The PTBC had 21,801 web-hits through its web page tabs, resulting in an 16% decrease over last fiscal year Q3.

Social Media¹:

Facebook – The PTBC received 18 new followers this fiscal year Q3. In comparison to last fiscal year Q3, there was an increase of 62% in page reach/impressions and a decrease of 48% in engagements which is the number of interactions.

Instagram – Instagram had a 18% decrease in page reach and a 1% decrease in profile visits in comparison to last fiscal year Q3. Instagram also had 51 new followers.

Tik Tok – Tik Tok stats for this fiscal year 2025-26 Q3, PTBC had 69 new video views/impressions resulting in a 97% decrease from last fiscal year Q3. Tik Tok had 15 likes resulting in a 50% increase compared to last fiscal year Q3. Tik Tok also gained 10 new followers this fiscal year Q3.

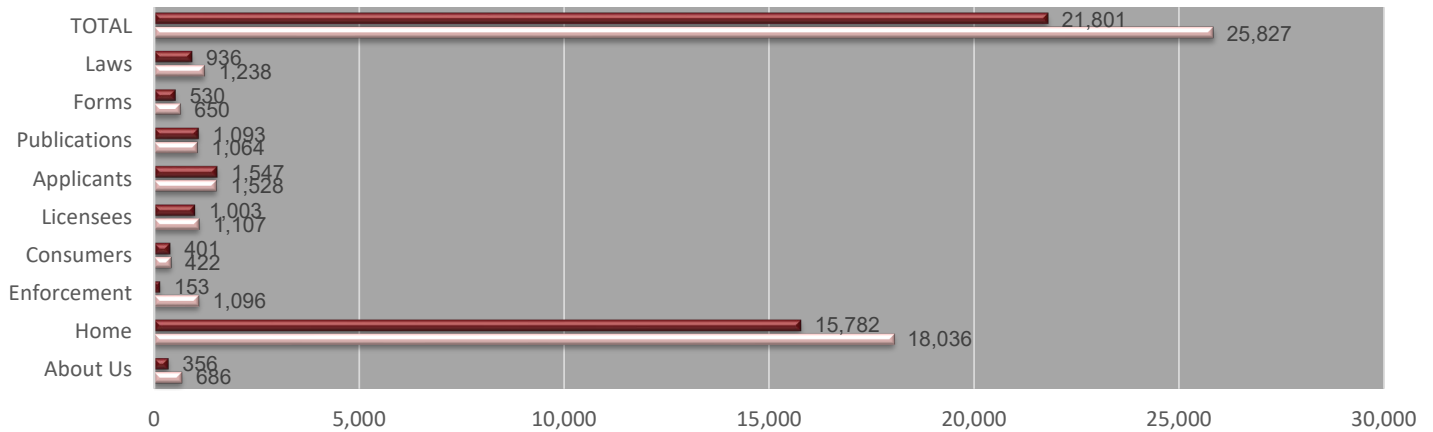
X (Twitter) – X stats for this FY 2025-26, the PTBC had a decrease of people reached by 78% and a 35% decrease of page engagements compared to last fiscal year Q3. X also gained 2 new follower this fiscal year Q3.

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.

LinkedIn – LinkedIn stats for this FY 2025-26 Q3 the PTBC had 2,391 impressions resulting in a 10% decrease, 46 page visits resulting in a 79% decrease, and 61 engagements resulting in a 65% increase.

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

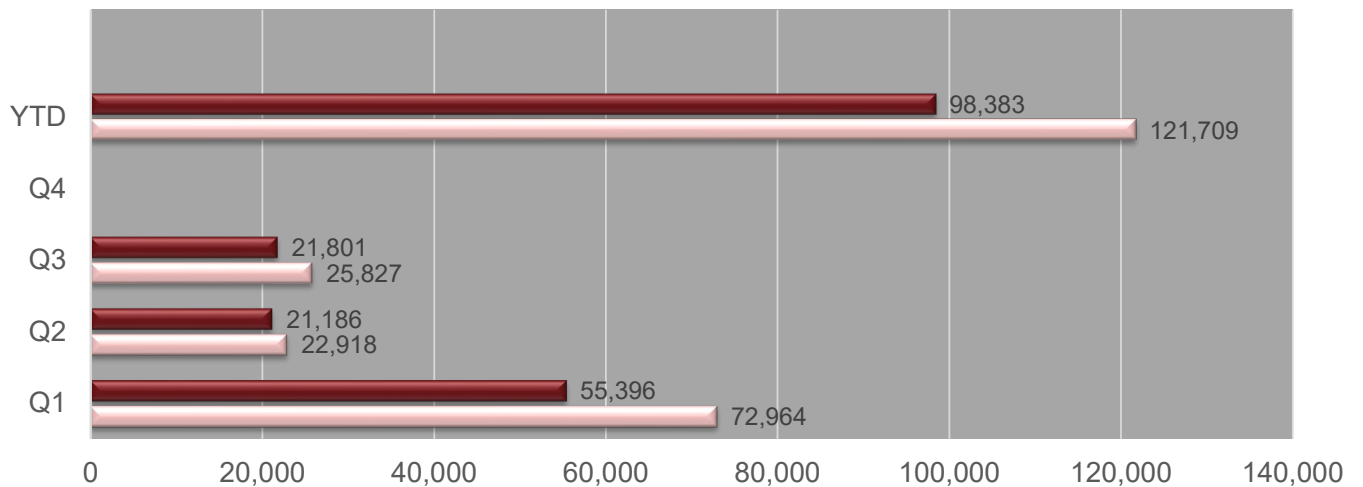
**Website Activity
Q3 (Jan- Mar)**



	About Us	Home	Enforcement	Consumers	Licensees	Applicants	Publications	Forms	Laws	TOTAL
■ CY 2025/26	356	15,782	153	401	1,003	1,547	1,093	530	936	21,801
■ FY 2024/25	686	18,036	1,096	422	1,107	1,528	1,064	650	1,238	25,827

This chart reflects a 16% decrease in traffic over last Q3 (FY 2024/25).

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



	Q1	Q2	Q3	Q4	YTD
■ CY 2025/26	55,396	21,186	21,801		98,383
■ FY 2024/25	72,964	22,918	25,827		121,709

This chart reflects a 19% decrease this YTD compared to last FY 2024/25.

Social Media Statistical Reports

Facebook

	FY 2024/25	Fiscal Year 2025/26						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions(Views)	3,067	10,411	9,105	8,132		27,648	8,132	↑ 62%
Engagements	475	232	216	245		693	245	↓ -48%
New Followers (Likes)	29	26	33	18		77	18	↓ -38%

Instagram

	FY 2024/25	Fiscal Year 2025/26						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	617	398	630	503		1,531	503	↓ -18%
Profile Visits	272	179	184	270		633	270	↓ -1%
New Followers	37	50	34	51		135	51	↑ 38%

Tik Tok

	FY 2024/25	Fiscal Year 2025/26						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
New Video Views (Impressions)	2,636	1,515	840	69		2,424	69	↓ -97%
New Likes	10	54	28	15		97	15	↑ 50%
New Followers	28	58	34	10		102	10	↓ -64%

X (Twitter)

	FY 2024/25	Fiscal Year 2025/26						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	827	364	567	464		1,395	464	↓ -78%
Page Engagements	17	1	12	11		24	11	↓ -35%
New Followers	1	5	1	2		8	2	↑ 100%

LinkedIn

	FY 2024/25	Fiscal Year 2025/26						Year → Year Change
	Q3	Q1	Q2	Q3	Q4	YTD	Q3	
Page Reach/Impressions	2,651	1,591	2,495	2,391		6,477	2,391	↓ -10%
Page Visits	216	35	65	46		146	46	↓ -79%
Reactions to Content (Engagement)	37	64	64	61		189	61	↑ 65%

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

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

Physical Therapy Board of California 2026 Outreach Calendar

January							February							March							April						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		
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		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
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17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	23	24	25	26	27	28	29	
31																					30	31					
11	Mother's Day						15	Father's Day						4	Independence Day						6	Samuel Merritt					
12	College of the Desert						17	Azusa Pacific						7	Gurnick Academy												
26	Memorial Day						20	Senior Health Fair																			
							25-26	PTBC Meeting																			
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					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		
7	Labor Day						31	Halloween						6	Sacramento State						4	Sacramento State					
19-20	CPTA Annual Meeting San Jose, CA													11	Veteran's Day						8-9	PTBC Meeting					
23-24	PTBC Meeting													13	Sacramento State												
24	Placer Protect Health													20	Sacramento State												
25	Dozier Libbey Career							NATIONAL PT MONTH						27	Thanksgiving						25	Christmas					

Physical Therapy Board of California 2026 Meeting Calendar

January							February							March							April						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7					2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
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18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		
1	New Year's Day						16	President's Day						19	PTBC Meeting Sacramento, CA						5	Easter					
6-7	PTA NPTE						12-14	APTA Sections Anaheim, CA						31	César Chávez Day						7-8	PTA NPTE					
19	Martin Luther King Jr.																				28-29	PT NPTE					
27-28	PT NPTE																				9-11	FSBPT REG Workshop Alexandria, VA					
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		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29
31																					30	31					
11	Mother's Day						21	Father's Day						4	Independence Day												
25	Memorial Day						24-25	PTBC Meeting Sacramento, CA						8-9	PTA NPTE												
														18-19	FSBPT LIF Arlington, VA												
														28-29	PT NPTE												
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					1	2	3	1	2	3	4	5	6	7			1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12
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27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31		
7	Labor Day						6-7	PTA NPTE						11	Veteran's Day						8-9	PTBC Meeting Sacramento, CA					
23-24	PTBC Meeting Sacramento, CA						27-28	PT NPTE						27	Thanksgiving						25	Christmas					
19-20	CPTA Annual Meeting San Jose, CA						22-24	FSBPT Annual Education Meeting Greenville, South Carolina																			
							31	Halloween																			

Physical Therapy Board of California Proposed 2027 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		1	2	3	4	5	6		1	2	3	4	5	6					1	2	3		
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13	4	5	6	7	8	9	10		
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20	11	12	13	14	15	16	17		
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27	18	19	20	21	22	23	24		
24	25	26	27	28	29	30	28							28	29	30	31				25	26	27	28	29	30			
31																													
1 New Year's Day							15 President's Day							17-18 PTBC Meeting							6-7 PTA NPTE								
5-6 PTA NPTE							TBD APTA Sections							TBD, Bay Area, CA							27-28 PT NPTE								
18 Martin Luther King Jr.							Anaheim, CA							28 Easter															
26-27 PT NPTE														31 César Chávez Day															
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			1	2	3	4	5					1	2	3	1	2	3	4	5	6	7		
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14		
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21		
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28		
23	24	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31	29	30	31						
30	31																												
9 Mother's Day							20 Father's Day							4 Independence Day															
31 Memorial Day							23-24 PTBC Meeting							7-8 PTA NPTE															
							Sacramento, CA							TBD FSBPT LIF															
														Arlington, VA															
														26-27 PT NPTE															
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						1	2		1	2	3	4	5	6					1	2	3	4
5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11		
12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18		
19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25		
26	27	28	29	30			24	25	26	27	28	29	30	28	29	30				26	27	28	29	30	31				
							31																						
6 Labor Day							5-6 PTA NPTE							11 Veteran's Day							9-10 PTBC Meeting								
15-16 PTBC Meeting							26-27 PT NPTE							25 Thanksgiving							Sacramento, CA								
TBD, Southern CA							TBD FSBPT Annual														25 Christmas								
TBD CPTA Annual Meeting							Education Meeting																						
TBD							TBD																						
							31																						

Briefing Paper

Agenda Item 14 (c)

Date: May 13, 2026
Prepared for: PTBC Members
Prepared by: Anastasia Stokes, Lead Budget/Contracts Analyst
Subject: Budget Report

Purpose: To provide an update on the PTBC's Budget activities and statistics for quarter three (Q3) for fiscal year (FY) 2025-26.

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

Background:

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

For FY 2025–26, the PTBC's working budget is \$7,698,000, which includes funding for personnel services, operating expenses, and equipment, as well as 29.1 positions to support program requirements. The PTBC's Operating Expenses (Personnel Services, Operating Expenses, and Equipment) budget increased by \$519,000 compared to the previous fiscal year's (FY 2024–25) allotment of \$7,179,000. The PTBC's fund is projected to have a reserve of 7.7 months by year-end and 7.0 months by FY 2026–27.

Analysis:

PTBC spent \$1,384,872 in Q3, a 4.29% decrease from the prior year's Q3 total of \$1,446,959. The decline was driven primarily by reduced Departmental Services spending (\$108,401 decrease) and lower Enforcement costs (\$27,808 decrease). These reductions were partially offset by increases in Personnel Services (\$46,781 increase) and General Services (\$27,341 increase).

During the same period, PTBC collected \$1,881,843 in revenue, reflecting a 2.31% increase from the PY 2024–25 Q3 total of \$1,839,358. Revenue changes varied by category, with increases in Other Regulatory Fees: \$7,113, Licenses and Certifications: \$13,943, License Renewal: \$49,700, Delinquent License Renewal: \$5,250, and Scheduled Reimbursements: \$4,900. These gains were partially offset by declines in Other Revenue (\$4,912) and Unscheduled Reimbursements (\$33,509), resulting in an overall Q3 revenue increase of \$42,485.

No Action is being requested.

Physical Therapy Board of California
 Expenditure Statistics Report
 CY 2025-26 (Q3)

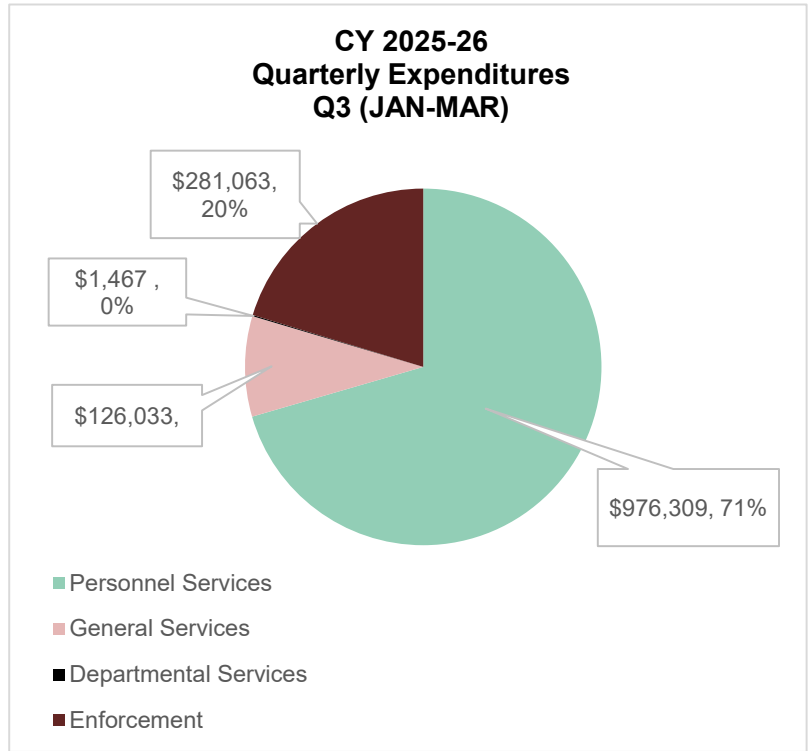
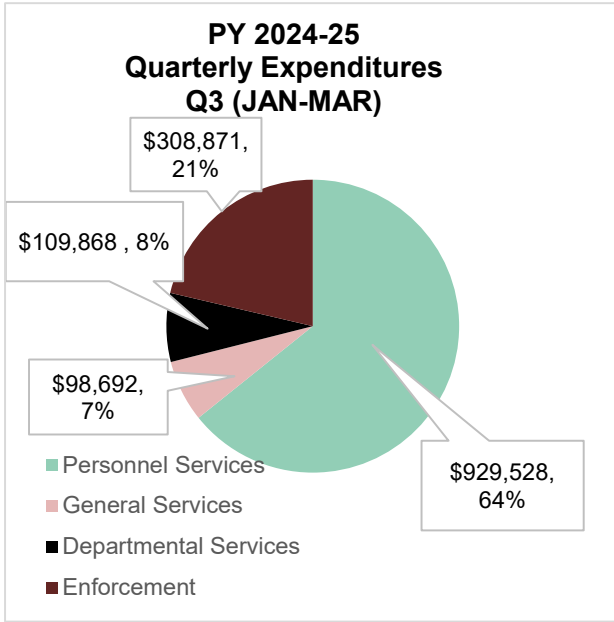
Agenda Item 14 (c) - Attachment 1

Expenditure Statistics Report

Budget Line Items	PY (2024-25)			CY (2025-26)				
	Authorized Budget	Q3 Jan - Mar	YTD (As of 3/31/25)	Authorized Budget	Q3 Jan - Mar	YTD (As of 3/31/26)	Percent Budget Spent	Balance
PERSONNEL SERVICES								
Permanent Positions	2,286,000	565,924	1,662,340	2,333,000	556,922	1,711,217	73%	621,783
Temporary Positions	0	5,402	11,034	0	27,997	48,493		(48,493)
Per Diem, Overtime & Lump Sum	12,000	18,500	38,213	12,000	14,378	37,578	313%	(25,578)
Staff Benefits	1,347,000	339,702	996,036	1,430,000	377,012	1,125,849	79%	304,151
TOTAL PERS SVS	3,645,000	929,528	2,707,623	3,775,000	976,309	2,923,137	77%	851,863
OPERATING EXPENSES & EQUIPMENT								
General Services Totals	625,000	98,692	337,282	562,000	126,033	352,974	63%	209,026
General Expenses	45,000	8,711	31,293	45,000	11,909	32,913	73%	12,087
Printing	22,000	5,445	5,860	22,000	1,998	4,057	18%	17,943
Communications	20,000	1,665	2,831	20,000	2,667	5,948	30%	14,052
Postage	11,000	2,598	5,130	11,000	2,109	6,832	62%	4,168
Travel	20,000	6,147	13,621	20,000	6,667	23,189	116%	(3,189)
Training	5,000	0	850	5,000	0	0	0%	5,000
Facilities Operations	275,000	65,933	195,514	275,000	68,073	200,307	73%	74,693
Equipment	8,000	5,168	56,709	0	679	4,755		(4,755)
C&P SRVS External	219,000	3,025	23,868	164,000	31,931	74,973	46%	89,027
Departmental Services Totals	1,168,000	109,868	963,710	1,184,000	1,467	844,957	71%	339,043
Consumer Client Services (ProRata)	1,089,000	94,083	940,833	1,105,000	0	837,750	76%	267,250
Departmental Services	37,000	13,645	19,911	37,000	477	950	3%	36,050
Consolidated Data Center	26,000	0	0	26,000	0	0	0%	26,000
Information Technology	16,000	2,140	2,966	16,000	990	6,257	39%	9,743
Enforcement Totals	1,840,000	308,871	1,457,861	2,276,000	281,063	1,474,259	65%	801,741
Attorney General	851,000	231,121	567,246	977,000	256,019	659,330	67%	317,670
Office of Admin Hearings	146,000	2,250	63,512	232,000	25,044	76,179	33%	155,821
Evidence/Witness (SME)			64,993			68,873		
Court Reporters			7,110			6,100		
DOI Investigation (ProRata)	843,000	75,500	755,000	1,067,000	0	738,750	69%	328,250
<i>Reimbursements</i>	-99,000			-99,000				
TOTAL OE & E	3,633,000	517,431	2,758,853	4,022,000	408,563	2,672,190	66%	1,349,810
TOTAL PERS SVS/OE&E	7,179,000	1,446,959	5,466,476	7,698,000	1,384,872	5,595,327	73%	2,102,673

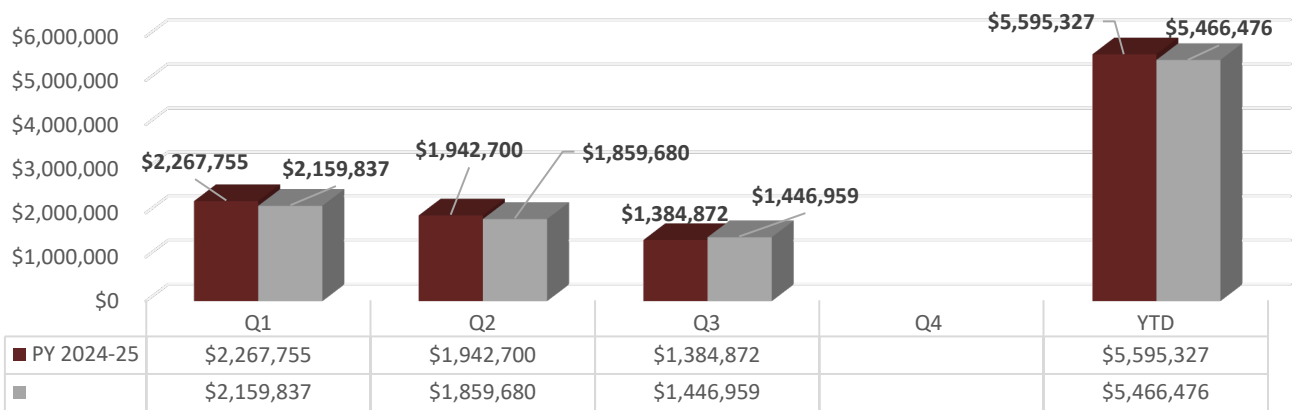
*The PTBC is authorized to allocate \$99k of its revenues collected from scheduled/unscheduled reimbursements towards CY expenditures. Revenues over \$99k are transferred/ deposited directly to fund (year-end).

*Estimated adjustments made through galley (development of 25/26 budget).



The chart shows a total cost decrease of \$62,087 compared to Q3 of the previous fiscal year. Personnel expenses increased by \$46,781, General Services increased by \$27,341, Enforcement costs decreased by \$27,808, and Departmental Services decreased by \$108,401.

**EXPENDITURES
YEAR-TO-DATE**

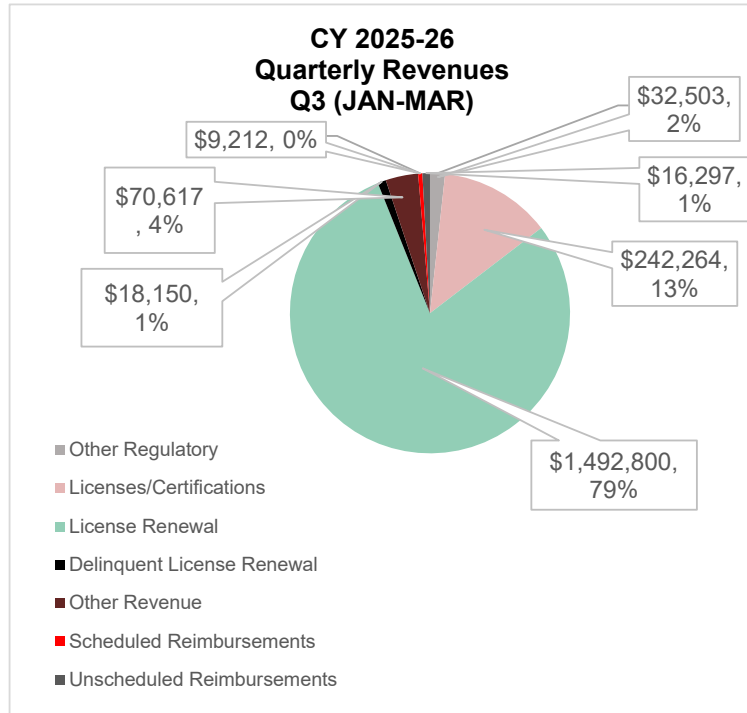
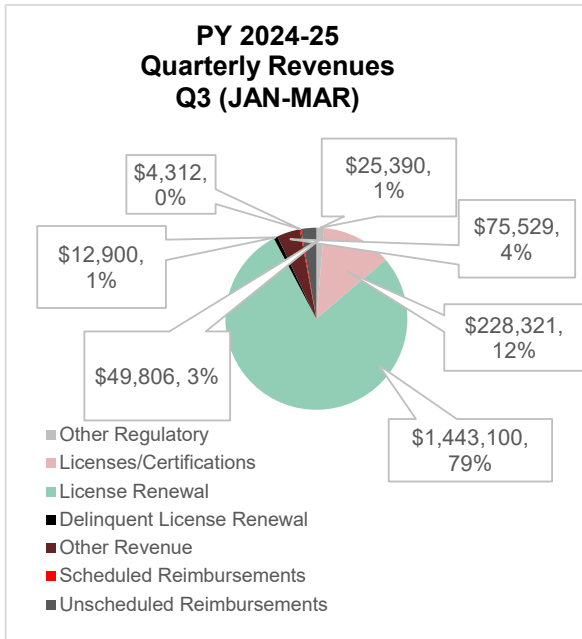


The chart shows a \$128,851 increase, representing a 2.36% rise in year to date expenditures compared to the same period last year.

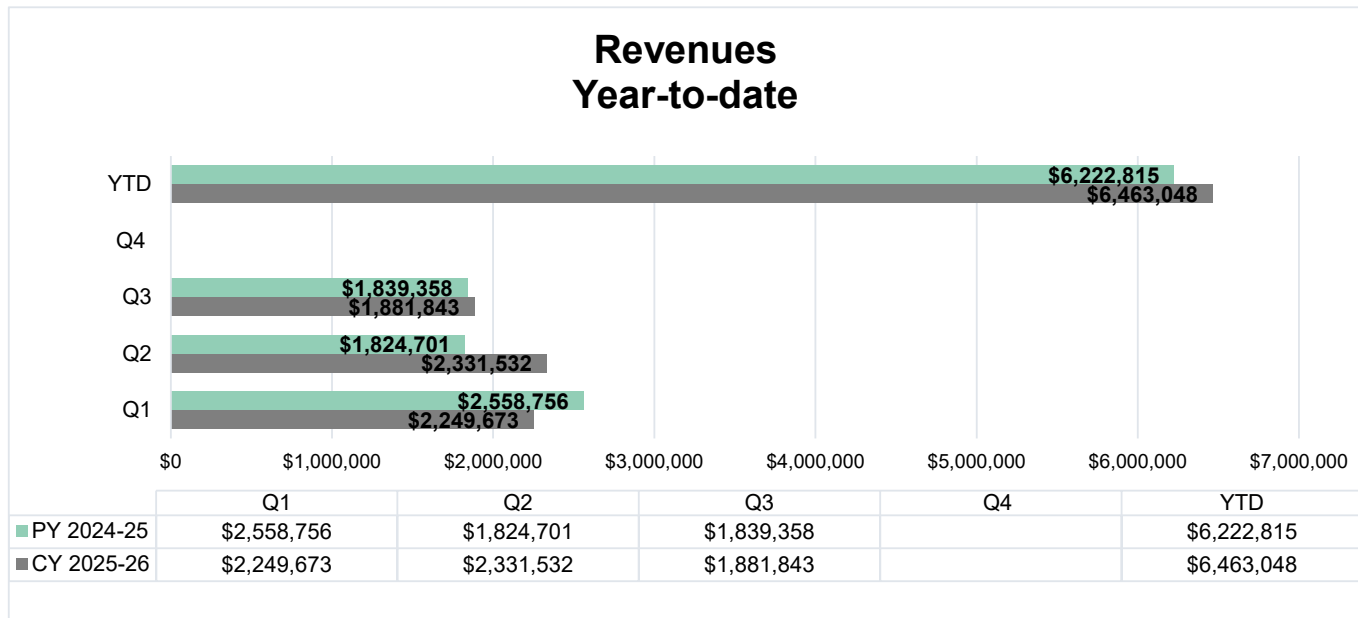
Physical Therapy Board of California
 Budget Revenue Statistics Report
 CY 2025-26 (Q3)

Agenda Item 14 (c) - Attachment 3

Revenue Statistics Report				
Revenue Line Items	PY 2024-25		Q3 Jan-Mar	YTD As of 3/31/26
	Q3	YTD		
	Jan-Mar	As of 3/31/25		
OTHER REGULATORY				
Cite and Fine (Citations)	\$ 3,350	\$ 6,850	\$ 13,273	\$ 24,000
Endorsement (License Verification)	\$ 17,340	\$ 28,620	\$ 14,580	\$ 26,160
Duplicate License / Certificate	\$ 2,800	\$ 6,150	\$ 2,450	\$ 5,450
Retired License App PT	\$ 1,600	\$ 2,200	\$ 1,700	\$ 2,600
Ftb Cite Fine Collection	\$ 300	\$ -	\$ -	\$ 1,825
Retired License App PTA	\$ -	\$ 600	\$ 500	\$ 700
TOTALS	\$ 25,390	\$ 70,610	\$ 32,503	\$ 93,238
LICENSES / CERTIFICATIONS				
ENMG Exam Fee	\$ -	\$ 500	\$ -	\$ -
ENMG Application Fee	\$ -	\$ 100	\$ -	\$ -
KEMG Exam Fee	\$ -	\$ 1,000	\$ -	\$ -
KEMG Application Fee	\$ -	\$ 200	\$ -	\$ -
PTA Application & Initial License Fee	\$ 49,249	\$ 114,605	\$ 48,150	\$ 129,300
FPTA Application & Initial License Fee	\$ 1,500	\$ 6,000	\$ 3,900	\$ 6,000
PT Application Fee	\$ 103,500	\$ 297,000	\$ 114,900	\$ 332,400
PT Initial License Fee	\$ 57,799	\$ 158,198	\$ 65,400	\$ 177,698
FPT Application Fee	\$ 11,749	\$ 19,699	\$ 12,600	\$ 22,849
Other Adjustments -Various	-	-	-	-
TOTALS	\$ 228,321	\$ 825,759	\$ 242,264	\$ 909,147
LICENSE RENEWAL				
ENMG Renewal Fee	\$ 150	\$ 300	\$ 250	\$ 300
KEMG Renewal Fee	\$ 100	\$ 300	\$ 250	\$ 200
PTA Renewal Fee	\$ 317,100	\$ 779,700	\$ 338,700	\$ 820,500
PT Renewal Fee	\$ 1,125,750	\$ 2,703,343	\$ 1,153,600	\$ 2,854,850
TOTALS	\$ 1,443,100	\$ 4,926,743	\$ 1,492,800	\$ 5,168,650
DELINQUENT LICENSE RENEWAL				
ENMG Delinquent Fee	\$ -	\$ 25	\$ -	\$ -
KEMG Delinquent Fee	\$ -	\$ 50	\$ -	\$ -
PTA Delinquent Fee	\$ 2,850	\$ 5,850	\$ 2,700	\$ 8,700
PT Delinquent Fee	\$ 10,050	\$ 18,150	\$ 15,450	\$ 19,500
TOTALS	\$ 12,900	\$ 36,975	\$ 18,150	\$ 46,350
OTHER REVENUE				
Surplus Money Investments	\$ 74,145	\$ 76,283	\$ 70,317	\$ 72,256
Unclaimed/Cancelled Warrants	\$ 1,309	\$ 949	\$ 300	\$ 2,500
Dishonored Check Fees	\$ 75	\$ 100	\$ -	\$ 25
TOTALS	\$ 75,529	\$ 152,861	\$ 70,617	\$ 145,398
SCHEDULED/UNSCHEDULED REIMBURSEMENTS				
Fingerprint Reports	\$ 4,312	\$ 8,064	\$ 9,212	\$ 16,545
TOTALS	\$ 4,312	\$ 12,376	\$ 9,212	\$ 25,757
Cost Recovery - Investigations	\$ 45,856	\$ 135,385	\$ 8,697	\$ 42,661
Cost Recovery - Probation Monitoring	\$ 3,950	\$ 12,300	\$ 7,600	\$ 15,550
TOTALS	\$ 49,806	\$ 197,491	\$ 16,297	\$ 74,508
TOTAL REVENUES	\$ 1,839,358	\$ 6,222,815	\$ 1,881,843	\$ 6,463,048



The chart shows that license renewal fees were the largest source of revenue, followed by licenses/certifications and other revenue. Overall revenue increased by \$42,485, representing a 2.31% rise compared to Q3 of the previous fiscal year.



The chart shows a year-to-date revenue increase of \$240,236 or 3.86%, compared to the previous fiscal year.

Agenda Item 14 (c) - Attachment 5

**0759 - Physical Therapy Analysis of Fund Condition
(Dollars in Thousands)**

2026-27 Governor's Budget With FM 9 Projections (5.6.26)

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE	\$ 5,589	\$ 5,786	\$ 5,119	\$ 4,784	\$ 4,129
Prior Year Adjustment	\$ 92	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 5,681	\$ 5,786	\$ 5,119	\$ 4,784	\$ 4,129
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 50	\$ 51	\$ 49	\$ 49	\$ 49
4127400 - Renewal fees	\$ 5,779	\$ 5,970	\$ 6,158	\$ 6,158	\$ 6,158
4129200 - Other regulatory fees	\$ 96	\$ 114	\$ 98	\$ 98	\$ 98
4129400 - Other regulatory licenses and permits	\$ 1,152	\$ 1,156	\$ 1,163	\$ 1,163	\$ 1,163
4163000 - Income from surplus money investments	\$ 289	\$ 263	\$ 159	\$ 61	\$ 48
4171400 - Escheat of unclaimed checks and warrants	\$ 5	\$ 2	\$ -	\$ -	\$ -
Totals, Revenues	\$ 7,371	\$ 7,556	\$ 7,627	\$ 7,529	\$ 7,516
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 7,371	\$ 7,556	\$ 7,627	\$ 7,529	\$ 7,516
TOTAL RESOURCES	\$ 13,052	\$ 13,342	\$ 12,746	\$ 12,313	\$ 11,645
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 6,771	\$ 7,667	\$ 7,410	\$ 7,632	\$ 7,861
9892 Supplemental Pension Payments (State Operations)	\$ 21	\$ -	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 474	\$ 556	\$ 552	\$ 552	\$ 552
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,266	\$ 8,223	\$ 7,962	\$ 8,184	\$ 8,413
FUND BALANCE					
Reserve for economic uncertainties	\$ 5,786	\$ 5,119	\$ 4,784	\$ 4,129	\$ 3,231
Months in Reserve	8.4	7.7	7.0	5.9	4.6

NOTES:

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



Briefing Report

Agenda Item 15

Date: May 22, 2026

Prepared for: PTBC Members

Prepared by: Valerie Kearney

Subject: Licensing Services Report

Purpose:

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

Attachments: [Initial License Application Statistics](#)
[Application Processing Times](#)
[Examination Statistics](#)
[License Maintenance Statistics](#)
[Continuing Competency Statistics](#)

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:

Applications Unit

Application Services initial license applications received increased by 12% from FY 2024/25 Q1-Q3 to Q1-Q3 for FY 2025/26. Physical Therapist (PT) initial applications received increased by 12% and Physical Therapist Assistant (PTA) applications were up 11% from Q1 through Q3 the previous fiscal year. U.S. Educated PT applications received increased 12% while U.S. Educated PTA applications received increased 10% over Q1-Q3 for FY 2024-25.

Foreign Educated applications received for Q1 through Q3 of FY 2025/26 increased by 14% and Endorsement Applications received for the same period increased by 17%. Military applications received Q1-Q3 of this fiscal year decreased by 6% compared to Q1-Q3 of FY 2024/2025.

Of the 2,245 initial applications received, 93% were U.S. educated with 64% Exam applicants and 36% were by Endorsement; Foreign-educated and Military applications were 7% and 3% respectively. Initial license application processing times (application receipt to license

issued or application closed) for U.S. graduates averaged 21 days while foreign educated applications processing times averaged 53 days. Military applications averaged 6 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

License Maintenance received and completed 69 Retired Status requests for Q1 through Q3 of FY 2025/26 with an average processing time of 1 day. This is a 25% increase from the 55 Retired Status requests received Q1-Q3 in FY 2024/2025. 14,954 renewals were completed during the first three quarters of FY2025/2026 representing a 5% increase for the same time period the previous fiscal year.

A new, more automated process for fulfilling verification requests was implemented April 20, 2026 that requires less intervention by staff and will reduce the time from request initiation to completion. An update on the new verification request process and outcome will be provided at the next Board meeting.

Continuing Competency and Approval Agencies

Continuing Competency audited 330 physical therapist licensees in Q1-Q3 FY 2025/2026 with a pass rate of 94% representing a 1% increase over the same period last fiscal year. For physical therapist assistants, 93 licensee audits resulted in a pass rate of 89%, an 8% increase over the same three quarters of FY 2024/2026.

During the current quarter (Q3), the Continuing competency Unit piloted the use of the cloud-based document sharing platform currently utilized by Enforcement Analysts in the PTBC's CPS Unit on a small sample of licensee audits. For the pilot, licensees were asked to submit CEU documents only via the sharing platform as opposed to submitting via email or physical mail which was the only previous means of document exchange. Early results demonstrated a simplified, more efficient exchange of audit documentation which resulted in a more streamlined audit process. Feedback from licensees, requested after the completion of each audit, was positive. Licensees reported that the platform was easy to use and efficient.

Approval Agency compliance audits, planned to begin in June 2026, commenced ahead of schedule in late April after agency audit procedures were finalized. After the positive results of the use of the sharing platform for licensee audits, it was determined that Approval Agency audits would also utilize this system. Five agencies were randomly selected and their submissions are being reviewed by PTBC staff.

The PTBC recognized a new Approval Agency, Herman & Wallace Pelvic Rehabilitation Institute, bringing the total number of PTBC Recognized Approval Agencies to 125.

Application Services Data Summary:

Endorsement	36%
Exam	64%
U.S. Educated	93%
Foreign Educated	7%
Military	3%

License Maintenance Data Summary:

Current Licensees	55%
Inactive	2%
Delinquent	10%
Retired	1%

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

Action Requested:

None.

Application Services Statistics Report

Licenses Issued							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,643	714	529	422		1,665	1%
Physical Therapist Assistant (PTA)	662	242	236	154		632	-5%
Total	2,305	956	765	576		2,297	0%

Total Applications Received							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,437	639	543	428		1,610	12%
Physical Therapist Assistant (PTA)	572	256	202	177		635	11%
Total	2,009	895	745	605		2,245	12%

U.S. Educated Applications Received							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	1,324	599	502	385		1,486	12%
Physical Therapist Assistant (PTA)	546	245	193	163		601	10%
Total	1,870	844	695	548		2,087	12%

Foreign Educated Applications Received							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	113	40	41	43		124	10%
Physical Therapist Assistant (PTA)	26	11	9	14		34	31%
Total	139	51	50	57		158	14%

Endorsement Applications Received							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	595	229	226	225		680	14%
Physical Therapist Assistant (PTA)	90	38	37	45		120	33%
Total	685	267	263	270		800	17%

Military Applications Received							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	30	7	8	8		23	-23%
Physical Therapist Assistant (PTA)	33	14	10	12		36	9%
Total	63	21	18	20		59	-6%

Physical Therapy Board of California
 Application Services
 Fiscal Year 2025/26 - Q1, Q2, Q3

Total Applications Processing Times							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	27	24	23	21	0	23	-17%
Physical Therapist Assistant (PTA)	37	24	21	15	0	21	-43%
Total	30	24	22	19	0	22	-27%

* 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 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	26	21	22	19	0	21	-20%
Physical Therapist Assistant (PTA)	36	24	20	14	0	20	-44%
Total	29	22	21	18	0	21	-30%

Foreign Educated Applications Processing Times							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	51	64	53	49	0	56	11%
Physical Therapist Assistant (PTA)	40	43	41	27	0	36	-10%
Total	48	62	50	46	0	53	11%

Endorsement Applications Processing Times							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	20	30	29	25	0	28	37%
Physical Therapist Assistant (PTA)	17	24	27	21	0	23	39%
Total	20	29	28	24	0	27	37%

Military Applications Processing Times							
	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	7	5	4	8	0	6	-15%
Physical Therapist Assistant (PTA)	10	5	6	7	0	6	-38%
Total	8	5	5	7	0	6	-30%

Application Services Report - Examination Statistics

National PT and PTA Examination - California Statistics

Accredited PT Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	510	282	197		989	481	315	210		1,006	↑ 2%
Fail	96	128	105		329	99	101	106		306	↓ -7%
Total	606	410	302		1,318	580	416	316		1,312	↓ 0%
Pass Rate	84%	69%	65%		73%	83%	76%	66%		75%	↑ 3%

Non-Accredited PT Program

	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	10	7	10		27	8	8	11		27	⇒ 0%
Fail	16	20	9		45	15	15	16		46	↑ 2%
Total	26	27	19		72	23	23	27		73	↑ 1%
Pass Rate	38%	26%	53%		39%	35%	35%	41%		37%	↓ -6%

Accredited PTA Program

	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	227	193	143		563	205	189	108		502	↓ -11%
Fail	106	99	78		283	86	88	75		249	↓ -12%
Total	333	292	221		846	291	277	183		751	↓ -11%
Pass Rate	68%	66%	65%		66%	70%	68%	59%		66%	↓ -1%

Non-Accredited PTA Program

	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	5	7	5		17	2	3	4		9	↓ -47%
Fail	8	7	2		17	6	7	5		18	↑ 6%
Total	13	14	7		34	8	10	9		27	↓ -21%
Pass Rate	38%	50%	71%		53%	25%	30%	44%		33%	↓ -38%

CA Law Exam (CLE) / CA Jurisprudence Assessment Module (CAL-JAM)

Accredited Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	1,162	661	522		2,345	894	650	629		2,173	↓ -7%
Fail	21	11	6		38	8	4	9		21	↓ -45%
Total	1,183	672	528		2,383	902	654	638		2,194	↓ -8%
Pass Rate	98%	98%	99%		98%	99%	99%	99%		99%	↑ 1%

Physical Therapy Board of California
 Licensing: Examination Statistics
 Fiscal Year 2024/25 Q1

Non-Accredited Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	72	40	48		160	49	40	50		139	↓ -13%
Fail	4	2	2		8	3	2	0		5	↓ -38%
Total	76	42	50		168	52	42	50		144	↓ -14%
Pass Rate	95%	95%	96%		95%	94%	95%	100%		96%	↑ 1%

National PT and PTA Examination - National Statistics											
Accredited PT Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	5,123	2,028	1,888		9,039	4,834	2,285	2,008		9,127	↑ 1%
Fail	921	908	777		2,606	1,233	840	843		2,916	↑ 12%
Total	6,044	2,936	2,665		11,645	6,067	3,125	2,851		12,043	↑ 3%
Pass Rate	85%	69%	71%		75%	80%	73%	70%		74%	↓ -1%

Non-Accredited PT Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	293	296	186		775	176	229	128		533	↓ -31%
Fail	473	602	449		1,524	439	379	303		1,121	↓ -26%
Total	766	898	635		2,299	615	608	431		1,654	↓ -28%
Pass Rate	38%	33%	29%		34%	29%	38%	30%		32%	↓ -5%

Accredited PTA Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	2,056	1,087	807		3,950	2,142	1,052	790		3,984	↑ 1%
Fail	930	602	428		1,960	775	629	423		1,827	↓ -7%
Total	2,986	1,689	1,235		5,910	2,917	1,681	1,213		5,811	↓ -2%
Pass Rate	69%	64%	65%		66%	73%	63%	65%		67%	↑ 1%

Non-Accredited PTA Program											
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD	
Pass	87	114	94		295	120	117	103		340	↑ 15%
Fail	66	69	63		198	112	134	100		346	↑ 75%
Total	153	183	157		493	232	251	203		686	↑ 39%
Pass Rate	57%	62%	60%		60%	52%	47%	51%		50%	↓ -17%

Physical Therapy Board of California
 Licensing: Examination Statistics
 Fiscal Year 2024/25 Q1

Jurisprudence Exam (LAW) - National Statistics

Accredited Program												
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change	
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD		
Pass	994	688	685		2,367	828	686	636		2,150	↓ -9%	
Fail	200	184	153		537	191	196	203		590	↑ 10%	
Total	1,194	872	838		2,904	1,019	882	839		2,740	↓ -6%	
Pass Rate	83%	79%	82%		81%	81%	78%	76%		78%	↓ -4%	

Non-Accredited Program

Non-Accredited Program												
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change	
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD		
Pass	46	35	38		119	23	27	16		66	↓ -45%	
Fail	11	5	16		32	6	13	10		29	↓ -9%	
Total	57	40	54		151	29	40	26		95	↓ -37%	
Pass Rate	81%	88%	70%		80%	79%	68%	62%		69%	↓ -13%	

Jurisprudence Assessment Module (JAM) - National Statistics

Accredited Program												
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change	
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD		
Pass	6,623	8,644	11,166		26,433	7,767	14,252	18,124		40,143	↑ 52%	
Fail	97	1,608	697		2,402	527	571	575		1,673	↓ -30%	
Total	6,720	10,252	11,863		28,835	8,294	14,823	18,699		41,816	↑ 45%	
Pass Rate	99%	84%	94%		92%	94%	96%	97%		96%	↑ 4%	

Non-Accredited Program

Non-Accredited Program												
	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change	
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	Q4	YTD		
Pass	594	558	631		1,783	680	1,334	1,568		3,582	↑ 101%	
Fail	10	26	15		51	19	33	28		80	↑ 57%	
Total	604	584	646		1,834	699	1,367	1,596		3,662	↑ 100%	
Pass Rate	98%	96%	98%		97%	97%	98%	98%		98%	↑ 1%	

License Maintenance Statistics Report

License Status Count

	Fiscal Year 2025/26				
	Current	Inactive	Delinquent	Retired	Cancelled
Physical Therapist (PT)	31871	1201	5827	451	17814
Physical Therapist Assistant (PTA)	9615	311	1767	104	4746
Total	47486	1541	7594	555	22560

Renewals Received

	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physical Therapist (PT)	11,075	3,935	3,826	3,784		11,545	4%
Physical Therapist Assistant (PTA)	3,220	1,185	1,091	1,133		3,409	6%
Total	14,295	5,120	4,917	4,917		14,954	5%

Other License Maintenance Requests Received

	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	2,336	880	715	836		2,431	4%
Duplicates <i>(PT Wall Certificates)</i>	171	33	68	50		151	-12%
License Verifications	661	233	154	243		630	-5%
Name Changes	339	131	120	131		382	13%
Retired	55	18	24	27		69	25%

License Maintenance Requests Processing Times

	FY 2024/25	Fiscal Year 2025/26					Year to Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Address Changes	0	0	0	0		0	248%
Duplicates <i>(PT Wall Certificates)</i>	0	0	0	0		0	-100%
License Verifications	6	17	14	21		17	172%
Name Changes	6	15	10	18		14	146%
Renewals	3	2	3	2		2	-20%
Retired	0	1	0	0		0	798%

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

Physical Therapy Board of California
Continuing Competency Report

Continuing Competency Audit Statistics

Physical Therapist

	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD through Q4	Q1	Q2	Q3	Q4	YTD through Q4	
Pass	63	67	90		220	97	108	106		311	↑ 41%
Fail	4	2	11		17	10	7	2		19	↑ 12%
Total	67	69	101		237	107	115	108		330	↑ 39%
Pass Rate	94%	97%	89%		93%	91%	94%	98%		94%	↑ 1%

Physical Therapist Assistant

	Fiscal Year 2024/25					Fiscal Year 2025/26					Year → Year Change
	Q1	Q2	Q3	Q4	YTD through Q4	Q1	Q2	Q3	Q4	YTD through Q4	
Pass	17	17	22		56	27	32	24		83	↑ 48%
Fail	3	4	7		14	2	2	6		10	↓ -29%
Total	20	21	29		70	29	34	30		93	↑ 33%
Pass Rate	85%	81%	76%		81%	93%	94%	80%		89%	↑ 11%

Approval Agencies and Courses

Approval Agencies	125
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Briefing Paper

Agenda Item 16

Date: May 18, 2026

Prepared for: PTBC Members

Prepared by: Carole Phelps, Enforcement Manager

Subject: Consumer Protection Services (CPS) Program

Purpose: Update on Consumer Protection Services Program
FY 2025/2026, Quarter 3

Attachments: [A. CPS Statistics Report for FY 25/26, Q3](#)
[B. Disciplinary Summary for FY 25/26, Q3](#)

Update:

In the third quarter of Fiscal Year 2025-2026, selected CPS staff and Board management attended DCA's weeklong Enforcement Academy training. Board Subject Matter Experts (SMEs) have been working with DCA's training office, SOLID, over the last year to organize and update training materials. These SMEs and other experienced staff attended the training to provide feedback and critique on possible improvements that could be made. SOLID is using this feedback to fine-tune the training and will soon be offering the training to all enforcement-related staff throughout DCA.

The CPS Unit is working with our new DAG Liaison to organize our next Expert Consultant Training to be held in September. Training materials are being reviewed and updated to provide our current and future experts with a more complete library of resources. Initiations to the training will be sent out in the next month, and we are always accepting new applications from those interested. Information about the Expert Consultant Program including the criteria to qualify are available in the "Expert Consultant/Practice Monitor Program" link in both the Enforcement tab and the Licensee tab on the Board's website.

The CPS Unit and PTBC Management continue to hold frequent meetings with our contacts at the Division of Investigation (DOI) and the Attorney General's Office (AG) to discuss outstanding issues and collaborate to ensure effective case and program management.

[Attachment A: CPS Statistics Report for FY 2025/2026, Quarter 3](#)

Performance Measure 1 (Complaint Intake) shows that the PTBC received and opened a total of 157 cases this quarter, including 104 consumer complaints, and 53 reports of

arrest or conviction. PTBC has received 12% more complaints overall this fiscal year to date compared to the same time last fiscal year.

Performance Measure 2 (Complaint Intake) measures the average number of days after receipt until the PTBC initiates a case and sends an acknowledgement letter to the Complainant. This quarter's average is 3 days, well under the target of 9 days.

Performance Measures 3 (Investigations) shows the average case age in days for all cases that did not result in a referral to the Attorney General's Office for formal discipline. The average case age was 231 days for this quarter, and 201 days year-to-date. This is 11% higher compared to the same time last year. These numbers are known to fluctuate greatly, as they reflect the average of all cases, and encompass entire investigative process that involves the timelines, workloads, and response times of not only Enforcement staff, but of all involved parties and agencies. PTBC's target for this Performance Measure is 180 days, so we did not meet the target, although year-to-date, 67% of cases were closed within the target timeframe.

Performance Measure 4 (AG/Formal Discipline) captures the average case age in days for cases that were referred to the Attorney General's Office for formal discipline. Seventeen (17) cases were finalized at the AG's office this quarter, taking an average of 762 days from receipt of complaint to case closure. Our year-to-date average for case aging is 873 days, which is a 35% increase over last fiscal year to date. With the relatively small number of cases closed, and the complexity of investigation that is often required for cases that result in discipline, only 22% of the cases closed in the quarter took 540 days or less. Most cases took between two (2) and three (3) years to complete. In addition, this Performance Measure includes the involvement of not only Enforcement staff, but of all involved parties and agencies, such as the reporting party, the licensee, involved healthcare facilities, the Division of Investigation, the Attorney General's Office, and the Office of Administrative Hearing.

In summary for Quarter 3 of Fiscal Year 2025-2026, staff initiated 157 new cases, issued 8 citations, completed 79 desk investigations, referred 9 cases to the Attorney General's Office, and closed 17 cases after referral to the AG's Office.

Attachment B: Disciplinary Summary

Disciplinary Summary of all formal discipline issued for Quarter 3 of FY 2025-2026. In this quarter, three (3) licensees were placed on probation, two (2) licensees stipulated to a disciplinary license surrender, and four (4) licensees lost their privilege to practice physical therapy by revocation order. Disciplinary actions are public record and are available through the DCA License Search. <https://search.dca.ca.gov/>

Action Requested: No Action Required

Consumer Protection Services Statistics Report

Complaints Received							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM1: Complaints Received	284	110	121	104		335	↑ 18%
PM1: Convictions/Arrest Received	133	40	40	53		133	→ 0%
PM1: Total Received	417	150	161	157		468	↑ 12%
Intake							
Target: 9 Days							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM2: Intake/Avg. Days	3	3	3	3		3	→ 0%
Investigations							
Target: 180 Days							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM3: Cycle Time-Investigation	180	184	187	231		201	↑ 11%
PM3a: Intake Only	3	2	3	3		3	↓ -11%
PM3b: Investigation Only	176	179	179	226		195	↑ 11%
PM3c: Post Investigation Only	2	3	5	3		4	↑ 83%
Investigation Case Aging							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Up to 90 Days	50%	66	62	28		44%	↓ -6%
91 - 180 Days	16%	27	34	20		23%	↑ 7%
181 Days - 1 Year (365)	18%	14	26	20		17%	↓ -1%
1 to 2 Years (366-730)	13%	18	17	4		11%	↓ -2%
2 to 3 Years (731-1092)	2%	4	5	4		4%	↑ 2%
Over 3 Years (1093 +)	1%	2	1	3		2%	↑ 1%
Transmittals to Attorney General (AG)							
Target: 540 Days							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM4: AG Cases	649	981	876	762		873	↑ 35%
PM4a: Intake Only	3	1	3	3		2	↓ -22%
PM4b: Investigation Only	260	565	422	422		470	↑ 81%
PM4c: Pre-AG Transmittal	3	7	1	1		3	→ 0%
PM4d: Post-AG Transmittal	383	408	450	336		398	↑ 4%
AG Case Aging							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Up to 1 Year (365)	23%	2	0	1		8%	↓ -15%
1 Year- 18 Months (366-540)	23%	0	0	5		14%	↓ -9%
18 Months to 2 Years (541-730)	14%	1	3	2		16%	↑ 2%
2 to 3 Years (731-1092)	27%	3	6	7		43%	↑ 16%
3 to 4 Years (1093-1461)	14%	3	1	2		16%	↑ 2%
Over 4 Years (1462+)	0%	1	0	0		3%	↑ 3%

AG Transmittals							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
AG Cases Initiated	41	7	19	9		35	↓ -15%
AG Cases Pending	52	62	69	54		54	↑ 4%
AG Cases Closed	28	10	10	17		37	↑ 32%

Actions							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Citations	18	8	14	8		30	↑ 67%
Public Letters of Reprimand	4	2	5	0		7	↑ 75%
Statements of Issues Filed	0	0	0	1		1	→ 0%
License Denials	2	1	1	0		2	→ 0%
Accusations Filed	18	7	7	6		20	↑ 11%
Petition to Revoke Probation	3	1	0	1		2	↓ -33%
Public Reprovals	3	0	0	0		0	↓ -100%
Probation	10	1	2	3		6	↓ -40%
Disciplinary Surrender	3	2	0	2		4	↑ 33%
Revocation	7	2	1	4		7	→ 0%

Other Legal Actions							
	FY 24/25	Fiscal Year 2025/2026					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Interim Suspension Ordered	1	0	0	0		0	↓ -1
PC 23 Ordered	2	0	0	1		1	↓ -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 withdraws, dismissals, etc.)

PM4a: AG Transmittal - Intake Only - Of the cases included in PM4, the average number of days from the date the complaint was received to the date the complaint was assigned for investigation.

PM4b: AG 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.

**Disciplinary Summary
Fiscal Year 2025-2026 / Quarter 3**

The following is a list of disciplinary actions taken by the Physical Therapy Board of California for the months of January 2026 through March 2026. 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, Citations, and Public Letters of Reprimand 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 it by telephone, fax, or mail. Please address your written request to:

Physical Therapy Board of California
Consumer Protection Services
2005 Evergreen Street, Suite 2600
Sacramento, CA 95815
(916) 561-8215 / FAX (916) 263-2560

January 2026

SIMPSON-SCHUBERT, KARIN L PT 7776

Violations: Conviction of a crime; Failure to report disciplinary or criminal action to the board; Unprofessional Conduct; Prescribing or administering to self, use of dangerous drugs or alcohol; Violating the PT Practice Act or Medical Practice Act. Order Effective 01/10/2026, Stipulated Disciplinary Surrender

BROGAN, KEVIN ANDREW PT 23807

Violations: Commission of fraudulent, dishonest, or corrupt act; Misrepresenting documentation of patient care or deliberately falsifying patient records; Gross negligence or repeated acts of negligence; Patient record documentation requirements; Unnecessary viewing of a completely or partially disrobed patient; Unprofessional Conduct; Sexual abuse, misconduct, or relations with a patient; Practicing outside the scope of physical therapy; Engaging in sexual misconduct or violating BPC Section 726; Failure to maintain adequate and accurate patient records. Order Effective 01/12/2026, Revocation

VEISS, ANDRIS LORENZO PT 27976

Violations: Misrepresenting documentation of patient care or deliberately falsifying patient records; Aiding, abetting or permitting a PTA or Aide to perform PT services beyond their level of education, training, or experience; Requirements for use of Aides; Identification and supervision of Physical Therapist Students; Patient record documentation requirements; Gross negligence or repeated acts of negligence; Requirement for supervision of a PTA; Unprofessional Conduct; Aiding or abetting any person to engage in the unlawful practice of physical therapy; Failure to maintain adequate and accurate patient records. Order Effective 01/12/2026, 3 Years Probation

ZABOROWSKI, EWA PT 19645

Violations: Prescribing or administering to self, use of dangerous drugs or alcohol; Conviction of a crime; Violating the PT Practice Act or Medical Practice Act; Unprofessional Conduct. Order Effective 01/21/2026, Stipulated Disciplinary Surrender

February 2026

FERLATTE, NICHOLAS JOSEPH PT 22067

Violations: Failure to report disciplinary or criminal action to the board; Unprofessional conduct; Conviction of a crime. Order Effective 02/12/2026, Revocation

MARTIN, LYDIA ROSE PTA 50436

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 02/12/2026, 5 Years Probation

GOSIOCO, PAUL ANTHONY PTA 50641

Violations: Misrepresenting documentation of patient care or deliberately falsifying patient records; Commission of fraudulent, dishonest, or corrupt act; Failure to cooperate and participate in board investigation; Failure to maintain adequate and accurate patient records; Violating the PT Practice Act or Medical Practice Act; Gross negligence or repeated acts of negligence; Patient record documentation requirements; Unprofessional Conduct. Order Effective 02/23/2026, Revocation

ANDERSON, DERRICK PTA 6236

Violations: Prescribing or administering to self, use of dangerous drugs or alcohol; Conviction of a crime; Violating the PT Practice Act or Medical Practice Act; Failure to report disciplinary or criminal action to the board; Habitual intemperance. Order Effective 02/27/2026, 4 Years Probation

March 2026

SULLIVAN, RYAN THOMAS PTA 47991

Violations: Conviction of a crime; Violating the PT Practice Act or Medical Practice Act; Unprofessional Conduct; Prescribing or administering to self, use of dangerous drugs or alcohol. Order Effective 03/27/2026, Revocation

Glossary of Disciplinary Terms

B & P Code – California Business and Professions Code
CCR – California Code of Regulations, Title 16

Accusation: Charges filed against a licensee alleging violation(s) of the Physical Therapy Practice Act.

Decision: The Order issued by the Board in a disciplinary action.

Stipulated Decision: A Settlement agreed to by the parties in lieu of a formal hearing to resolve the accusation and impose discipline.

Proposed Decision: A document which contains the determination of issues, findings of fact and proposed order of an administrative law judge after the conclusion of an administrative hearing.

Default Decision: Licensee fails to respond to an Accusation by filing a Notice of Defense or fails to appear at administrative hearing.

Initial Probationary License: The Board may in its sole discretion issue a probationary license to any applicant for licensure who is guilty of unprofessional conduct but who has met all other requirements for licensure. An IPL is not considered disciplinary action and is removed from the record upon completion of probation. The IPL is posted on the Board's website only during the period of probation

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.

Public Letter of Reprimand: In lieu of filing a formal accusation, the Board may, pursuant to B & P Code section 2660.3, upon stipulation or agreement by the licensee, issue a public letter of reprimand. If the licensee does not agree to the issuance of the letter, the Board shall not issue the letter and may proceed to file a formal accusation. A public letter of reprimand is considered disciplinary action.

Public Reproval: A formal public reproval, pursuant to B & P Code section 495, may be issued for an act constituting grounds for suspension or revocation of a license. This requires filing of a formal accusation. A public reproval is considered disciplinary action.

Revoked: The license is revoked as a result of disciplinary action rendered by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy.

Revoked, Stayed, Probation: "Stayed" means the revocation is postponed, or put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.

Statement of Issues: Charges filed against an applicant due to alleged violation(s) of the Physical Therapy Practice Act. If found to be true, the charges may result in discipline.

Surrender of License: The licensee surrenders their license to the Board, subject to acceptance of the surrendered license by the Board, and the licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy.

Suspension: The licensee is prohibited from engaging in the practice, or assisting in the provision, of physical therapy for a specific period of time.



Briefing Paper

Agenda Item 17

Date: May 18, 2026
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 2025-2026

Attachments: [A. Statistical Report FY 2025-2026 Q3](#)

Background:

This is a report on the Board's Probation Monitoring Program for the third quarter of FY 2025-2026. Please refer to Attachment A which contains the probation statistics for FY 2025-2026.

Analysis:

During the third quarter of FY 2025-2026, the number of licensees on probation remained the same. The quarter began with fifty-six (56) licensees on probation for various causes, increased to fifty-seven (57) licensees in the middle of the quarter and returned back down to fifty-six (56) licensees on probation at the end of the quarter. Besides the forty (40) licensees on probation and actively working in the state of California, there were an additional four (4) out of state probationers tolling (not receiving credit toward completion of probation), and twelve (12) in-state probationers tolling due to unemployment or underemployment. Three (3) licensees were placed on probation in the quarter, two (2) licensees completed probation in the quarter, and one (1) licensee passed away in the quarter. Zero (0) probationers had their license revoked in the quarter, and zero (0) probationers exercised their option to voluntarily surrender their license to the Board.

Of the forty (40) licensees that are not tolling, eleven (11) were enrolled and participating in the Board's Substance Abuse Rehabilitation Program (Premier), equaling about 28% of all licensees on probation that weren't tolling. Zero (0) licensees enrolled in the Board's Substance Abuse Rehabilitation Program in the quarter and zero (0) licensees completed the program. Unfortunately, one (1) participant did pass away during the quarter.

There were five (5) instances of Non-Compliance with probation in the quarter. The instances of non-compliance were minor violations for not being available for quarterly interviews with the probation monitor.

Action Requested: No Action Required.

Probation Statistics Report

Probation

	FY 24/25	Fiscal Year 2025/2026					Year →
	YTD	Q1	Q2	Q3	Q4	YTD	Year Change
Entered Probation	8	2	2	3		7	↓ -13%
Completed Probation/Ended (Writ)	9	2	5	2		9	⇒ 0%
Terminated (Revoked/Stip Sur/Deceased)	4	0	0	1		1	↓ -75%
Non-Compliant w/Probation	13	3	2	5		10	↓ -23%
Tolling (Out of State)	7	5	4	4		4	↓ -43%
Tolling (In State)	12	11	10	12		12	⇒ 0%
Surrenders (Voluntary)/Cancelled	1	2	0	0		2	↑ 100%
Total Probationers	66	59	56	56		56	↓ -15%

Recovery Monitoring Program

	FY 24/25	Fiscal Year 2025/2026					Year →
	YTD	Q1	Q2	Q3	Q4	YTD	Year Change
Entered Recovery Program	4	3	1	0		4	⇒ 0%
Completed Recovery Program	2	0	1	1		2	⇒ 0%
Total Recovery Program Participants	10	11	11	11		11	↑ 10%
Determined To Be Clinically Inappropriate	1	1	0	0		1	⇒ 0%
Terminated - Public Risk	0	0	0	0		0	⇒ 0%
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%