

# **BACKGROUND PAPER FOR THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

**Joint Sunset Review Oversight Hearing, March 24, 2026**

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

## **BACKGROUND, IDENTIFIED ISSUES, AND RECOMMENDATIONS**

### **BRIEF OVERVIEW OF THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

#### **History and Function of the Board of Occupational Therapy**

The occupational therapy profession was established in 1917 and is one of the oldest allied health professions in the United States. Occupational therapy is the use of goal-directed activities (or “occupations”) to support client participation, performance, and function at home, school, the workplace, and in other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and non-disability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Common situations include helping children with disabilities to participate fully in school and develop social skills, helping people recovering from injury to regain function through retraining or adaptations, and providing support for older adults experiencing physical and cognitive changes.

California passed a title control law for occupational therapy in 1977, establishing Business and Professions Code (BPC), Section 2570, prohibiting individuals from using the professional titles recognized for Occupational Therapists (OTs) and Occupational Therapy Assistants (OTAs) without appropriate professional training or education. The law was updated in 1993 to further clarify the minimum education and examination requirements for practicing occupational therapists and occupational therapy assistants. The law had no registration process with the state or enforcement structure, nor did it prevent an unqualified individual from practicing occupational therapy if the individual did not refer to themselves as an occupational therapist or occupational therapy assistant.

Senate Bill 1046 (Murray, Chapter 697, Statutes of 2000) established the Occupational Therapy Practice Act (the Act) and created the California Board of Occupational Therapy (CBOT, or the Board), effective January 1, 2001. The Board is responsible for the licensure and regulation of OTs and OTAs in California. Over the years, there have been amendments to the Board’s laws and regulations that have enhanced the Board’s ability to protect consumers, such as development of the Board’s Disciplinary Guidelines and adding citation and fine authority. To further bolster the regulation of the profession, the Board established supervision requirements, advanced practice

education and practice requirements, minimum standards for infection control, and continuing education requirements to ensure competency in the field.

The Board’s mission is to serve and protect California’s consumers of occupational therapy services through effective regulation, licensure, and enforcement of the Act, which mandates that “protection of the public shall be the highest priority for the California Board of Occupational Therapy in exercising its licensing, regulatory, and disciplinary functions.”<sup>1</sup>

To accomplish this mission, the Board:

- Ensures only eligible and qualified individuals are issued a license;
- Investigates complaints and criminal convictions; and
- Responds to emerging changes and trends in the profession through legislative or regulatory amendments.

**Board Membership and Committees**

The Board is composed of seven members: three licensed occupational therapists, one licensed occupational therapy assistant (OTA), and three public members. The Governor appoints the four licensed members and one of the public members, while the Senate Committee on Rules and the Speaker of the Assembly each appoint a public member. The licensed occupational therapist and OTA members of the Board must have engaged in the practice of occupational therapy for a period of at least five years. Each Board member may serve a maximum of two consecutive four-year terms.

The current composition of the Board as of January 1, 2026, is as follows:

Name and Bio	Term Expiration Date	Appointment Type	Appointing Authority
<p style="text-align: center;"><b>Beata Draga Morcos, President</b></p> <p>Ms. Morcos has been serving on the board since 2015. She has been President and Chief Executive Officer since 2013 at The MORCOS Group, Inc., a California corporation providing transportation, water, wastewater engineering, construction management, and community outreach services. She has served as Board Member of the California Workforce Investment Board from 2013 to 2015. Ms. Morcos has served as the California State Executive Director and CEO at the Black American Political</p>	12-31-2026	Public	Governor

<sup>1</sup> Business and Professions Code § 2570.25

<p>Association of California (BAPAC) from 2008 to 2016, working closely with local and state elected officials and communities to create equality and opportunities for all Californians.</p>			
<p><b>Christine Wietlisbach, OTD, CHT, MPA, Vice President</b></p> <p>Dr. Wietlisbach has over 25 years of experience in occupational therapy practice, education and regulation. She maintains a full-time practice in occupational therapy at Eisenhower Medical Center in Rancho Mirage, California, and is an adjunct faculty member in the Master of Occupational Therapy program at Loma Linda University. Dr. Wietlisbach earned her bachelor's degrees in psychology and occupational therapy from Washington University in St. Louis, and her doctorate in occupational therapy with a dual emphasis in hand therapy and administration/practice management from Rocky Mountain University in Provo, Utah. She also holds a Master of Public Administration degree from California State University, San Bernardino. Dr. Wietlisbach is past president of the Occupational Therapy Association of California, lectures nationally, and has authored occupational therapy textbook chapters in the areas of industrial rehabilitation/ergonomics, physical agent modalities, and wound care for the upper extremity. Her awards include the American Occupational Therapy Association's Lindy Boggs Political Action Award, and the Occupational Therapy Association of California's Award of Excellence, Practice Award, and Political Action Award</p>	<p>12-31-2026</p>	<p>Licensee</p>	<p>Governor</p>

<p style="text-align: center;"><b>Ada Boone Hoerl, MA, COTA/L, ROH, Board Secretary</b></p> <p>Ms. Hoerl has been an occupational therapy assistant since 1994. She worked in acute, post-acute, and community-based rehabilitation services from 1994 to 2007, focused on treatment of brain injury, cognitive and neurological impairments, and adult behavioral issues. She was also an adjunct professor in the Sacramento City College Occupational Therapy Assistant Program from 1994 to 2007. She has been the program director and professor since 2007. She is an active member of the American Occupational Therapy Association and the Occupational Therapy Association of California. She is a frequent presenter and volunteer for state association events. Ms. Hoerl earned an Associate of Science degree in Occupational Therapy from Sacramento City College and a Master of Arts degree in Education with an emphasis in adult learning disabilities from California State University, Sacramento. She is also a member of the Honor Society of Phi Kappa Phi.</p>	12-31-2027	Licensee	Governor
<p style="text-align: center;"><b>Luis Arabit, OTD, MS, OTR/L</b></p> <p>Dr. Arabit has been an Associate Professor at San Jose State University since 2018. He was OT supervisor and rehabilitation coordinator for Adventist Health White Memorial from 2001 to 2018. He served as Vice President of the Occupational Therapy Association of California from 2015-2017 and was the Western Regional Director of the American Occupational Therapy Political Action Committee from 2018-2024. A Fellow of the American Occupational Therapy Association, he earned his OT doctoral degree from the University of St Augustine; Master of Science in Rehabilitation Sciences</p>	12-31-2027	Licensee	Governor

<p>from Texas Tech University; and his Bachelor of Science OT degree from the University of the Philippines. He is an accomplished and experienced occupational therapist, educator, researcher and leader advocate with a demonstrated history working in the hospital and healthcare industry and in higher education. His expertise in OT practice includes neurorehabilitation, orthopedic clinical practice, and administration/management.</p>			
<p style="text-align: center;"><b>Matthew Greco, J.D.</b></p> <p>Mr. Greco has been a Deputy District Attorney in San Diego for twenty-nine years, author of the California Criminal Mental Health Manual, member of the Rancho Bernardo Community Council and volunteer for Serving Seniors.</p>	12-31-2028	Public	Senate
<p style="text-align: center;"><b>Virginia Santos</b></p> <p>Ms. Santos brings nearly three decades of experience in early childhood education and nonprofit leadership. She has served as the Mexican American Opportunity Foundation's (MAOF) Chief Operating Officer since 2018 and oversees the organization's comprehensive Programs and Services divisions, including Early Head Start, Preschool, R&amp;R, CalWORKs, Child Care, and Facilities. She began her career at MAOF in 1995 as a Head Start teacher and now leads the agency's Early Childhood Education Services, IT, and infrastructure departments. Santos holds a B.A. in Child Development from California State University, Los Angeles, and an M.S. in Leadership and Management from the University of La Verne.</p>	12-31-2028	Public	Assembly

<p style="text-align: center;"><b>Erin Schwier, EdD, OTD, OTR/L</b></p> <p>Dr. Schwier is the Associate Dean for the Occupational Therapy programs at University of St. Augustine for Health Sciences (USAHS). She also currently serves as the OT Program Director on the San Marcos, CA campus. In addition to the 15 years of experience in higher education, she brings more than 20 years of experience working with children with disabilities and their families to her position. She previously worked as a pediatric therapist in San Diego County, specializing in sensory integration, community integration, and the influence on academic performance and social skills. She is a frequent presenter on topics related to occupational therapy education, pediatric and mental health practice, and has published in professional journals including OT Practice and the Disability Journal of Health. She has contributed chapters and served as editor for occupational therapy textbooks and co-authored <i>Breaking Bread and Nourishing Connections</i> (Brooks Publishing, 2005). Her most recent research focuses on occupational therapy education and the integration of service learning to support the development of student self-efficacy.</p>	<p>12-31-2028</p>	<p>Licensee</p>	<p>Governor</p>
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The Board has no committees specified in statute. However, the Board has established four standing committees which serve as an essential component to help the Board address specific policy or administrative issues. These issues may be referred to committee by the Board to delve into a specific policy issue, to address the concerns of the public or licensees, or on the recommendation of Board staff. The Board may also establish ad hoc committees as needed for the Board and its standing committees.

Each committee must be chaired by a member of the Board who will oversee the meetings and work with the Board’s Executive Officer to develop meeting agendas and materials. No Board member may serve on more than two committees concurrently, and committee member terms are two years with a maximum of two full, consecutive terms.

Board members serving on committees are entitled to per diem for committee meeting attendance and preparation as well as travel expense reimbursement. Committee members that do not also serve on the Board are entitled to travel expense reimbursement but shall not otherwise be compensated for meeting attendance and preparation.

The Board's four standing committees, all of which are subject to the requirements of the Open Meetings Act (with the exception of the Administrative Committee), are as follows:

*Administrative Committee*

Provides guidance to staff for the budgeting and operational issues of the Board, provides suggestions regarding the Board's Strategic Plan, reviews legislative position letters on behalf of the Board for approval and submission, and performs other administrative duties as required.

*\*Members of this committee are not subject to the term limits specified above.*

*Education and Outreach Committee*

Develops consumer and licensee outreach projects, including the Board's newsletter, website, e-government initiatives, and outside organization presentations. Committee members may be asked to represent the Board at meetings, conferences, health, career or job fairs, or at the invitation of outside organizations and programs.

*Legislative and Regulatory Affairs Committee*

Provides information and makes recommendations to the Board and committees on matters relating to legislation and regulations.

*Practice Committee*

Reviews and provides recommended responses to the Board on various practice issues/questions submitted by licensees and consumers, provides guidance to staff on continuing competency audits, reviews and provides recommendations to the Board on practice-related proposed regulatory amendments, and reviews and provides recommendations to Board staff on revisions to various applications and forms used by the Board.

**Fiscal, Fund, and Fee Analysis**

As a regulatory board under the umbrella of the Department of Consumer Affairs (DCA), the Board is entirely special funded and does not receive appropriations from the state's General Fund. The Board generates revenue from the fees associated with licensing occupational therapists and occupational therapy assistants, including application fees, initial licensure fees, biennial renewal fees, and fines for citations.

The following table details the Board’s fund condition since its last sunset review:

**California Board of Occupational Therapy Fund Condition, FY 2021/22-2026/27 (Est.)**

<i>(dollars in thousands)</i>	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>	<b>FY 2025/26 (Est.)</b>	<b>FY 2026/27 (Est.)</b>
<b>Total Resources</b>	\$4,330	\$4,468	\$4,662	\$4,836	\$4,788	\$4,826
<b>Revenues and Transfers</b>	\$2,726*	\$3,048	\$3,173	\$3,320	\$3,355	\$3,356
<b>Expenditures</b>	\$2,892	\$2,990	\$3,157	\$3,403	\$3,318	\$3,472
<b>Fund Balance</b>	\$1,438	\$1,496	\$1,505	\$1,433	\$1,470	\$1,354
<b>Months in Reserve</b>	5.8	5.7	5.3	5.2	5.1	4.5

\*Includes EO transfer to GF (AB 84) \$140,000

The Board’s current reserve level is 5.1 months (FY 2025/26), and as demonstrated in the above updated fund condition tables provided to the Committees on March 13<sup>th</sup>, 2026, the Board projects operating with less than one month of reserve funds (0.8) in FY 2028/29 under the current fee structure. While revenues slightly exceeded expenditures in 2022/23 and 2023/24, this was not the case in 2021/22 and 2024/25, and are not expected to exceed expenditures again under the current fee schedule. Furthermore, the proportion of expenditures to total resources has consistently grown each year, which has led to a decline in reserves year after year. This structural deficit is projected to continue, unless revenues can be increased.

In light of this structural deficit, the Board is currently working on an expedited regulatory package to increase renewal fees for OT and OTA licenses to the statutory cap of \$300 biennially and expects this fee increase to take effect July 1, 2026. Delinquency fees and initial license fees are 50% of, and prorated on, the renewal fees respectively. So, the increase to renewal fees will increase those fees as well. Should this fee increase take effect, the Board’s reserve level is expected to increase to 6.5 months in FY 2026/27, and reserves would not be expected to resume trending downward until after FY 2029/30. A full projection of the Board’s fund condition, should the regulatory fee increase take effect, is as follows:

**Estimated Fund Condition with Regulatory Fee Increase, FY 2025/26-2029/30**

<i>(dollars in thousands)</i>	<b>FY 2025/26</b>	<b>FY 2026/27</b>	<b>FY 2027/28</b>	<b>FY 2028/29</b>	<b>FY 2029/30</b>
<b>Total Resources</b>	\$4,788	\$5,409	\$5,873	\$6,216	\$6,462
<b>Revenues and Transfers</b>	\$3,355	\$3,939	\$3,936	\$3,939	\$3,941
<b>Expenditures</b>	\$3,318	\$3,472	\$3,569	\$3,695	\$3,797
<b>Fund Balance</b>	\$1,470	\$1,937	\$2,277	\$2,521	\$2,665
<b>Months in Reserve</b>	5.1	6.5	7.4	8.0	8.4

Nevertheless, CBOT's renewal fee authority remains unchanged since the Board was initially established in 2001, while expenditures are projected to continue to rise. The Board's fund condition and statutory fee authority are further discussed in "Current Issue #1" of this background paper.

### **Staffing**

Since the last sunset review, the Board's staff vacancy rate has dropped from 36.7% to 11.1%, and currently, only 2 of the Board's 17.7 authorized staff positions are vacant.

Notably, the Board now has a dedicated Probation Monitor and dedicated Discipline Coordinator, both of whom serve at the Associate Governmental Program Analyst (AGPA) level. All other positions in the Enforcement division are currently filled, including the Office Technician position that was left vacant when the previous employee retired on December 1, 2023.

The Board established a permanent Licensing and Administration Manager position on December 14, 2022, and filled that position on February 1, 2023. The AGPA position in the Licensing and Administration unit became vacant on July 1, 2024, and the Board decided to backfill the position at the Staff Services Analyst (SSA) level, which was completed on November 4, 2024. An SSA Administrative Analyst position became vacant on May 28, 2025, and the Board submitted a recruitment package to reclassify this vacant position to the AGPA level on November 13, 2025. The Board promoted an individual internally that was previously at the SSA level to fill this position on February 10, 2026, and as a result, the only vacant position in the Licensing and Administration unit is at the SSA level.

The reclass serves as part of the Board's succession planning efforts, as it will be necessary to have a member of staff that is familiar with and capable of taking leadership on a wide array of Licensing and Administrative duties, in the event that the Licensing and Administration SSMI retires.

Additionally, the new AGPA will be trained to handle personnel and recruitment issues that are currently being handled by a Retired Annuitant (RA). The RA was hired on August 15, 2022, to consult with and advise the SSM-I on recruitment and retention issues and continue to address the vacancy rate. The RA prepares and processes all requests for various personnel related transactions, such as backfilling vacancies, reclassifications, interviews, and completing required hiring and recruitment documents. While this staff member's contributions have greatly helped to reduce the Board's vacancies, it is important that the duties be transferred to a permanent member of staff.

**Licensing and Application Processing**

Since the Board’s last sunset review, the occupational therapy profession has experienced steady growth.

During the last sunset review, the Board reported an active OT licensee population of 15,135 in FY 2020/21; this has grown to a reported 17,395 in FY 2024/25. Similarly, the Board reported an active OTA licensee population of 3,727 in FY 2020/21, which has grown to 4,372 reported OTAs in FY 2024/25.

**Active Licensee Population, FY 2021/22 – FY 2024/25**

<b>License Type</b>	<b>License Status</b>	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>
<b>Occupational Therapist</b>	Active	15,615	16,198	16,855	17,395
	Out of State	3,854	3,996	4,379	4,589
	Out of Country	44	36	65	60
	Delinquent/Expired	3,286	3266	3,287	3,411
	Retired Status if applicable	688	796	935	1,036
	Inactive	348	385	374	391
	Other	N/A	N/A	N/A	N/A

<b>Occupational Therapy Assistant</b>	Active	3,851	4,067	4,249	4,372
	Out of State	857	865	888	874
	Out of Country	1	1	1	1
	Delinquent/Expired	1,021	1,067	1,045	1,034
	Retired Status if applicable	147	159	199	226
	Inactive	93	99	101	102
	Other	N/A	N/A	N/A	N/A

**Occupational Therapists (OTs)**

To qualify for licensure as an Occupational Therapist, applicants must successfully complete the academic requirements of an occupational therapy educational program that is accredited by the American Occupational Therapy Association’s (AOTA)’s Accreditation Council for Occupational Therapy Education (ACOTE), accredited or approved by AOTA’s predecessor organization, or approved by the AOTA’s Career Mobility Program. The curriculum of an occupational therapy educational program must also meet ACOTE accreditation standards, or otherwise be approved by a previous body of the AOTA.

In addition, as part of their education program, applicants must complete a period of supervised fieldwork experience approved by the Board and consistent with ACOTE standards in effect at

the time of the applicant's graduation. Applicants must also pass the entry-level certification examination administered by the National Board for Certification in Occupational Therapy (NBCOT). An Occupational Therapist license is valid for two years, at which time it must be renewed alongside completion of continuing education requirements, and a renewal fee.

An Occupational Therapist is responsible for evaluating clients, interpreting assessment results, and developing occupational therapy intervention plans consistent with statutory scope of practice. While an OT performs comprehensive assessments and establishes the therapeutic plan of care, services may then be delivered either directly by the OT or with the assistance of an Occupational Therapy Assistant under appropriate supervision. The OT retains overall responsibility for clinical decision-making, modification of treatment plans, and ensuring that services are delivered in a manner consistent with law and professional standards.

#### Occupational Therapy Assistants (OTAs)

To qualify for licensure as an Occupational Therapy Assistant, applicants must complete the academic requirements of an ACOTE-accredited occupational therapy assistant program, or one approved by AOTA's predecessor organization or Career Mobility Program. Typically, these programs last two years. Applicants must also complete supervised fieldwork experience consistent with ACOTE standards and must pass the NBCOT entry-level certification examination. An OTA license is valid for two years, at which time it must be renewed alongside completion of continuing education requirements, and a renewal fee.

An Occupational Therapy Assistant provides occupational therapy services under the supervision of a licensed Occupational Therapist. While an OT is responsible for evaluation, clinical judgment, and establishing the intervention plan, an OTA typically implements that plan and delivers therapeutic services as directed. OTAs carry out assigned interventions, document client progress, and communicate observations to the supervising OT, who determines whether changes to the plan of care are necessary.

The Board does not recognize reciprocal licensure for OTs or OTAs who are licensed in other states or countries. Applicants who possess a license in another jurisdiction must demonstrate the same requirements for licensure as in-state applicants, including completion of a Board-approved education program and completion of the NBCOT's entry-level examination. Notably, there are no foreign OTA education programs recognized by the NBCOT; OTAs from out of the country who wish to become licensed in California must first complete an education program in the US, and pass the NBCOT examination.

#### Advanced Practices

When CBOT was created in 2000, it was unclear whether national minimum education standards were sufficient to adequately certify OTs to provide certain services, such as hand therapy, physical agent modalities (PAMs), and swallowing assessment, evaluation, and/or intervention.

As a result, those services were established as "advanced practice" areas in statute. Currently, OTs are required to meet additional education and training requirements, and obtain subsequent approval from the Board, in order to provide services in these advanced practice areas. However, as national education standards for OTs generally has evolved, so too has the necessity for

certain advanced practice requirements. For example, since the last sunset review the Board’s Practice Committee has recommended significantly cutting down the required supervised clinical hours for certain advanced practices, such as recommending the clinical hours for PAMs certification be reduced from 240 hours to 40 hours.

Advanced practices, and ways the Board may continue to streamline requirements for new graduates, are further discussed in “Current Issue #8” of this paper.

OT Aides

The use of unlicensed aides is a common practice in many occupational therapy settings, particularly in assistance with non-client related administrative tasks and in performing certain client related tasks under the direct, in-sight supervision of an authorizing OT or OTA<sup>2</sup>. According to regulations<sup>3</sup>, client-related tasks that are delegated to an OT aide must be predictable, and the client must be in a stable condition and have previously demonstrated an ability to execute the delegated task. Moreover, OT aides must demonstrate competence in any task delegated to them by a supervising OT or OTA, and regulation prohibits certain tasks from being delegated to an aide, including, but not limited to, performance of evaluative procedures or modification of a treatment plan. Typically, OT aides are prospective professionals performing required clinical hours as part of their coursework to obtain licensure as an OT or OTA.

Processing Timelines

Regulations mandate that the Board process applications and notify applicants within thirty days of receipt<sup>4</sup>, a timeline which they report to be meeting consistently. According to the Board, pending applications have not grown at a rate that is unmanageable, and notes that on occasions where an application may be at risk of exceeding the 30-day window, they are able to successfully redirect staff resources.

		Received	Issued	Closed	Pending Applications			Days to Process Application (Average)		
					Total (Close of FY)	Complete (within Board control)*	Incomplete (outside Board control)*	Complete Apps*	Incomplete Apps*	Total Processed (Close of FY)
FY 2021/22	(License)	2274	1760	393	551	206	345	24 days	67 days	1812
	(Renewal)	9927	8904	657	6083					
FY 2022/23	(License)	2267	1871	433	455	181	274	27 days	72 days	1926
	(Renewal)	10357	9330	943	6302					
FY 2023/24	(License)	2326	1881	351	481	162	319	26 days	68 days	1949
	(Renewal)	10704	9687	986	6278					
FY 2024/25	(License)	2006	1641	334	467	143	324	24 days	70 days	1684
	(Renewal)	11797	10276	929	6366					

<sup>2</sup> Business and Professions Code § 2570.2(a)

<sup>3</sup> 16 CCR, Div. 39, § 4184

<sup>4</sup> 16 CCR, Div. 39, § 4112

## **Enforcement and Disciplinary Actions**

The Board reports, for the most part, to consistently meet or exceed its established investigation and enforcement timelines. The Board refers all complaints and convictions for investigation and has established a 10-day performance target for intake and referral, and reports far exceeding this target in each fiscal year subject to the current sunset review. In fiscal years 2021/22, 2022/23, and 2023/24, referral time averaged one day, and while averaging two days in FY 2024/25, the Board anticipates that this will return to one day in future fiscal years.

The Board prioritizes complaints using established Complaint Prioritization Guidelines, assigning “Urgent” status to matters posing immediate threats to public health and safety and coordinating closely with law enforcement, the Division of Investigation, and the Office of the Attorney General when appropriate. The formal disciplinary process begins upon substantiated violations warranting revocation or significant discipline and proceeds through referral to the Attorney General, filing of an Accusation, potential settlement or hearing before an Administrative Law Judge, and final Board decision.

Upon referral of a complaint, the Board aims to close investigations that are not referred for formal discipline within 270 days. It reports consistently meeting and improving upon this benchmark, reducing average closure times from 265 days in FY 2021/22 to 158 days in FY 2024/25. For cases referred to the AG for prosecution, the target is 540 days; the Board met this goal in all but FY 2021/22, when a single complex outlier case increased the average to 586 days. Moreover, the Board consistently meets its 10-day targets for probation intake and probation violation response.

Over the past four fiscal years, the volume of complaints and convictions reported to the Board has nearly doubled, rising from a combined 513 in FY 2021/22 to 1,012 in FY 2024/25. This growth is largely attributed to increased complaint volume—particularly from internal sources—while conviction numbers have remained relatively steady. Investigations opened and closed have also doubled during this period, consistent with the rise in complaints. Despite the increased workload, the Board has steadily reduced average investigation timelines and decreased the number of pending investigations from a peak of 459 in FY 2022/23 to 381 in FY 2024/25.

Formal disciplinary activity has also shown a slight upward trend. Cases referred to the Attorney General (AG) more than doubled since the last sunset review period, with an average of 22 AG cases opened per year and approximately 13 disciplinary actions ordered annually. Accusations filed increased from 9 in FY 2021/22 to 25 in both FY 2023/24 and FY 2024/25. Disciplinary outcomes—including revocations, surrenders, stipulations, and default decisions—have risen in line with increased filings. Average time from referral to accusation has remained near 130 days in most years, and average time from accusation to final discipline has ranged from 193 to 300 days. Overall average time to impose discipline from complaint receipt peaked in FY 2022/23 but declined to 636 days in FY 2024/25.

Enforcement aging data show that 45% of investigations over the four-year period were closed within 90 days and 83% within one year. Only 4% extended beyond two years. For AG cases,

86% were closed within two years. Outlier cases—particularly those involving complex investigations, expert review, multi-state coordination, or federal criminal proceedings—significantly affected averages in certain years. In response, the Board has separated the roles of Discipline Coordinator and Probation Monitor to improve efficiency and continues to refine expert utilization and internal processes.

**Citations and Cost Recovery**

Citations and fines are used for violations not warranting formal discipline, with common infractions including negligence, unprofessional conduct, and recordkeeping issues. The Board also employs cost recovery measures for enforcement-related expenses, striving to balance fiscal responsibility with consumer protection.

Depending on the violation classification, fines can range from \$50 to \$5,000. This maximum is reserved for Class “A” violations, which range from \$1,001 to \$5,000, and may be issued under specific circumstances that are more serious in nature and resulted in or had significant potential for consumer harm. Violations include, but are not limited to, failing to provide direct in-sight supervision of an aide when the aide performed a client related task that resulted in harm to a consumer, failing to provide adequate supervision to an occupational therapy assistant that resulted in harm to the patient, fraudulent billing, and other violations.

There are also Class “B” violations that range from \$501 to \$2,500 and include violations such as practicing without a current and active license for a period greater than 3 months but less than 1 year, or supervising more occupational therapy assistants than allowed by law; Class “C” violations that range from \$50-\$1,000 and include failing to provide a patient or client access to their medical records, or failing to respond to a written request by the board for additional information; and Class “D” violations that range from \$50-\$250 and include minor violations such as failing to provide an address change to the Board within 30 days.

The following table represents citations and cost recovery statistics since the Board’s last sunset review:

**Citations and Fines, FY 2020/21 – FY 2024/25**

	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>
<b>Citations Issued</b>	205	97	228	419
<b>Average Days to Complete</b>	428	364	217	179
<b>Amount of Fines Assessed</b>	\$72,285	\$50,455	\$67,040	\$107,878
<b>Amount of Fines Reduced, Withdrawn, Dismissed</b>	\$6,835	\$5,185	\$7,405	\$13,870
<b>Amount Collected</b>	\$50,125	\$45,041	\$47,694	\$82,472

The Board seeks cost recovery in all cases where authorized according to law<sup>5</sup>, ensuring that each Accusation prepared by the Office of the Attorney General includes a request for recovery of investigative and prosecution costs. Proposed Decisions are reviewed to confirm that the administrative law judge has made a finding regarding the reasonableness of those costs, and if such a finding is missing, the matter may be remanded for correction. In stipulated settlements, the Board may order full or partial cost recovery based on factors such as the severity of the violation, prior disciplinary history, mitigating evidence, and the respondent’s level of cooperation and corrective actions.

**Cost Recovery, FY 2020/21 – FY 2024/25**

<i>(dollars in thousands)</i>	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
<b>Total Enforcement Expenditures</b>	\$994	\$1,013	\$1,100	\$1,423
<b>Potential Cases for Recovery</b>	15	7	11	19
<b>Cases Recovery Ordered</b>	15	7	11	19
<b>Amount of Cost Recovery Ordered</b>	\$74	\$8	\$26	\$49
<b>Amount Collected</b>	\$13	\$20	\$9	\$22

The Board reports that no cases from the last four fiscal years have included an order for restitution, but maintains that efforts have not changed since the last sunset review as the Board continues to request restitution in those cases that warrant it for consumers harmed by a licensee’s actions.

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<sup>5</sup> Business and Professions Code § 125.3

## **PRIOR SUNSET REVIEW: CHANGES AND IMPROVEMENTS**

The California Board of Occupational Therapy (CBOT) was last reviewed by the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development (the Committees) in 2022. At that time, the Committees identified 10 issues for discussion. Below are prior issues raised by the Committees, the Committees' recommendations, and the Board's responses to how the issues or recommendations were addressed by the Board.

**Prior Issue #1 (Fund Condition):** The Committees identified that the Board was operating with a structural budget deficit and was projected to become insolvent by FY 2023-24. The Committees recommended the Board update them on proposals to ensure long-term solvency. The Board responded by adopting regulatory fee increases in 2017 and 2021, and it is currently pursuing a rulemaking package to increase renewal fees to the statutory cap of \$300 by July 2026. Additionally, the Board is seeking statutory changes to increase the maximum allowed caps for licensing fees, as further discussed in "Current Issue #1" of this background paper.

**Prior Issue #2 (Staff Vacancies):** The Committees expressed concern regarding the Board's 37% staff vacancy rate and requested updates on filling positions and succession planning. As previously discussed, the Board has since successfully filled most vacancies, including the Enforcement Manager, a dedicated Probation Monitor, and a Discipline Coordinator. As of late 2025, the Board reported only two vacancies out of 17.7 authorized positions, or 11.1%.

**Prior Issue #3 (Occupational Therapy Corporations):** The Committees recommended amending the Moscone-Knox Professional Corporation Act to allow OTs to form professional corporations. The Board supported this change, and the passage of that year's sunset bill (AB 2671, Berman, Ch. 290, Stats. Of 2022) successfully authorized the inclusion of OT Professional Corporations in the Practice Act and provided the necessary exemptions under Moscone-Knox.

**Prior Issue #4 (Independent Contractors):** The Committees requested information on the impact of the Dynamex "ABC test" on OTs working as independent contractors. Following public input, the Board voted to seek a statutory exemption from the ABC test under Labor Code section 2783. However, the Board noted it has been unsuccessful in finding an author for such a bill to date.

**Prior Issue #5 (OTA Workforce Needs):** The Committees requested that the Board update them on the findings of the 2019 OTA Workforce Needs Assessment. The Board responded by approving a rulemaking package to require continuing education in culturally relevant practice and diversity. The Board also intends to initiate an ad hoc committee to address other survey recommendations, such as OTA wages and increasing the number of graduates.

**Prior Issue #6 (Advanced Practice Certificates):** The Committees questioned if advanced practice certificates should be phased out as national education standards now cover these areas. The Board's Practice Committee recommended reducing supervised training hours for all OTs (from 240 to 40 for PAMs, and 480 to 80 for hand therapy) and eliminating additional education

requirements for those starting degree programs after July 31, 2025. The Board plans to submit a rulemaking package once requirements for dysphagia are finalized. Advanced Practice Certificates are further discussed in “Current Issue #8” of this background paper.

**Prior Issue #7 (Enforcement Timelines):** The Committees noted that the Board sometimes missed its enforcement target timelines. The Board responded that it has met its investigation closure targets in each of the last four fiscal years. While formal discipline targets were generally met, a few outlier cases that required additional time and coordination with the AGs office took over three years to complete. The Board reports that it recently initiated rulemaking to implement a jurisprudence and ethics course requirement for license renewals to further improve compliance and reduce violations.

**Prior Issue #8 (COVID-19 Waivers):** The Committees asked if any pandemic-related waivers warranted statutory changes or extensions. The Board reported that no COVID-19 waivers are currently in effect. The Board expressed appreciation for SB 470 (Laird, Chapter 222, Statutes of 2025), which extended certain teleconference provisions in the Bagley-Keene Open Meeting Act, noting that virtual meetings have increased public participation and reduced costs.

**Prior Issue #9 (Provider Mental Health):** The Committees raised concerns regarding the mental health and burnout of healthcare providers during the pandemic, and the potential for burnout to affect the quality of care. The Board acknowledged these impacts but found no increase in enforcement complaints related to documentation or service quality stemming from COVID-19, and maintains that data since the last sunset review continues to support this position. The Board intends to review ongoing research on this topic to determine if further support is needed, such as through an ad-hoc committee.

**Prior Issue #10 (Technical Edits):** The Committees requested that the Board provide technical changes to the Business and Professions Code needed to add clarity and remove unnecessary language, which were enacted in AB 2671.

**Prior Issue #11 (Continuation of Licensure by the CBOT):** The Committees recommended continued regulation and licensure of the occupational therapy profession by the CBOT through January 1, 2027, which was enacted in AB 2671.

# CURRENT SUNSET REVIEW ISSUES FOR THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

## ADMINISTRATION AND FUND CONDITION

### **ISSUE #1: (FEES) What statutory revisions are necessary to the Board’s fee authority in order to address budgetary issues?**

**Background:** As described in the “Fiscal, Fund, and Fee Analysis” portion of this paper, the Board is an entirely special funded entity and does not receive appropriations from the state’s General Fund. The Board generates revenue from the fees associated with licensing occupational therapists and occupational therapy assistants, including application fees, initial licensure fees, biennial renewal fees, and fines for citations related to violations of the Act. Notably, the Board’s fee authority has remained largely unchanged since the passage of the Act in 2000, which states “initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars (\$150) per year”<sup>6</sup>. In other words, the Board has been limited to a statutory maximum of \$300 for each biennial license renewal since 2001. While the Board has been granted authority in previous sunset reviews to charge additional, smaller fees—such as a \$50 application fee, a \$25 retired licensee fee, and negligible fees for cost recovery related to criminal history and national practitioner data retrieval—their renewal authority has remained unchanged.

The issue of the Board’s fee authority was raised in its last sunset review, when the Board cited concern regarding increased external cost pressures (such as DCA pro rata, increased legal service charges from the Department of Justice, and increased cost of court reporters) and a decreasing revenue forecast. The Board said then, “despite underspending its annual budget authority for the past 10+ years, the imbalance of revenue earned relative to its expenditures cannot continue. Most fees are at the statutory maximum and the few fees that can be raised in regulation are insufficient to ensure solvency. Thus, statutory authority to increase current fees and establish new fees is necessary.” Furthermore, in correspondence to the Committees during the course of this sunset review, the Board has opined that various incidental costs incurred by the Board for licensed services—such as pocket licenses, letters of good standing, advanced practice approval, and more—either do not have a fee associated with them, or the statutory fee is insufficient to cover the administrative cost.

As a result of 2022 Sunset Review discussions, the Board formed an ad hoc Budget Committee dedicated to working with the Executive Officer to review revenue and expenditures, discuss potential fee scenarios, and provide recommendations to the full Board. The committee made its original recommendation to the Board at its May 19-20, 2022 meeting, which proposed raising renewal fees for OTs and OTAs from \$270 to \$350 biennially and from \$210 to \$270 biennially, respectively. Additional increases were also proposed, and a summary of all changes can be seen in the table on the following page.

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<sup>6</sup> Business and Professions Code § 2570.16

**Ad Hoc Budget Committee Fee Proposal - May 2022**

<b>Fee Type</b>	<b>Amount at Time of Discussion</b>	<b>Proposed Amount</b>
Renewal Fee – OT	\$270	\$350
Renewal Fee – OTA	\$210	\$270
Delinquent Fee – OT	\$135	\$175
Delinquent Fee – OTA	\$105	\$135
Application Fee – OT	\$50	\$350
Application Fee – OTA	\$50	\$270
Initial License Fee – OT	\$270	\$350
Initial License Fee – OTA	\$210	\$270
Limited Permit Fee – OT	\$100	\$250
Limited Permit Fee – OTA	\$100	\$150
Retired Status Fee	\$25	\$100
Advanced Practice App Fee	\$0	\$200
Pocket License	\$25	\$50
Duplicate Wall Certificate	\$25	\$50
License Verification	\$35	\$75
Certified Transcript	Not offered.	\$35

The Board voted to adopt the above fee changes as proposed by the ad hoc Budget Committee and directed staff to initiate a contract for a Fee Study. However, increased revenue in FY 2022-23 resulted in the timeline for a fee increase being extended, and the Board directed the ad hoc Budget Committee to revisit the matter in light of the increased fund condition. This new proposal was presented to and adopted by the Board at its February 2024 as follows:

**Ad Hoc Budget Committee Fee Proposal – February 2024**

<b>Fee Type</b>	<b>Amount at Time of Discussion</b>	<b>Proposed Amount</b>
Renewal Fee – OT	\$270	\$300
Renewal Fee – OTA	\$210	\$240
Delinquent Fee – OT	\$135	\$150
Delinquent Fee – OTA	\$105	\$120
Application Fee – OT	\$50	\$75
Application Fee – OTA	\$50	No Change.
Initial License Fee – OT	\$270	\$300
Initial License Fee – OTA	\$210	\$240
Limited Permit Fee – OT	\$100	\$225
Limited Permit Fee – OTA	\$100	\$125
Retired Status Fee	\$25	\$50
Advanced Practice App Fee	\$0	\$200
Pocket License	\$25	\$50
Duplicate Wall Certificate	\$25	\$50
License Verification	\$35	\$50
Certified Transcript	Not offered.	\$25

Board staff was then directed to seek an author for a bill that would enact these fee changes. However, a contracted Fee Study had not yet been conducted and a contract for the study would not be in place until FY 2024-25. During the same fiscal year, budget projections showed that the Board was expected to overspend its budget authority and the estimated \$30,000 cost of the Fee Study would need to be averted to prevent this from happening. As a result, the study was postponed and more immediate measures to prevent insolvency were considered.

A new plan to address the Board’s fund imbalance was adopted as follows: first, it was determined that a fee analysis could be conducted by working with the DCA Budget Office, thus eliminating the need for a costly, external study. While the Board worked with the Budget Office to analyze its fee structure, it voted to initiate an expedited rulemaking package that would increase biennial renewal fees to \$300 for *both* OTs and OTAs. That package is currently awaiting approval from the Director and is anticipated to go into effect by July 1, 2026. As demonstrated by the table on page 8 of this background paper, this is expected to balance the Board’s fund condition through FY 2029/30 and beyond. However, the Board contends that statutory changes to the fee structure are still necessary, as there remains an imbalance in the fees the Board is authorized to charge relative to cost of incidental services provided by the Board.

To fully address the fund imbalance and prepare for the future, the Board is seeking changes to the statutory maximums for some fees. The Board has approved the following draft fee structure:

**Proposed Statutory Fee Structure – January 2026**

<b>Fee Type</b>	<b>Current Amount</b>	<b>Current Statutory Cap</b>	<b>Proposed Statutory Cap</b>
Renewal Fee – OT	\$270	\$150/yr (\$300 biennially)	\$500 biennially
Renewal Fee – OTA	\$210	\$150/yr (\$300 biennially)	\$450 biennially
Delinquent Fee – OT	\$135	50% of renewal fee	Unchanged
Delinquent Fee – OTA	\$105	50% of renewal fee	Unchanged
Application Fee – OT	\$50	\$50	\$100
Application Fee – OTA	\$50	\$50	\$100
Limited Permit Fee – OT	\$100	Undefined	Undefined
Limited Permit Fee – OTA	\$100	Undefined	Undefined
Retired Status Fee	\$25	\$25	\$50
Advanced Practice App Fee	\$0	N/A	\$200
Pocket License*	\$25	\$25	\$50
Duplicate Wall Certificate*	\$25	\$25	\$50
License Verification/Letter of Good Standing	\$35	Undefined	\$50

\*Current caps pursuant to Business and Professions Code § 122

The Board contends that this fee structure would allow for the administrative costs of various incidental services offered to be properly recouped with an appropriate fee. They further note that the proposed changes would make separate the statutory limit on renewal fees for each of the license types issued by the Board, allowing them to more carefully tailor renewal fees according to the separate license categories.

If increased statutory authority is granted, the Board's fund could be brought into balance through a combination of the previously mentioned regulatory package to increase renewal fees to \$300, and a subsequent package to increase application fees, advanced practice application fees, duplicate license fees, license verification fees, and other incidental costs. Moreover, the Board has reiterated to the Committees that further adjustments to licensing fees, particularly impacting applications, initial licensure, and/or renewals, will be preceded by careful deliberation with proper opportunities for stakeholder input.

In a letter addressed to the Committees on March 16<sup>th</sup>, 2026, the Occupational Therapy Association of California (OTAC) wrote: "OTAC understands the need for fee increases to account for inflation and other economic factors to keep the Board financially solvent. While we support the proposed increase, we hope the Board has explored all possible cost-saving measures in other areas to ensure the increase is justified."

Additionally, while the Board contends that certain fee authorizations would cover the cost of administration for certain incidental services they currently do not charge for, some of these services—particularly, approval for advanced practices—should be expected to decrease as the profession evolves and the Board continues to conform licensure requirements to increased education standards. Additionally, stakeholders argue that typically, individuals applying for advanced practice certification are newer graduates, and that adding an additional advanced practice fee would increase the already-long list of first-year costs for licensees (application fee, initial license, fingerprinting, and official transcripts). In other words, the Board should carefully consider what incidental services they request a fee for, and what amount is reasonable to cover the cost of ongoing maintenance while not placing an undue burden on practitioners.

***Staff Recommendation:*** *The Board should keep the Committees apprised as the proposed regulatory package to increase renewal fees is finalized. The Board should inform the Committees of specific incidental services that have insufficient fees to cover the cost of administration, and recommend statutory language to the Committees for consideration.*

**ISSUE #2: (MEETING MINUTES AND MATERIALS)** Are there administrative protocols the Board can implement to ensure the timely posting of approved meeting minutes?

**Background:** Pursuant to the Bagley-Keene Open Meeting Act (Government Code §§ 11120 *et seq.*), which establishes law that state agencies, boards, commissions, and other bodies must follow as it relates to their meetings, the Board is required to post materials related to Board meetings, including agendas, meeting minutes, and relevant attachments. While the Bagley-Keene Open Meeting Act requires that agencies post notice of a meeting, as well as a meeting agenda, at least

10 days prior to commencement of the meeting, it does not require a time-certain as it relates to posting meeting minutes.

On page 55 of its 2026 Sunset Review Report, the Board reports that it consistently posts meeting notices and agendas at least 10 days prior to the scheduled meeting day, and disseminates the information through the Board’s website, email Listserv, and social media platforms. The Board further reports that they post meeting minutes “as soon as practical after they have been approved by the Board.” Additionally, the Board reports that “both minutes and materials remain available on the website indefinitely, once they have been posted.”

Despite these established protocols, stakeholders have raised concerns with the Committees regarding notable delays between the conclusion of a meeting and the eventual posting of the approved minutes. This issue has gained prominence as the Board has increasingly shifted toward digital and teleconferencing platforms, such as WebEx and web streaming, to conduct its business. While the Board has noted that these virtual formats have significantly increased public participation and provided cost savings, stakeholders argue that the transition to a more digital-centric environment necessitates a corresponding increase in the timeliness of documentation.

***Staff Recommendation:*** *The Board should inform the Committees of any known process delays or administrative bottlenecks as it relates to posting approved meeting minutes, and recommend ways in which the timely posting of approved minutes can be ensured.*

## **LICENSE APPLICATIONS, ISSUANCE, AND OVERSIGHT**

### **ISSUE #3: (DCA NATIONAL EXAM REVIEW) What involvement does the Board have, if any, in the development or standards review of the national examination?**

**Background:** To obtain a license from the Board, applicants are required to take and pass a written examination. The Act states that “each applicant for licensure shall successfully complete the entry level examination for occupational therapists or occupational therapy assistants, such as the examination administered by the National Board for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association. [...] Each applicant shall be examined by written examination to test his or her knowledge of the basic and clinical sciences relating to occupational therapy, occupational therapy techniques and methods, and any other subjects that the board may require to determine the applicant’s fitness to practice under this chapter.”<sup>7</sup> The written examination the Board uses is developed by the National Board for Certification in Occupational Therapy (NBCOT), and there is no California-specific examination.

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 Department to develop a policy to evaluate

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<sup>7</sup> Business and Professions Code § 2570.7

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 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.

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*” [emphasis added]. It is the Committees’ belief that the Legislature did not intend for a DCA program to 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.

In its sunset report, the Board states that it “has not been involved in the development, scoring, analysis, and administration of the examination. However, California-licensed occupational therapy practitioners routinely serve, as part of pool of more than 50 licensed professionals and faculty members from across the nation, as subject matter experts (SMEs) [for the NBCOT examination]. The SMEs are responsible for defining practice competencies, exam question development, review, validation, and revision.” Notably, the Board does not report having conducted an occupational analysis that validated the examination requirement.

Nevertheless, in the Board’s sunset report, “Table 3. Expenditures by Program Component” (page 22), the Examination line item shows \$3,000 spent on examinations in FY 2021/22 and FY 2022/23, and \$2,000 spent on examinations in FY 2023/24 and FY 2024/25. Over the reporting

period, over \$10,000 has been spent on the “Examination” line item. While negligible compared to the wider cost of enforcing the Act, the Board does not administer any state-level examination, and it is unclear why any funds are being attributed to the “Examination” line item.

***Staff Recommendation:*** *The Board should update the Committees on the status of examination review, potential costs for this work, and any next steps the Board plans to take to remain compliant with BPC § 139(c), including whether a formal occupational analysis conducted by the DCA’s Office of Professional Examination Services (OPES) is warranted.*

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**ISSUE #4: (APPLICATION PROCESSING) Are there improvements the Board can make to ensure applications are processed expeditiously?**

**Background:** Regulations<sup>8</sup> require that the Board provide written notice to an applicant whether their application is complete or deficient within 30 days of the Board’s receipt of the application. On page 28 of its 2026 Sunset Review Report, the Board opines that “internal statistics for the last four fiscal years reflect that the Board is meeting the established expectation”, and further that “on occasion, when the Board has been in jeopardy of exceeding the 30-day notification period, it has been able to redirect staff resources.” Table 7a on the following page demonstrates data generally supporting this position.

However, in a letter addressed to the Committees on March 16th, 2026, the Occupational Therapy Association of California (OTAC) wrote: “OTAC also requests the Board look into conducting a formal assessment regarding delays in approving license applications. While the legislative report states there has not been any delays in processing applications, OTs across the state have anecdotally reported otherwise, and additional data to help resolve potential delays would be appreciated.” As a nonprofit association representing approximately 22,000 licensees, OTAC is a sizeable sample pool of licensees (current and retired) across the state.

***Staff Recommendation:*** *The Board should provide more detail to the Committees regarding its internal statistics for measuring application processing times, and provide recommendations to improve response times to pending applicants.*

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**ENFORCEMENT AND UNLICENSED PRACTICE**

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**ISSUE #5: (CONTINUING EDUCATION) What steps is the Board taking to improve outcomes related to continuing education?**

**Background:** Pursuant to 2570.10, individuals licensed by the Board shall complete continuing competence requirements as a condition of their license renewal. Specifically, licensees seeking renewal must complete 24 “Professional Development Units” (PDUs) within the preceding two years. The Board measures PDUs as follows:

- One hour of participation in a professional development activity equals one PDU.
- One academic credit (from a college or university) equals 10 PDUs.

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<sup>8</sup> 16 CCR § 4112

- One Continuing Education Unit (CEU) equals 10 PDUs.

Licensees can satisfy the continuing competency requirement through various professional activities beyond traditional coursework. For instance, practitioners may earn units by participating in structured special interest or study groups (three hours equals one PDU) or through structured mentoring, whether receiving or providing guidance (20 hours equals three PDUs), with both categories capped at six PDUs per cycle. Clinical training supervision of students is another common method, where supervising a Level I student earns one PDU per student, and every 40 hours of Level II supervision earns one PDU, up to a maximum of 12 PDUs. Academic and professional contributions are also recognized, such as publishing a chapter in a related textbook or an article in a peer-reviewed journal for 10 PDUs, or a non-peer-reviewed article for five PDUs. Furthermore, practitioners can earn two PDUs for every hour spent making professional presentations, up to six units, or earn two PDUs per meeting by attending Board meetings or outreach activities. Notably, continuing competency requirements do not apply to individuals who are renewing their license for the first time.

When renewing their license, an individual must self-attest that they have completed their required continued education, and report when and where they obtained their respective PDUs. Additionally, records showing proof of completion of continuing education must be maintained by the licensee for four years following the renewal period. The Board reports that, in August 2022, the BreZE platform implemented a requested change that allows licensees to upload copies of their continuing education certificates at the time of renewal. While not required, this option makes it easier for the Board to conduct, and for licensees to comply with, continuing education audits. Each renewal cycle, the Board audits 10% of the renewal population. The Board reports that over the last four fiscal years, they conducted 591 continuing education audits. Of this 591, 123 licensees—or 21%—failed the audit.

The Board has approved a regulatory package that, once finalized, will add clarity to the reporting requirement instructions, implement supervision of a doctoral student as a method by which to earn continuing education credit, require a combined three units of continuing education focused on ethics and diversity, equity, and inclusion, and require one unit on California laws and regulations related to the profession. Moreover, this regulatory package will mandate that first-time renewals must provide proof of completion of twelve hours of continuing education credit.

***Staff Recommendation: The Board should provide the Committee with an update on the status of rulemaking related to continuing education. Further, the Board should provide recommendations on ways to further promote compliance with continuing education requirements among the licensed population.***

## WORKFORCE AND PRACTICE ISSUES

**ISSUE #6: (AI AND EMERGING TECHNOLOGY) Is the Board prepared to address the impact of emerging technology, such as artificial intelligence, on the delivery of occupational therapy services?**

**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."

***Staff Recommendation:*** *The Board should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The Board 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 Board should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.*

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**ISSUE #7: (OTA WORKFORCE STUDY) How is the Board utilizing the 2019 Workforce Needs Assessment to address issues specific to OTAs?**

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**Background:** In 2019, the California Community Colleges Centers of Excellence for Labor Market Research, in collaboration with Board, conducted a California OTA Workforce Needs Assessment, the only state-level survey specifically focused on the California Occupational Therapy Assistant (OTA) workforce. The survey provided insight into the demographic composition of OTAs in California, including their typical education, licensure, and job characteristics such as work tasks, scheduling, and compensation. The assessment also provided an overall view of the professional landscape, including demand for OTAs in the state, forecasted licensee retirement, and potential policy changes.

The workforce study found that the OTA workforce, while predominantly female (82%) and white (55%), recent graduates entering the workforce are significantly more diverse in race and ethnicity. Additionally, it found that nearly 40% of respondents held multiple jobs to supplement their income, and that nearly half of new licensees—that is, OTAs licensed within the preceding two years of the survey—made less than \$50,000 annually. The study also demonstrated that the annual demand for OTAs by employers (about 340 jobs) outpaced the annual supply of new licensees (about 310 graduates a year).

In response to the workforce study and subsequent discussions as part of its last sunset review, the Board reports taking steps to address diversity through approving a regulation package that adds cultural competency training to continuing education requirements, and further reports plans to form an ad hoc committee to address other issues in the workforce assessment such as wages and graduation rates.

***Staff Recommendation:*** *The Board should inform the Committees as to when regulations requiring cultural competency training as part of continuing education are estimated to be finalized, and describe any further efforts to address OTA workforce issues.*

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**ISSUE #8: (ADVANCED PRACTICE APPROVAL) Is there a continued consumer protection benefit to approving specific advanced practices in occupational therapy?**

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**Background:** When CBOT was created in 2000, it was unclear whether national minimum education standards were sufficient to adequately certify OTs to provide certain services, such as hand therapy, physical agent modalities (PAMs), and swallowing assessment, evaluation, and intervention.

As a result, those services were established as “advanced practice” areas in statute. Currently, OTs are required to meet additional education and fieldwork requirements, and obtain subsequent approval from the Board, in order to provide services in these advanced practice areas. However, as national education standards for OTs generally has evolved, so too has the necessity for certain advanced practice requirements. Additionally, it is notable that the Board does not charge an additional fee for advanced practice approval, despite the impact on staff workload and the need to use subject matter experts in approving advanced practice coursework.

This issue was raised by the Committees in the CBOT’s previous sunset review, at which time it was noted that CBOT was looking into updates to advanced practice regulations, and additionally was exploring proposals to charge a registration fee for advanced practice approval, as well as require licensees to maintain approval through a renewal process with the Board.

While the CBOT never went further in pursuing legislation to require an application fee and renewal requirement for advanced practice approval, the Board is in the process of updating regulations to reflect evolution in standards of education programs accredited by ACOTE. For example, since the last sunset review the Board’s Practice Committee has recommended significantly cutting down the required supervised clinical hours for certain advanced practices, such as recommending the clinical hours for PAMs approval be reduced from 240 hours to 40 hours, or reducing the clinical hours for hand therapy approval from 480 hours to 80 hours. Additionally, the Practice Committee recommended further streamlining of requirements for OTs who started their qualifying degree program after July 31, 2025. The Board reports that it will submit a comprehensive rulemaking package to effectuate these changes once the Practice Committee addresses potential updates to dysphagia certification.

Nevertheless, the Board contends that there remain consumer protection benefits to requiring advanced practice approval, as a significant portion of their licensee population are not impacted by recent updates to ACOTE education standards, while acknowledging a phase-out of requirements may be appropriate in the future. In the meantime, California remains the only state that requires specific, additional certification from licensees in order to render advanced services within the scope of occupational therapy.

***Staff Recommendation:*** *The Board should inform the Committees as to how many OT licensees are authorized to provide advanced practice services. The Board should update the Committees on its strategy to review the consumer protection benefits of advanced practice certifications, and whether there is a sure timeline to phase out the requirements. Finally, the Board should work with the Committee to effectuate any statutory revisions to advanced practice requirements.*

**ISSUE #9: (DOCTORAL CAPSTONE PROJECTS)** Are there any updates to statute necessary to recognize Doctoral Capstone Projects that are completed by prospective Doctors of Occupational Therapy (OTDs)?

**Background:** A Doctor of Occupational Therapy (OTD) is an advanced, doctoral-level degree offered as an entry-level program to prospective OTs, or as a post-professional program to OTs who want to obtain additional education. Beyond a more comprehensive education curriculum that includes content on clinical leadership and certain specialized practices, OTD programs also include a mandatory “Doctoral Capstone Project” at the end of their study. This individual project, which ACOTE mandates must be at least 14 weeks in duration, allows students to relate theory and research they learn in their coursework to real-life practice, and synthesize in-depth knowledge in a specific area of interest within occupational therapy.

Capstone projects are developed through collaboration between the student, a doctoral-level faculty member, and a content expert. Prior to commencing the project, students must complete

extensive preparation with their academic mentor, including a literature review, needs assessment, and defined project goal. Upon completion, students must disseminate their project and undergo a formal objective evaluation of their performance.

A key finding in the Board’s 2019 OTA Workforce Study conducted alongside California Community Colleges Centers of Excellence for Labor Market Research, was that “of the OTAs surveyed, many expressed interest in pursuing higher education to advance in the field of occupational therapy”<sup>9</sup>. It is therefore plausible that the prevalence of doctoral capstone projects as part of OT educational fieldwork, particularly conducted in post-professional programs, will increase.

On pages 83 and 84 of their 2026 sunset report, the Board requested amendments to statute that recognize the role of doctoral capstone projects in the occupational therapy workforce, and that clearly allow students to count doctoral capstone experience toward their required supervised clinical hours for licensure.

***Staff Recommendation:*** *The Board should provide the Committees with any data regarding how many licensees possess an OTD degree and provide further recommendations to recognize and/or support doctoral capstone projects, if there are any.*

## **TECHNICAL ISSUES**

### **ISSUE #10: (LICENSEE EMAILS) Does the Board currently have the ability to collect and retain licensee email information?**

**Background:** Several other DCA boards, including the Board of Behavioral Sciences, Medical Board, Dental Board, Physical Therapy Board, and Psychology Board, have added requirements to their laws that applicants, registrants, and licensees must provide their respective board with a current email address if they possess one.

In its 2026 Sunset Review Report, The Board contends that such a requirement would be useful for its administration of licensees, as well, as it would allow them to proactively communicate information about law changes, upcoming Board meetings, or other important updates to most of its licensee and registrant population. Currently, the Board relies on email subscription lists (ie. a Listserv) or posting on social media pages to communicate to the licensed population.

***Staff Recommendation:*** *The Board should provide the Committees with language to mandate that licensees provide the Board with a current email address.*

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<sup>9</sup> California Board of Occupational Therapy and the California Community Colleges’ Centers of Excellence for Labor Market Research. (2019). *Workforce Needs Assessment in California*. Retrieved from: [https://www.bot.ca.gov/forms\\_pubs/publications.shtml](https://www.bot.ca.gov/forms_pubs/publications.shtml)

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**ISSUE #11: (TECHNICAL CLEANUP) Is there a need for technical cleanup or other non-substantive revisions to the Practice Act?**

**Background:** As the occupational therapy profession continues to evolve and the Legislature enacts new laws affecting the Practice Act, many provisions of statute become outdated, duplicative or superfluous. The Board has identified a few minor, necessary statutory revisions, such as the need to update requirements regarding meeting frequency and location, an issue identified on Page 85 of their sunset report. The Board should recommend any additional cleanup amendments that can be enacted during this sunset review process beyond administrative changes already highlighted above.

**Staff Recommendation:** *The Board should work with the Committees to enact any technical changes to the Business and Professions Code necessary to clarify language, improve efficiency and remove unnecessary statutes, and that have not otherwise been raised in this background paper.*

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**CONTINUATION OF THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

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**ISSUE #12: (CONTINUATION OF THE BOARD) Should the practice of occupational therapy continue to be regulated and licensed under the CBOT?**

**Background:** The health, safety, and welfare of consumers is protected by a well-regulated occupational therapy profession. Although the Board is facing an increased enforcement workload and a greater licensee population since the last sunset review, the Board has displayed a strong commitment to improve overall efficiency and effectiveness in operations, and has been responsive to inquiries from the Committees regarding current funding and administration. While outstanding issues impacting the profession remain, such as those outlined in this background paper, the CBOT and its staff continue to actively work with the Committees to identify solutions.

**Staff Recommendation:** *The practice of occupational therapy should continue to be regulated by the California Board of Occupational Therapy, and the Committees should continue to review the Board again on a future date to be determined.*