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### **Informational Hearing of the Senate Committee on Business, Professions, and Economic Development**

#### ***Animal Care Services: Is There A Role for Human Healthcare Providers?***

Monday, August 25, 2025

10:00 a.m., 1021 O Street, Room 2100

### **BACKGROUND**

#### **Purpose of Hearing**

The Senate Committee on Business, Professions, and Economic Development is responsible for protecting California consumers from unethical and harmful professional and business practices. The Committee has jurisdiction over, and considers legislation that pertains to professional licensing and regulation (excluding attorneys, horseracing and alcoholic beverage sales), business operations, and trade practices, within the California Business and Professions Code. The Committee has primary oversight for the licensing and regulation of healthcare providers focused on the human condition, including, but not limited to, chiropractors and physical therapists. The Committee is also primarily responsible for animal welfare and the oversight of professionals within the animal medical care community through the licensing and regulation of veterinarians, registered veterinary technicians, veterinary controlled substance permit holders, and registered premises where veterinary medical care services are provided.

The intersection of veterinary medicine and allied healthcare such as physical therapy and chiropractic care, including the ways in which licensed professionals interact with veterinarians and animal patients, are at the forefront of emerging healthcare trends in the veterinary care model. The overlap of professional practice in these areas would benefit from regulatory clarity in California.

Over the course of the last decade, the role of licensed healthcare providers who seek to integrate their training and education into the veterinary care continuum has been under consideration by the Committee. Throughout this time, the topic has been contemplated via legislative efforts,

highlighted in various staff background papers during the Committee’s sunset review oversight process, raised during subsequent sunset review hearings, and discussed at various regulatory board meetings.

Current regulations as promulgated by the California Veterinary Medical Board (CVMB or Board) prescribe a pathway for non-veterinarians, including physical therapists and chiropractors, to provide animal physical therapy (also referenced as “animal physical rehabilitation”) and specified animal chiropractic care services under the direct supervision of, and within the licensed veterinary premises of a veterinarian who authorizes that treatment/care.<sup>1</sup>

Physical therapists and chiropractors are licensed by different professional licensing boards through separate practice acts. However, current law in both the Physical Therapy Practice Act and the Chiropractic Initiative Act is silent on affirmative authority to practice on animal patients. In addition, the Veterinary Practice Act (Act) does not include an authorization for anyone other than a licensed veterinarian, registered veterinary technician, or veterinary assistant under direct supervision to provide care to an animal patient unless the individual or service is specifically exempt from the Act.

Statute dictates the education and training necessary for licensure, the scope of the licensees’ practice, along with the parameters for any actions of wrongdoing. However, these regulatory programs do not contemplate crossover practice into other professional licensing practice acts. For example, current law does not permit a physical therapist to practice as an occupational therapist or provide chiropractic services unless the physical therapist also holds a license entitling them to additionally practice within that scope. The same is true for a physical therapist to practice on an animal.

This goal of this hearing is to provide the Committee and the Legislature with a unique opportunity to review a decades-old issue through an overview of the integration of non-veterinarian healthcare practitioners into the current animal care services model. Significant questions that this hearing may provide insight to include: What is the appropriate model for non-veterinarians to treat animal patients in California? Is the current model, which permits professional license holders who are not formally trained and educated in animal health as part of their education programs to achieve licensure, sufficient, or are changes necessary? Which regulatory board can take action if a non-veterinarian licensee is subject to unprofessional conduct? What is the education and training necessary for an individual trained in human healthcare to provide services to animal patients and whose responsibility is it to make that determination? Should there be a scope of practice for non-veterinarians providing care to animals? Is there a model legal framework to authorize non-veterinarian healthcare licensees to practice with animals that delineates the relationship between that provider and a veterinarian, if necessary, and that provides clear direction as to whose judgement determines the eligibility for an animal to receive treatment and services from a non-veterinarian healthcare professional?

This hearing seeks to explore the baseline education and training that may be required for non-veterinary licensees to provide their professional services on animals, to determine which regulatory authority(s) should be responsible for the approval of the baseline education and

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<sup>1</sup> Title 16, California Code of Regulations, §§ 2038, 2038.5

training and including approving education providers, and to distinguish a regulatory board's responsibility and oversight for those practitioners for enforcement related activities.

## **REGULATORY BOARDS: REGULATION, SCOPE OF PRACTICE, AND ENFORCEMENT**

### ***Professional Licensure and Scope of Practice.***

The issue of licensure and scope of practice for licensed professionals is paramount to understanding the complex issues that are likely to be discussed in this hearing. There is an important distinction between statutes and regulations that require licensure, and those that protect a professional title. Statutes regulating professions in California generally fall into two categories: a "practice act," or a "title act." A "practice act" regulates the duties, responsibilities and scope of practice that a licensee can perform upon meeting specific educational, experiential or training requirements. A "title act" simply regulates the use of the title an individual may use in practice. In order to be permitted to use a title, a state or regulatory body may require proof that an individual has a certain level of experience or education relevant to the particular title being regulated. The healthcare professionals discussed at this hearing today fall under a "practice act".

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

This hearing focuses on individuals with a conferred "license" to provide specified services delineated in a scope of practice, and transfer those skills to practice under another scope of practice reserved for another licensee classification, specifically, a licensed physical therapist or chiropractor engaging in their scope of practice on an animal patient, which is currently authorized only for a licensed veterinarian.

### ***California Veterinary Medical Board***

In 1893, the Legislature established the State Board of Veterinary Examiners. Since that time, the State Board of Veterinary Examiners has regulated the veterinary medical profession through its many iterations: from opening the first California veterinary college in 1894, to helping eradicate the Hog cholera in 1972, to the creation of the animal health technician profession (now titled registered veterinary technician) in 1975. The name of the State Board of Veterinary Examiners was revised in 1985 to reflect today's current name as the California Veterinary Medical Board.

Today, the Board continues to license and regulate veterinarians, registered veterinary technicians, veterinary assistant controlled substances permit holders, and veterinary premises. The Board derives its authority through the enforcement of the California Veterinary Medicine Practice Act. The Board is entirely special-funded through its licensing and renewal fees, fees for services, citation and fine program, and cost recovery revenue from disciplinary cases. Although veterinarians employ and utilize veterinarian assistants within their practices, the Board has no regulatory oversight of the veterinary assistant profession.

Current law specifies the requirements an individual must meet in order to obtain licensure in California as a veterinarian. Specific to education, the Board does not “approve” education or curriculum, but instead accepts education from veterinary colleges recognized by the Board, or those that receive a certificate from the Educational Commission for Foreign Veterinary Graduates or provided by the Program for the Assessment of Veterinary Education Equivalence.<sup>2</sup> The Board currently recognizes two veterinary schools in California: the School of Veterinary Medicine at the University of California, Davis, and the College of Veterinary Medicine at the Western University of Health Sciences in Pomona.

In Fiscal Year 2023-24, the active licensing population under the Board’s jurisdiction included 13,722 licensed veterinarians, 8,901 registered veterinary technicians, and 3,905 veterinary premises.<sup>3</sup> The Bureau of Labor Statistics projects the employment of veterinarians to grow 19% from 2023 to 2033, much faster than the average for all occupations. In addition, increased consumer pet spending, treatment options and an aging pet population contribute to the employment demand.<sup>4</sup>

The veterinary profession provides health care to many different types of animals, from pets such as dogs, cats, rabbits, birds, hamsters, snakes, and lizards, to agricultural livestock such as cattle, poultry, fish, goats, pigs, and horses. Similar to human medicine, there are recognized specialties within the veterinary profession: surgery, internal medicine, microbiology, pathology, and more. Additionally, many veterinarians specialize in care of a specific subset of animal species or populations, such as snake and reptiles, small mammals, equine care, exotic animals, and shelter medicine. With such diversified training available, licensed practitioners of veterinary medicine can operate in a range of environments. They can work in private clinical practice, public service as wildlife health specialists, agricultural inspectors, disease control workers, or work directly for a public animal control agency or animal shelter.

A person practices veterinary medicine, surgery, and dentistry, and the various branches thereof, when the person does any one of the following:

- (a) Represents oneself as engaged in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry in any of its branches.
- (b) Diagnoses or prescribes a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or

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<sup>2</sup> Business and Professions Code § 4846(a)(1)

<sup>3</sup> [https://www.vmb.ca.gov/forms\\_pubs/sunset2025.pdf](https://www.vmb.ca.gov/forms_pubs/sunset2025.pdf)

<sup>4</sup> <https://www.bls.gov/ooh/healthcare/veterinarians.htm#tab-6>

disease of animals.

- (c) Administers a drug, medicine, appliance, application, or treatment of whatever nature for the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of animals, except where the medicine, appliance, application, or treatment is administered by a registered veterinary technician or a veterinary assistant at the direction of and under the direct supervision of a licensed veterinarian subject to Article 2.5 (commencing with Section 4836) or where the drug, including, but not limited to, a drug that is a controlled substance, is administered by a registered veterinary technician or a veterinary assistant pursuant to Section 4836.1. However, no person, other than a licensed veterinarian, may induce anesthesia unless authorized by regulation of the board.
- (d) Performs a surgical or dental operation upon an animal.
- (e) Performs any manual procedure for the diagnosis of pregnancy, sterility, or infertility upon livestock or Equidae.
- (f) Collects blood from an animal for the purpose of transferring or selling that blood and blood component products to a licensed veterinarian at a registered premises, except where the blood is collected by a registered veterinary technician or veterinary assistant at the direction of, and under the direct supervision of, a licensed veterinarian subject to Article 2.5 (commencing with Section 4836) or where the blood is collected by a registered veterinary technician or a veterinary assistant pursuant to Section 4836.5. For purposes of this section, “blood and blood component products” has the same meaning as defined in Section 4920.
- (g) Uses any words, letters, or titles in such connection or under such circumstances as to induce the belief that the person using them is engaged in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry. This use shall be prima facie evidence of the intention to represent oneself as engaged in the practice of veterinary medicine, veterinary surgery, or veterinary dentistry.<sup>5</sup>

Akin to a physician and surgeon license, a veterinarian’s license is a plenary license and grants a veterinarian to practice veterinary medicine without additional training or certifications. While a veterinarian may choose to “specialize” in a practice area such as surgery, pathology, or rehabilitation, or treat a subset of animal populations like equine and large animals, the veterinary license does not require the attainment of any specialty license in order to practice within the full scope of veterinary medicine. Licensed veterinarians may acquire additional certifications focusing on treatment modalities such as animal physical rehabilitation (i.e., physical therapy) and animal chiropractic care. Veterinarians, however, are not permitted to practice on or treat human conditions based on any additional certifications they obtain.

The Board fulfills its mission by developing, maintaining, and enforcing professional standards including licensing veterinarians, registered veterinary technicians, veterinary assistant

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<sup>5</sup> Business and Professions Code § 4826

controlled substances permit holders, and veterinary premises.<sup>6</sup> Current law requires all veterinary premises to be registered with the Board. Veterinary premises are defined in statute to mean the location of operation where veterinary medicine, veterinary dentistry, veterinary surgery, and the various branches thereof is being practiced and shall include a building, kennel, mobile unit, or vehicle. Mobile units and vehicles are exempted from independent registration with the board if they are operated from a building or facility that is the licensee manager's principal place of business and the building is registered with the board, and the registration identifies and declares the use of the mobile unit or vehicle.<sup>7</sup>

Current law prohibits a person from practicing veterinary medicine or any branch thereof, unless the person holds a valid, unexpired, and unrevoked license issued under the Veterinary Medicine Practice Act.<sup>8</sup>

### ***Psychical Therapy Board***

The Physical Therapy Practice Act was established through legislation in 1953. AB 17 (Chapter 1823, Statutes of 1953) defined the practice of physical therapy, specified the registration requirements necessary for an individual to practice physical therapy, provided a baseline for the refusal and suspension of practice, and specified the restrictions and penalties for violations of the Physical Therapy Practice Act. That same year, AB 1001 (Chapter 1826, Statutes of 1953) established the Physical Therapy Examining Committee and mandated the regulation of physical therapy under the auspices of the former Board of Medical Examiners (today, the Medical Board of California).

The oversight body of physical therapists has evolved since initial regulation began in the early 1950s. Various legislation over time (between 1971 and 1996) transferred administrative oversight from the Medical Board of California to the current independent Physical Therapy Board. AB 3473, (Committee on Consumer Protection, Government Efficiency and Economic Development, Chapter 829, Statutes of 1996) renamed the "Physical Therapy Examining Committee" to its current title, the "Physical Therapy Board of California". The initial intent and scope from the early 1950s remains, which is to regulate the practice of physical therapy and the licensure of physical therapists in California. Today's Physical Therapy Board (Board) is the responsible entity for issuing licenses, renewals, determining educational standards, and enforcing for violations of the Physical Therapy Practice Act, among others. The Board issues licenses and renews licenses for both physical therapists and physical therapy assistants. Similar to a veterinary assistant, licensed physical therapists may employ physical therapy aides; however, those individuals are not licensed nor fall under any regulation of the Board. The Board is entirely special-funded through its licensing fees, renewal fees, fees for services, citation and fine program, and cost recovery revenue from disciplinary cases.

The practice of physical therapy is currently 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,*

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<sup>6</sup> About the Board: [https://www.vmb.ca.gov/about\\_us/board\\_staff.shtml](https://www.vmb.ca.gov/about_us/board_staff.shtml)

<sup>7</sup> Business and Professions Code § 4853(a)(b)

<sup>8</sup> Business and Professions Code § 4825

*electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term “physical therapy” as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.*<sup>9</sup>

In Fiscal Year 2023-2024, there were 30,220 licensed physical therapists in California.<sup>10</sup> The Bureau of Labor Statistics projects the employment of physical therapists to grow 14% from 2023 to 2033, much faster than the average for all occupations. The demand for physical therapy services is attributed to an aging population and the need to treat certain chronic conditions.<sup>11</sup>

To obtain a physical therapy license, an individual must earn a post-baccalaureate degree (Doctor of Physical Therapy), pass the National Physical Therapy Examination and the California Law Examination. Educational programs that are accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), or the Physiotherapy Education Accreditation of Canada are deemed approved by the Board. Additionally, the Board has the authority to approve unaccredited schools<sup>12</sup> but has not needed to exercise this authority.

The definition of physical therapy under the current practice act in the Business and Professions Code provides that the practice of physical therapy is for treating any “person” and does not include a reference to “animal”.<sup>13</sup>

### ***Board of Chiropractic Examiners***

The Board of Chiropractic Examiners (Board) was created on December 21, 1922, through an initiative measure approved by the electors of California on November 7, 1922. The Board regulates the chiropractic profession in California, with its primary mission being that of consumer safety. The Board is mandated to impose and enforce Board-established standards that must be met by individuals in order to obtain a chiropractic license and to discipline licensed individuals not adhering to those standards. The Board is entirely special-funded through its licensing fees, fees for services, citation and fine program, and cost recovery revenue from disciplinary cases.

Section 1 of the Chiropractic Initiative Act (Act) governs the composition of the Board. The Act provides for seven members (five professionals and two public) appointed by the Governor to serve four-year terms.

Section 4 of the Initiative Act prescribes the powers of the Board, which include adopting rules and regulations the Board deems proper and necessary to conduct its work, examine applicants

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<sup>9</sup> Business and Professions Code § 2620(a)

<sup>10</sup> [https://www.dca.ca.gov/publications/2024\\_annrpt.pdf](https://www.dca.ca.gov/publications/2024_annrpt.pdf)

<sup>11</sup> <https://www.bls.gov/ooh/healthcare/physical-therapists.htm#tab-6>

<sup>12</sup> Business and Professions Code §§ 2650-2651

<sup>13</sup> Business and Professions Code § 2620(a)

and revoke licenses, determine minimum requirements for teachers in chiropractic schools, and approve chiropractic colleges and schools, among others. Section 5 of the initiative act prescribes the minimum educational requirements that enable any person to practice the chiropractic scope in California.

In Fiscal Year 2023-24, there were 10,551 active, licensed chiropractors in California.<sup>14</sup> According to information from the Bureau of Labor Statistics, employment of chiropractors is projected to grow 10% from 2023 to 2033, much faster than the average for all occupations. Demand for chiropractic services is projected to increase as drug free, non-surgical options for pain management are considered, and complimentary and integrative care models are becoming more widely utilized.<sup>15</sup>

As specified in current law, a *duly licensed chiropractor may manipulate and adjust the spinal column and other joints of the human body and in the process thereof a chiropractor may manipulate the muscle and connective tissue related thereto.*<sup>16</sup> The scope of practice of a chiropractor does not specify the treatment of chiropractic care on animals.

Because the regulation of chiropractic and the establishment of the Board were created through the initiative process in California, the Board of Chiropractic Examiners and its current regulatory structure may only be eliminated through a vote of the electorate, i.e., the Board is not subject to direct legislative authority. With the exception of Section 12 of the Initiative Act, which permits the Legislature to fix the amount of fees, the Legislature is limited in making changes pertaining to the Initiative Act itself.<sup>17</sup>

Current regulations specify that unlicensed individuals are not permitted to diagnose, analyze, or perform a chiropractic adjustment. An “unlicensed individual” is defined as any person, including a student or graduate of a chiropractic institution, who does not hold a valid California chiropractic license. An exemption is hereby created for student doctors participating in board approved preceptorship programs.<sup>18</sup> Additionally, the regulations prohibit individuals from engaging in the practice of chiropractic without a license issued by the Board.<sup>19</sup>

### ***Certification Programs and Additional Education and Training***

Although the current regulations promulgated by the CVMB do not include any formalized education or clinical training requirements for providers of animal physical rehabilitation, there are certification programs outside of California that offer licensees--including physical therapists, occupational therapists, and veterinarians--a certification in canine rehabilitation. The certification programs include a specified number of hours of education coursework coupled with hands on clinical experience. These certification programs are currently limited in numbers, and typically are located and administered outside of California.

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<sup>14</sup> [https://www.dca.ca.gov/publications/2024\\_annrpt.pdf](https://www.dca.ca.gov/publications/2024_annrpt.pdf)

<sup>15</sup> <https://www.bls.gov/ooh/healthcare/chiropractors.htm#tab-6>

<sup>16</sup> Title 16, California Code of Regulations, Chapter 4, § 302(a)

<sup>17</sup> [https://www.chiro.ca.gov/laws\\_regs/initiative\\_act.shtml](https://www.chiro.ca.gov/laws_regs/initiative_act.shtml)

<sup>18</sup> Title 16, California Code of Regulations, § 312

<sup>19</sup> Title 16, California Code of Regulations, § 310.2



In addition, there are two certification programs specific to licensed chiropractors and licensed veterinarians. The animal chiropractic certificate programs are similar to the animal physical rehabilitation certificate, as a licensee will complete additional training and clinical work in order to obtain the certification.

Although these certification programs exist and many veterinarians, physical therapists and chiropractors obtain the additional training and certification, it is not currently required training.

## **INTEGRATION OF LICENSED HUMAN HEALTHCARE PRACTITIONERS INTO ANIMAL PATIENT CARE IN CALIFORNIA AND THE REGULATORY LANDSCAPE**

The issue at the forefront of this hearing first gained momentum in 2004, as licensed physical therapists with additional training and certification in animal physical rehabilitation sought clarity on their ability to provide physical therapy services on animal patients. Stakeholder groups representing licensed physical therapists and specializing in animal physical therapy, such as canine rehabilitation, have been seeking legislative and regulatory clarity about their ability to work with animals.

### ***Sunset Review Oversight and Subsequent Regulations***

As part of the California Veterinary Medical Board's 2016 Sunset Review Oversight, and recognizing the multi-faceted nature of the topic, the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions (Committees) recommended that the CVMB create a task force composed of stakeholders that included veterinarians, registered veterinary technicians, animal rehabilitation and related animal industry professionals, consumers, and representatives from the Legislature to further examine the issue of animal rehabilitation and present a recommendation to the Board.

As a result, in 2016, CVMB established a 19-member Task Force comprised of the following representatives:

- California Physical Therapy Association
- Veterinarian specializing in Animal Rehabilitation
- RVT specializing in Animal Rehabilitation
- California Horse Racing Board
- Equine Community
- California Association of Animal Physical Therapists
- Certified Canine Rehabilitation Practitioners
- California Veterinary Medical Association

- California Registered Veterinary Technician Association
- California Veterinary Medical Board and its Multidisciplinary Advisory Committee
- University of California, Davis
- Western University of Health Sciences
- Representatives of the Senate Committee on Business, Professions, and Economic Development and the Assembly Committee on Business and Professions.

The Task Force held meetings on June 20, 2016, October 4, 2016, and February 2, 2017. At the conclusion of these meetings, the Task Force submitted their findings to the CVMB and provided several recommendations. The CVMB considered these findings at its April 19-20 and July 26-27, 2017, meetings, during which the CVMB received approximately 270 letters and heard testimony from 21 individuals. After deliberating on and amending the Task Force's recommendations regarding VA and licensed physical therapists, the CVMB ultimately approved the following:

1. Animal Physical Rehabilitation (APR) is defined as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment.
2. APR does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training or exercise.
3. Prior to performing or authorizing APR, a veterinarian shall establish a valid veterinarian client-patient relationship.
4. Registered veterinary technicians may provide APR under the degree of supervision to be determined by the veterinarian who has established the veterinarian-client-patient relationship.
5. Veterinary assistants may provide APR under the direct supervision of a Veterinarian.
6. Any proposed changes to existing law and regulations are not an attempt to restrict or amend Title 16 of the California Code of Regulations, Section 2038, regarding the provision of musculoskeletal manipulation modalities. Based on these findings, the Board promulgated regulations that are currently undergoing the rulemaking process.

Separate from the regulatory package, the CVMB approved the following statement: "California licensed Physical Therapists with advanced certification in Animal Physical Rehabilitation (with such certification to be defined by the California Veterinary Medical Board and the Physical Therapy Board working cooperatively) may provide animal physical rehabilitation under direct supervision by the veterinarian who has established a veterinarian-client-patient relationship on a licensed veterinary premises or for large animal practice, the appropriate degree of supervision

shall be determined by the veterinarian who established the veterinarian-client-patient relationship in a range setting.”

It is important to note that the statement above was not included in the CVMB’s proposed regulations. The CVMB recognized that it only has authority over licensees of the Veterinary Medicine Practice Act, and that enforcement over physical therapists would require legislative changes. Therefore, the statement above was omitted from the VMB’s final regulatory proposal on APR.

The topic of allied human healthcare providers interested in performing crossover healthcare services to animal patients has additionally been repeatedly raised by the Committees as part of the joint sunset review oversight process. Although the crossover of human healthcare providers into the veterinary medical space is an important topic to raise as part of the sunset process, there has not been a legislative solution based on a sunset review discussion.

### ***Current Regulatory Structure – Animal Chiropractic***

There is current regulatory authority for licensed physical therapists and licensed chiropractors to provide animal rehabilitation and musculoskeletal manipulation services (depending on the license and practice) to animal patients pursuant to regulations promulgated by the VMB. The Physical Therapy Board and the Board of Chiropractic Examiners’ regulations are silent on any authority for those respective licensees to provide services on an animal patient.

Specifically pertaining to the practice of Chiropractic, the regulations (section 2038)<sup>20</sup> define “musculoskeletal manipulation” or MSM, and state the persons authorized to perform MSM on an animal patient. These regulations were adopted in 1998. Because these licensees are not required to report to either the Board of Chiropractic Examiners or the California Veterinary Medical Board, the total number of licensed Chiropractors who provide MSM treatments to animal patients under the current regulatory construct is unknown.

For purposes of veterinary regulations, MSM is defined as the *system of application of mechanical forces applied manually through the hands or through any mechanical device to enhance physical performance, prevent, cure, or relieve impaired or altered function of related components of the musculoskeletal system of animals. MSM when performed upon animals constitutes the practice of veterinary medicine.*<sup>21</sup>

Pursuant to *Title 16, California Code of Regulations § 2038*, MSM may only be performed by the following persons:

- (1) A veterinarian who has examined the animal patient and has sufficient knowledge to make a diagnosis of the medical condition of the animal, has assumed responsibility for making clinical judgments regarding the health of the animal and the need for medical treatment, including a determination that MSM will not be harmful to the animal patient, discussed with the owner of the animal or the owner's authorized representative a course of treatment, and is readily available or has made arrangements for follow-up evaluation in the event of adverse

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<sup>20</sup> Title 16, California Code of Regulations § 2038

<sup>21</sup> *IBID.*

reactions or failure of the treatment regimen. The veterinarian shall obtain as part of the patient's permanent record, a signed acknowledgment from the owner of the patient or his or her authorized representative that MSM is considered an alternative (nonstandard) veterinary therapy.

- (2) A California licensed doctor of chiropractic (“chiropractor”) working under the direct supervision of a veterinarian. A chiropractor shall be deemed to be working under the direct supervision of a veterinarian where the following protocol has been followed:
  - (A) The supervising veterinarian shall comply with the provisions of subsection (b)(1) prior to authorizing a chiropractor to complete an initial examination of and/or perform treatment upon an animal patient.
  - (B) After the chiropractor has completed an initial examination of and/or treatment upon the animal patient, the chiropractor shall consult with the supervising veterinarian to confirm that MSM care is appropriate, and to coordinate complementary treatment, to assure proper patient care.
  - (C) At the time a chiropractor is performing MSM on an animal patient in an animal hospital setting, the supervising veterinarian shall be on the premises. At the time a chiropractor is performing MSM on an animal patient in a range setting, the supervising veterinarian shall be in the general vicinity of the treatment area.
  - (D) The supervising veterinarian shall be responsible to ensure that accurate and complete records of MSM treatments are maintained in the patient's veterinary medical record.

### ***Current Regulatory Structure – Animal Physical Rehabilitation***

Related to the practice of animal rehabilitation or animal physical therapy, the regulations promulgated by the CVMB authorize those services under a slightly different model than what is permitted for MSM. MSM regulations specifically require either a veterinarian or a California licensed chiropractor perform treatment services, while the regulations pertaining to APR permits registered veterinary technicians and veterinary assistants to perform APR pursuant to specified supervision. Currently, a licensed physical therapist who wants to perform physical therapy on an animal must pursue additional licensure as a veterinarian, pursue registration as a RVT, or work under the direct supervision of a licensed veterinarian as a veterinary assistant. In order for a licensed physical therapist to perform APR, they can do so as an unlicensed professional. The regulations specific to APR were more recently adopted by the CVMB in November of 2021 and became operative on January 1, 2022. *(Please visit the California Veterinary Medical Board website for a history of the regulatory process. [www.vmb.ca.gov](http://www.vmb.ca.gov))*

*Title 16, California Code of Regulations § 2038.5 states*

- (a) Animal Physical Rehabilitation (APR):

- (1) Is defined as the treatment of injury or illness to address pain and improve function by means of physical corrective treatment.
- (2) Does not include relaxation, recreational or wellness modalities, including but not limited to, massage, athletic training, or exercise.
- (b) Prior to performing or authorizing APR, a veterinarian shall establish a valid veterinarian-client-patient relationship as defined in Section 2032.15 or Section 4826.6 of the Business and Professions Code.
- (c) R.V.T.s may perform APR under the degree of direct or indirect supervision determined by the veterinarian who has established the veterinarian-client-patient relationship.
- (d) Veterinary assistants may perform APR under the direct supervision of a veterinarian.
- (e) Nothing in this section shall be construed to restrict or amend Section 2038 regarding the performance of MSM.
- (f) This section shall not apply to wildlife rehabilitation regulated by the United States Fish and Wildlife Service or the California Department of Fish and Wildlife.

The current regulations do not contemplate practice of animal rehabilitation or MSM outside of a licensed veterinary premise, nor do the regulations specify what type of license, education, certification or training an individual should have to be able provide either of those services, except MSM is reserved for a licensed chiropractor or veterinarian. As stated earlier, the Physical Therapy Practice Act and the Chiropractic Initiative Act do not provide or permit licensed physical therapists or licensed chiropractors to practice or treat animals.

### ***Further Legislative Efforts***

Legislation was introduced in 2018, AB 3013 (Chu of 2018), which sought to permit, under specified conditions, a licensed physical therapist under veterinarian supervision with a certificate in animal physical rehabilitation that has been approved by both the CVMB and the Physical Therapy Board to provide animal physical rehabilitation services to an animal patient. AB 814 was ultimately held in the Assembly Committee on Appropriations.

More recently, AB 814 (Lowenthal of 2023) was introduced which would have authorized a licensed physical therapist who meets registration requirements determined by the VMB, to provide APR to an animal patient if certain requirements are met, including that the APR is performed on premises registered with the CVMB and that the physical therapists works under the supervision of a licensed veterinarian who has an established veterinarian-client-patient relationship with the animal, among other requirements. That bill ultimately died in the Senate Committee on Business, Professions and Economic Development.

Earlier this year, two bills were introduced which aim to allow licensed healthcare practitioners (physical therapists and chiropractors) to treat to animal patients. AB 1458 (Wallis of 2025)

seeks to permit a licensed physical therapist to provide physical therapy (consistent with the scope of practice of physical therapy) on an animal patient if certain education and clinical experience is obtained and there is a referral for the services from a licensed veterinarian. AB 1458 would allow a physical therapist to perform physical therapy services at a premise that is not registered with the CVMB as a veterinary premise, and without the direct supervision of a licensed veterinarian. AB 1458 would add animal practice authority for physical therapists under the jurisdiction of the Physical Therapy Practice Act.

SB 687 (Ochoa-Bogh of 2025) proposes to authorize a Doctor of Chiropractic who has obtained a certification from one of two national certifying bodies to provide animal chiropractic on animal patients. SB 687 would also permit the performance chiropractic services at a location that is not a registered premise with the California Veterinary Medical Board and without a referral from a licensed veterinarian.

Generally, (although each bill lays out separate pathways and practice arrangements for each professional practice), both bills seek to enshrine the authority to practice on animals in their respective practice acts (under the authority of the Board of Physical Therapy and the Board of Chiropractic Examiners).

### ***Regulation in Other States***

This issue of crossover between licensed human healthcare professionals and their potential role in animal care is not unique to California. There are multiple other states allowing licensed human healthcare providers, including, but in some cases not limited to, physical therapists and chiropractors, to provide treatment on animals.

Currently, several other states define “Animal Physical Therapy” in some form, and clarify whether a licensed physical therapist is able to perform this task. State provisions vary in terms of the level of veterinarian oversight required for physical therapists, veterinary assistants, or other support personnel to provide APR services. For example, Colorado, Nevada, and Nebraska include some authority to provide APR by licensed physical therapists via referral, as long as they operate under some form of indirect supervision by a licensed veterinarian and adhere to specific liability and recordkeeping requirements. Other states such as Kentucky allow licensed chiropractors to work with animal patients, yet remain silent on professionals such as physical therapists and massage therapists.

There are eight states which provide affirmative authorization for licensed chiropractors with additional education to treat animal patients under various models.

### **CONCLUSION**

This hearing is an important step to review and discuss the appropriate approach and regulatory model for the potential integration of allied human healthcare practitioners into the veterinary medical care model. Takeaways from this hearing may include, *but are not limited to*:

- 1) The role of allied human healthcare licensees in animal care, including licensed chiropractors and physical therapists.
- 2) Whether the current regulatory authority is sufficient or if changes are needed, and if legislation would be beneficial to provide greater oversight, enforcement, and clarity to the scope of practice for allied human healthcare licensees.
- 3) Understand the relationship between the veterinarian, the client, the animal patient, and the allied human healthcare practitioner in the administration of animal care in California.
- 4) The baseline education and training that allied human healthcare practitioners should have in order to treat animal patients in a safe manner and the appropriate regulatory entity to approve education and training, if necessary.
- 5) The role of each respective licensing board for oversight, enforcement and scope of practice determinations.
- 6) Potential regulatory approaches toward integration of human healthcare professionals that can be applicable across various licensed professions, if any, and specific regulations that may be needed based on the type of treatment administered to the animal patient.