

AGENDA ITEM 21

**PRESENTATION FROM TAMMY RICHMOND MS, OTR/L,
FAOTA, FTA, ON ARTIFICIAL INTELLIGENCE IN HEALTHCARE.**



FOR DISCUSSION: The Need for Occupational Therapy Guidelines for Governance and Ethical Use of Artificial Intelligence

Aligned with California AB 489,
942, 243 & Future Related AI
Policy

Tammy Richmond MS, OTRL,
FAOTA, FATA
February 27, 2026

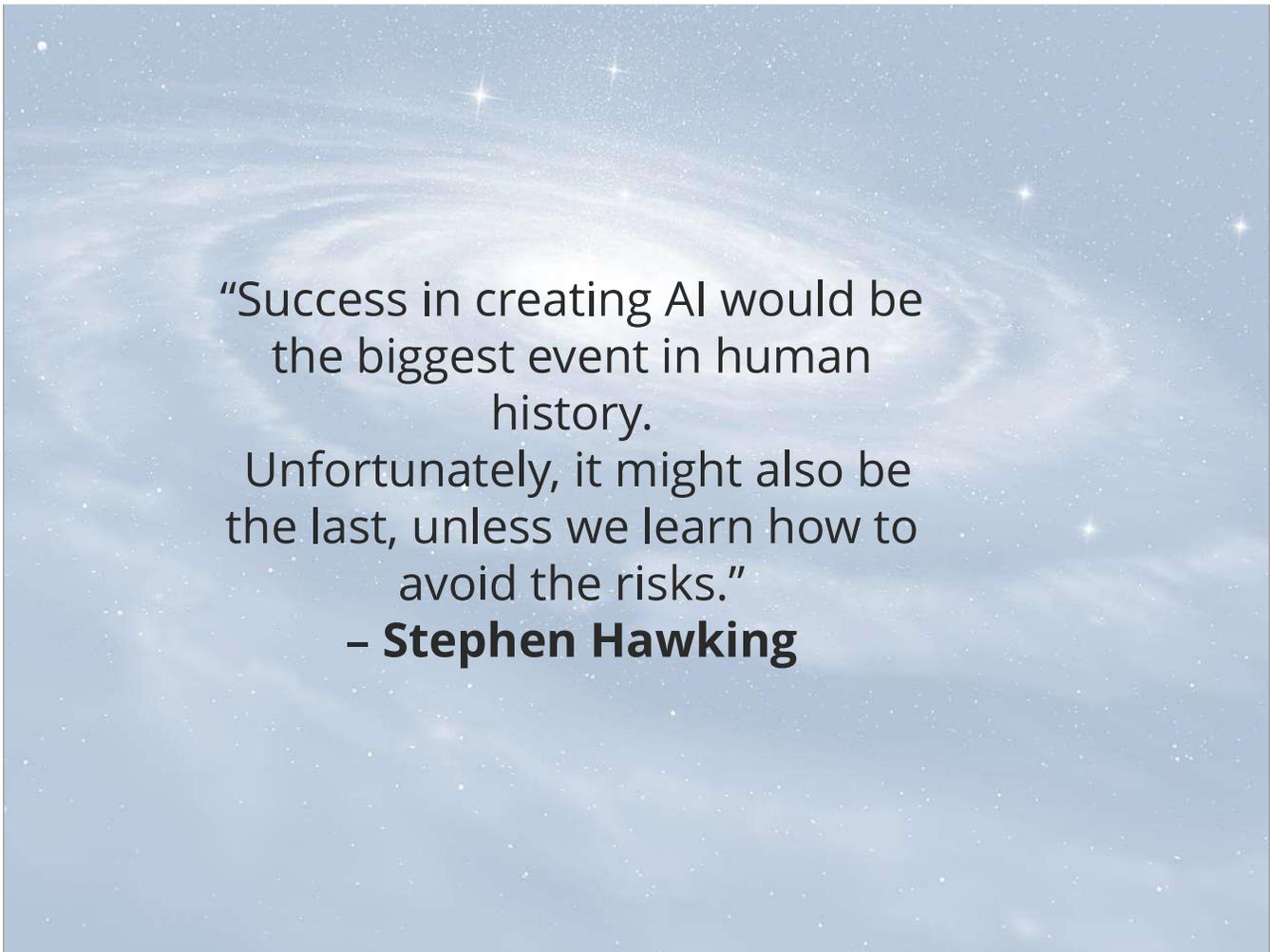
Disclosures

TAMMY RICHMOND, MS, OTRL, FAOTA, FATA is an Occupational Therapist and Exercise Physiologist and CEO of Go 2 Care, Inc, an online telehealth company that provides telerehabilitation technology solutions, telehealth training, telerehabilitation research collaborator, and telerehabilitation consultation.

Tammy serves as Chair of the Telerehabilitation SIG at the American Telemedicine Association (ATA), Telehealth content expert for the American Occupational Therapy Association (AOTA) and recently the Chair of the Digital and Telehealth Task Force Group at the American Congress of Rehabilitation Medicine (ACRM) and past working member of the National Quality Action Team on Virtual Healthcare Quality.

Tammy has authored multiple publications, webinars, and presentations on various aspects of private practice, management and telehealth/digital health and telerehabilitation.





“Success in creating AI would be
the biggest event in human
history.

Unfortunately, it might also be
the last, unless we learn how to
avoid the risks.”

– **Stephen Hawking**

Background Policy

*AB 489 California healthcare bill prohibits that any
medical advice or assessment performed by artificial
intelligence be misrepresented as information provided
by a human with a health care license.*

Discussion Objectives

- * Review of common AI terminology in healthcare
- * When and Where is AI currently integrated in OT
- * Benefits and Core Issues with AI
- * Current AI federal and national state policy & CA policy mapping
- * Discussion points

Support the Board Goal:

Ensure ethical, transparent, and lawful use of AI
in OT services

- Protect CONSUMER (patient) safety and preserve human centered interaction with client-centered care
- Prevent misrepresentation of AI as human clinical decision and judgment making
- Align with current standards of practice and ethical guidelines to create a balance between tech-enabled augmented intelligence and providers and consumers (human)

Artificial intelligence (AI) is making significant strides in occupational therapy, transforming the delivery of educational, administrative and clinical services with the goal of improving patient outcomes.



AI Definition

HHS: a machine-based system that can *make decisions, recommendations, or predictions* based on human-defined objectives

AI has many potential applications in healthcare, including:

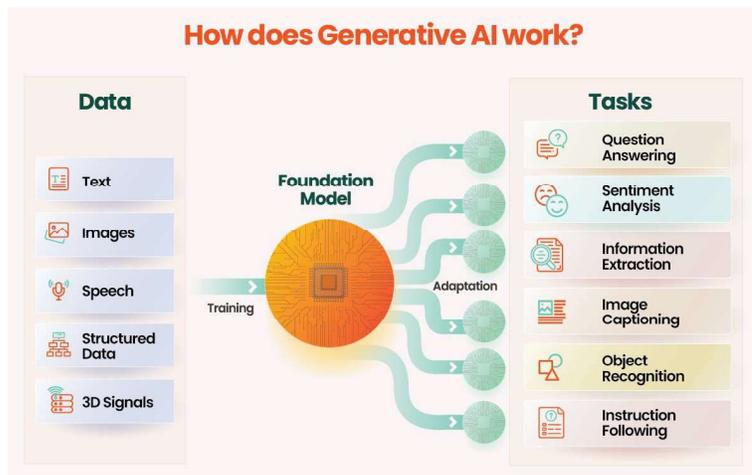
- AI can improve treatment and patient outcomes
- AI can help reduce the burden on healthcare providers
- AI can help healthcare providers and facilities use resources more efficiently, which could lead to cost savings

[https://www.hhs.gov/programs/topic-sites/ai/index.html#:~:text=Artificial%20Intelligence%20\(AI\)%20at%20HHS,without%20being%20programmed%20by%20humans](https://www.hhs.gov/programs/topic-sites/ai/index.html#:~:text=Artificial%20Intelligence%20(AI)%20at%20HHS,without%20being%20programmed%20by%20humans)

How does AI work?

- AI requires specialized hardware and software for writing and training machine learning algorithms
- AI systems work by ingesting large amounts of labeled training data, analyzing that data for correlations and patterns, and using these patterns to make predictions about future states
- Programming AI systems focuses on learning, reasoning, self-correction and creativity

www.techtarget.com



This diagram demonstrates how Generative AI models function at a high level. | Source <https://www.tredence.com/generative-ai-101>

2 areas of AI commonly found in OT

Generative AI refers to AI models designed specifically for generating new data when prompted. “Copy” and “Mix”. Utilized in treatment planning and administrative tasks

Predictive AI can analyze past healthcare data, patterns and trends to forecast or allow preventive and personalized care plans, ID high risk or potential impairments

<https://www.tredence.com/generative-ai-101>

Created by: eDiscovery Today & LTMG

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AI in Occupational Therapy



WFOT Survey: AI Applications in Practice

Most Common Applications

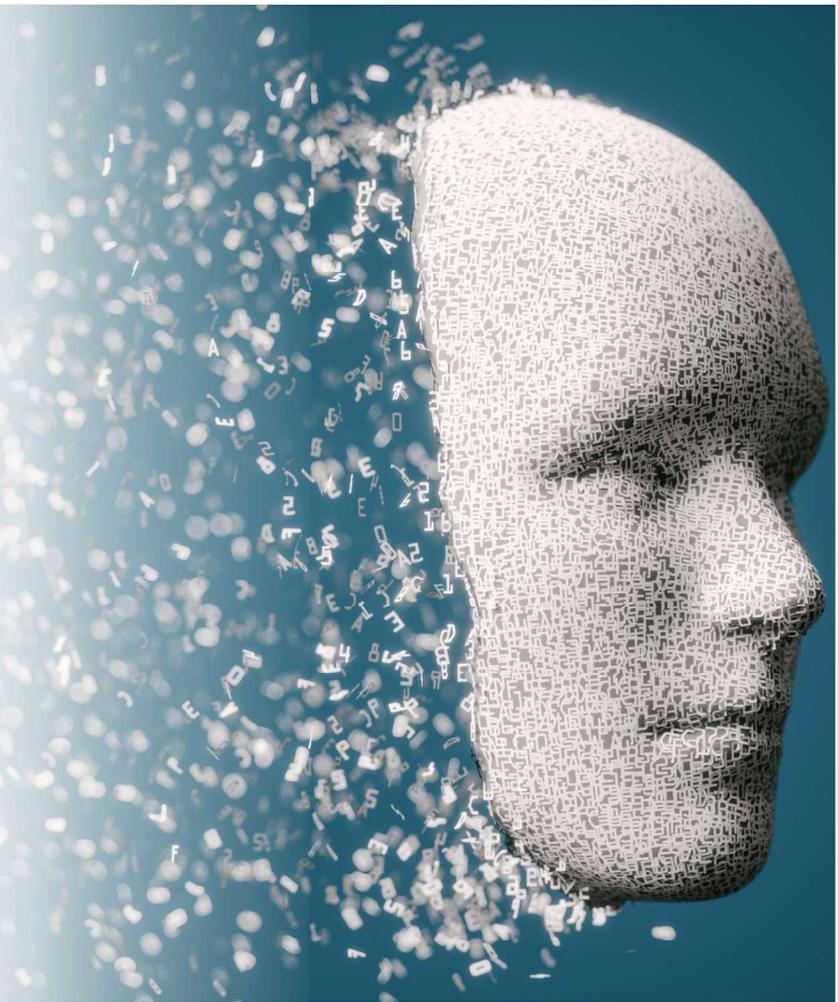
- Documentation and reporting (54.8%)
- Administrative tasks (48.6%)
- Education (44.0%)
- Research & evidence synthesis (41.2%)
- Intervention planning (36.9%)
- Marketing and communication (29.7%)

Least Common Applications

- Quality improvement (23.9%)
- Assessment and evaluations (23.7%)
- Intervention delivery (13.9%)
- Remote monitoring, outcome prediction, risk assessment (each <10%)

Coming Next: Agentic AI

- [Agentic AI](#) is an advanced form of artificial intelligence that can plan and execute complex tasks across multiple systems to achieve specific goals. Unlike traditional AI, agentic AI makes decisions, uses various tools and APIs, and performs sequences of actions without continuous human guidance.



**Shifting from passive data analysis to autonomous, closed-loop systems that proactively manage recovery. Rather than just recording data, these AI agents will continuously monitor, analyze, and modify treatment plans in real time, serving as "virtual co-pilots" to enhance patient engagement and motor function, particularly in home-based settings.*

Key Technologies Driving This Shift:

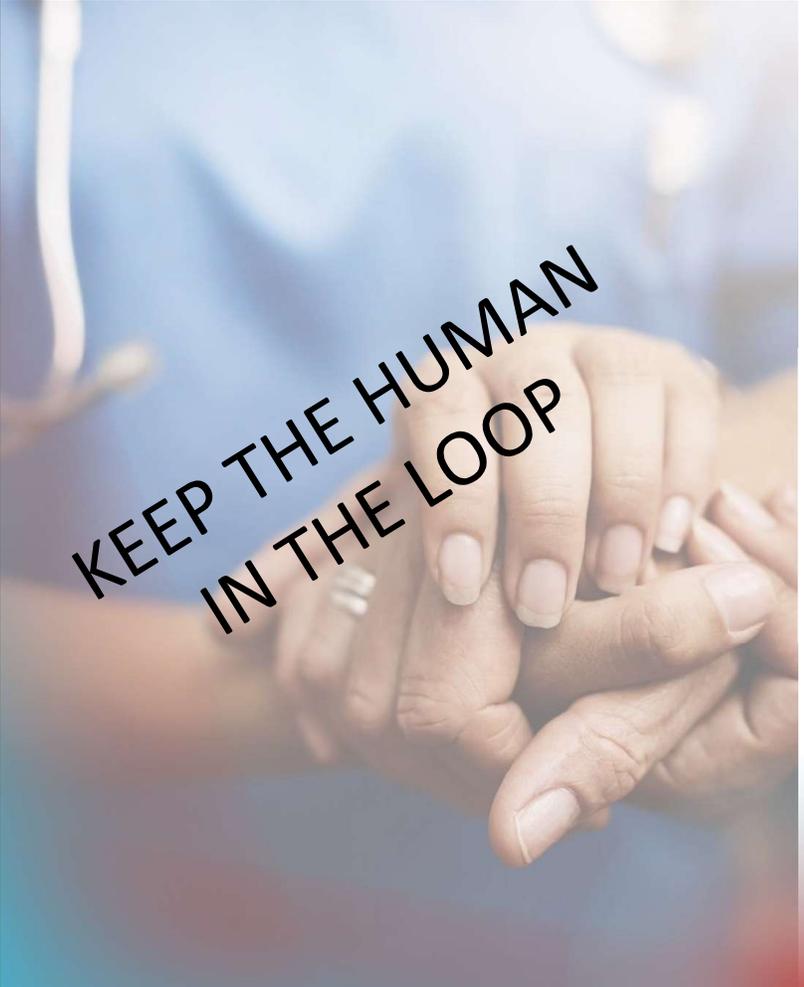
- **Wearable Sensors:** For real-time monitoring of movement and muscle strength.
- **Brain-Computer Interfaces (BCI):** Allowing robots to "read" brain signals to initiate movement.
- **Generative AI/LLMs:** Enabling conversational AI agents to provide coaching and support to patients.

*<https://www.akira.ai/blog/ai-agents-with-rehabilitation-monitoring>

AI as an AGENT

An AI agent typically does four things in a loop:

- **Observes** – collects data
- **Thinks** – analyzes + predicts
- **Decides** – selects next steps
- **Acts** – carries out tasks or prompts humans



KEEP THE HUMAN
IN THE LOOP

AI agents
should **not**:

- Independently diagnose
- Set goals without clinician oversight
- Override clinical judgment
- Make safety-critical decisions alone

AI as an AGENT

BIAS & FUNCTIONAL INEQUITY

PATIENT SAFETY & CLINICAL ACCURACY

Patient Data Analysis

Robotic Assistance

LACK OF EXPLAINABILITY

PRIVACY, SECURITY & DATA OWNERSHIP



ARTIFICIAL INTELLIGENCE

ACCOUNTABILITY & LIABILITY



Remote Monitoring



Predictive Analytics

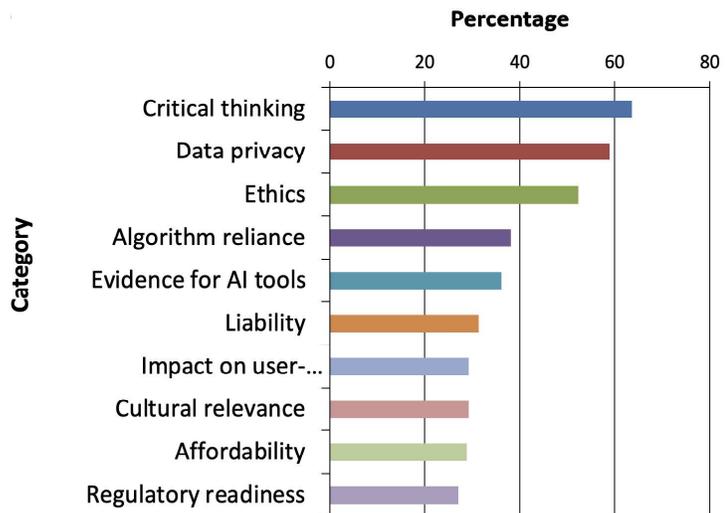
ETHICAL & SOP RISKS

OVER-RELIANCE & LOSS OF OT CLINICAL REASONING

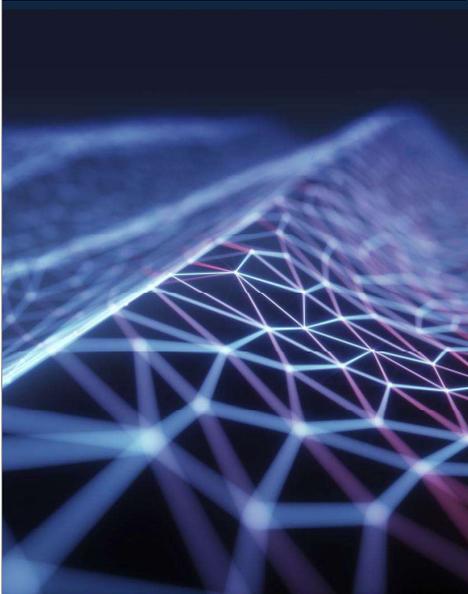
EROSION OF THERAPEUTIC ALLIANCE & TRUST

Professional Concerns About AI

Concerns about AI across 81 countries in global survey supported by WFOT.



Benefits of AI in Occupational Therapy



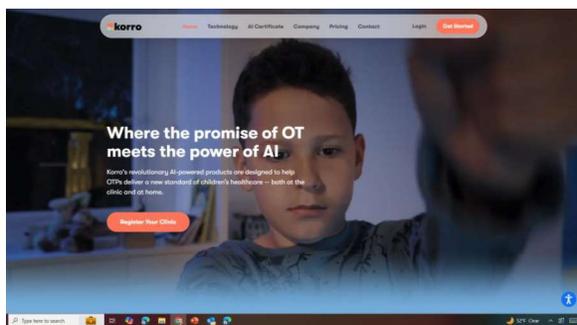
Real time data: devices or software capturing collecting data can assist in establishing treatment progression, understanding the client's performance across ADLS , movement , and speech which can lead to more personalized care.

Documentation assistance: writing SOAP/progress notes, research support, generate intervention ideas, summarize educational materials, etc.

Evaluation and intervention tools: scoring standardized assessments, personalize interventions based on new/smart data.

Client motivation: AI can be used to create personalized and motivational messages for clients, track their progress toward goals, and even provide real time feedback, encouragement and reminders.

<https://www.aota.org/publications/student-articles/career-advice/ai-innovation-instability#:~:text=Learning%20and%20idea%20generation%3A%20AI,latest%20advancements%20in%20the%20field.>

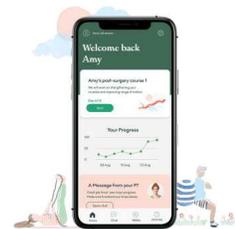


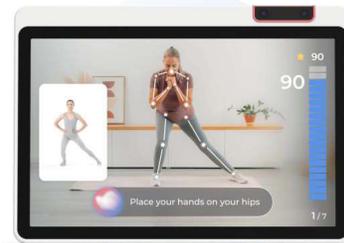
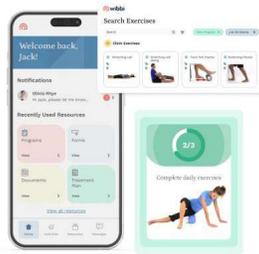
Korro's AI is a driver in the children's healthcare revolution by leveraging the ubiquitous smartphone camera and on-device processing. Our AI enables healthcare providers to provide targeted child-specific, real-time and holistic video analysis and establishes a new benchmark in computer vision.

ONE STEP: 24/7 smartphone motion lab
Easily capture objective data to triage, monitor progress, and motivate patients with immediate & actionable feedback.

Daily activities: all types of mobility

Work on demand and/or continuously from the background





Remote Therapeutic Monitoring (RTM)

- **MSK (musculoskeletal dysfunction)
 - *Sword, *Kaia, *Medbridge Go, PT Pal, *ExerHealth, Physiotec, and more
 - *use the word AI in their product description, others may talk about monitoring and tracking only.
 - Telehealth Data Prediction Platform; G2C (owned data algorithm build)

**Separate Billing Codes



Sensi.ai



Armeo



VR Therapeutics

Virtual Reality, Augmented Reality, Robotic Assistance and Research

Example types:

- **Sensi.ai**; *aging in place, fall prevention*
- **Safely-you**; *fall prevention*
- **Bravemind** (USC) and **VR Therapeutics, XR Health**
- **Armeo** and **Lokomat** (*robotic arm and leg*)
- **Actigraph**; *available for researchers for activity sensors*



CURRENT POLICY

**Core issues that
the AI
regulations
seek to address**



Safety and security



Responsible innovation and
development



Equity and unlawful
discrimination



Protection of privacy and civil
liberties

California AI Related Laws

- The **California Consumer Privacy Act**, which contains provisions on the use of automated decision-making tools (Profiling).
- The **California Privacy Protection Act** defines "profiling" as "any form of automated processing of personal information, [...] to evaluate certain personal aspects relating to a natural person and in particular to analyze or predict aspects concerning that natural person's performance at work, economic situation, health, personal preferences, interests, reliability, behavior, location, or movements."

https://leginfo.ca.gov/faces/codes_displayText.xhtml?division=3.&part=4.&lawCode=CIV&title=1.81.5



- [Ethical Considerations Relevant to Emerging Technology-Based Interventions](#)
- [Ethical Considerations in Clinical Reasoning: The Impact of Technology and Cost Containment | The American Journal of Occupational Therapy | American Occupational Therapy Association](#)
- [Ethical Considerations in Telehealth](#)
- [Draft Position Statement: Assistive Technology Devices and Services within Occupational Therapy Practice](#)
- *Artificial Intelligence's Role in Occupational Therapy—The Innovation and Instability.*
- *ChatGPT in occupational therapy education*
- *The current state of AI: Its role in treatment planning*
- *The advent of artificial intelligence: OT and ChatGPT*

Aota.org

MORE GUIDANCE RESOURCES



ATA's Artificial Intelligence (AI) 6 Guiding Principles (official brief 2023):

<https://www.americantelemed.org/>



Ethical Considerations Relevant to Emerging Technology-Based Interventions



What's the Impact of AI on Physical Therapy?

<https://www.apta.org/apta-magazine/2023/12/01/impact-ai-physical-therapy>



Artificial Intelligence in Communication Sciences and Disorders: Introduction to the Forum

https://pubs.asha.org/doi/10.1044/2024_JSLHR-24-00594

Important Considerations

- What elements (administrative, research, education, and clinical) of OT are Low-Risk, High Risk or Never Should be Automated by AI?
- What elements of what we do, do we want to keep “HUMAN”?
- Where is that balance of pt centered care and safety with connection and trust?
- How and when can “HARM” take place?
- What governance is needed?





Safe and Secure Priority
Access to Personalized
Healthcare

SCHEDULE
APPOINTMENT

Training, Consulting, and Telehealth Products Available. Contact Go2Care to learn more.

Tammy Richmond MS, OTRL, FAOTA, FATA

CEO/Pres Go2Care

Phone: 310.612.1908

E-mail: tammy@go2care.com

www.go2care.com



AGENDA ITEM 22

DISCUSSION ON ASSEMBLY BILL (AB) 489, BONTA. HEALTH CARE PROFESSIONS: DECEPTIVE TERMS OR LETTERS: ARTIFICIAL INTELLIGENCE. DISCUSSION MAY INCLUDE HOW TO ADOPT REGULATIONS TO IMPLEMENT THIS BILL AND THE BENEFITS OF ESTABLISHING AN AD HOC COMMITTEE ON ARTIFICIAL INTELLIGENCE IN HEALTHCARE PROFESSIONS.

Assembly Bill No. 489

CHAPTER 615

An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.

[Approved by Governor October 11, 2025. Filed with Secretary of State October 11, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 489, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

By expanding the scope of existing crimes, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Chapter 15.5 (commencing with Section 4999.8) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 15.5. HEALTH ADVICE FROM ARTIFICIAL INTELLIGENCE

4999.8. For purposes of this chapter, the following definitions apply:

(a) “Artificial intelligence” or “AI” has the same meaning as set forth in Section 11546.45.5 of the Government Code.

(b) “Generative artificial intelligence” or “GenAI” has the same meaning as set forth in Section 11549.64 of the Government Code.

(c) “Health care profession” means any profession that is the subject of licensure or regulation under this division or under any initiative act referred to in this division.

4999.9. (a) (1) A violation of this chapter is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.

(2) The appropriate health care professional licensing board may pursue an injunction or restraining order to enforce the provisions of this chapter, as authorized by Section 125.5.

(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(b) Any provision of this division that prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence or generative artificial intelligence system, program, device, or similar technology.

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program, device, or similar technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

(d) Each use of a prohibited term, letter, or phrase shall constitute a separate violation of this chapter.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

AGENDA ITEM 23

DISCUSSION AND POSSIBLE ACTION REGARDING THE BOARD'S STANDING AND AD HOC COMMITTEES AND COMMITTEE MEMBERSHIP, INCLUDING THE POSSIBLE ESTABLISHMENT OF AN AD HOC COMMITTEE ON ARTIFICIAL INTELLIGENCE IN HEALTHCARE PROFESSIONS AND THE APPOINTMENT OF COMMITTEE MEMBERS TO ANY OF THE BOARD'S COMMITTEES BY THE BOARD PRESIDENT.

INCLUDES THE FOLLOWING:

- 23.1 EXCERPT FROM THE BOARD'S ADMINISTRATIVE MANUAL REGARDING COMMITTEE STRUCTURE AND APPOINTMENTS.
- 23.2 CURRENT COMMITTEE ROSTERS.

Board Member Guidelines and Procedures Manual

Chapter 6. Committees (Excerpt)

Standing Committees

The Board has four standing committees subject to the Open Meetings Act:

- Administrative Committee
- Education and Outreach Committee
- Legislative and Regulatory Affairs Committee
- Practice Committee

Internal organization of each committee is at its discretion, except as specified in this manual, and must be approved by the Board. Each committee shall be chaired by a member of the Board. The Committee Chairperson will oversee the meetings and work with the Executive Officer to develop agenda packet materials. Meetings must be consistent with the Bagley-Keene Open Meeting Act. The Board member will be responsible for providing the Committee report at the Board meeting.

Member terms will be two years, and members will serve a maximum of two full, consecutive terms. Meetings will be held two or three times per year or as needed to conduct business. All committee meetings will be noticed and conducted as required by the Bagley-Keene Open Meeting Act. Non-Board Member committee members shall be entitled to reimbursement of travel expenses but shall not receive any compensation.

Committee Chair

A Committee Chairperson shall:

- Approve the committee meeting agendas
- Chair and facilitate all committee meetings, and
- Report to the Board all committee meeting outcomes.

Administrative Committee

The Administrative Committee consists of the President, Vice President, and the Executive Officer.

Meetings shall be held two or three times per year or as needed. ...

Members of this committee are not subject to the maximum terms specified above.

Education and Outreach Committee

The Education and Outreach Committee will consist of a minimum of four members, 75% of which shall be licensees and at least one of whom shall be a Board member. The remainder of the committee may be Public Members.

The purpose of the Education and Outreach Committee is to develop 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/Regulatory Affairs Committee

The Legislative/Regulatory Affairs Committee will consist of a minimum of four members, 75% of which shall be licensees and at least one of whom shall be a Board member. The remainder of the committee may be public members.

The purpose of the Legislative/Regulatory Affairs Committee is to provide information and/or make recommendations to the Board and Committees of the Board on matters relating to legislation and regulations.

Practice Committee

The Practice Committee will consist of a minimum of four members, 75% of which shall be licensees and at least one of whom shall be a Board member. The remainder of the committee may be Public Members.

The purpose of the Practice Committee is to review and provide recommended responses to the Board on various practice issues/questions submitted by licensees and consumers; provide guidance to staff on continuing competency audits; review and provide recommendations to the Board on practice-related proposed regulatory amendments; and review and provide recommendations to Board staff on revisions to various applications and forms used by the Board.

Ad Hoc Committees

The Board may establish ad hoc committees as needed for the Board and its standing Committees. Ad-Hoc committee meetings are subject to the Open Meeting Act.

Chapter 7. Committee Meeting Procedures (Excerpt)

Appointments

At the last meeting before the end of the fiscal year, standing committees shall make recommendations for possible members.

The Board President shall appoint licensees and public members, which includes retired licensees, students, health care licensees, or other professionals with experience relevant to the committee's purpose, to fill vacancies on each standing committee and appoint members to ad hoc committees.

Dual Membership

A non-Board member cannot serve concurrently on more than two committees.

Chapter 8. Committee Members (Excerpt)

Minimum Qualifications

Any individual who wants to be considered for appointment to a standing or ad hoc committee must provide a curriculum vitae or resume for the Board's review and meet the criteria specified.

Licensee criteria to serve on a committee

The minimum qualifications for a non-Board member licensee to participate on a committee are:

- Three years of professional experience.
- An occupational therapist or occupational therapy assistant holding a current, active and unrestricted license.
- No pending, current or prior disciplinary action.
- No pending criminal charges.

Public member criteria to serve on a committee

Public members may include retired licensees, students, health care licensees, or other professionals with experience relevant to the committee's purpose, and meet the minimum qualifications specified.

- An occupational therapist or occupational therapy assistant whose license was placed on retired status within five years of holding an active license and no pending criminal charges.
- An occupational therapist student or an occupational therapy assistant student who has:
 - Completed one calendar year in a California occupational therapy education program.
 - Have a letter of support from the occupational therapy education program director or fieldwork educator.
 - No pending, current, or prior disciplinary action of any license or certification issued by the State of California or any other profession.
 - No pending criminal charges in any state.
- Health care licensees must hold a current, active, and unrestricted license, and have:
 - Three years of professional experience.
 - No pending, current, or prior disciplinary action of any license or certification.
- No pending criminal charges. Other non-licensed professionals with three years of professional experience relevant to the committee and no pending criminal charges.

2026 CBOT Committees

STANDING COMMITTEES

Administrative Committee

Beata Morcos, Board President, Committee Chair

Christine Wietlisbach, Board Vice President

Austin Porter, Executive Officer

Education and Outreach Committee

Beata Morcos, Board President, Committee Chair

Candace Chatman

Penny Stack

Vacant Seat

Legislative and Regulatory Affairs Committee

Christine Wietlisbach, Board Vice President, Committee Chair

Kersten Laughlin

Vacant Seat

Vacant Seat

Practice Committee

Christine Wietlisbach, Board Vice President, Committee Chair

Ada Boone Hoerl, Board Secretary

Lynne Andonian

Richard Bookwalter

Robert Candari

Ernie Escovedo

Mary Kay Gallagher

Heather Kitching

Diane Laszlo

Danielle Meglio

Jeannette Nakamura

Carlin Daley Reaume

Chi-Kwan Shea

AD HOC COMMITTEES

Ad Hoc Committee on Non-Licensees Serving on Committees (Retired)

Beata Morcos, Board President, Committee Chair

Ada Boone Hoerl

Carlin Daley Reaume

Ad Hoc Disaster Preparedness and Response Committee (Hiatus)

Vacant, Board Member, Committee Chair

Mary Evert

Ad Hoc Committee on Supervision Standards (Hiatus)

Beata Morcos, Board President, Committee Chair

Ada Boone Hoerl, Board Secretary

Erin Schwier, Board Member

Cesar Arada

Candace Chapman

Joyce Fries

Julie McLaughlin Gray

Domenique Hendershot-Embrey

Heather Kitching

Kersten Laughlin

Jessica Padilla

Terry Peralta-Catipon

Liz Phelps

Samia Rafeedie

Penny Stack

Topics the board may wish to assign to an existing committee or form a new ad hoc committee to address:

Artificial intelligence in healthcare.

Occupational therapy assistant workforce needs.

AGENDA ITEM 24

LEGISLATIVE UPDATE.

A. REVIEW, DISCUSSION, AND POSSIBLE ACTION REGARDING BOARD POSITIONS ON THE FOLLOWING BILLS:

- **ASSEMBLY BILL (AB) 277, ALANIS. BEHAVIORAL HEALTH CENTERS, FACILITIES, AND PROGRAMS: BACKGROUND CHECKS.**
- **SENATE BILL (SB) 903, PADILLA. MENTAL HEALTH PROFESSIONALS: ARTIFICIAL INTELLIGENCE.**

B. DISCUSSION OF CHAPTERED LEGISLATION.

- **SB 497, WIENER. LEGALLY PROTECTED HEALTHCARE ACTIVITY.**

INCLUDES THE FOLLOWING:

- 24.1 LEGISLATION UPDATE TABLE.
- 24.2 AB 277, ALANIS, AS AMENDED ON JANUARY 5, 2026.
- 24.3 SENATE BILL (SB) 903, PADILLA. INTRODUCED JANUARY 21, 2026.
- 24.4 SB 497, WIENER. CHAPTERED OCTOBER 13, 2025.

California Board of Occupational Therapy
Legislative Update for the 2025 – 2026 Legislative Session as of February 6, 2026

PENDING BILLS

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 277	Alanis	<p>Behavioral health centers, facilities, and programs: background checks. This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo a background check, as specified.</p>	Watch – June 2025	<p>5.01.25 – Hearing cancelled at request of author.</p> <p>01.05.26 – Amended in Assembly</p> <p>01.27.26 – In Senate. Read first time.</p>
AB 346	Nguyen	<p>In-home supportive services: licensed health care professional certification. This bill would instead define “licensed health care professional” for those purposes to mean any person who engages in acts that are the subject of licensure or regulation under specified provisions of the Business and Professions Code or under any initiative act referred to in those specified provisions. The bill would also clarify that as a condition of receiving paramedical services, an applicant or recipient is required to obtain a certification from a licensed health care professional, as specified.</p>	Watch – June 2025	<p>7.09.25 – Amended in Senate</p> <p>8.29.25 – In Committee: Held under submission.</p>

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 479	Tangipa	<p>Criminal procedure: vacatur relief. Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.</p>	Watch – June 2025	<p>03.26.2025 – Hearing cancelled at request of author.</p> <p>01.31.26 – Died pursuant to Art. IV, Sec. 10(c).</p>
AB 485	Ortega	<p>Labor Commissioner: unsatisfied judgments: nonpayment of wages. This bill would require state agencies, including boards and bureaus, to deny a new license or permit, or the renewal of an existing license or permit, for employers that have outstanding wage theft judgments and have not obtained a surety bond or reached an accord with the affected employee to satisfy the judgment. The Labor Commissioner would notify applicable boards and bureaus.</p>	Watch – June 2025	<p>7.01.25 – Amended in Senate.</p> <p>8.29.25 – In committee. Held under submission.</p>
AB 667	Solache	<p>Professions and vocations: license examinations: interpreters. This bill would, beginning January 1, 2027, require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.</p>	Watch – June 2025	<p>9.05.25 - Amended in Senate.</p> <p>9.11.25 – Ordered to inactive file by request of Sen. Durazo</p>

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 742	Elhawary	<p>Department of Consumer Affairs: licensing: applicants who are descendants of slaves.</p> <p>This bill would DCA boards to expedite applications for applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is, especially applicants who are descended from a person enslaved within the United States.</p> <p>Existing law requires those boards to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and supplies evidence that they are married to or in a domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.</p>	Watch – June 2025	<p>9.09.25 – Read third time. Passed.</p> <p>10.13.25 – Consideration of Governor’s veto pending.</p> <p>01.22.26 – Stricken from file.</p>
SB 641	Ashby	<p>Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.</p> <p>This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive certain provisions of licensure requirements for licensees and applicants who reside in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor or the President of the United States, including certain examination, fee, and continuing education requirements. The bill would require a board to notify the director of the Department of Consumer Affairs in writing of any waiver approved by that board and would prohibit the waiver from taking effect for a period of 5 business days after the director receives the notification. The bill would authorize the director to approve or disapprove a waiver within the 5 business days and require the director to notify the board of any such decision within those 5 business days. The bill will prohibit a waiver from taking effect if the director disapproves the waiver and require a waiver that is approved by the director, or that fails to be approved or disapproved by the director within the 5 business days described above, to take effect the following day.</p>	Watch – June 2025	<p>9.04.25 – Ordered a third reading.</p> <p>9.23.25 – Enrolled and presented to Governor.</p> <p>10.13.25 – In Senate. Consideration of Governor’s veto pending.</p>

Bill #	Author	Summary	Board Position/ Date Taken	Status
SB 903	Padilla	<p>SB 903, as introduced, Padilla. Mental health professionals: artificial intelligence.</p> <p>This bill would prohibit a licensed professional, as defined, from using artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client’s session is recorded or transcribed without informed consent. This bill would also prohibit an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. The bill would additionally prohibit a licensed professional from allowing artificial intelligence to make independent therapeutic decisions or take other specified actions related to communications with clients, as specified. The bill would authorize the department to investigate actual, alleged, or suspected violations of these provisions and impose civil penalties, as prescribed.</p>		Introduced 01.21.26

CHAPTERED BILLS

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 348	Krell	<p>Full service partnerships. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would exceed full-service partnership funding.</p>	Watch – June 2025	<p>9.04.25 - Senate amendments occurred in.</p> <p>10.13.25 - Chaptered by Secretary of State</p> <p>Becomes effective 01.01.27</p>
AB 489	Bonta	<p>Health care professions: deceptive terms or letters: artificial intelligence. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate. This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.</p>	Watch – June 2025	<p>9.08.25 – Senate amendments concurred in.</p> <p>10.11.25 – Chaptered by Secretary of State.</p> <p>Becomes effective 01.01.26</p>

Bill #	Author	Summary	Board Position/ Date Taken	Status
AB 951	Ta	<p>Health care coverage: behavioral diagnoses. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2026, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for their condition. The bill would require a treatment plan to be made available to the plan or insurer upon request.</p>	Watch – June 2025	<p>7.30.25 – Approved by Governor.</p> <p>7.30.25 – Chaptered by Secretary of State</p> <p>Becomes effective 01.01.26</p>
AB 1009	Rubio	<p>Teacher credentialing: administrative services credential: occupational and physical therapists. This bill would provide that the possession of a valid license to practice occupational therapy or physical therapy may be used to satisfy the above-described credential requirement, but a preliminary services credential issued to an individual based, in part, on one of those licenses would not authorize the supervision or evaluation of teachers. The bill would increase the required experience for this credential to 5 years and would add experience as a school-based occupational therapist or physical therapist as a means to satisfy that requirement, but would authorize a school district, county office of education, or charter school to request a waiver of up to 2 years of that experience for a candidate who meets specified criteria.</p>	Support – March 2025	<p>10.11.25 – Chaptered by Secretary of State.</p> <p>Becomes effective 01.01.26</p>
SB 470	Laird	<p>Bagley-Keene Open Meeting Act: teleconferencing. Extends certain provision of the Open Meetings Act until January 1, 2030.</p>	Watch – June 2025	<p>9.08.25 – In Senate. Ordered to engrossing and enrolling.</p> <p>10.01.25 – Chaptered by Secretary of State.</p> <p>Becomes effective 01.01.26</p>

Bill #	Author	Summary	Board Position/ Date Taken	Status
SB 497	Wiener	<p>Legally protected health care activity. This bill, among other provisions, prohibits healing arts practitioners from cooperating with any inquiry or investigation by individuals or departments from another state or a federal law enforcement agency, to the extent permitted by federal law, that would identify an individual seeking or obtaining gender-affirming health care that is lawful in California. It also prohibits state or local agencies from knowingly providing CURES data or knowingly assisting in an interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity. Individuals who violate these provisions are guilty of a misdemeanor.</p>		<p>10.13.25 – Chaptered by Secretary of State.</p> <p>Becomes effective 01.01.26</p>

AMENDED IN ASSEMBLY JANUARY 5, 2026

AMENDED IN ASSEMBLY APRIL 22, 2025

AMENDED IN ASSEMBLY FEBRUARY 20, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 277

Introduced by Assembly Member Alanis

January 21, 2025

An act to add Chapter 2.10 (commencing with Section 18980) to Division 8 of the Business and Professions Code, relating to behavioral health centers, facilities, and programs.

LEGISLATIVE COUNSEL'S DIGEST

AB 277, as amended, Alanis. Behavioral health centers, facilities, and programs: background checks.

Existing law generally provides requirements for the licensing of business establishments. Existing law requires a business that provides services to minors, as defined, to provide written notice to the parent or guardian of a minor participating in the service offered by the business regarding the business' policies relating to criminal background checks for employees, as specified.

Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including a human resource agency or an employer. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.

This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo

a background check, as specified. By expanding the scope of the crime of unlawful disclosure of state summary criminal history information, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 2.10 (commencing with Section 18980)
2 is added to Division 8 of the Business and Professions Code, to
3 read:

4
5 CHAPTER 2.10. BEHAVIORAL HEALTH CENTERS, FACILITIES,
6 AND PROGRAMS

7
8 18980. (a) A person who provides behavioral health treatment,
9 as defined in paragraph (1) of subdivision (c) of Section 1374.73
10 of the Health and Safety Code, for a behavioral health center,
11 facility, or program shall undergo a background check pursuant
12 to Section 11105.3 of the Penal Code to identify and exclude a
13 person who has been convicted of a crime involving a minor. Code.

14 (b) This section does not apply to a person who holds a current
15 and valid license issued by a California state licensing board, if
16 the licensure process includes a fingerprint-based background
17 check and the license is in good standing.

18 SEC. 2. No reimbursement is required by this act pursuant to
19 Section 6 of Article XIII B of the California Constitution because
20 the only costs that may be incurred by a local agency or school
21 district will be incurred because this act creates a new crime or
22 infraction, eliminates a crime or infraction, or changes the penalty
23 for a crime or infraction, within the meaning of Section 17556 of
24 the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O

Introduced by Senator PadillaJanuary 21, 2026

An act to add Chapter 13.6 (commencing with Section 4989.80) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 903, as introduced, Padilla. Mental health professionals: artificial intelligence.

Existing law establishes the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act.

Existing law regulates the use of artificial intelligence, as defined. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit

an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. The bill would additionally prohibit a licensed professional from allowing artificial intelligence to make independent therapeutic decisions or take other specified actions related to communications with clients, as specified. The bill would authorize the department to investigate actual, alleged, or suspected violations of these provisions and impose civil penalties, as prescribed.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Chapter 13.6 (commencing with Section 4989.80)
2 is added to Division 2 of the Business and Professions Code, to
3 read

4

5 CHAPTER 13.6. WELLNESS AND OVERSIGHT FOR
6 PSYCHOLOGICAL RESOURCES ACT

7

8 4989.80. This chapter may be cited as the Wellness and
9 Oversight for Psychological Resources Act.

10 4989.81. The purpose of this chapter is to safeguard individuals
11 seeking therapy or psychotherapy services by ensuring these
12 services are delivered by qualified, licensed, or certified
13 professionals. This chapter is intended to protect consumers from
14 unlicensed or unqualified providers, including unregulated artificial
15 intelligence systems, while respecting individual choice and access
16 to community-based and faith-based mental health support.

17 4989.82. For purposes of this chapter, the following definitions
18 apply:

19 (a) “Administrative support” means tasks performed to assist a
20 licensed professional in the delivery of therapy or psychotherapy
21 services that do not involve therapeutic communication.

22 “Administrative support” includes, but is not limited to, all of the
23 following:

- 24 (1) Managing appointment scheduling and reminders.
- 25 (2) Processing billing and insurance claims.

- 1 (3) Drafting general communications related to therapy logistics
2 that do not include therapeutic advice.
- 3 (b) “Artificial intelligence” means an engineered or
4 machine-based system that varies in its level of autonomy and that
5 can, for explicit or implicit objectives, infer from the input it
6 receives how to generate outputs that can influence physical or
7 virtual environments.
- 8 (c) (1) “Consent” means a clear, explicit affirmative act by an
9 individual meets both of the following requirements:
- 10 (A) Unambiguously communicates the individual’s express,
11 freely given, informed, voluntary, specific, and unambiguous
12 written agreement, including a written agreement provided by
13 electronic means.
- 14 (B) Is revocable by the individual.
- 15 (2) “Consent” does not include an agreement that is obtained
16 by any of the following:
- 17 (A) The acceptance of a general or broad terms of use agreement
18 or a similar document that contains descriptions of artificial
19 intelligence along with other unrelated information.
- 20 (B) An individual hovering over, muting, pausing, or closing a
21 given piece of digital content.
- 22 (C) An agreement obtained through the use of deceptive actions.
- 23 (d) “Department” means the Department of Consumer Affairs.
- 24 (e) “Licensed professional” means an individual who holds a
25 valid license issued by this state to provide therapy or
26 psychotherapy services, including, but not limited to, the following:
- 27 (1) A licensed clinical psychologist.
- 28 (2) A licensed clinical social worker.
- 29 (3) A licensed professional clinical counselor.
- 30 (4) A licensed marriage and family therapist.
- 31 (5) A registered or certified alcohol or other drug counselor.
- 32 (6) A psychiatric mental health nurse practitioner.
- 33 (7) Any other professional authorized by this state to provide
34 therapy or psychotherapy services.
- 35 (f) “Peer support” means services provided by individuals with
36 lived experience of mental health conditions or recovery from
37 substance use that are intended to offer encouragement,
38 understanding, and guidance without clinical intervention.
- 39 (g) “Religious counseling” means counseling provided by clergy
40 members, pastoral counselors, or other religious leaders acting

1 within the scope of their religious duties if the services are
2 explicitly faith based and are not represented as clinical mental
3 health services or therapy or psychotherapy services.

4 (h) “Supplementary support” means tasks performed to assist
5 a licensed professional in the delivery of therapy or psychotherapy
6 services that do not involve therapeutic communication and that
7 are not administrative support. “Supplementary support” includes,
8 but is not limited to, any of the following:

9 (1) Preparing and maintaining client records, including therapy
10 notes.

11 (2) Analyzing anonymized data to track client progress or
12 identify trends, subject to review by a licensed professional.

13 (3) Identifying and organizing external resources or referrals
14 for client use.

15 (i) (1) “Therapeutic communication” means any verbal,
16 nonverbal, or written interaction conducted in a clinical or
17 professional setting that is intended to diagnose, treat, or address
18 an individual’s mental, emotional, or behavioral health concerns.
19 “Therapeutic communication” includes, but is not limited to, any
20 of the following:

21 (A) Direct interactions with clients for the purpose of
22 understanding or reflecting their thoughts, emotions, or
23 experiences.

24 (B) Providing guidance, therapeutic strategies, or interventions
25 designed to achieve mental health outcomes.

26 (C) Offering emotional support, reassurance, or empathy in
27 response to psychological or emotional distress.

28 (D) Collaborating with clients to develop or modify therapeutic
29 goals or treatment plans.

30 (E) Offering behavioral feedback intended to promote
31 psychological growth or address mental health conditions.

32 (2) “Therapeutic communication” does not include the
33 discussion of a patient’s use of artificial intelligence in a clinical
34 setting.

35 (j) “Therapy or psychotherapy services” means services provided
36 to diagnose, treat, or improve an individual’s mental health or
37 substance use disorder condition. “Therapy or psychotherapy
38 services” does not include religious counseling or peer support.

39 (k) “Use of artificial intelligence” means the use of artificial
40 intelligence tools or systems by a licensed professional to assist

1 in providing administrative support or supplementary support in
2 therapy or psychotherapy services where the licensed professional
3 maintains full responsibility for all interactions, outputs, and data
4 use associated with the system and satisfies the requirements of
5 Section 4989.83.

6 4989.83. A licensed professional shall not engage in the use
7 of artificial intelligence to assist in providing supplementary
8 support in therapy or psychotherapy where the client's therapeutic
9 session is recorded or transcribed unless both of the following
10 conditions are satisfied:

11 (a) The patient or the patient's legally authorized representative
12 is informed in writing of both of the following:

13 (1) That artificial intelligence will be used.

14 (2) The specific purpose of the artificial intelligence tool or
15 system that will be used.

16 (b) The patient or the patient's legally authorized representative
17 provides consent to the use of artificial intelligence.

18 4989.84. (a) An individual, corporation, or entity shall not
19 provide, advertise, or otherwise offer therapy or psychotherapy
20 services, including through the use of internet-based artificial
21 intelligence, to the public in this state unless the therapy or
22 psychotherapy services are conducted by an individual who is a
23 licensed professional.

24 (b) A licensed professional may use artificial intelligence only
25 to the extent the use meets the requirements this chapter. A licensed
26 professional shall not allow artificial intelligence to do any of the
27 following:

28 (1) Make independent therapeutic decisions.

29 (2) Directly interact with clients in any form of therapeutic
30 communication, unless they are using a product that is approved
31 by the United States Food and Drug Administration and is
32 compliant with the federal Health Insurance Portability and
33 Accountability Act of 1996 (Public Law 104-191).

34 (3) Generate therapeutic recommendations or treatment plans
35 without review and approval by the licensed professional.

36 (4) Detect emotions or mental states.

37 4989.85. All records kept by a licensed professional and all
38 communications between an individual seeking therapy or
39 psychotherapy services and a licensed professional shall be

1 confidential and shall not be disclosed except as otherwise required
2 by law.

3 4989.86. (a) The department shall have the authority to
4 investigate any actual, alleged, or suspected violation of this
5 chapter.

6 (b) Any individual, corporation, or entity found in violation of
7 this chapter shall pay a civil penalty to the department in an amount
8 not to exceed ten thousand dollars (\$10,000) per violation, as
9 determined by the department, with penalties assessed based on
10 the degree of harm and the circumstances of the violation. Before
11 the civil penalty is levied, the individual, corporation, or entity
12 shall be given a written notice of the proposed action, including
13 the nature of the violation and the amount of the proposed penalty,
14 and shall have the right to request a hearing, which shall be held
15 pursuant to the Administrative Procedure Act (Chapter 5
16 (commencing with Section 11500) of Part 1 of Division 3 of Title
17 2 of the Government Code). An individual, corporation, or entity
18 found in violation of this chapter shall pay the civil penalty within
19 60 days after the date of the order by the department imposing the
20 civil penalty. The order shall constitute a judgment and may be
21 filed and executed in the same manner as any judgment from the
22 appropriate court.

23 4989.87. This chapter does not apply to any of the following:

24 (a) Religious counseling.

25 (b) Peer support.

26 (c) Self-help materials and educational resources that are
27 available to the public and do not purport to offer therapy or
28 psychotherapy services.

Senate Bill No. 497

CHAPTER 764

An act to amend Section 56.109 of the Civil Code, to amend Sections 2029.300 and 2029.350 of the Code of Civil Procedure, to amend Section 11165 of the Health and Safety Code, and to amend Section 1326 of the Penal Code, relating to health care, and declaring the urgency thereof, to take effect immediately.

[Approved by Governor October 13, 2025. Filed with Secretary
of State October 13, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 497, Wiener. Legally protected health care activity.

(1) The United States Constitution generally requires a state to give full faith and credit to the public acts, records, and judicial proceedings of every other state. Existing law generally authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state but prohibits the issuance of a subpoena based on another state's law that interferes with a person's right to allow a child to receive gender-affirming health care or gender-affirming mental health care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization unless an exception applies, including that the disclosure is in response to a subpoena. Existing law prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care.

This bill would additionally prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care. The bill would also prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health

care, as specified. The bill would prohibit these entities from releasing medical information related to sensitive services, as defined, in response to a foreign subpoena that is based on a violation of another state's laws authorizing a criminal action against a person or entity for provision or receipt of legally protected health care activity, as defined. The bill would also generally prohibit the issuance of a subpoena based on a violation of another state's law that interferes with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care, as specified.

(2) Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of certain controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense those controlled substances. Existing law authorizes the department to enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. Existing law limits the entities to which data may be provided from CURES, as well as the type of data that may be released and the uses to which it may be put.

This bill would prohibit a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency from knowingly providing any CURES data or knowingly expending any resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based upon another state's law for the provision or receipt of legally protected health care activity, as defined. The bill would prohibit the department from sharing data with an out-of-state law enforcement agency without a warrant, subpoena, or court order and would prohibit an out-of-state user from providing any data in furtherance of an investigation or proceeding to impose liability based on another state's law for the provision or receipt of legally protected health care activity.

This bill would make it a misdemeanor for a person to access the CURES database when not authorized by law and would make it a misdemeanor for a person who is authorized to access the database to knowingly furnish information from the CURES database to a person who is not authorized by law to receive that information. By creating new crimes, the bill would impose a state-mandated local program.

(3) This bill would provide that its provisions are severable.

(4) This bill would incorporate additional changes to Section 11165 of the Health and Safety Code proposed by AB 82 to be operative only if this bill and AB 82 are enacted and this bill is enacted last.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

(6) This bill would declare that it is to take effect immediately as an urgency statute.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares that California residents and visitors, especially transgender and gender nonconforming people, are being targeted for harassment, intimidation, and other harm, as are family members, teachers, and others who support them. The Legislature intends to comprehensively protect these Californians and visitors from both in-state and out-of-state abuse, including from individuals purporting to act on behalf of the United States Government.

SEC. 2. Section 56.109 of the Civil Code is amended to read:

56.109. (a) Notwithstanding subdivision (b) of Section 56.10, a provider of health care, health care service plan, or contractor shall not release medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care or a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to any subpoena or request, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care or authorizes a person to bring a civil or criminal action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care.

(b) Notwithstanding subdivision (c) of Section 56.10, a provider of health care, health care service plan, or contractor shall not release medical information to persons or entities who have requested that information and who are authorized by law to receive that information pursuant to subdivision (c) of Section 56.10, if the information is related to an individual seeking or obtaining gender-affirming health care or gender-affirming mental health care or to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care, and the information is being requested pursuant to another state's law that authorizes a person to bring a civil or criminal action against a person or entity that provides, seeks, obtains, or receives gender-affirming health care or gender-affirming mental health care or who allows a child to receive gender-affirming health care or gender-affirming mental health care.

(c) Notwithstanding subdivisions (b) and (c) of Section 56.10 or subdivision (c) of Section 56.20, a provider of health care, health care service plan, contractor, or employer shall not cooperate with any inquiry or investigation by, or provide medical information to, any individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care or gender-affirming mental health care that is lawful under the laws of this state.

(d) This section does not prohibit compliance with the investigation of activity that is punishable as a crime under the laws of this state.

(e) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(f) This section does not prohibit the Department of Corrections and Rehabilitation from disclosing medical information of an individual to a health care facility that is run by an agency or department from another state, or to a federal law enforcement agency, for treatment purposes and direct medical care for the specified individual and is narrowly limited to the request.

(g) For the purposes of this section, the following terms have the following meanings:

(1) “Gender-affirming health care” and “gender-affirming mental health care” shall have the same meanings as provided in Section 16010.2 of the Welfare and Institutions Code.

(2) “Person” means an individual or governmental subdivision, agency, or instrumentality.

SEC. 3. Section 2029.300 of the Code of Civil Procedure is amended to read:

2029.300. (a) To request issuance of a subpoena under this section, a party shall submit the original or a true and correct copy of a foreign subpoena to the clerk of the superior court in the county in which discovery is sought to be conducted in this state. A request for the issuance of a subpoena under this section does not constitute making an appearance in the courts of this state.

(b) In addition to submitting a foreign subpoena under subdivision (a), a party seeking discovery shall do both of the following:

(1) Submit an application requesting that the superior court issue a subpoena with the same terms as the foreign subpoena. The application shall be on a form prescribed by the Judicial Council pursuant to Section 2029.390. No civil case cover sheet is required.

(2) Pay the fee specified in Section 70626 of the Government Code.

(c) When a party submits a foreign subpoena to the clerk of the superior court in accordance with subdivision (a), and satisfies the requirements of subdivision (b), the clerk shall promptly issue a subpoena for service upon the person to which the foreign subpoena is directed.

(d) A subpoena issued under this section shall satisfy all of the following conditions:

(1) It shall incorporate the terms used in the foreign subpoena.

(2) It shall contain or be accompanied by the names, addresses, and telephone numbers of all counsel of record in the proceeding to which the subpoena relates and of any party not represented by counsel.

(3) It shall bear the caption and case number of the out-of-state case to which it relates.

(4) It shall state the name of the court that issues it.

(5) It shall be on a form prescribed by the Judicial Council pursuant to Section 2029.390.

(e) Notwithstanding subdivision (a), a subpoena shall not be issued pursuant to this section in any of the following circumstances:

(1) If the foreign subpoena is based on a violation of another state’s laws that interfere with a person’s right to seek or obtain gender-affirming health care or gender-affirming mental health care or to allow a child to receive gender-affirming health care or gender-affirming mental health care. For the purpose of this paragraph, “gender-affirming health care” and “gender-affirming mental health care” shall have the same meanings as provided in Section 16010.2 of the Welfare and Institutions Code.

(2) If the submitted foreign subpoena relates to a foreign penal civil action and would require disclosure of information related to sensitive services. For purposes of this paragraph, “sensitive services” has the same meaning as defined in Section 791.02 of the Insurance Code.

SEC. 4. Section 2029.350 of the Code of Civil Procedure is amended to read:

2029.350. (a) Notwithstanding Sections 1986 and 2029.300, if a party to a proceeding pending in a foreign jurisdiction retains an attorney licensed to practice in this state, who is an active member of the State Bar, and that attorney receives the original or a true and correct copy of a foreign subpoena, the attorney may issue a subpoena under this article.

(b) (1) Notwithstanding subdivision (a), an authorized attorney shall not issue a subpoena pursuant to subdivision (a) if the foreign subpoena is based on a violation of another state’s laws that interfere with a person’s right to seek or obtain gender-affirming health care or gender-affirming mental health care or to allow a child to receive gender-affirming health care or gender-affirming mental health care.

(2) For the purpose of this subdivision, “gender-affirming health care” and “gender-affirming mental health care” shall have the same meanings as provided in Section 16010.2 of the Welfare and Institutions Code.

(c) Notwithstanding subdivision (a), an attorney shall not issue a subpoena under this article based on a foreign subpoena that relates to a foreign penal civil action and that would require disclosure of information related to sensitive services. For purposes of this subdivision, “sensitive services” has the same meaning as defined in Section 791.02 of the Insurance Code.

(d) A subpoena issued under this section shall satisfy all of the following conditions:

(1) It shall incorporate the terms used in the foreign subpoena.

(2) It shall contain or be accompanied by the names, addresses, and telephone numbers of all counsel of record in the proceeding to which the subpoena relates and of any party not represented by counsel.

(3) It shall bear the caption and case number of the out-of-state case to which it relates.

(4) It shall state the name of the superior court of the county in which the discovery is to be conducted.

(5) It shall be on a form prescribed by the Judicial Council pursuant to Section 2029.390.

SEC. 5. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The department may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(C) (i) Notwithstanding subparagraph (A) or any other law, a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency shall not knowingly provide any CURES data or knowingly expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(ii) This section does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity, as defined in Section 1798.300 of the Civil Code, is not knowingly shared with any individual or entity from another state.

(iii) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(3) The department may adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and the health care practitioner keeps a copy of the report in the patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) For each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted

prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of a prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any revision deemed sufficient by the State Board of Pharmacy, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Prescribing date of the prescription.

(10) Date of dispensing of the prescription.

(11) The serial number for the corresponding prescription form, if applicable.

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. An out-of-state authorized user who obtains CURES data through the interstate data sharing hub shall not provide any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

(5) The department shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(6) Notwithstanding subdivision (c), the department shall not provide CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, issued pursuant to Section 2029.300 or 2029.350 of the Code of Civil Procedure, or Section 1326 of the Penal Code.

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

(j) If the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay, seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. The deadline for transmitting prescription information to the department or contracted prescription data processing vendor pursuant to subdivision (d) shall be extended until the failure is corrected. If the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for

transmitting prescription information to the department or contracted prescription data processing vendor shall be extended until normal operations have resumed.

(k) (1) Any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor.

(2) Any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor.

(3) This subdivision does not apply to a provider of health care as defined in Section 56.06 of the Civil Code that is subject to applicable state and federal medical privacy laws.

SEC. 5.5. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist health care practitioners in their efforts to ensure appropriate prescribing, ordering, administering, furnishing, and dispensing of controlled substances, law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds in the CURES Fund, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, Schedule IV, and Schedule V controlled substances by all practitioners authorized to prescribe, order, administer, furnish, or dispense these controlled substances.

(b) The department may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

(c) (1) The operation of CURES shall comply with all applicable federal and state privacy and security laws and regulations.

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The

department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

(B) Notwithstanding subparagraph (A), a regulatory board whose licensees do not prescribe, order, administer, furnish, or dispense controlled substances shall not be provided data obtained from CURES.

(C) (i) Notwithstanding subparagraph (A) or any other law, a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency shall not knowingly provide any CURES data or knowingly expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(ii) This section does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity, as defined in Section 1798.300 of the Civil Code, is not knowingly shared with any individual or entity from another state.

(iii) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(3) The department may adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

(A) The process for approving, denying, and disapproving individuals or entities seeking access to information in CURES.

(B) The purposes for which a health care practitioner may access information in CURES.

(C) The conditions under which a warrant, subpoena, or court order is required for a law enforcement agency to obtain information from CURES as part of a criminal investigation.

(D) The process by which information in CURES may be provided for educational, peer review, statistical, or research purposes.

(4) In accordance with federal and state privacy laws and regulations, a health care practitioner may provide a patient with a copy of the patient's CURES patient activity report as long as no additional CURES data are provided and the health care practitioner keeps a copy of the report in the

patient's medical record in compliance with subdivision (d) of Section 11165.1.

(d) Except as provided in subdivision (k), for each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

(1) Full name, address, and, if available, telephone number of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services, and the gender and date of birth of the ultimate user.

(2) The prescriber's category of licensure, license number, national provider identifier (NPI) number, if applicable, the federal controlled substance registration number, and the state medical license number of a prescriber using the federal controlled substance registration number of a government-exempt facility.

(3) Pharmacy prescription number, license number, NPI number, and federal controlled substance registration number.

(4) National Drug Code (NDC) number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) The International Statistical Classification of Diseases (ICD) Code contained in the most current ICD revision, or any revision deemed sufficient by the State Board of Pharmacy, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Prescribing date of the prescription.

(10) Date of dispensing of the prescription.

(11) The serial number for the corresponding prescription form, if applicable.

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

(f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section

208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).

(g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.

(h) (1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. An out-of-state authorized user who obtains CURES data through the interstate data sharing hub shall not provide any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.

(3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

(4) For purposes of interstate data sharing of CURES information pursuant to this subdivision, an authorized user of another state's prescription drug monitoring program shall not be required to register with CURES, if the authorized user is registered and in good standing with that state's prescription drug monitoring program.

(5) The department shall not enter into an agreement pursuant to this subdivision until the department has issued final regulations regarding the access and use of the information within CURES as required by paragraph (3) of subdivision (c).

(6) Notwithstanding subdivision (c), the department shall not provide CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, issued pursuant to Section 2029.300 or 2029.350 of the Code of Civil Procedure, or Section 1326 of the Penal Code.

(i) Notwithstanding subdivision (d), a veterinarian shall report the information required by that subdivision to the department as soon as reasonably possible, but not more than seven days after the date a controlled substance is dispensed.

(j) If the dispensing pharmacy, clinic, or other dispenser experiences a temporary technological or electrical failure, it shall, without undue delay,

seek to correct any cause of the temporary technological or electrical failure that is reasonably within its control. The deadline for transmitting prescription information to the department or contracted prescription data processing vendor pursuant to subdivision (d) shall be extended until the failure is corrected. If the dispensing pharmacy, clinic, or other dispenser experiences technological limitations that are not reasonably within its control, or is impacted by a natural or manmade disaster, the deadline for transmitting prescription information to the department or contracted prescription data processing vendor shall be extended until normal operations have resumed.

(k) (1) Notwithstanding subdivision (d), a prescription for or the dispensing of testosterone or mifepristone shall not be reported to the department, CURES, or a contracted prescription data processing vendor.

(2) On or before January 1, 2027, the department shall remove existing records of a prescription described in this subdivision created or maintained prior to January 1, 2026.

(l) (1) Any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor.

(2) Any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor.

(3) This subdivision does not apply to a provider of health care as defined in Section 56.06 of the Civil Code that is subject to applicable state and federal medical privacy laws.

SEC. 6. Section 1326 of the Penal Code is amended to read:

1326. (a) The process by which the attendance of a witness before a court or magistrate is required is a subpoena. It may be signed and issued by any of the following:

(1) A magistrate before whom a complaint is laid or their clerk, the district attorney or their investigator, or the public defender or their investigator, for witnesses in the state.

(2) The district attorney, their investigator, or, upon request of the grand jury, any judge of the superior court, for witnesses in the state, in support of an indictment or information, to appear before the court in which it is to be tried.

(3) The district attorney or their investigator, the public defender or their investigator, or the clerk of the court in which a criminal action is to be tried. The clerk shall, at any time, upon application of the defendant, and without charge, issue as many blank subpoenas, subscribed by them, for witnesses in the state, as the defendant may require.

(4) The attorney of record for the defendant.

(b) A subpoena issued in a criminal action that commands the custodian of records or other qualified witness of a business to produce books, papers, documents, or records shall direct that those items be delivered by the custodian or qualified witness in the manner specified in subdivision (b) of

Section 1560 of the Evidence Code. Subdivision (e) of Section 1560 of the Evidence Code shall not apply to criminal cases.

(c) (1) Notwithstanding subdivision (b), a provider of health care, health care service plan, or contractor shall not release medical information related to an individual seeking or obtaining gender-affirming health care or gender-affirming mental health care or a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to any foreign subpoena that is based on a violation of another state’s laws authorizing a criminal action that interferes with an individual’s rights to seek or obtain gender-affirming health care or gender-affirming mental health care or against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care.

(2) For the purpose of this subdivision, “gender-affirming health care” and “gender-affirming mental health care” shall have the same meanings as provided in Section 16010.2 of the Welfare and Institutions Code.

(d) Notwithstanding subdivision (b), a provider of health care, health care service plan, or contractor shall not release medical information related to sensitive services in response to any foreign subpoena that is based on a violation of another state’s laws authorizing a criminal action against a person or entity for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code. For purposes of this subdivision, “sensitive services” has the same meaning as defined in Section 791.02 of the Insurance Code.

(e) In a criminal action, no party, or attorney or representative of a party, may issue a subpoena commanding the custodian of records or other qualified witness of a business to provide books, papers, documents, or records, or copies thereof, relating to a person or entity other than the subpoenaed person or entity in any manner other than that specified in subdivision (b) of Section 1560 of the Evidence Code. When a defendant has issued a subpoena to a person or entity that is not a party for the production of books, papers, documents, or records, or copies thereof, the court may order an in camera hearing to determine whether or not the defense is entitled to receive the documents. The court may not order the documents disclosed to the prosecution except as required by Section 1054.3.

(f) This section shall not be construed to prohibit obtaining books, papers, documents, or records with the consent of the person to whom the books, papers, documents, or records relate.

SEC. 7. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 8. Section 5.5 of this bill incorporates amendments to Section 11165 of the Health and Safety Code proposed by both this bill and Assembly Bill 82. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, but this bill becomes operative first, (2) each bill amends Section 11165 of

the Health and Safety Code, and (3) this bill is enacted after Assembly Bill 82, in which case Section 11165 of the Health and Safety Code, as amended by Section 5 of this bill, shall remain operative only until the operative date of Assembly Bill 82, at which time Section 5.5 of this bill shall become operative.

SEC. 9. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SEC. 10. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

To address the ongoing efforts to decrease legal protections for the transgender community, it is necessary that this act take effect immediately.

AGENDA ITEM 25

EXECUTIVE OFFICER'S REPORT:

INCLUDES THE FOLLOWING:

- 25.1 ADMINISTRATIVE UPDATE INCLUDING INFORMATION ON THE BOARD'S BUDGET, PERSONNEL, BREEZE.
- 25.2 LICENSING UNIT DATA.
- 25.3 ENFORCEMENT UNIT DATA.



MEMORANDUM

DATE	February 18, 2026
TO	Board of Occupational Therapy Members
FROM	Austin Porter, Executive Officer Board of Occupational Therapy
SUBJECT	Administrative Summary

Budget Update

Fiscal Month (FM) 6 Revenue and Expenditure Reports

- Current year to date revenue earned: \$1,936,382
- Current year to date expenditures plus encumbrances: \$1,699,487

Fund Condition Statement (FCS) Based on FM 6

Two versions of the FM 6 FCS are provided in the materials. The first shows projected months in reserve for the next four fiscal years based on the Board's current fee structure. Under these conditions, the FCS shows months in reserve as low as 2.4 in fiscal year 2029-30.

The second FCS shows projected months in reserve with an anticipated renewal fee increase, effective at the beginning of fiscal year 2026-27 and onward. This FCS indicates steady growth in reserves, reaching 8.7 months in fiscal year 2029-30.

Notably, both statements indicate a healthier fund than shown at previous meetings. This is due largely in part to current year funding adjustments resulting from the state budget process. Details of the adjustments can be found in Department of Finance Budget Letters BL-20, BL-21, BL-23, and BL-24. The adjustments culminated in a net reduction to appropriations/expenditures of \$85,000 in the current fiscal year.

Personnel Update

In the time since the Board's last meeting in December 2025, the vacancy in the Licensing and Admin Unit has been filled at the Associate Governmental Program Analyst level. The selected candidate was a current member of staff, which has resulted in a new vacancy in the same unit. Staff are currently working on a recruitment package to fill the position. There remains a total of one vacant position on staff.

Technology (BreZE) Update

- **Publish to applicant functionality:** This is a process enhancement that allows the applicant or licensee to view documents attached to their transactions. These documents are usually mailed or emailed to the applicant or licensee as well.

CBOT Revenue Report

Fiscal Year: 2025-2026

FM 6

	December 2025	YTD
Delinquent Fees	\$5,090	\$25,100
Delinquent Renewal OT	\$4,250	\$19,640
Delinquent Renewal OTA	\$840	\$5,460
Other Regulatory Fees	\$3,410	\$26,365
Citation Fines	\$2,960	\$21,560
Duplicate License OT	\$400	\$3,325
Duplicate License OTA	\$50	\$625
FTB Cite Fine Collection	\$0	\$855
Other Regulatory License and Permits	\$37,202	\$233,005
Initial License OT	\$25,632	\$154,149
Initial License OTA	\$3,290	\$25,501
Limited Permit OT	\$100	\$2,000
Limited Permit OTA	\$0	\$600
Retired Status OT	\$400	\$1,375
Retired Status OTA	\$75	\$325
Application Fee OT	\$5,950	\$39,150
Application Fee OTA	\$1,950	\$9,700
Refunded Reimbursements	-\$245	-\$294
Suspended Revenue	\$50	\$650
Prior Year Revenue Adjustment	\$0	-\$151
Other Revenue	\$2,134	\$32,760
Misc Serv To Public General	\$1,925	\$12,285
Investment Income - Surplus Money Investments	\$0	\$20,157
Canceled Warrants Revenue	\$209	\$318
Renewal Fees	\$222,345	\$1,619,152
Renewal OT	\$176,295	\$1,326,997
Renewal OTA	\$41,160	\$254,640
Restore License To Active OT	\$540	\$1,350
Restore License To Active OTA	\$0	\$210
Inactive Renewal OT	\$3,510	\$29,025
Inactive Renewal OTA	\$840	\$6,930
TOTAL Revenue	\$270,181	\$1,936,382
Scheduled Reimbursements	\$2,156	\$15,092
Fingerprint Reports	\$2,156	\$15,092
Unscheduled Reimbursements	\$3,699	\$11,871
US Cost Recovery	\$3,699	\$11,871
TOTAL Reimbursements	\$5,855	\$26,963

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 6

PERSONAL SERVICES					
	Budget	December 2025	YTD	Encumb	YTD + Encumb
5100 PERMANENT POSITIONS	\$1,123,000	\$94,153	\$551,004	\$0	\$551,004
Earnings - Permanent Civil Service Employee	\$1,016,000	\$85,270	\$497,970	\$0	\$497,970
Earnings - Exempt/Statutory Employee	\$107,000	\$8,882	\$53,034	\$0	\$53,034
5100 TEMPORARY POSITIONS	\$4,000	\$2,504	\$19,027	\$0	\$19,027
Temp Help	\$4,000	\$2,504	\$19,027	\$0	\$19,027
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$20,000	\$2,261	\$4,639	\$0	\$4,639
Bd/Commission Mbrs (901, 920)	\$20,000	\$500	\$1,400	\$0	\$1,400
OT Earn Oth than to Temp Help	\$0	\$1,761	\$3,239	\$0	\$3,239
5150 STAFF BENEFITS	\$746,000	\$58,516	\$324,402	\$0	\$324,402
Dental Insurance	\$2,000	\$537	\$3,156	\$0	\$3,156
Disability Leave - Nonindustri	\$2,000	\$0	\$0	\$0	\$0
Employee Assistance PGM Fee	\$0	\$24	\$106	\$0	\$106
Health Insurance	\$281,000	\$12,003	\$66,505	\$0	\$66,505
Life Insurance	\$0	\$20	\$120	\$0	\$120
Medicare Taxation	\$7,000	\$1,410	\$8,148	\$0	\$8,148
OASDI	\$88,000	\$5,861	\$33,648	\$0	\$33,648
Retirement - General	\$339,000	\$29,318	\$171,830	\$0	\$171,830
Unemployment Insurance	\$3,000	\$0	\$0	\$0	\$0
Vision Care	\$1,000	\$113	\$632	\$0	\$632
Workers' Compensation	\$23,000	\$0	\$0	\$0	\$0
SCIF Allocation Cost	\$0	\$5,347	\$16,041	\$0	\$16,041
Other Post-Employment Benefits	\$0	\$0	\$2,455	\$0	\$2,455
Staff Benefits - Other	\$0	\$3,882	\$21,761	\$0	\$21,761
TOTAL PERSONAL SERVICES	\$1,893,000	\$157,433	\$899,072	\$0	\$899,072

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 6

OPERATING EXPENSES & EQUIPMENT					
	Budget	December 2025	YTD	Encumb	YTD + Encumb
5301 GENERAL EXPENSE	\$73,000	\$96	\$10,349	\$7,691	\$18,040
Admin OH-Other State Agencies	\$0	\$0	\$500	\$0	\$500
Fingerprint Reports	\$22,000	\$0	\$8,243	\$0	\$8,243
Conferences	\$0	\$0	\$0	\$343	\$343
Freight and Drayage	\$0	\$96	\$396	\$2,604	\$3,000
Goods - Other	\$51,000	\$0	\$1,198	\$1,783	\$2,980
Library Pur excl UC/CSUC/Oth E	\$0	\$0	\$13	\$0	\$13
Office Supplies - Misc	\$0	\$0	\$0	\$2,961	\$2,961
5302 PRINTING	\$35,000	\$1,021	\$2,830	\$15,920	\$18,750
Office Copiers - Maintenance	\$0	\$0	\$461	\$1,759	\$2,220
Pamphlets, Leaflets, Brochures	\$0	\$1,021	\$1,021	\$13,391	\$14,412
Photocopy Paper	\$0	\$0	\$1,348	\$770	\$2,118
Printing - Other	\$35,000	\$0	\$0	\$0	\$0
5304 COMMUNICATIONS	\$14,000	\$634	\$1,147	\$0	\$1,147
Central Communication - CALNET	\$0	\$0	\$90	\$0	\$90
Telephone Services	\$0	\$634	\$1,057	\$0	\$1,057
Communications - Other	\$14,000	\$0	\$0	\$0	\$0
5306 POSTAGE	\$18,000	\$2,355	\$4,267	\$0	\$4,267
DCA Postage Allo	\$0	\$2,355	\$4,267	\$0	\$4,267
Postage - Other	\$18,000	\$0	\$0	\$0	\$0

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 6

	Budget	December 2025	YTD	Encumb	YTD + Encumb
53202-204 IN STATE TRAVEL	\$25,000	\$2,100	\$3,053	\$0	\$3,053
Travel-In State-Per Diem Lodgi	\$0	\$224	\$224	\$0	\$224
Travel-In State-Per Diem Meals	\$0	\$307	\$307	\$0	\$307
Travel-In State-Per Diem Other	\$0	\$50	\$50	\$0	\$50
Travel-In St-Trav Agcy Mgt Fee	\$0	\$14	\$14	\$0	\$14
CalATERS Service Fee	\$0	\$24	\$24	\$0	\$24
Travel-In State-Commercial Air	\$0	\$1,115	\$2,068	\$0	\$2,068
Travel - In State -Private Car	\$0	\$367	\$367	\$0	\$367
Travel - In State - Other	\$25,000	\$0	\$0	\$0	\$0
5322 TRAINING	\$9,000	\$0	\$0	\$0	\$0
Training - Tuition & Registration	\$9,000	\$0	\$0	\$0	\$0
5324 FACILITIES	\$147,000	\$12,742	\$73,205	\$71,366	\$144,570
Facilities Operations	\$18,000	\$0	\$0	\$0	\$0
Facilities Planning -Gen Svcs	\$0	\$929	\$2,321	\$0	\$2,321
Rents and Leases	\$129,000	\$0	\$0	\$0	\$0
Rent -Bldgs&Grounds(Non State)	\$0	\$11,814	\$70,883	\$71,366	\$142,249
53402-53403 C/P SERVICES (INTERNAL)	\$243,000	\$19,317	\$93,721	\$0	\$93,721
Administrative	\$0	\$24	\$24	\$0	\$24
Legal - Attorney General	\$197,000	\$12,521	\$79,516	\$0	\$79,516
Office of Adminis Hearings	\$46,000	\$6,772	\$14,181	\$0	\$14,181
53404-53405 C/P SERVICES (EXTERNAL)	\$76,000	\$1,000	\$2,875	\$2,319	\$5,194
Administrative	\$0	\$0	\$0	\$2,000	\$2,000
Subject Matter Experts	\$0	\$150	\$750	\$319	\$1,069
Legal - Witness Fees	\$7,000	\$0	\$0	\$0	\$0
Consult & Prof Svcs Extern Oth	\$62,000	\$0	\$0	\$0	\$0
Court Reporter Servs	\$7,000	\$850	\$2,125	\$0	\$2,125

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 6

	Budget	December 2025	YTD	Encumb	YTD + Encumb
5342 DEPARTMENT PRORATA	\$660,000	\$167,250	\$501,750	\$0	\$501,750
Division of Investigation DOI	\$10,000	\$2,250	\$6,750	\$0	\$6,750
Consumer Client Servs Div CCSD	\$650,000	\$165,000	\$495,000	\$0	\$495,000
5342 DEPARTMENTAL SERVICES	\$0	\$0	\$195	\$0	\$195
Departmental Services - Other	\$0	\$0	\$195	\$0	\$195
5344 CONSOLIDATED DATA CENTERS	\$14,000	\$0	\$0	\$0	\$0
Consolidated Data Centers	\$14,000	\$0	\$0	\$0	\$0
5346 INFORMATION TECHNOLOGY	\$4,000	\$1,289	\$8,142	\$1,177	\$9,319
IT Services - Software Maint	\$0	\$0	\$0	\$1,177	\$1,177
IT Services - Subscription	\$0	\$603	\$3,016	\$0	\$3,016
IT Svcs-Oth(Security/Archival)	\$0	\$139	\$665	\$0	\$665
Internet Service	\$0	\$546	\$2,732	\$0	\$2,732
IT Supplies (Paper, Toner, etc	\$0	\$0	\$1,729	\$0	\$1,729
Information Technology - Other	\$4,000	\$0	\$0	\$0	\$0
5362-5368 EQUIPMENT	\$11,000	\$0	\$408	\$0	\$408
Computers & Computer Equipment	\$0	\$0	\$408	\$0	\$408
Office Equipment	\$11,000	\$0	\$0	\$0	\$0
OPERATING EXPENSES & EQUIPMENT	\$1,329,000	\$207,805	\$701,942	\$98,472	\$800,414
OVERALL TOTAL EXPENDITURES	\$3,222,000	\$365,238	\$1,601,015	\$98,472	\$1,699,487

Fund Condition with Current Fee Structure

CA Board of Occupational Therapy Fund

Analysis of Fund Condition

(Dollars in Thousands)

2026-27 Governor's Budget With FM 6

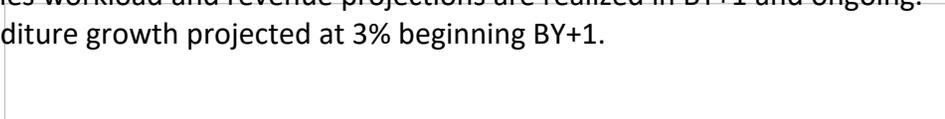
Projections

Prepared 2.9.2026

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29	BY +3 2029-30
BEGINNING BALANCE	\$ 1,505	\$ 1,433	\$ 1,444	\$ 1,435	\$ 1,311	\$ 1,085
Prior Year Adjustment	\$ 11	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,516	\$ 1,433	\$ 1,444	\$ 1,435	\$ 1,311	\$ 1,085
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS						
Revenues						
Delinquent fees	\$ 51	\$ 49	\$ 54	\$ 54	\$ 54	\$ 54
Renewal fees	\$ 2,657	\$ 2,745	\$ 2,837	\$ 2,837	\$ 2,837	\$ 2,837
Other regulatory fees	\$ 86	\$ 62	\$ 65	\$ 65	\$ 65	\$ 65
Other regulatory licenses and permits	\$ 412	\$ 434	\$ 437	\$ 437	\$ 437	\$ 437
Miscellaneous Services to the Public Income	\$ 29	\$ 27	\$ 32	\$ 32	\$ 32	\$ 32
from surplus money investments Escheat of	\$ 84	\$ 76	\$ 37	\$ 19	\$ 16	\$ 11
unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues	\$ 3,320	\$ 3,394	\$ 3,463	\$ 3,445	\$ 3,442	\$ 3,437
TOTALS, REVENUES, TRANSFERS AND OTHER	\$ 3,320	\$ 3,394	\$ 3,463	\$ 3,445	\$ 3,442	\$ 3,437
ADJUSTMENTS TOTAL RESOURCES	\$ 4,836	\$ 4,827	\$ 4,907	\$ 4,880	\$ 4,753	\$ 4,522
EXPENDITURES						
Board Operations	\$ 3,189	\$ 3,162	\$ 3,219	\$ 3,316	\$ 3,415	\$ 3,517
Supplemental Pension	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ -
Payments Statewide Pro Rata	\$ 212	\$ 221	\$ 253	\$ 253	\$ 253	\$ 253
TOTALS, EXPENDITURES	\$ 3,403	\$ 3,383	\$ 3,472	\$ 3,569	\$ 3,668	\$ 3,770
FUND BALANCE	\$ 1,433	\$ 1,444	\$ 1,435	\$ 1,311	\$ 1,085	\$ 752
Reserve for economic uncertainties						
Months in Reserve	5.1	5.0	4.8	4.3	3.5	2.4

NOTES:

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



Fund Condition with Anticipated Fee Increase

CA Board of Occupational Therapy Fund

Analysis of Fund Condition

Prepared 2.9.2026

(Dollars in Thousands)

2026-27 Governor's Budget With FM 6 Projections

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29	BY +3 2029-30
BEGINNING BALANCE	\$ 1,505	\$ 1,433	\$ 1,444	\$ 1,911	\$ 2,278	\$ 2,550
Prior Year Adjustment	\$ 11	\$ -	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,516	\$ 1,433	\$ 1,444	\$ 1,911	\$ 2,278	\$ 2,550
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS						
Revenues						
Delinquent fees	\$ 51	\$ 49	\$ 65	\$ 65	\$ 65	\$ 65
Renewal fees	\$ 2,657	\$ 2,745	\$ 3,302	\$ 3,302	\$ 3,302	\$ 3,302
Other regulatory fees	\$ 86	\$ 62	\$ 65	\$ 65	\$ 65	\$ 65
Other regulatory licenses and permits	\$ 412	\$ 434	\$ 437	\$ 437	\$ 437	\$ 437
Miscellaneous Services to the Public Income	\$ 29	\$ 27	\$ 32	\$ 32	\$ 32	\$ 32
from surplus money investments Escheat of unclaimed checks and warrants	\$ 84	\$ 76	\$ 37	\$ 34	\$ 38	\$ 40
Totals, Revenues	\$ 3,320	\$ 3,394	\$ 3,939	\$ 3,936	\$ 3,940	\$ 3,942
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 3,320	\$ 3,394	\$ 3,939	\$ 3,936	\$ 3,940	\$ 3,942
TOTAL RESOURCES	\$ 4,836	\$ 4,827	\$ 5,383	\$ 5,847	\$ 6,218	\$ 6,492
EXPENDITURES						
Board Operations	\$ 3,189	\$ 3,162	\$ 3,219	\$ 3,316	\$ 3,415	\$ 3,517
Supplemental Pension Payments	\$ 2	\$ -	\$ -	\$ -	\$ -	\$ -
Statewide Pro Rata	\$ 212	\$ 221	\$ 253	\$ 253	\$ 253	\$ 253
TOTALS, EXPENDITURES	\$ 3,403	\$ 3,383	\$ 3,472	\$ 3,569	\$ 3,668	\$ 3,770
FUND BALANCE	\$ 1,433	\$ 1,444	\$ 1,911	\$ 2,278	\$ 2,550	\$ 2,722
Reserve for economic	5.1	5.0	6.4	7.5	8.1	8.7

NOTES:

1. Assumes workload and revenue projections are realized in BY+1 and ongoing.

**CA Board of Occupational Therapy
Applications Data: Oct 1, 2025 – Dec 31, 2025**

Transaction Type	Oct		Nov		Dec		Total Received 2Q	Total Approved 2Q	Average Received per Month	Average Approved per Month
	Received	Approved	Received	Approved	Received	Approved	Received	Approved	Received	Approved
OT License Apps	127	137	110	85	102	135	339	357	113	119
OT License Issued	132	133	93	93	124	123	349	349	116	116
OT LP Apps	1	4	0	1	3	2	4	7	1	2
OT LP Issued	4	5	1	1	1	1	6	7	2	2
OTA License Apps	29	40	16	24	35	27	80	91	27	30
OTA License Issued	38	38	24	24	25	25	87	87	29	29
OTA LP Apps	1	2	3	3	1	0	5	5	2	2
OTA LP Issued	1	1	3	3	0	0	4	4	1	1
A/P – Hand Therapy	5	2	5	2	3	3	13	7	4	2
A/P – PAMs	12	15	5	4	6	7	23	26	8	9
A/P - Swallowing	6	2	3	1	3	3	12	6	4	2
Duplicate Wall	4	4	2	2	5	5	11	11	4	4
Pocket License	24	24	14	14	15	15	53	53	18	18
Set Inactive to Active	2	2	3	3	1	1	6	6	2	2
Name Changes	32	33	24	21	32	35	88	89	29	30
Address Changes	197	197	180	180	202	202	579	579	193	193
Verifications	52	55	47	28	61	65	160	148	53	49
Set to Retired	15	15	7	8	18	16	40	39	13	13
Set Retired to Active	1	0	0	1	2	2	3	3	1	1
Totals	683	709	540	498	639	667	1862	1874	621	625
Transaction Type	Oct		Nov		Dec		Total Approved 2Q	Average Approved per Month		
OT Renewals	692		620		597		1909	636		
OTA Renewals	187		151		178		516	172		
Totals	879		771		775		2,425	808		

CBOT CASES/COMPLAINTS DATA

October 1, 2025 – December 31, 2025

CATEGORY	QUANTITY
<i>Total Complaints Opened/Received:</i>	208
Conviction/Arrest Investigations:	32
Complaints Opened/Received:	176
Petition for Reinstatement Received:	0
Applications Denied per BPC 480:	0
<i>Complaints Closed:</i>	111
<i>Total Complaints/Cases Pending:</i>	675
DOI Investigations Initiated:	0
DOI Investigation Reports Received:	4
<i>DOI Investigations Pending:</i>	9
Cases Transmitted to AGO:	2
Statement of Issues Filed:	0
Accusations Filed:	2
BPC 820/CCR 4148 Ordered:	0
PC 23 Issued:	0
ISO Issued:	0
Petition to Revoke Probation (PTR) Filed:	0
Accusation and PTR Filed:	0
Case(s) Withdrawn:	0
Case(s) Dismissed:	0
<i>Total Cases Pending at Office of the Attorney General</i>	25
Cease Practice Order(s) Issued:	0
Cease Practice Order(s) Lifted:	0
<i>Final Decisions Effective:</i>	4

OT CITATIONS

October 1, 2025 - December 31, 2025

#	VIOLATION						FINE	FINE REDUCE	TOTAL FINE DUE	DATE ISSUED	ABATE	APPEAL RECEIVED				PAYMENT			
	FTC	UPC	PDU	ULP	ADC	OTHER						ICRC	ADMIN	DISMISSED	WITHDRAWN	Payment Date	Paid in Full	Payment Amount	Balance (OT)
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/07/25	0	0	0	0	0	10/10/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/07/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/09/25	0	0	0	0	0	10/29/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/09/25	0	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$85.00	\$0.00	10/14/25	0	1	0	0	1		0	\$0.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/14/25	0	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/15/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/15/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/16/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$150.00	\$0.00	\$150.00	10/22/25	1	0	0	0	0		0	\$0.00	\$150.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	10/22/25	0	0	0	0	0	10/29/25	1	\$225.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	10/28/25	1	0	0	0	0	12/23/25	1	\$600.00	\$0.00
1	0	0	1	0	0	0	\$500.00	\$0.00	\$500.00	10/29/25	0	0	0	0	0	11/15/25	1	\$500.00	\$0.00
1	0	0	1	0	0	0	\$150.00	\$0.00	\$150.00	10/29/25	0	0	0	0	0	11/19/25	1	\$150.00	\$0.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	11/05/25	0	0	0	0	0	11/25/25	1	\$225.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	0	0	0	0	0	11/28/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	1	0	0	0	0	12/08/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	0	0	0	0	0	12/05/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	1	0	0	0	0		0	\$0.00	\$85.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	11/12/25	1	0	0	0	0		0	\$0.00	\$600.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	12/16/25	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	1	0	0	0	\$375.00	\$0.00	\$375.00	12/17/25	0	0	0	0	0	01/03/26	1	\$375.00	\$0.00
1	0	0	0	1	0	0	\$187.50	\$0.00	\$187.50	12/17/25	1	0	0	0	0		0	\$0.00	\$187.50
1	1	0	0	1	0	0	\$600.00	\$0.00	\$600.00	12/19/25	1	0	0	0	0		0	\$0.00	\$600.00
24	4	0	5	2	14	0	\$5,317.50	\$85.00	\$5,232.50		12	1	0	0	1		11	\$2,500.00	\$2,732.50

Violation Key:

FTC - Failure to Cooperate
 UPC - Unprofessional
 Conduct ULP - Unlicensed
 Practice

PDU - Continuing Education
 ADC - Failure to Notify of Address
 Change OTHER (Negligence, etc.)

OTA CITATIONS

October 1, 2025 - December 31, 2025

#	VIOLATION						FINE	FINE REDUCE	TOTAL FINE DUE	DATE ISSUED	ABATE	APPEAL RECEIVED				PAYMENT			
	FTC	UPC	PDU	ULP	ADC	OTHER						ICRC	ADMIN	DISMISSED	WITHDRAWN	Payment Date	Paid in Full	Payment Amount	Balance (OT)
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/21/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	10/21/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$85.00	\$0.00	10/22/25	1	0	0	0	1		0	\$0.00	\$0.00
1	0	0	1	0	0	0	\$500.00	\$0.00	\$500.00	10/22/25	0	0	0	0	0	11/19/25	1	\$500.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	10/29/25	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	10/29/25	0	0	0	0	0	11/14/25	1	\$225.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	10/29/25	1	0	0	0	0	12/28/25	1	\$600.00	\$0.00
1	0	0	1	0	0	0	\$375.00	\$0.00	\$375.00	10/30/25	0	0	0	0	0	11/19/25	1	\$375.00	\$0.00
1	0	0	1	0	0	0	\$150.00	\$0.00	\$150.00	11/05/25	0	0	0	0	0	12/04/25	1	\$150.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	0	0	0	0	0	11/19/25	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	0	1	0	0	0		0	\$0.00	\$85.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	11/12/25	0	0	0	0	0		0	\$0.00	\$85.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	12/17/25	1	1	0	0	0		0	\$0.00	\$600.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	12/17/25	1	0	0	0	0		0	\$0.00	\$600.00
15	4	0	4	0	7	0	\$4,245.00	\$85.00	\$4,160.00		8	2	0	0	1		6	\$1,935.00	\$2,225.00

Violation Key:

FTC - Failure to Cooperate
 UPC - Unprofessional
 Conduct ULP - Unlicensed
 Practice

PDU - Continuing Education
 ADC - Failure to Notify of Address
 Change OTHER (Negligence, etc.)

CASES PENDING WITH THE OFFICE OF THE ATTORNEY GENERAL

Date Transmitted	Complaint Number	Case Type	Case Status
12/26/2023	2024-249	ACC	Scheduled for closed session on 02/26/2026.
04/16/2024	2024-237	ACC	Stipulated Settlement was heard at the 11/06/2025 Board Meeting and was not adopted. Scheduled for closed session on 02/26/2026.
06/20/2024	2022-150	ACC	Stipulated Settlement was heard at the 11/06/2025 Board Meeting and was not adopted.
06/24/2024	2023-423	ACC	Hearing set for July 1, 2026.
07/02/2024	2023-271	ACC	Stipulated Settlement was heard at the 11/06/2025 Board Meeting and was not adopted.
08/05/2024	2023-102	ACC	Hearing set for March 17-19, 2026.
08/06/2024	2023-504	ACC	Stipulated Settlement was heard at the 11/06/2025 Board Meeting and was not adopted.
09/12/2024	2022-287	ACC	Stipulated Settlement was heard at the 11/06/2025 Board Meeting and was not adopted.
11/27/2024	2025-417	ACC	Scheduled for closed session 02/26/2026.
01/21/2025	2024-081	ACC	Scheduled for closed session 02/26/2026.
02/26/2025	2024-373	ACC	Scheduled for closed session 02/26/2026.
04/01/2025	2025-596	ACC	Hearing set for July 2, 2026.
04/18/2025	2025-590	ACC	Hearing set for June 4, 2026.

Date Transmitted	Complaint Number	Case Type	Case Status
07/11/2025	2024-410	Adm Hrg	Hearing held 01/11/2026.
09/12/2025	2025-982	PTR	Hearing scheduled for 02/26/2026.
09/18/2025	2026-274	ACC	Hearing set for July 13, 2026.
09/23/2025	2023-230	ACC	Transmitted to AG 09/23/2025.
10/15/2025	2021-670	ACC	Scheduled for closed session 02/26/2026.
10/22/2025	2025-764	ACC	Hearing set for September 3, 2026.

FINAL DECISIONS
October 1, 2025 – December 31, 2025

Effective	Name	Type	Violation
12/13/2025	Asumbrado, Erin	Probation	Unprofessional Conduct – Unlicensed Practice
12/13/2025	Diemer, Diana	Revocation	Criminal Charges/Conviction – DUI
12/26/2025	Doi, Christopher	Probation	Criminal Charges/Conviction – DUI
12/26/2025	Bennett, Amy	Probation	Criminal Charges/Conviction – DUI
01/01/2026*	Gould, Alexandra	Probation	Unprofessional Conduct – Failure to Abate ULP
01/28/2026*	Thamm, Valerie	Probation	Unprofessional Conduct – Failed to Abate PDU Audit

**Effective in Q3*
 Updated 01/16/2026

LICENSEES CURRENTLY ON PROBATION

NAME	LICENSE #	LENGTH OF PROBATION	EFFECTIVE DATE
Apolinario, Karen	OT 3982	3 years	12/26/2024
Bennett, Amy	OT 15966	3 years	12/26/2025*
Caro, Tabitha	OTA 5002	3 years	11/27/2023*
Clendenen, Danielle	OT 6616	4 years	10/16/2024
DeLeon, Jason	OTA 3228	3 years	07/04/2025
Doi, Christopher	OT 22165	3 years	12/26/2025
Dowd, Joshua	OT 18574	3 years	03/27/2018*
Edwards, Anna	OTA 2453	3 years	04/26/2019*
Ferrer, Oscar	OT 3726	3 years	07/19/2023
Frederico, Victoria	OT 15499	3 years	10/28/2024
Heng, Sonny	OT 18476	3 years	11/03/2021*
Hickam, Tracy	OT 5129	3 years	12/18/2024*
Jaghlastian, Linda	OTA 3079	3 years	03/30/2023
Johnson, Anthony	OT 16291	4 years	02/26/2024*
Johnson, Janyce	OT 6848	3 years	03/01/2024*
Moening, Heather	OTA 2547	3 years	12/18/2024*
Powell, Diana C.	OT 6367	3 years	06/03/2016*
Provost, Ericka	OT 16010	3 years	12/26/2021*
Roberts, Victoria	OTA 7096	3 years	03/18/2025
Ross, Donmishette	OT 11356	2 years	10/10/2024*
Ryskalczyk, Roxanne	OT 5654	3 years	08/29/2021*
Sabet, Sabrina	OT 18366	2 years	10/10/2024
Sandage, Spencer	Ot 17847	3 years	12/27/2024
Schmidt, Rebecca	OT 8291	3 years	11/27/2009*

Suggs, Monica	OTA 1101	2.5 years	03/30/2019*
Torossian, Brittany	OT 16579	3 years	09/28/2023
Tsegaye, Meaza	OTA 706	2 years	07/04/2025
Whigham, Corey	OT 12215	3 years	10/04/2025*
Wilkie, Alexis	OT 14749	3 years	11/19/2025*
Wilson, Candice	OT 1436	3 years	07/16/2020*

* Probation "tolled" or extended beyond the original expiration date.

Report updated 01/14/2026