

**BACKGROUND PAPER FOR THE
PHYSICAL THERAPY BOARD OF CALIFORNIA**

Joint Oversight Hearing, March 10, 2026

**Assembly Committee on Business and Professions and
Senate Committee on Business, Professions and Economic
Development**

**BACKGROUND, IDENTIFIED ISSUES, AND
RECOMMENDATIONS**

BRIEF OVERVIEW OF THE BOARD

The Physical Therapy Board of California (PTBC) is a licensing entity within the Department of Consumer Affairs (DCA). It is responsible for administering and enforcing the Physical Therapy Practice Act,¹ 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.²

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.

¹ Business and Professions Code (BPC) §§ 2600-2696.

² Physical Therapy Board of California (PTBC), *2025 Sunset Review Report*, submitted to the Assembly Committee on Business and Professions (Sacramento, CA, 2025), at 6.

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.⁴ It also reported 50 approved educational programs in California, 20 PT programs and 30 PTA programs.⁵

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."⁶

Legislative History

Like all other healing arts, physical therapy has been regulated in California for as long as the state has generally regulated the practice of medicine.⁷ California's specific regulation of physical therapy as a standalone profession began in 1953 when the legislature simultaneously passed two bills regulating PTs under the Medical Examiners of the State of California (MESC).

The first bill created the Physical Therapists Practice Act, which established a registration program for registered PTs (RPTs) directly under the MESC.⁸ While it was called a registration, it had all the components of a license, including the following: a defined scope of practice; education, examination, and ethics requirements; disciplinary procedures; and title protection. RPTs were authorized to practice physical therapy under the supervision and direction of a physician and surgeon.

The second bill created a parallel licensing program for licensed PTs (LPTs).⁹ The bill created the Physical Therapy Examining Committee (PTEC) within the jurisdiction of the MESC to administer the licensing examination and investigate applicants. The MESC retained authority for licensing and enforcement. LPTs did not have physician supervision requirements and were subject to more specific education standards.

In 1968, the legislature renamed the Physical Therapists Practice Act to Physical Therapy Practice Act and merged the registration and license programs into one program under the MESC.¹⁰ Under the new act, licensees were called a "Registered Physical Therapist licensed by the Board of Medical Examiners."¹¹ There was no physician supervision requirement, except that applicant

³ This paper anchors data points to FYs to provide standardized point-in-time references for information that regularly changes. The FY begins July 1st and ends June 30th the following calendar year (Government Code (GOV) § 13290).

⁴ PTBC, *2025 Sunset Review Report*, at 33.

⁵ *Id.* at 47.

⁶ PTBC, *Strategic Plan 2024–2029* (Sacramento: Department of Consumer Affairs, 2024), at 3, 5.

⁷ BPC § 2052; see also *Tain v. State Bd. of Chiropractic Exam'rs*, 130 Cal. App. 4th 609 (2005) (reaffirming the plenary nature of the prohibition against the practice of medicine created by the Medical Practice Act and the limited nature of the exceptions to the prohibition by other practice acts established in *People v. Fowler*, 32 Cal. App. 2d Supp. 737 (App. Dep't Super. Ct. 1938).

⁸ AB 17 (Levering and Dolwig), Chapter 1823, Statutes of 1953.

⁹ AB 1001 (Levering and Dolwig), Chapter 1826, Statutes of 1953.

¹⁰ SB 1006 (Alquist), Chapter 1284, Statutes of 1968.

¹¹ BPC § 2632 (1968).

graduates could practice under physician or licensed PT supervision while waiting for the results of their examination.¹² The act also allowed for the use of an unlicensed “full-time assistant” under the licensee’s order, direction, and immediate supervision.¹³

In 1971, the legislature created the PTA license.¹⁴ While the license required formal education and examination, it did not technically expand the scope of practice or independence beyond what was allowed for the unlicensed assistant. Further, the PTA title protection included as part for the license criminalized holding oneself out as an assistant, effectively eliminating unlicensed work in a PTs office. To address this, legislation in 1973 renamed the “assistant” to “aide.”¹⁵

In 1996, amendments to the Physical Therapy Practice Act converted the PTEC into a standalone board, renaming it the PTBC and moving it out of the jurisdiction of the then renamed Medical Board of California.¹⁶ Those amendments also shifted the administrative and enforcement duties of the act to the PTBC.

Before 2014, the Physical Therapy Practice Act and Medical Practice Act required patients to obtain a diagnosis from a physician or other practitioner authorized to diagnose before seeing a PT. In 2013, the legislature authorized patients to directly access and initiate treatment from a PT without a medical diagnosis for up to 45 calendar days or 12 visits, whichever occurs first.¹⁷ If treatment extends beyond this limit, the patient must undergo an in-person examination by a physician or podiatrist, who must also sign the physical therapist’s plan of care.

As part of the state’s response to the COVID-19 pandemic in 2020, the governor authorized the DCA director to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic, including rules relating to examination, education, experience, and training.¹⁸ One of the waivers temporarily waived the requirement for physician and surgeon or podiatrist to conduct an in-person patient examination and evaluation for physical therapy purposes as long as the examination and evaluation is performed via appropriate electronic means.¹⁹ The legislature codified that waiver as part of the PTBC’s 2022 sunset review.²⁰

¹² BPC § 2639 (1968).

¹³ BPC § 2630(a) (1968).

¹⁴ AB 1863 (Pierson), Chapter 1494, Statutes of 1971.

¹⁵ SB 535 (Alquist), Chapter 503, Statutes of 1973.

¹⁶ AB 3473 (Committee on Consumer Protection, Governmental Efficiency and Economic Development), Chapter 829, Statutes of 1996.

¹⁷ AB 1000 (Wieckowski), Chapter 620, Statutes of 2013.

¹⁸ Governor’s Exec. Order No. N-39-20 (Mar. 30, 2020).

¹⁹ DCA, Waiver No. DCA-20-09, "Waiver of Examination Requirement for Continued Physical Therapy Treatment" (Apr. 16, 2020).

²⁰ SB 1438 (Roth), Chapter 509, Statutes of 2022.

Board Membership

The Physical Therapy Practice Act specifies that the PTBC is composed of seven members, three public members and four professional members, a professional member majority.²¹ The Governor appoints the professional members and one of the public members, while the Senate Committee on Rules and the Speaker of the Assembly appoint the remaining two public members. All members must be residents of California.²² The professional members must also have been licensed and practicing as PTs for at least five years in this state, but only one may be involved in physical therapy education.²³ There are no professional qualifications for the appointment of public members, except that they may not have specified conflicts of interest related to the regulation of physical therapy or be a licensee of another healing arts board.²⁴

The PTBC is required to meet at least three times per year and aims to meet at least four times per year. Meetings are public, pursuant to the Bagley-Keene Open Meetings Act.²⁵ Members are not paid but receive a per diem of \$100 for each day spent on the discharge of official duties and are reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.

The current PTBC members and their backgrounds are listed as follows:

Board Members	Appointment	Term Expiration	Appointing Authority
Karen Brandon, PT, DSc PT, President , has been Regional Clinical Lead in Pelvic Physical Therapy at Kaiser Permanente since 2009 and Clinical Faculty at Loma Linda University since 2000. She was Assistant Director of Physical Rehabilitation at Beaver Medical Group from 1998 to 2007. Dr. Brandon was in private practice in the Inland Empire from 2007 to 2009. She earned a Master of Science degree in Physical Therapy and a Doctor of Science degree in Physical Therapy from Loma Linda University. She is a board-certified clinical specialist in women's health physical therapy.	1/25/23	6/1/26	Governor
Dayle C. Armstrong, MS, PT, DPT, PhD, Vice-President , has been a Physical Therapist at the Arcadia Unified School District since 2018 and owner of Armstrong Physical Therapy Practice since 1986. She earned a Doctor of Philosophy degree in rehabilitation sciences from the University of Medical Sciences Arizona, a Doctor of Physical Therapy degree from the Western University of Health Sciences and a Master of Science degree in physical therapy from the University of Southern California.	1/26/21	6/1/25	Governor

²¹ BPC § 2603.

²² BPC § 2603.5(a)(1), (b)(1)(B).

²³ BPC § 2603.5(a).

²⁴ BPC §§ 450-453, 2603.5(b).

²⁵ Government Code (GOV) §§ 11120-11132.

Board Members	Appointment	Term Expiration	Appointing Authority
Tala Khalaf, PT, DPT, OMPT , has been a Senior Physical Therapist at the Stanford Orthopedic and Sports Medicine Physical Therapy Clinic since 2008 and a Faculty Member of the Physical Therapy Residency Program at Stanford Health Care since 2014. She has also been a self-employed concierge PT since 2017 and is a co-founder of PhysioHand. She earned her Doctor of Physical Therapy degree from Massachusetts General Hospital Institute of Health Professions and a Bachelor of Science in Physical Therapy from The Ohio State University.	5/30/25	6/1/26	Governor
Tonia McMillian, Public Member , is a retired Early Care and Education Provider after 29 years. She works part-time for Black Californians for Early Care and Education. She is the National Secretary for the Service Employees International Union African American Caucus and was appointed as the Chair of the Early Childhood Policy Council Workforce Committee.	3/17/16	6/1/27	Senate Rules Committee
Samuel Qiu, Public Member , has been chair of the board of directors of the Asian Business Association (ABA) since 2007, representing ABA as a member of the city of Los Angeles Metro Transportation Business Advisory Council, the Caltrans Statewide Small Business Council, and the Los Angeles Unified School District Small Business Advisory Counsel. Qiu also served from 2011 to 2014 as a commissioner of the California Health Facilities Financing Authority (CHFFA). Qiu is a certified public accountant and is the founder of QIU Accountancy Corporation.	6/21/23	6/1/27	Assembly Speaker
Vacancy, PT Member			Governor
Vacancy, Public Member			Governor

Committees

Appointed members of licensing boards often have professional responsibilities outside of their board responsibilities, limiting the number of times they can attend full board meetings. As a result, boards may use smaller committees that can meet more frequently, explore issues in-depth, and then make recommendations to the full board. Some committees are specified in statute, while others are established by the boards themselves.

The PTBC currently has no committees.²⁶ The PTBC has stated in prior reviews that it utilizes ad hoc committees as necessary.

Staff

As of June 1, 2025, the PTBC had 29.4 authorized staff positions and one vacancy in its application services unit. Its executive officer is Jason Kaiser its assistant executive officer is Sarah Conley. The PTBC does not mention having a specific succession plan for the executive officer position, but it has adopted general strategies to reduce the overreliance on individual highly trained

²⁶ PTBC, 2025 Sunset Review Report, at 98.

positions, including expanded documentation of workflows, targeted cross-training, and increased knowledge sharing across units.²⁷ It reports that this has helped during times of transition, and does not report any significant vacancy issues that it has not been able to address since its last review.

The PTBC also reports that in October 2023, as part of an internal reorganization, it established a centralized Executive Unit that supports board governance, stakeholder engagement, and strategic execution. Rather than request new positions for the new unit, it has reallocated positions from the Administrative Services Unit.

Fiscal

The PTBC's fund is the Physical Therapy Fund special fund.²⁸ As a special fund agency, the PTBC's funds are restricted to the execution of the Physical Therapy Practice Act.²⁹ As a result, the PTBC neither receives support from nor contributes to the state's General Fund.³⁰ Instead, the PTBC's fund is funded through fees and other revenues related to board business.³¹

Fees make up approximately 92% of the PTBC's total revenue.³² As a result, the revenue from fines, cost recovery, and other sources are relatively insignificant. The PTBC's largest and most consistent source of revenue is license renewal fees.

Between FY 2021-22 and FY 2024-25, the PTBC's most significant revenue sources were as follows:³³

- Renewal fees (76.0% combined, 58.7% PT, 17.2% PTA).
- PT application fees (8.0%).
- PT initial license fees (4.0%).
- PTA application & initial license fees (3.1%).³⁴

The remaining 13 fee categories represent 1% or less of the total revenue.

For its accounting and budgeting, the PTBC utilizes centralized services provided by the DCA's Budget Office within the Fiscal Operations unit of the Office of Administrative Affairs. The budget office fund condition statements indicate that the PTBC's fund has been relatively stable since the

²⁷ PTBC, *2025 Sunset Review Report*, at 31.

²⁸ BPC § 205(a)(13).

²⁹ BPC § 2682; California Department of General Services, *State Administrative Manual (SAM)*, § 7410, item 1, "Special Funds" (revised April 2020), <https://www.dgs.ca.gov/Resources/SAM/TOC/7400/7410>.

³⁰ SAM § 7410, item 1, "General Fund."

³¹ BPC § 2682; PTBC, *2025 Sunset Review Report*, at 26.

³² PTBC, *2025 Sunset Review Report*, at 29.

³³ *Id.*

³⁴ PTA's do not have a separate initial license fee.

board’s last sunset review in 2022. However, the expenditure line has been steadily increasing and is projected to exceed revenues at the end of FY 2025-26, resulting in an operating deficit.

While there is no statutory requirement that the PTBC maintain a specific minimum fund balance, all licensing boards aim to maintain a healthy fund reserve balance that can cover economic uncertainties, such as loss of license fee revenue, litigation, salary or price increases, and other unanticipated expenditures.³⁵ The DCA’s recommended reserve level is 12-15 months.³⁶

The projections indicate that the fund may shrink to 6.6 months of operating expenses by FY 2026-27, with insolvency possible beyond FY 2030-31. However, this is an estimate until actual revenue and expenditure data is available.³⁷ To address this, the PTBC has requested an increase to the statutory limits on its fees. The PTBC’s fee request is discussed further on page 20 under Issue #1: Statutory Fee Cap Increase.

Fund Condition (Dollars in Thousands)						
	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26*	FY 26-27*
Beginning Balance**	\$5,740	\$5,323	\$5,456	\$5,589	\$5,652	\$5,235
Revenues/Transfers	\$6,300	\$6,967	\$7,217	\$7,372	\$7,472	\$7,381
Total Resources	\$12,040	\$12,290	\$12,673	\$12,961	\$13,124	\$12,616
Authorized Budget	\$6,637	\$7,127	\$7,517	\$7,179	\$7,270	\$7,488
Expenditures	\$6,740	\$6,871	\$7,084	\$7,309	\$7,889	\$8,044
Fund Balance	\$5,300	\$5,419	\$5,589	\$5,652	\$5,235	\$4,572
Months in Reserve	9.3	9.2	9.2	8.6	7.8	6.6

* Projections—may not reflect actuals at the end of the FY.
 **May not match prior fund balance due to prior year adjustments.

Expenditures by Program Component

PTBC expenditures can be broken down by enforcement, licensing, and administration costs.³⁸ All licensing boards also pay a pro-rata contribution to cover various centralized services provided by the DCA, which include human resources, communication services, legal affairs, legislative affairs, training and planning, information technology, and investigative services, among other services.

In FY 2021-22, the PTBC’s enforcement expenses were about 31% of its total expenditures. Licensing expenses were about 19%, and administrative expenses were about 23%. Its pro rata contribution was about 28%.

³⁵ GOV § 16418.5.

³⁶ PTBC, *2025 Sunset Review Report*, at 26.

³⁷ SAM § 6481 notes that fund condition statements might vary depending on the availability of information, “Use the latest and best information in the Statement to facilitate best budget decisions.”

³⁸ PTBC, *2025 Sunset Review Report*, at 27.

In FY 2022-23, the PTBC's enforcement expenses were about 28% of its total expenditures. Licensing expenses were about 18%, and administrative expenses were about 23%. Its pro rata contribution was about 31%.

In FY 2023-24, the PTBC's enforcement expenses were about 27% of its total expenditures. Licensing expenses were about 22%, and administrative expenses were about 22%. Its pro rata contribution was about 29%.

In FY 2024-25, the PTBC's enforcement expenses were about 31% of its total expenditures. Licensing expenses were about 21%, and administrative expenses were about 21%. Its pro rata contribution was about 26%. There was also an examination expense that accounted for about 1%.

The PTBC reported a handful of expenditure trends over the last four FYs.³⁹ Personnel services across all programs saw a small increase due to statewide salary and benefit adjustments and position reclassifications supporting program operations. Enforcement costs increased by approximately 7% due to higher Attorney General and Office of Administrative Hearings service costs. Licensing costs increased by approximately 22% as a result of staffing increases. The one-off examination cost was due to an interagency contract to conduct an occupational analysis on the licensing examination.⁴⁰ The occupational analysis is discussed further under Current Sunset Review Issues, Issue #3: National Examinations vs. State Occupational Analysis, on page 22.

Fees

The PTBC's fees are established under the Physical Therapy Practice Act.⁴¹ Most of the PTBC's fees can be adjusted in regulation, but there are also some flat fees for ministerial services. The fees for both PTs and PTAs are as follows:

- An application fee up to a maximum of \$300.
- An initial license fee up to a maximum of \$150.
- An examination fee that covers the actual cost to the PTBC of the development and writing of, or purchase of the examination, and grading of each written examination, plus the actual cost of administering each examination. Alternatively, the PTBC may pass the fee through to the organization administering the examination.
- A renewal fee up to a maximum of \$300.
- A late renewal (delinquency) fee that is 50% of the renewal fee in effect.

³⁹ PTBC, *2025 Sunset Review Report*, at 28.

⁴⁰ BPC § 139.

⁴¹ BPC § 2688; except does not include any reasonable accommodation examination passthrough fees.

- A duplicate wall certificate fee that does not exceed the cost of issuing duplicates, up to a maximum of \$100.
- An endorsement or letter of good standing fee that does not exceed the cost of issuing an endorsement or letter, up to a maximum of \$100.

While the PTBC has the authority to adjust the fees, every major fee has been set to the statutory maximum since FY 2015–16. As noted under the Fiscal section (starting on page 6) of this paper, the PTBC is requesting an increase the maximums. The request is discussed further under Current Sunset Review Issues, Issue #1: Statutory Fee Cap Increase, on page 20.

Cost Recovery

All DCA boards may request an order to recover the reasonable cost of enforcement activities from licensees found to have committed a violation of the relevant practice act.⁴² Enforcement costs include resources used for the investigation and charges imposed by the Attorney General for prosecution. The presiding administrative law judge makes the determination as to the amount of cost recovery that should be awarded.

The PTBC indicates that it seeks cost recovery in all formal disciplinary cases unless there are extraordinary circumstances.⁴³ Cost recovery is an insignificant source of revenue (less than 5%). The PTBC reports the following cost recovery data starting FY 2021-22:

Cost Recovery (\$ in thousands)	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Total Enforcement Expenditures	\$1,905	\$7,577	\$7,967	\$7,313
Potential Cases for Recovery	38	50	41	39
Cases Recovery Ordered	35	26	25	31
Amount of Cost Recovery Ordered	\$647	\$447	\$180	\$346
Amount Collected	\$84	\$298	\$176	\$259

Licensing

In general, licensing programs serve to protect the consumers of professional services and the public from undue risk of harm. The programs require anyone who wishes to practice a licensed profession to demonstrate a minimum level of competency. Requirements vary by profession but usually include specific education, examinations, and experience. The Physical Therapy Practice Act makes it a misdemeanor for an unlicensed person to practice physical therapy or hold themselves out as a PT or PTA via titles or other methods.⁴⁴

⁴² BPC §125.3.

⁴³ Zuckerman v. State Board of Chiropractic Examiners (2002) 29 Cal.4th 32.

⁴⁴ BPC §§ 2885-2887, 4540-4543.

Licenses are renewed on a biennial cycle (every two years). A license that is not renewed, e.g., allowed to expire or delinquent in payment, confers no authority to practice until restored to good standing.

Between FYs 2021-22 and 2024-25, the PTBC issued new licenses to an average of 1,972 PTs and 708 PTAs per year. It also issued renewals to an average of 14,541 PTs and 4,085 PTAs per year. During this same period, the PTBC denied an average of 2 license applications per year (no hearing) and an average of 1 application per year after appeal of the denial.

The PTBC reports the following license data for the last four FYs:

		FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
PT Licenses	Active	28,553	29,458	30,888	31,023
	Delinquent	4,886	4,999	5,479	5,778
	Retired	388	397	419	439
	Inactive	1,240	1,302	1,269	1,208
PTA Licensees	Active	8,096	8,469	8,843	9,255
	Delinquent	1,490	1,547	1,629	1,737
	Retired	116	109	100	103
	Inactive	333	336	314	321

PT Application Requirements. PTs in California must be at least 18 years of age, not addicted to alcohol or any controlled substance, and have passed the National Physical Therapy Examination (NPTE) administered by the Federation of State Boards of Physical Therapy (FSBPT) and the California Law Examination (CAL-Law).⁴⁵ PT applicants seeking authorization to take the NPTE may do so via one of the following two methods:

- 1) Graduate from a professional degree program of an accredited postsecondary institution approved by the PTBC (e.g., Commission on Accreditation in Physical Therapy Education (CAPTE)- or Physiotherapy Education Accreditation Canada (PEAC)-accredited).⁴⁶
- 2) Graduate from a PT education program located outside the United States, provided the applicant furnishes evidence of an equivalent professional degree, meets equivalent educational requirements, and completes up to nine months of clinical service under a licensed PT.⁴⁷

The PTBC also allows equivalent licensees from other states to apply without taking the NPTE (licensure by endorsement). Endorsement applicants must present proof of active licensure as a PT

⁴⁵ BPC §§ 2635, 2636; CCR, tit. 16, §§ 1398.28, 1398.28(C).

⁴⁶ BPC § 2650(a).

⁴⁷ BPC § 2653.

in a state, district, or territory of the United States with requirements equal to or higher than California's, and have obtained a passing score on the NPTE.⁴⁸

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.⁴⁹

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.”⁵⁰

PTA Application Requirements. PTAs in California must be at least 18 years of age, not addicted to alcohol or any controlled substance, and have passed the NPTE for PTAs and the CAL-Law.⁵¹ PTA applicants seeking authorization to take the NPTE may do so via one of the following four methods:

- 1) Graduate from a PTA program of an accredited postsecondary institution approved by the PTBC (e.g., CAPTE- or PEAC accredited)⁵²
- 2) Complete military training consisting of a basic hospital corps member course and a formal PTA course with a minimum of 550 hours of technical courses and 350 hours of supervised clinical experience, plus general education requirements.⁵³
- 3) Complete a combination of training and 36 months of full-time work experience in physical therapy, including 18 months providing patient-related tasks under the supervision of a PT in an acute care inpatient facility, plus required technical and general education courses.⁵⁴
- 4) Successfully complete the professional education required for a PT license.⁵⁵

The PTBC also allows equivalent licensees from other states to apply without taking the NPTE (licensure by endorsement). Endorsement applicants must present proof of active licensure as a

⁴⁸ BPC § 2636.5.

⁴⁹ BPC § 2620.

⁵⁰ *Id.*

⁵¹ BPC §§ 2635, 2636.

⁵² BPC § 2650(b).

⁵³ CCR, tit. 16 § 1398.47(a)(1).

⁵⁴ CCR, tit. 16 § 1398.47(a)(2).

⁵⁵ CCR, tit. 16 § 1398.47(a)(3).

PTA in a state, district, or territory of the United States with requirements equal to or higher than California's and have obtained a passing score on the NPTE and CAL-Law.⁵⁶

PTA Scope of Practice. The PTA license does not have a specifically defined scope of practice. It instead authorizes a PTA to "assist in the provision of physical therapy services only under the supervision of a physical therapist."⁵⁷ As a result, the supervising PT defines the scope.

Except, the Physical Therapy Practice Act prohibits PTAs from the following:⁵⁸

- Performing any measurement, data collection, or care prior to the initial evaluation of the patient by the supervising PT.
- Performing any evaluation or reevaluation of a patient.
- Documenting patient evaluations or reevaluations.
- Establishing or changing a patient's plan of care.
- Preparing or writing a discharge summary.
- Writing progress reports to another health care professional (though they may write daily chart notes).
- Acting as the sole physical therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified.
- Supervising a physical therapy aide who is performing patient-related tasks.
- Providing treatment if the PTA holds a "management position" (defined as having control or influence over scheduling, hiring, or firing) in the physical therapy business where the care is being provided.

License Processing Targets. The PTBC's performance targets for processing complete applications are as follows:

- U.S. Educated Exam Applicants: 90 days
- Endorsement Applicants: 45 days
- Military Applicants: 14 days

⁵⁶ BPC § 2636.5.

⁵⁷ BPC § 2630.3(a).

⁵⁸ BPC § 2630.3(d); 16 CCR § 1398.44(d).

- Foreign-Educated Applicants: No formal target established due to the greater complexity of documentation review.

The PTBC reports that it has consistently met or exceeded its performance expectations during the last four FYs for most license types. However, it notes that foreign-educated applications are more complex, but it has taken steps to streamline internal review procedures and improve transparency for applicants.

Education

The Physical Therapy Practice Act requires PT and PTA programs to meet the PTBC's standards, but deems the programs approved if accredited by the CAPTE or the Physiotherapy Education Accreditation Canada.⁵⁹ Currently, all PTBC-recognized schools are CAPTE accredited. The PTBC has not approved any international schools.

The PTBC's *2025 Sunset Report* noted that there were 327 PT and 390 PTA CAPTE-accredited programs nationwide at the time of drafting. Of those, there were 20 PT and 30 PTA programs in California.

Examination

The PTBC utilizes the NPTE, which is administered nationally. The NPTE consists of 250 multiple choice questions for PTs and 200 multiple choice questions for PTAs. The NPTE is offered four times per year at Prometric testing centers nationwide.

Both NPTE exams are developed and administered by the FSBPT. According to the FSBPT, the PT and PTA exams are designed to assess basic entry-level competence after graduation from an accredited program or from an equivalent non-accredited program.⁶⁰ The FSBPT charges \$485 for each examination.⁶¹ Prometric also charges a fee (approximately \$100 depending on the testing site).

The average first time pass rate for PTs and PTAs taking the NPTE was 81.6% for PTs and 79% for PTAs. California's NPTE pass rates are consistent with the national average pass rates.

California Law Examination (CAL-Law)

Effective July 1, 2024, the statutory CAL-Law requirement is completed through the Jurisprudence Assessment Module (CAL-JAM). CAL-JAM is an online, on-demand assessment that provides

⁵⁹ BPC §§ 2650, 2651.

⁶⁰ Federation of State Boards of Physical Therapy (FSBPT), National Physical Therapy Examination (NPTE) Overview, [https://www.fsbpt.org/ExamCandidates/NationalExam\(NPTE\).aspx](https://www.fsbpt.org/ExamCandidates/NationalExam(NPTE).aspx) (as of Mar. 8, 2026).

⁶¹ Federation of State Boards of Physical Therapy (FSBPT), Exam Registration and Payment, <https://www.fsbpt.org/OurServices/CandidateServices/ExamRegistrationPayment.aspx> (as of Mar. 8, 2026).

immediate feedback when a question is answered incorrectly, serving as both an educational resource and an assessment tool.

Test of English as a Foreign Language (TOEFL)

The Physical Therapy Practice Act requires applicants who have graduated from a non-accredited school located outside the United States to demonstrate English proficiency by achieving a passing score on the TOEFL.⁶² The TOEFL measures an applicant's ability to use and understand English at the university level. The TOEFL is developed, administered, scored, and maintained by the Educational Testing Service (ETS). The PTBC does not currently offer examinations in any other language than English.

Continuing Education

Professions and practices can change over time. For instance, new technology, research, or ethical requirements may increase the level of minimum competence needed to protect consumers. Therefore, some licensing boards require licensees to complete additional training or classes to maintain minimum competence post-licensure. This is usually accomplished through continuing education (CE) or continuing competence requirements at the time of renewal.

Both PTs and PTAs renewing their licenses are required to complete 30 hours of continuing competency activity.⁶³ Of the 30 hours, two hours must be in ethics, laws and regulations, and four hours in life support for health care professionals.

At the time of renewal, licensees are required to certify that they have complied with the PTBCs continuing competency requirements. The PTBC also conducts random continuing competency audits. Licensees must maintain proof of each continuing competency activity for five years and agree to supply supporting documents upon the PTBCs request.

The percentage of the licensee population chosen for audit is dependent upon the pass rate of the completed audits. The PTBC determines the percentage to ensure sufficient compliance. If a large number of audited licensees fail, the PTBC will increase the percentage of licensees audited. As the number of licensees that demonstrate compliance increases, the PTBC decreases the percentage of licensees audited.

If a licensee demonstrates sufficient compliance with the continuing competency requirement, the licensee passes the audit. If a licensee is unable to demonstrate compliance with the continuing competency requirement, the licensee fails the audit. Reasons licensees may fail an audit include failure to provide proof of hours completed in compliance. The PTBC reports that in the past four

⁶² BPC § 2653.

⁶³ BPC § 2649, CCR, tit. 16, §§1399.90-99.

FYs, the PTBC conducted 2,358 continuing competency audits and there was a 6.45% audit failure rate.

The PTBC does not directly approve continuing competency courses or providers. Continuing competency courses must be offered by an approved provider or by a PTBC-recognized approval agency. Recognized approval agencies are required to audit at least 10% of the providers and courses they approve.

As of June 30, 2025, the PTBC's continuing competency report includes 124 recognized approval agencies, approximately 300 active providers, and more than 14,000 active courses. In the last four FYs, the PTBC received and approved seven applications for recognition as an approval agency. However, eighteen agencies had their recognition withdrawn, primarily due to the agencies ceasing operations or making voluntary requests for withdrawal.

Enforcement

The Physical Therapy Practice Act requires the PTBC to enforce the laws relating to the practice of physical therapy. The purpose of enforcement is to ensure that licensees continue to adhere to licensing requirements and protect the public from those that do not.

To that end, the PTBC is required to investigate potential violations. Like other licensing boards, the PTBC relies on complaints and other information submitted by consumers, licensees, employers, and relevant organizations and governmental entities, including arrest and conviction notices from law enforcement. PTBC enforcement staff may also open a case based on internal information reviewed by staff.

Cases without sufficient evidence or that do not allege a violation of either practice act are closed without further action. If it finds there was a violation, the enforcement staff may take several types of actions depending on the severity of the violation.

For minor violations, the PTBC may send an education letter or issue a citation, which may include a fine up to a maximum of \$5,000, an order of abatement, or both. For more significant violations, it may seek formal disciplinary actions against a license, including probation, suspension, or revocation. The PTBC can initiate formal disciplinary action by referring the matter to the Office of the Attorney General (OAG) to prepare a case for prosecution in an administrative proceeding. For violations that also involve criminal conduct, the DCA's Division of Investigation (DOI) can also refer the case to law enforcement.

The PTBC reports that the volume of enforcement investigations has grown steadily since the last review. Between FYs 2021-22 and 2024-25, the PTBC assigned an average of 514 desk investigations annually and closed an average of 500 cases by the close of each FY. The PTBC

noted a growing workload, with pending investigations at the close of the FY increasing from 265 in FY 2021–22 to 371 in FY 2024–25.

Cite and Fine. The PTBC uses its cite and fine authority in cases in which violations can be remedied through an order of abatement and fine, such as technical violations. The PTBC reserves formal discipline for the most serious matters and issues citations for isolated or lower-level, correctable violations. The PTBC’s top four citation violations over the last four years are:

- 1) Criminal Convictions (First Offense)
- 2) Practice-Related Violations
- 3) Discipline in Another State
- 4) CE Violations

Enforcement Timelines. Consumers, licensees, and the public benefit from the expedient resolution of investigations and disciplinary proceedings. In July 2009, the PTBC implemented the DCA’s Consumer Protection Enforcement Initiative (CPEI), which introduced performance measures and set target cycle timelines with the aim of resolving investigations and disciplinary proceedings in 12-18 months.

The CPEI timelines track statistics for every stage of the enforcement process, including the following statistics quarterly:

- Performance Measure (PM) 1—Case Volume: the total number of complaints and conviction or arrest notices received within the specified period.
- PM 2—Intake: new complaint intake and the average number of days to close a complaint or assign it for an investigation (target average of 9 to 10 days).
- PM 3—Investigations: investigation cases completed and the average number of days to complete an investigation without formal discipline (target average of 180 days).
- PM 4—Formal Disciplinary Actions: the number of formal disciplinary actions completed and the average number of days to complete a disciplinary action (target average of 540 days).
- PM 7—Probation Intake: new probationers and the average number of days from assignment to first contact (target average 10 days).
- PM 8—Probation Violation Response: probation violations and the average number of days to initiate appropriate action (target average 7 days).

The PTBC indicates that its cycle times generally meet performance targets, with the exception of PM 4. Achieving PM 4 targets is dependent on the staffing and workload of outside agencies, such as the OAG and the Office of Administrative Hearings (OAH), which are not within the PTBC’s control. As a result, few boards tend report meeting this target cycle time. PM4 target timelines are discussed further under Current Sunset Review Issues, Issue #5: Formal Discipline Timelines, on page 25.

	Target Average	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
PM4 Cycle Time	540	899.5	927	747	654.25

The PTBC reports that its staff continues to evaluate its internal process in an effort to meet PM 4. Although the AG is not currently required to participate in the Performance Measure targets, it has made efforts to process older cases while keeping up with new case performance timeframes.

The PTBC also reports other improvements to address case volume and timelines, including strengthening collaboration with the DOI and the OAG to streamline investigative and prosecutorial timelines. The PTBC expanded training for expert consultants to ensure consistent case evaluations and increased the use of data tracking tools to monitor case progress and identify bottlenecks. PTBC has also transitioned its probation monitoring meetings to video conferences to due to budget constraints and travel restrictions.

Additional Background

For additional information regarding the PTBC’s responsibilities, operations, and functions, please see the PTBC’s *Sunset Review Report 2025*. The report is available on the PTBC’s website: https://www.ptbc.ca.gov/publications/sunset_2025.pdf.

PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS

The PTBC was last reviewed in 2022. A total of 11 issues were raised by the Committees at that time. In the PTBC's *Sunset Review Report 2025* and responses to the previous background paper, the PTBC describes actions it has taken to address the recommendations made in the staff background paper for the review. The issues that have not been fully addressed or may still be of concern to the Committees are discussed under Current Sunset Review Issues on page 20.

- **Prior Issue #2: Is the PTBC's current staff adequate to meet its increased responsibilities?** During the last review, the PTBC noted an imbalance between staffing levels and workload volume. As noted under the Staff section of this paper starting on page 5, the PTBC reports making the necessary adjustments.
- **Prior Issue #4: Is the California PTA examination too stringent for PTAs who wish to practice in the state?** There were concerns regarding the difficulty of the former California Law Examination (CLE) for PTAs. The reported pass rate for first-time takers was only 58.2%. The PTBC has since replaced CLE with the California Jurisprudence Assessment Module (CAL-JAM). CAL-JAM is an online, on-demand assessment that provides immediate feedback when a question is answered incorrectly, serving as both an educational resource and an assessment tool. Due to the nature of this module, pass rates are not an issue.
- **Prior Issue #5: Why are most applications submitted incomplete?** The PTBC reported difficulty meeting its performance targets for processing applications (90 days for exams and 45 days for endorsements) because the majority of applications submitted were incomplete due to applicants submitting their applications before passing the required examinations. Board staff note that students may wait two to three months for an examination date, which is included in the processing timeline because the application is still open even though no progress can be made on the application.

In response, the PTBC implemented a number of process enhancements and increased its outreach efforts. It reports that it is now consistently meeting or exceeding its performance targets for processing complete applications. However, the fixed-date nature of the testing process, which is out of the PTBC's control, will continue to artificially inflate the processing times.

- **Prior Issue #9: Do any of the COVID pandemic waivers warrant an extension or statutory changes? How has PTBC addressed issues resulting from the pandemic?** The Committees evaluated whether any temporary pandemic waivers should be extended or made permanent. SB 1438 (Roth), Chapter 509, Statutes of 2022, codified the waiver allowing for telehealth physician evaluations of continuing treatment plans.

- **Prior Issue #10: Should the PTBC add a WebEx meeting option to all of its board meetings?** Due to the COVID-19 pandemic, the legislature temporarily authorized DCA boards to utilize online platforms in lieu of in-person meetings. The PTBC believed the online format increased stakeholder access and participation was more meaningful than teleconference. SB 544 (Laird), Chapter 216, Statutes of 2023, extended that authority, and SB 470 (Laird), Chapter 222, Statutes of 2025, made it permanent.

CURRENT SUNSET REVIEW ISSUES

This section covers new and unresolved issues relating to the PTBC. It includes background information and committee staff recommendations for each issue. Committee staff has provided this paper to the PTBC and other interested parties, including the professions, so that they may respond to the issues and recommendations.

BUDGET ISSUES

ISSUE #1: STATUTORY FEE CAP INCREASE. *The PTBC reports that its statutory fees are insufficient to support the board's fund based on current projections. Should the PTBC's fee caps be increased?*

Background: 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.⁶⁴ 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 PTBCs 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

⁶⁴ Assembly Committee on Business and Professions (ABP) and Senate Committee on Business, Professions, and Economic Development (SBPED), *Background Paper for the Physical Therapy Board of California, Joint Sunset Review Oversight Hearing, February 27, 2017*, at 22; SBPED and ABP, *Background Paper for the Physical Therapy Board of California, Joint Sunset Review Oversight Hearing, March 10, 2022*, at 16-17.

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.

The PTBC also recently initiated a comprehensive fee study to evaluate its fee structure. That is anticipated to be completed this year.

Staff 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.*

ADMINISTRATIVE ISSUES

ISSUE #2: EXECUTIVE OFFICER CLASSIFICATION. *The PTBC seeks to reclassify its executive officer position to a higher classification. However, its attempts to reach a specific classification are ongoing. Is additional action needed?*

Background: This is a continuation of Issue #1 from the PTBC’s 2022 sunset review. At the PTBC’s December 10, 2021, board meeting, the board members voted unanimously in support of moving forward with submitting an Executive Officer Exempt Level Change Request to CalHR to change the executive officer’s exemption to an appropriate level. Since then, the PTBC reports:

Despite the Board’s progress in securing an exempt level adjustment from “N” to “M” in FY 2022–23, this allocation still does not accurately reflect the Executive Officer’s responsibilities, scope of authority, or the Board’s organizational complexity. The Board’s program has continued to expand in staffing, licensing volume, enforcement workload, regulatory activity, and statewide engagement; however, even at the time the increase was granted, Level M did not fully align with the operational expectations of the Executive Officer position.

Five prior exempt level studies and salary analyses demonstrated that the Board consistently met criteria for a higher allocation, but statewide fiscal limitations prevented appropriate realignment. The Board now oversees a substantially larger and more complex regulatory program, with contemporary operational demands exceeding what the Level M allocation reasonably supports.

Recognizing the continued misalignment, the Board reaffirmed in fiscal year 2024–25 that pursuing a subsequent exempt level increase is necessary to ensure the Executive Officer classification reflects modern responsibilities, supports effective leadership, and upholds Board’s mandate to protect the public. The Board reestablished its Executive Officer Exempt Level Committee to collaborate with

staff and prepare the formal request. Board plans to submit its updated exempt level proposal in 2026.

Staff Recommendation: *The PTBC should update the Committees on the status of the request and continue to work with committee staff to determine if there are any legislative or other solutions available to the Committees.*

EDUCATION ISSUES

ISSUE #3: NATIONAL EXAMINATIONS VS. STATE OCCUPATIONAL ANALYSES.
Should the PTBC be required to conduct occupational analyses for national examinations under BPC § 139?

Background: To obtain a license from the PTBC, applicants are required to pass the National Physical Therapy Examination (NPTE). These exams are developed and administered by the FSBPT and are recognized nationally. All applicants, regardless of education or endorsement background, must also pass a California Law Examination, which, effective July 1, 2024, was replaced by the CAL-JAM. This exam ensures that applicants understand the legal and ethical standards governing physical therapy practice in California. All examinations used for licensure, including the NPTE and CAL-JAM, are administered in English only.

The objective of a license examination is to determine whether applicants meet minimum competency requirements. Consequently, examination reviews and occupational analyses are conducted to assess whether the examination appropriately evaluates the candidates' skill levels in carrying out tasks routinely performed by the profession in a safe and competent manner. BPC § 139 requires the DCA and programs within the DCA to develop a policy to evaluate examinations and conduct occupational analyses, and define circumstances under which review is appropriate, standards for review of state and national examinations, and standards for determining appropriate costs of reviews, among other examination policy considerations.

National examinations provide many advantages to regulatory programs and licensees alike. For example, licensing entities are not required to develop and administer the examinations, which provides considerable cost and workload savings to the program. For license candidates, advantages include that a national examination provides increased portability, greater assurance that their education will prepare them to pass the examination, and increased availability of test taking dates and locations. However, there is rationale for a California-specific examination in some circumstances that must be considered on a case-by-case basis. For example, there are professions where the law and ethical standards in California deviate sharply from other states, seismic considerations for engineering and architecture that must be evaluated in California, professions that do not require licensure in other states, and professions for which there is not a national examination.

A key component of BPC § 139 is the legislative findings of subdivision (a), which state in relevant part, “It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.” During the legislative process and sunset review oversight, each program within DCA has established whether its examination for licensure is California-specific, a national examination, or a combination of both. A program can also move to adopt a national examination on its own volition if it is not mandated to require a specific examination.

The PTBC notes in its 2025 Report to the Legislature that the DCA’s Office of Professional Examination Services (OPES) reviewed the NPTE to ensure it meets California standards. The PTBC adds that FSBPT, as the developer of the NPTE, conducts its own rigorous occupational analyses to ensure the exam remains a valid and reliable measure of entry-level competence. Traditionally, FSBPT conducted a formal practice analysis every five years; however, beginning in 2018 it implemented an enhanced methodology that allows annual collection and analysis of practice data, with a formal review and revision of the test content outline continuing on a five-year cycle. This dual approach enables FSBPT to both monitor emerging practice trends and respond quickly to changes in the profession, ensuring that the NPTE consistently reflects current entry-level practice expectations. The CAL-JAM is even provided online now and was developed in collaboration with FSBPT and not only assesses understanding of California laws and regulations governing the practice of physical therapy, but also serves as a valuable educational resource. For applicants, CAL-JAM provides an efficient way to demonstrate minimum competency in laws and regulations required for licensure. For licensees, CAL-JAM fulfills the mandatory two hours of ethics, laws, and regulations continuing competency requirement for license renewal. The assessment is accessible online at the individual’s convenience, carries nearly half the cost of the former California Law Examination, and provides immediate feedback when a question is answered incorrectly, thereby reinforcing knowledge through education as well as assessment.

BPC § 139(c) states, “Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, *its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation.*” Given that programs are only required to provide a method for ensuring exams are periodically evaluated, and given that PTBC relies on a national examination that it may not have the ability to change or update just for California applicants, it is not clear why the PTBC, as a program within DCA, would be required to routinely evaluate a national examination that is not administered by or under contract with a DCA program under the provisions of BPC § 139. It is also not clear what steps PTBC would take in the event that an OPES routine evaluation, which

PTBC pays for, found that some element of the national examination is unable to measure aspects of PT competency in California.

It would be helpful to understand the resources PTBC has been required to expend on DCA's review of a national examination and the plan moving forward since PTBC relies on national examinations to determine applicant readiness for licensure and even to evaluate California-specific law knowledge.

Staff Recommendation: *The PTBC should update the Committees on the status of OPES examination review, costs for this work, and any next steps the PTBC plans to take.*

ENFORCEMENT ISSUES

ISSUE #4: AUTOMATIC DENIAL OF REINSTATEMENT FOR SEXUAL OFFENSES.
Should the PTBC continue to be required to hold appeal hearings for license reinstatements in cases where the Physical Therapy Practice Act requires the PTBC to deny the reinstatement?

Background: The Physical Therapy Practice Act requires the PTBC to process all petitions for reinstatement through the full administrative hearing process,⁶⁵ 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:

- Deny petitions for reinstatement at intake when the underlying revocation or surrender was based on sexual misconduct or sexual exploitation.
- 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 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.*

⁶⁵ BPC § 2661.7.

ISSUE #5: FORMAL DISCIPLINE TIMELINES. *The PTBC is unable to meet its target cycle times for cases referred for formal discipline, known as Performance Measure 4 (PM4). Can the PTBC improve its processes to meet its target, and should PM4 be modified to better reflect the different stages of an enforcement case?*

Background: This is a continuation of Issue #7 from the PTBC’s 2022 sunset review and Issue #11 from its 2017 sunset review. Target timelines help ensure the timely resolution of cases. PM4 looks at the timelines for cases that rise to the level of formal discipline, such as license suspension or revocation. The target timeline is 540 days, and the PTBC has not consistently met this target.

However, PM4 is a difficult goal because it includes investigation and prosecutorial timelines that are often extended due to the serious nature of cases that are referred to the OAG, and PM4 does not distinguish between the amount of time a case spends at the PTBC, the DCA’s DOI, or the OAG. While PTBC staff notes that PM4 can be broken down to show investigative aging (PTBC and DOI) and prosecution aging (OAG and OAH), it is unclear how the data can be used to influence outside agencies or the overall process.

Staff Recommendation: *The PTBC should discuss how it uses PM4 in the context of working with partner agencies and any future plans regarding PM4 targets.*

PRACTICE ISSUES

ISSUE #6: PRACTICE ACT AND SCOPE OF PRACTICE “MODERNIZATION.” *Stakeholders have commented that the Physical Therapy Practice Act and scope of practice have not kept up with industry practices and other states. Are updates necessary to reduce unnecessary barriers or improve patient access to care?*

Background: The last major legislative overhaul of the Physical Therapy Practice Act was in 2013, which modernized terminology, reorganized the structure, and included general code clean-up.⁶⁶ At the PTBC’s December 5, 2024, public board meeting, stakeholders expressed interest in modernizing the Physical Therapy Practice Act and are seeking an author for legislation to introduce in 2026.⁶⁷

The last significant addition to 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

⁶⁶ SB 198 (Lieu), Chapter 389, Statutes of 2013.

⁶⁷ PTBC, Adopted Meeting Minutes (Dec. 5–6, 2024).

been no changes to the services they can provide. Arguably the last actual scope change was the addition of physical fitness and related health and wellness interventions in 2004.⁶⁸

The following are some examples of what is allowed in other U.S. jurisdictions (not exhaustive):

1) *Expanded Role as Primary Care or First-Contact Providers*

In 2025, Utah passed a law that expands the definition of "primary care" under its state insurance code to include PTs.⁶⁹ This change requires health insurers to permit patients to select a PT as their primary care provider for purposes of optimum coverage requirements. However, the law makes it clear that this does not authorize the PT to practice beyond the PT scope of practice under their practice act.

2) *Authority to Diagnose Disease within PT Scope*

The Physical Therapy Practice Act expressly prohibits a PT from "diagnosing disease."⁷⁰ As a result, the PT scope is limited to physical therapy evaluation of disfunction 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.

3) *Unrestricted Direct Access*

The Physical Therapy Practice Act allows a patient to see a PT without seeing a physician or podiatrist for 12 visits or 45 days, whichever comes first. Currently, 21 states do not put these types of limits on directly accessing a PT.⁷¹

4) *Ordering and Interpreting Diagnostic Imaging*

The Physical Therapy Practice Act prohibits PTs from using "roentgen rays and radioactive materials, for diagnostic and therapeutic purposes."⁷² In 2025, North Dakota authorized PTs to order advanced imaging, such as MRIs.⁷³ Other states authorize ordering imaging as well but in varying degrees.⁷⁴

⁶⁸ SB 1485 (Burton), Chapter 117, Statutes of 2004.

⁶⁹ S.B. 196, 2025 Gen. Sess. (Utah 2025).

⁷⁰ BPC § 2620; 65 Ops.Cal.Atty.Gen. 21 (1982).

⁷¹ American Physical Therapy Association (APTA), *State of Direct Access to Physical Therapist Services* (July 2025).

⁷² BPC § 2620.

⁷³ North Dakota Century Code § 43-26.1-11.1.

⁷⁴ Federation of State Boards of Physical Therapy (FSBPT), *Review of Jurisdiction and Language Regarding Physical Therapists and Imaging* (2024).

5) *Dry Needling*

Dry needling is the use of needles to stimulate or affect underlying tissue for pain and other physical ailments.⁷⁵ In California, the Acupuncture Practice Act prohibits “the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body” unless expressly authorized elsewhere.⁷⁶ The Physical Therapy Practice Act does not contain that authorization.

The majority of states allow some form of dry needling.⁷⁷ The FSBPT’s 2024 competency analysis found that, while 117 out of the 133 (88%) dry needling knowledge requirements are included in entry-level PT education:

The remaining knowledge requirements (n = 16) are specific to dry needling and are acquired and developed through advanced or specialized training (e.g., dry needling course, residency program). As noted in the 2015 and 2020 dry needling reports, the dry needling-specific knowledge is predominantly related to the needling technique (e.g., needle selection and placement, identification of contraindications, emergency preparedness, and response).⁷⁸

Current Status of Issues. While some of these topics may have been discussed in passing, most have not been discussed in detail before the Committees. The inclusion of this issue is in recognition of the fact that any “modernization” of the Physical Therapy Practice Act would necessarily impact the PTBC’s regulation of the profession.

Staff Recommendation: *The PTBC should advise the Committees on the outcome of any discussions it may have held regarding these topics and whether it has identified any gaps in care, patient safety concerns, or implementation concerns if legislation on any of these topics were to be introduced.*

ISSUE #7: ANIMAL PHYSICAL THERAPY/REHABILITATION. Under the direct supervision of veterinarians, non-veterinarians may treat animals using physical therapy and other manual techniques. Are changes needed to improve consumer protection or eliminate unnecessary barriers to care?

Background: While this issue was previously discussed during the PTBC’s 2022 sunset review under Issue #6, it is only one component of a decades long debate over the appropriate use of

⁷⁵ FSBPT, *Dry Needling Competency Update: Report Memo 2024* (July 2024), at 3.

⁷⁶ BPC § 4927.

⁷⁷ APTA, *State Laws and Regulations Governing Dry Needling Performed by Physical Therapists in the U.S.* (Jul. 2024).

⁷⁸ FSBPT, *Dry Needling Competency Update* (2024), at 6.

physical and manual therapy techniques originally developed for humans on animal patients.⁷⁹ The issue was most recently raised during the 2025 sunset discussion of the California Veterinary Medical Board (CVMB) under Issue #20.

There is a subset of non-veterinarian PTs⁸⁰ and chiropractors⁸¹ that have adapted their training and experience to treat animal patients. These stakeholders believe the current CVMB supervision requirements are too restrictive to meet the needs of consumers. Veterinarian stakeholders disagree and believe the current requirements are necessary to protect consumers.⁸²

Current Supervision Requirements. Currently, there are no statutes that specifically address animal physical therapy or other practices adapted for use in veterinary medicine. Instead, the Veterinary Medicine Practice Act prohibits the practice of any aspect of veterinary medicine unless provided by a licensed veterinarian, a registered veterinary technician (RVT), or by an unlicensed veterinary assistant under direct supervision.⁸³

However, the CVMB's regulations specifically authorize physical therapy under its animal physical rehabilitation (APR) regulations⁸⁴ and animal chiropractic under its musculoskeletal manipulation (MSM) regulations.⁸⁵ The supervision requirements for both APR and MSM are substantially the same—the PT or chiropractor may provide services under the direct supervision⁸⁶ of a veterinarian who (1) is either on premises or in the “general vicinity” for MSM provided in a “range” setting and (2) has personally examined the animal patient.⁸⁷ The regulations only differ in that the APR regulations apply to anyone, whether licensed or not, while the MSM regulations are specific to licensed chiropractors.

Failure to meet these requirements when providing APR or MSM is investigated as the unlicensed practice of veterinary medicine by the CVMB under the Veterinary Medicine Practice Act.⁸⁸ While the PTBC and Board of Chiropractic Examiners (BCE) defer to the CVMB on matters of improperly performed veterinary services, both boards can investigate generic acts of

⁷⁹ The California Veterinary Medical Board regulations regarding animal chiropractic have been in place since 1998.

⁸⁰ Support letter from Animal Physical Therapy Coalition to Assemblymember Berman, April 21, 2025, regarding sponsorship of AB 1458 (Wallis) - Increase Access to Animal Physical Therapy.

⁸¹ Support letter from California Chiropractic Association to Senator Ashby, April 2, 2025, regarding sponsorship of SB 687 (Ochoa Bogh) - Animal Chiropractic Practitioners: Direct Access.

⁸² Opposition letters from California Veterinary Medical Association (CVMA), Southern California Veterinary Medical Association (SCVMA), Sacramento Valley Veterinary Medical Association (SVVMA), and American Veterinary Medical Association (AVMA) to Assemblymember Berman, April 7, 2025, regarding AB 1458 (Wallis): Animal Physical Therapy and to Senator Ashby, April 15, 2025, regarding SB 687 (Ochoa Bogh) - Animal Chiropractic Practitioners.

⁸³ BPC §§ 4825, 4826, 4836.

⁸⁴ CCR, tit. 16, § 2038.5.

⁸⁵ CCR, tit. 16, § 2038.

⁸⁶ CCR, tit. 16, §§ 2034(e), 2038(b)(2), 2038.5(d).

⁸⁷ CCR, tit. 16, §§ 2038(B)(2)(a), 2038.5(b).

⁸⁸ CCR, tit. 16, §§ 2038.5(d)(1),

unprofessional conduct such as fraud under their respective practice acts.⁸⁹ However, outside of the enforcement actions, the total number of Chiropractors who provide MSM treatments to animal patients is unknown because they are not required to report to either the BCE or the CVMB.

Development of the Current APR Requirements. In 2010, the CVMB tasked its Multidisciplinary Advisory Committee to research APR issues, and it completed its report in 2011 and submitted recommended language to the full board in 2013.⁹⁰ Between 2013 and 2015, the CVMB received 10 complaints regarding APR.⁹¹ In 2015, the CVMB proposed a modified version of the language for rulemaking that were seen by stakeholders as overly broad and restrictive.⁹² In response, the CVMB withdrew the proposal in recognition of the negative public perception.⁹³

In 2016, this issue was raised during the CVMB's sunset review under Issue #7, and the staff recommendation was for the CVMB to "create a task force comprised of stakeholders including veterinarians, RVTs, animal rehabilitation and related animal industry professionals, consumers, and representatives from the legislature to further examine the issue and present a recommendation to the [CVMB] by January 1, 2017."⁹⁴

The CVMB did so, and the task force recommendations were as follows:

- 1) 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) Any proposed changes to existing law and regulations are not an attempt to restrict or amend regulations regarding the provision of MSM modalities.
- 4) Prior to performing or authorizing APR, a veterinarian shall establish a valid veterinarian-client-patient relationship.
- 5) Veterinarians have sufficient education and training to provide APR.
- 6) RVTs may provide APR under the direct supervision of a veterinarian unless in a range setting in which case the veterinarian may provide the appropriate level of supervision.

⁸⁹ BPC §§

⁹⁰ CVMB, Initial Statement of Reasons for Proposed Adoption of CCR, tit. 16, § 2038.5 (Apr. 28, 2015), at 2.

⁹¹ CVMB, Initial Statement of Reasons for Proposed Adoption of CCR, tit. 16, § 2038.5 (March 10, 2020), at 2.

⁹² Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions, *Background Paper for the Veterinary Medical Board Oversight Hearing, March 14, 2016*, at 17-18.

⁹³ *Id.* at 19.

⁹⁴ *Id.* at 19.

- 7) Veterinary assistants may provide APR under the direct supervision of a veterinarian or an RVT.
- 8) California licensed PTs with advanced certification in APR, to be defined by the CVMB and the PTBC working cooperatively, may provide APR under the degree of supervision to be determined by the veterinarian who has established a veterinarian-client-patient relationship, on a veterinary premises or an APR premises, to be defined in regulation by the CVMB and the PTBC working cooperatively, or a range setting.

However, at the CVMB's April 19, 2017, board meeting, the board approved a motion to modify the task force's final recommendation to specify that a PT may offer only APR under direct supervision, rather than the degree of supervision to be determined by the supervising veterinarian. Those regulations went into effect in 2022.

Animal Physical Therapy in Other States. Other states also regulate licensed human healthcare practices adapted for use in animal care in varying degrees (not an exhaustive list):

1) *Direct Access*

- a) Colorado authorizes physical therapy on animals under the state's physical therapy practice act. A PT must obtain veterinary medical clearance before commencing treatment, but the practice is explicitly exempt from the definition of veterinary medicine. The PT must maintain a separate, non-carpeted room for treating animals if practicing in a human facility.
- b) New Hampshire exempts PTs who have completed a nationally recognized animal rehabilitation program from veterinary licensure, allowing them to use their PT credentials independently.
- c) Utah exempts PTs who have obtained specific animal rehabilitation certification from the Veterinary Practice Act, allowing them to practice under the jurisdiction of their PT board.

2) *Conditional Access*

- a) Nebraska has one of the most comprehensive regulatory schemes for translational practice. It requires PTs, as well as other similarly situated professions, such as chiropractors and acupuncturists, to meet specified education, training, and assessment requirements and obtain an animal therapist license. The owner of the animal must also present a prior letter of referral from a veterinarian that includes a veterinary medical diagnosis and evaluation within the preceding 90 days before the licensed animal therapist can treat the animal. Additionally, the licensed animal therapist must provide monthly reports to the referring veterinarian.

- b) Nevada has a formal certification process for PTs to practice APR. PTs must register with the Board of Veterinary Medical Examiners and receive a formal referral from a veterinarian.
- c) Oregon authorizes animal physical therapy by a PT upon a formal referral or medical clearance from a veterinarian prior to treatment.
- d) Mississippi, Oklahoma, Tennessee, and Virginia authorize PTs to practice under the umbrella of "complementary, alternative, or integrative therapies" within their respective veterinary practice acts upon veterinary referral and indirect veterinary supervision.

3) *Supervised Access*

- a) California PTs operate as unlicensed veterinary assistants who practice: under direct supervision by a veterinarian who is onsite and quickly and easily available, in a registered premises, on an animal that has been examined by a veterinarian.
- b) Florida, Georgia, Illinois, Maine, and Michigan specify that APR is veterinary medicine. PTs may only practice under the direct supervision of a veterinarian and typically within a registered veterinary facility.
- c) Louisiana, Missouri, New York, Ohio, and Vermont require PTs to perform APR under the direct supervision of a licensed veterinarian.
- d) Alabama, Alaska, Indiana, and Texas require direct supervision by the on-site veterinarian who must establish a veterinarian-client-patient relationship (VCPR) and assume full liability.

4) *Silent*

- a) Arizona, Connecticut, Delaware, Hawaii, Idaho, Iowa, Kansas, Maryland, Massachusetts, Montana, New Jersey, North Carolina, North Dakota, Rhode Island, South Dakota, Washington, West Virginia, Wisconsin, Wyoming do not have any mention of APR by PTs.

5) *Illegal*

- a) New York and Alabama define patients as "human" or "person," and their respective state veterinary boards do not authorize veterinarians to delegate physical therapy to PTs. In these states, it is a violation of the law for a PT to perform APR.

Recent Legislative Proposals. There have been multiple bills introduced that would reduce the level of required supervision for APR and MSM, although none have passed both houses. Only two bills have passed at least one policy committee. AB 3013 (Chu) of 2018 passed the Assembly

Committee on Business and Professions but was held on the Assembly Appropriations Committee suspense file. AB 814 (Lowenthal) of 2023 made it to the Senate but did not receive a hearing before the end of the session. Both of those bills traded the mandatory direct supervision for stronger front-end requirements.

Current Status. One framework that has been proposed in an attempt to settle disagreements around the level of supervision would allow a supervising veterinarian to determine the level of supervision. This provider-extender framework is loosely based on the physician-physician assistant delegation model. In that model, the supervising provider determines what services and under what circumstances the supervised provider is authorized to provide.

The following are key components of that model:

- 1) Define the practice.
- 2) Require the relevant human healthcare license and standardized education, training, and continuing education in the animal-adapted practice.
- 3) Require veterinarian-determined supervision. If no determination is made, default to direct supervision.
- 4) Consideration of animal-specific differences.
- 5) Delineate the disciplinary roles of the CVMB and the relevant board of the adapted practice. Specifically, the CVMB maintains primary jurisdiction over veterinary practices and the original board maintains secondary and cross-cutting jurisdiction.
- 6) Require the animal-adapted practitioner to register with the CVMB.
- 7) Require the supervising veterinarian to examine the animal and establish a veterinarian-client-patient relationship.
- 8) Require standard consumer disclosures.
- 9) Establish premises, safety protocol, and inspection requirements.
- 10) Clarify that the liability for services lies with the treating provider.
- 11) Protect titles as necessary.
- 12) Authorize fees.

Staff Recommendation: *The PTBC should advise the Committees on the number of licensees who may provide services to animal patients with or without advanced certification. The PTBC should advise the Committees on its enforcement authority of PTs for unprofessional conduct*

on an animal patient. The PTBC should advise the Committees on the limits, if any, in the practice act to authorize the treatment of animal patients.

ISSUE #8: Emerging Technology. *Is the PTBC prepared to address the impacts of emerging technology, such as AI, on the delivery of services to physical therapy patients and the public?*

Background: The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and

[T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and

[T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies...

The Governor’s Executive Order includes direction for various state entities, including, “Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board’s authority and recommend necessary updates, where appropriate, as a result of this evolving technology.”

The PTBC reports that it continues to monitor the evolving landscape of online practice, particularly as telehealth and digital platforms become more prevalent in physical therapy service delivery. According to the PTBC, while in-person treatment remains the standard for most physical therapy interventions, online consultations, home exercise programs, and virtual follow-ups have become increasingly common. California law permits licensed physical therapists to provide services via telehealth, provided they adhere to the same standards of care, documentation, and

patient protections required for in-person practice. The PTBC reports that unlicensed activity continues to be a concern, especially where individuals or entities offer physical therapy-like services through websites, social media, or mobile applications without proper licensure or oversight. These cases often involve fitness coaching, wellness advice, or rehabilitation guidance that may cross into the scope of physical therapy. PTBC investigates such matters when they are reported and works in coordination with other regulatory agencies to address violations.

Staff Recommendation: *The PTBC should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The PTBC should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the PTBC should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.*

WORKFORCE ISSUES

ISSUE #9: INTERSTATE COMPACTS. *Is the national licensing compact for PTs beneficial to California's licensed PTs and patients?*

Background: California currently does not participate in any professional licensing compacts. Compacts have proven to be problematic and challenging for California licensees and regulatory programs alike, in terms of compact governance, enforcement options, parity in licensure qualifications, and other aspects of compact pathways. When a state joins a compact, it is subject to the rules of the compact and the bylaws established by a compact governing body. While a member state may have a vote or voice in the governance of a compact and may have some say in the development and amendment of bylaws, that is not the case for all licensing compacts.

Many licensing priorities in California may not be reflected in compacts, such as the ability for individuals in California to become licensed using an individual taxpayer identification number, rather than only a social security number. Compact rules and specifications cannot be amended by a single member state and updates are not always subject to the transparent and open discussions held in the Legislature or by California regulatory programs subject to the Bagley-Keene Act. Some compacts group categories of licensees together who may be licensed by a separate licensing entity, and there are often a number of key differences between the rules and processes of a compact and the practice acts administered by a California program.

Military spouses, historically one of the populations with the most sympathy surrounding the need for greater licensure portability given the frequency of their movement to other states, are already taken care of and covered by federal action taken in 2023. They can now practice temporarily with their license from another state if they have orders stationing them in California.

Many professions for which a national licensing compact has been established, like physical therapy, already enjoy streamlined approaches to licensure that California regulatory boards offer out-of-state providers. Pursuant to BPC §2636.5, PTs and PTAs licensed in another U.S. state, district, or territory approved by the PTBC may apply for licensure in California without retaking the NPTE. They must still meet California's education, experience, and criminal background check requirements and must pass the CAL-JAM. The Board notes that this streamlined endorsement process supports workforce mobility while ensuring applicants meet California's public protection standards. Additionally, the state also already provides an opportunity for licensed PTs in other states to come to California and immediately begin practicing and earning a paycheck under the supervision of a California-licensed PT while they wait for their applications to process. Supervision must be "direct and immediate": a supervisor must always be responsible for and provide adequate supervision of an applicant's work and be in close proximity to the location where the applicant is assisting in providing PT treatment.

It is unclear that joining compacts, particularly given the pathways available to out-of-state providers to legally engage with California patients and clients, is necessary. Concerns have been raised about the potential for individuals from states with policies and priorities that do not align with California being more easily able to take jobs that California licensees, who attended California schools, would have to compete for. Issues have also arisen about how enforcement works for compact licensees practicing in a state other than their home state and where California's strong consumer protection laws in general could possibly take a back seat to a state that does not prioritize patient and client safety in the same way.

The Physical Therapy Compact is an agreement between member states that allows physical therapy providers to work in multiple states without becoming licensed in each state. The PT Compact was officially enacted on April 25, 2017, when the tenth jurisdiction became a member.

The PT Compact has a Commission in charge of its administrative proceedings. The Commission is comprised of one delegate from each state. Each state delegate is selected by the member state's licensing board. Each delegate is entitled to one vote in proceedings regarding promulgating rules and creating bylaws and will otherwise participate in the business of the Commission. The Commission also has an Executive Board comprised of seven voting members who are elected by the Commission from the Commission's current membership and two non-voting members. The Executive Board recommends changes to the rules or bylaws of the Commission, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege.

States that join the Compact must follow the Compact's rules. The language member states are required to adopt states "No substantive changes should be made to the model language. If it is determined by the [PTCC] that any substantive changes are made, the state will not be recognized as a member of the [PTCC]." Under current state practices, the Board may take a multitude of

actions upon receiving news that a licensee had committed a criminal offense. It can do nothing, issue a citation or probationary orders, or deny licensure, among other actions. In contrast, the language of the Compact states that a “home state shall have exclusive power to impose adverse action against a license issued by the home state.” The Compact further states that “A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.” That means PTs who practice under a compact license would only have enforcement in their home state. However, the Compact also states that a remote state, or a state that has privilege-holding PT professionals, may “remove a licensee’s compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens.” It is unclear what actions are considered “necessary” that a remote state could take that would qualify as protecting the health and safety of a remote state’s citizens. Under a compact, enforcement mechanisms would be different for those who are licensed in the state vs. those who hold compact privileges and may practice alongside California-licensees.

Staff Recommendation: *The PTBC should update the Committees on its view of an interstate compact, whether there is a shortage of PTs and PT services, and whether the Compact benefits California licensees and patients.*

EDITS TO THE PRACTICE ACT

ISSUE #10: TECHNICAL EDITS. *Are there technical changes to the Practice Act that may improve the PTBC’s operations?*

Background: There may be technical changes to the Physical Therapy Practice Act that are necessary to enhance the act or otherwise assist the PTBC with consumer protection. For example, there may be outdated terms, erroneous cross references, or other code clean-up.

Staff Recommendation: *The PTBC should continue to work with the Committees on potential changes.*

CONTINUED REGULATION OF THE PROFESSION

ISSUE #11: SUNSET EXTENSION. *Should PTs and PTAs continue to be regulated and licensed under the PTBC?*

Background: 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.*