

AGENDA ITEM 17

DISCUSSION AND OVERVIEW OF THE BOARD'S JURISDICTION AND AUTHORITY; LEGISLATIVE AND REGULATORY ACTION.

Overview of the Board's Duty and Authority to Protect the Public

Licensed professionals are persons with superior knowledge, expertise, and skill in a particular field. Consumers are dependent on and place their trust in these professionals when engaging with their services. Because this trust and disparity in knowledge creates an imbalance of power in favor of the professional, licensure boards are created to support the public through licensure, regulation, and enforcement of the profession.

The Legislature declared in Business and Professions Code section 2570.1 that the practice of occupational therapy necessitates regulation and control for the public health, safety, and welfare. Protection of the public is the highest priority for the Board in exercising its licensing, regulatory, and disciplinary functions. In creating the Board, the Legislature set boundaries the Board must follow to ensure that only those appropriate may practice occupational therapy.

For the protection of the public, the Board is authorized to promulgate regulations or propose legislation on anything that will aid in protecting the public against danger from those that do or may practice occupational therapy unsafely. This could include a required ethics exam for both candidates and licensees, additional continuing education or experience requirements, increased requirements for audits, pricing limitations, mandated contractual or client advisory disclosures, and limitations on what and how a licensee may practice.

Actions of the Board that it asserts are for the protection of the public but are really for the benefit of licensees and the profession can be overturned. For example, in 2015, the United States Supreme Court heard a case involving the North Carolina Board of Dental Examiners. The Dental Examiners received complaints from licensed dentists that non-licensed persons were performing teeth whitening. The complaints were not that the non-licensed persons were unsafe to perform teeth whitening, but that the dentists wanted to be the sole providers for the task. Some licensees on the board also performed these services. The Dental Examiners Practice Act, however, did not specify that teeth whitening was a practice of dentistry. Nonetheless, the Dental Examiners sent out cease and desist letters to those providing teeth whitening services without a dental license.

Among other rulings, the Supreme Court ruled that an agency is liable for damages as a result of its actions when the actions are not specified in the law and are not serving the codified purpose of the agency. Here, the law did not specify that teeth whitening was a practice of dentistry, and the public was not harmed or in danger to necessitate Board protection.

While regulatory Boards shift the balance of power between consumers and professionals back into balance, they are not expected to place undue burdens on their

licensees. To that end, many professions have organizations that advocate for licensees and the profession as a whole. While this role is decidedly different than that of the Board, that is not to say that professional associations are not interested in protection of the public. The associations provide a unified voice for their licensees to communicate to the Board on ongoing and emerging issues in the profession, which can often help the Board carry out its consumer protection mandate.

The Legislature expects the Board to submit proposed legislation that clearly supports the public health, safety, and welfare or the Board's ability to carry out its duties. The association is free to support, oppose, or remain neutral on the proposed legislation as needed for the public or its licensees. The Legislature expects the association to submit proposed legislation that furthers or expands the practice of occupational therapy or that is designed to benefit licensees. The Board can support, oppose, or be neutral to that legislation.

In sum, when an issue will expand the professional practice; include support for licensees; shift the Board's authority by maximizing, minimizing, granting or eliminating provision in the practice act; or codify anything that does not address a reasonable public safety concern or function of the Board itself, the association pursues legislation. The association is also free to advocate for public safety limitations in the practice to continue the confidence, professionalism, or performance of the licensees. When a function of the Board to perform the duties set forth in the practice act or a need for additional protections for the public is necessary, the Board may seek a sponsor for the legislation.

These differences are important to bear in mind when discussing scope of practice issues for the profession of occupational therapy. When considering whether to pursue legislation to include or prohibit a specific service in the scope of practice, the Board must remember to act, first and foremost, for the protection of the public.

AGENDA ITEM 18

**DISCUSSION AND POSSIBLE ACTION REGARDING SENSORY
INTEGRATION INTERVENTIONS.**



The California Board of Occupational Therapy
1610 Arden Way, Suite 121
Sacramento, CA 95815

RE: Request for Board Consideration: Sensory Integration and Sensory Processing Interventions and Consumer Protection

Wednesday, May 13, 2026

Dear Members of the California Board of Occupational Therapy,

On behalf of the Occupational Therapy Association of California (OTAC), I am writing to request the Board's consideration of an emerging concern related to the provision of sensory processing and sensory integration interventions to children in California.

We have received increasing reports from occupational therapy practitioners across the state regarding individuals, both licensed and unlicensed, providing sensory-based interventions without formal training consistent with occupational therapy education and standards of practice. These situations raise concerns regarding potential risk to consumers, particularly given the clinical complexity of sensory integration approaches and the vulnerability of the pediatric populations being served.

As you know, the current Occupational Therapy Practice Act does not explicitly reference sensory processing or sensory integration, though these areas are widely recognized within occupational therapy practice. This lack of explicit language may contribute to ambiguity for consumers and other stakeholders regarding who is appropriately qualified to provide these interventions.

We would appreciate the Board's guidance on the following:

- Whether the provision of sensory integration interventions, when delivered in a manner consistent with occupational therapy practice, falls under the definition of occupational therapy as outlined in the Practice Act;
- How does the Board determine when the provision of sensory integration interventions crosses into the unlicensed practice of occupational therapy?
- Whether the Board has concerns, from a consumer protection standpoint, regarding the provision of these interventions by individuals without appropriate training or qualifications;
- And whether additional clarification—through policy, guidance, or future regulatory consideration—may be warranted to support public protection and reduce confusion.

We recognize that questions involving overlapping scopes of practice across professions may require broader interprofessional dialogue. However, given the concerns being raised by practitioners and the potential implications for consumer safety, we believe this issue merits thoughtful discussion.

We have found that in at least six other states (Arizona, Colorado, Montana, New York, Pennsylvania, and Washington), sensory integration and/or sensory processing are explicitly identified in the occupational therapy practice acts as areas of assessment and/or intervention.

And we have also identified several licensed and unlicensed paraprofessionals and providers who appear to be providing sensory processing and/or sensory integration services to children, including

- Board Certified Behavior Analysts (BCBA)
- Behavior Intervention Implementation (BII)
- Registered Behavior Technicians (RBT)
- Early Interventionists
- People providing “infant stimulation” services

Some centers and programs who address “sensory processing” services hire staff with either a bachelor’s degree or, in some cases, only a high school diploma. The latter is most customary in behavioral intervention centers where authorizations of 20-40 hours per week are also common.

Examples include:

- Cortica Care
 - www.corticacare.com
- Stowell Learning Center
 - Stowellcenter.com
- Brain Balance
 - <https://www.brainbalancecenters.com>
 - scroll down to find the topic "sensory processing/anxiety"

Thank you for your time and for your continued commitment to protecting the public.



Samia H. Rafeedie, OTD, OTR/L, BCPR, CBIS, FAOTA
President of the Occupational Therapy Association of California

Reference to Sensory Intervention and Integration in Other State Practice Acts

STATE	CODE SECTION	LANGUAGE
Alabama	Code of Alabama Title 34, Chapter 39, Article 1, Section 34-39-3	<p>In this chapter, the following terms shall have the respective meanings provided in this section unless the context clearly requires a different meaning:</p> <p>...</p> <p>a. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life. The practice of occupational therapy includes:</p> <ol style="list-style-type: none"> 1. Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), rest and sleep, education, work, play, leisure, and social participation including all of the following: <ol style="list-style-type: none"> (i) Client factors, including body functions, such as neuromusculoskeletal, sensory-perceptual, visual, mental, cognitive, and pain factors; body structures such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement; values, beliefs, and spirituality. (ii) Habits, routines, roles, rituals, and behavior patterns. (iii) Physical and social environments, cultural, personal, temporal, and virtual contexts, and activity demands that affect performance. (iv) Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication, and social skills.

STATE	CODE SECTION	LANGUAGE
Arizona	Arizona Revised Statutes, Title 32, Section 32-3401	<p>In this chapter, unless the context otherwise requires:</p> <p>...</p> <p>6. "Occupational therapy" means the use of therapeutic activities or modalities to promote engagement in activities with individuals who are limited by physical or cognitive injury or illness, psychosocial dysfunction, developmental or learning disabilities, sensory processing or modulation deficits or the aging process in order to achieve optimum functional performance, maximize independence, prevent disability and maintain health. Occupational therapy includes evaluation, treatment and consultation based on the client's temporal, spiritual and cultural values and needs.</p> <p>...</p> <p>8. "Occupational therapy services" includes the following:</p> <p>...</p> <p>(b) Evaluating and facilitating developmental, perceptual-motor, communication, neuromuscular and sensory processing function, psychosocial skills and systemic functioning, including wound, lymphatic and cardiac functioning.</p> <p>...</p> <p>(e) Administering and interpreting standardized and nonstandardized tests that are performed within the practice of occupational therapy, including manual muscle, sensory processing, range of motion, cognition, developmental and psychosocial tests.</p>
Colorado	Colorado Revised Statutes Titel 12, Article 270, Section 12-270-104	<p>As used in this article 270, unless the context otherwise requires:</p> <p>...</p> <p>(10) "Occupational therapy" means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy is provided for habilitation, rehabilitation, and the promotion of health and wellness to persons who have, or are at risk for developing, an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy uses everyday life activities to promote mental health and support functioning in people who have, or who are at risk of experiencing, a range of mental health disorders, including psychiatric, behavioral, emotional, and substance use disorders. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical health, mental health, well-being, and quality of life. The practice of occupational therapy includes:</p> <p>...</p>

STATE	CODE SECTION	LANGUAGE
		<p>(c) Interventions and procedures to promote or enhance safety and performance in activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, social participation, and health management, including:</p> <p>...</p> <p>(III) Identification, development, remediation, or compensation of physical, cognitive, neuromusculoskeletal, sensory, visual, perceptual, and mental functions; sensory processing; functional</p> <p>...</p> <p>(XVII) Sensory-based interventions including equipment, environment, and routine adaptations that support optimal sensory integration and processing; and</p>
Georgia	Code of Georgia Title 43, Chapter 28, Article 1, Section 43-28-3	<p>As used in this article, the term:</p> <p>...</p> <p>(6) "Occupational therapy" means the therapeutic use of occupations with individuals, groups, populations, or organizations to support participation, performance, and function in life roles. Occupational therapy is provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing activity limitation or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations promoting health, well-being, and quality of life. The practice of occupational therapy, including that which may be provided through telehealth, includes, but is not limited to, the following:</p> <p>...</p> <p>(B) Evaluation to determine abilities and limitations related to performance of occupations, including the identification of physical, sensory, cognitive, emotional, or social deficiencies. Treatment based on such evaluation utilizes task oriented, purposeful, and meaningful goal directed activities to prevent, correct, minimize, or compensate for deficiencies to maximize independence in daily life and promote overall health and well-being; and</p> <p>(C) Specific occupational therapy techniques used for treatment that involve, but are not limited to, training in activities of daily living; environmental modification; the designing, fabrication, and application of orthotic or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices; sensory, motor, and cognitive activities; therapeutic exercises; manual therapy techniques that do not include adjustment or manipulation of the articulations of the human body; and physical agent modalities. Such techniques are applied in the treatment of individuals, groups, or through organizational-level practices to enhance physical functional performance, work capacities, and community participation.</p>

STATE	CODE SECTION	LANGUAGE
Montana	Montan Code Title 37, Chapter 24, Part 1, Section 37-24-103	<p>As used in this chapter, unless the context requires otherwise, the following definitions apply:</p> <p>...</p> <p>(5) "Occupational therapy" means the therapeutic use of purposeful goal-directed activities and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by disease or disorders, impairments, activity limitations, or participation restrictions that interfere with the individual's ability to function independently in daily life roles. The practice encompasses evaluation, assessment, treatment, consultation, remediation, and restoration of performance abilities that are limited due to impairment in biological, physiological, psychological, or neurological processes. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy interventions include but are not limited to:</p> <p>...</p> <p>(b) developing perceptual-motor skills and sensory integrative functioning;</p> <p>...</p> <p>(j) providing neuromuscular facilitation and inhibition, including the activation, facilitation, and inhibition of muscle action, both voluntary and involuntary, through the use of appropriate sensory stimulation, including vibration or brushing, to evoke a desired muscular response;</p>
Nevada	Nevada Revised Statutes, Chapter 640A, Section 050	<p>NRS 640A.050 "Occupational therapy" defined. "Occupational therapy" means the use of evaluations, teachings and interventions to facilitate the activities of daily living of a client in groups or on an individual basis to enable the client to participate in and perform activities of daily living in various settings, including, without limitation, at home, at school, in the workplace and in the community. The term includes:</p> <p>...</p> <p>4. Assisting a client in the development of cognitive and perceptual motor skills, and in the integration of sensory functions;</p>
New York	New York Comp. Codes R. & Regs., Title 8, Section 76.5	<p>...</p> <p>(c) A treatment program within the meaning of Education Law, section 7901 shall be consistent with the statutory scope of practice and may:</p> <p>...</p> <p>(2) Relate to physical, perceptual, sensory, neuromuscular, sensory-integrative, cognitive or psychosocial skills.</p> <p>(3) Include, where appropriate for such purposes, and under appropriate conditions, modalities and techniques based on approaches taught in an occupational therapy curriculum and included in a program of professional education in occupational therapy registered by the department, and consistent with areas of individual competence. These approaches are based on:</p>

STATE	CODE SECTION	LANGUAGE
		<p>(i) The neurological and physiological sciences as taught in a registered occupational therapy professional education program. Modalities and techniques may be based on, but not limited to, any one or more of the following:</p> <ul style="list-style-type: none"> (a) sensory integrative approaches; (b) developmental approaches; (c) sensorimotor approaches; ...
Pennsylvania	Pennsylvania Statutes Title 63, Chapter 29, Section 1514	<p>(a) An occupational therapist may enter a case for the purposes of providing indirect services, consultation, evaluating an individual as to the need for services and other occupational therapy services for conditions such as perceptual, cognitive, sensory integration and similar conditions. Implementation of direct occupational therapy to an individual for a specific medical condition shall be based on a referral from a licensed physician, licensed optometrist, licensed podiatrist, licensed certified registered nurse practitioner or licensed physician assistant.</p>
Texas	Texas Occupations Code, Section 454.006	<p>...</p> <p>(b) A person practices occupational therapy if the person:</p> <ul style="list-style-type: none"> (1) evaluates or treats a person whose ability to perform the tasks of living is threatened or impaired by developmental deficits, the aging process, environmental deprivation, sensory impairment, physical injury or illness, or psychological or social dysfunction; (2) uses therapeutic goal-directed activities to: <ul style="list-style-type: none"> (A) evaluate, prevent, or correct physical or emotional dysfunction; or (B) maximize function in a person's life; or (3) applies therapeutic goal-directed activities in treating patients on an individual basis, in groups, or through social systems, by means of direct or monitored treatment or consultation. <p>...</p>
Utah	Utah Code Title 58, Chapter 42a, Part 1, Section 102	<p>As used in this chapter:</p> <p>...</p> <p>(2) (a) "Individual treatment plan" means a written record an individual engaging in the practice of occupational therapy composes for each client.</p> <p>(b) "Individual treatment plan" includes:</p> <ul style="list-style-type: none"> (i) planning and directing specific exercises and programs to improve sensory integration and motor functioning at the level of performance neurologically appropriate for the client's stage of development;

STATE	CODE SECTION	LANGUAGE
Washington	Revised Code of Washington Title 18, Chapter 18.59, Section 18.59.020	<p>Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.</p> <p>...</p> <p>(4) "Occupational therapy" is the scientifically based use of purposeful activity with individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, or the aging process in order to maximize independence, prevent disability, and maintain health. The practice encompasses evaluation, treatment, and consultation. Specific occupational therapy services include but are not limited to: Using specifically designed activities and exercises to enhance neurodevelopmental, cognitive, perceptual motor, sensory integrative, and psychomotor functioning; administering and interpreting tests such as manual muscle and sensory integration; teaching daily living skills; developing prevocational skills and play and avocational capabilities; designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment; wound care management as provided in RCW 18.59.170; and adapting environments for persons with disabilities. These services are provided individually, in groups, or through social systems.</p>

AGENDA ITEM 19

UPDATE ON THE BOARD'S SUNSET REVIEW. DISCUSSION AND POSSIBLE ACTION REGARDING ASSEMBLY BILL (AB) 2773.

CURRENT SUNSET REVIEW ISSUES FOR THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

ADMINISTRATION AND FUND CONDITION

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

Background: As described in the “Fiscal, Fund, and Fee Analysis” portion of this paper, the Board is an entirely special funded entity and does not receive appropriations from the state’s General Fund. The Board generates revenue from the fees associated with licensing occupational therapists and occupational therapy assistants, including application fees, initial licensure fees, biennial renewal fees, and fines for citations related to violations of the Act. Notably, the Board’s fee authority has remained largely unchanged since the passage of the Act in 2000, which states “initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars (\$150) per year”⁶⁶. In other words, the Board has been limited to a statutory maximum of \$300 for each biennial license renewal since 2001. While the Board has been granted authority in previous sunset reviews to charge additional, smaller fees—such as a \$50 application fee, a \$25 retired licensee fee, and negligible fees for cost recovery related to criminal history and national practitioner data retrieval—their renewal authority has remained unchanged.

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

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

⁶ Business and Professions Code § 2570.16

Ad Hoc Budget Committee Fee Proposal - May 2022

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

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

Ad Hoc Budget Committee Fee Proposal – February 2024

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

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

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

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

Proposed Statutory Fee Structure – January 2026

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

*Current caps pursuant to Business and Professions Code § 122

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

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

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

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

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

Board Response: The initial package to increase renewal fees to the statutory maximum was published in the notice register on April 10, 2026, marking the beginning of the rulemaking's 45-day comment period. Unless adverse comments result in the need for a hearing or amended text, the Board anticipates final approval to occur prior to the proposed July 1, 2026, effective date.

While the Board's Sunset Report was being prepared, projections showed that CBOT was expected to finish FY 2025/26 with 3.9 months in reserve and to reach insolvency by 2028/29. Since then, there have been two significant changes to the fund condition.

- The DCA Budget Office re-evaluated the Boards projected revenues based on data obtained later in the fiscal year and projected more revenue than they had before. This, along with the Board’s efforts to reduce expenditures and reduced budget authority in FY 2025/26 meant that the Board was now expected to conclude the fiscal year with 5.1 months in reserve. However, projections still showed CBOT operating with only 0.8 months in reserve by 2028/29.
- Concurrently, the Board voted to initiate the above-referenced rulemaking to increase renewal fees to the statutory cap of \$300 biennially. This, when considered together with the updated fund condition statement that resulted from the changes above, showed projected reserves rising to 8.4 months by 2028/29.

In preparation for both the regulatory fee increase and to request amendments to fee authority through the Sunset process, Board staff worked with the DCA Budget Office to conduct a fee analysis that looked at the administrative costs associated with licensing fees and other services provided by the Board. The analysis found that in all instances, fees did not adequately cover the costs of providing those services. While this is the case for core services provided by the Board, such as processing licensing applications and license renewals, it is also true for various incidental services. These incidental services include:

- Processing an application for retired status,
- Issuing a duplicate wall certificate,
- Issuing a pocket card,
- Issuing a license verification or letter of good standing.

The Board has recommended the following statutory language for the Committees’ consideration:

Business and Professions Code Section 2570.16

~~Initial license and renewal fees shall be established by the board in an amount that does not exceed a ceiling of one hundred fifty dollars (\$150) per year. The board shall establish the following additional fees:~~

(a) Notwithstanding any other law, the board shall establish initial license fees and renewal fees as follows:

(1) The biennial renewal fee and the initial license fee for an occupational therapist license shall not exceed five hundred dollars (\$500).

(2) The biennial renewal fee and the initial license fee for an occupational therapy assistant license shall not exceed four hundred fifty dollars (\$450).

(b) The board shall establish the following additional fees:

~~(a)~~(1) A license application fee not to exceed ~~fifty dollars (\$50)~~ one hundred dollars (\$100).

~~(b)~~(2) A late renewal fee as provided for in section 2570.10 not to exceed one half the renewal fee.

~~(c)~~(3) A limited permit fee.

~~(d)~~(4) An advanced practice approval application fee not to exceed two hundred dollars (\$200).

(5) A pocket license fee not to exceed fifty dollars (\$50).

(6) A duplicate wall certificate fee not to exceed fifty dollars (\$50).

(7) A fee for a letter of good standing, endorsement, or verification of licensure not to exceed fifty dollars (\$50).

~~(d)~~(8) A fee to collect fingerprints for criminal history record checks. This fee shall not exceed the amount charged by the agency providing the criminal history record checks.

~~(e)~~(9) A fee to query the National Practitioner Data Bank for applicants for licensure and renewal of licensure. The fee shall not exceed the amount charged per query.

Business and Professions Code Section 2570.17

(a) The board shall issue, upon application and payment of a ~~twenty-five dollar (\$25)~~ fifty dollar (\$50) fee, a retired license to an occupational therapist or an occupational therapy assistant who holds a license that is current and active, or capable of being renewed pursuant to Section 2570.10, and whose license is not suspended, revoked, or otherwise restricted by the board or subject to discipline under this chapter.

The Board is appreciative of the inclusion of language in Assembly Bill 2773 that would provide statutory authority for increased and established fee caps for issuing pocket cards, duplicate wall certificates, and letters of good standing.

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

Background: Pursuant to the Bagley-Keene Open Meeting Act (Government Code §§ 11120 *et seq.*), which establishes law that state agencies, boards, commissions, and other bodies must follow as it relates to their meetings, the Board is required to post materials related to Board meetings, including agendas, meeting minutes, and relevant attachments. While the Bagley-Keene Open Meeting Act requires that agencies post notice of a meeting, as well as a meeting agenda, at least 10 days prior to commencement of the meeting, it does not require a time-certain as it relates to posting meeting minutes.

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

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

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

Board Response: CBOT is committed to the timely posting of meeting minutes and appreciates the inherent value in making information readily available to stakeholders. Furthermore, the Board appreciates that the increased use of technology to facilitate and record meetings has led to increased process efficiency when drafting minutes. For example, an audio recording of a meeting allows for more accurate minutes than notes taken during a meeting. While the Board makes every effort to post approved meeting minutes to its website as soon as possible, the following factors can cause delays.

The Board typically holds four meetings annually, on a quarterly basis. Because meeting minutes are approved by the Board at each subsequent meeting, this necessitates a delay of at least three months before approved minutes can be posted. Additionally, if the Board requests edits to the draft minutes presented at the meeting, additional time is required for staff to make the requested edits.

Once meeting minutes have been approved by the Board and requested edits have been made, staff ensures that the minutes comply with ADA accessibility standards and submits them to DCA's Office of Information Services (OIS) for posting to the Board's website. Except in instances that would compromise compliance with the Bagley-Keene Act, web posting requests are handled by OIS on a first-come, first-serve basis. This can, on occasion, contribute noticeably to posting delays, but is generally not a significant factor.

When available (if a recording exists), CBOT will post video recordings of its meeting in the same place where the approved minutes will be posted. This is done in an effort to ensure that stakeholders have access to information from the meeting as soon as possible. The recordings also remain available after minutes are posted so that stakeholders have access to more detailed information beyond the content of the minutes, if needed.

CBOT is open to making changes to this process that would allow stakeholders more timely access to meeting minutes. For example, draft minutes could be posted prior to approval from the Board. However, because draft minutes are subject to edits from the Board, measures would need to be taken to make clear to stakeholders that the draft minutes are not final and may change following Board discussion at the next scheduled meeting. The Board is open to hearing and implementing other suggestions from stakeholders for the timely posting of meeting minutes.

LICENSE APPLICATIONS, ISSUANCE, AND OVERSIGHT

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

Background: To obtain a license from the Board, applicants are required to take and pass a written examination. The Act states that "each applicant for licensure shall successfully complete the entry

level examination for occupational therapists or occupational therapy assistants, such as the examination administered by the National Board for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association. [...] Each applicant shall be examined by written examination to test his or her knowledge of the basic and clinical sciences relating to occupational therapy, occupational therapy techniques and methods, and any other subjects that the board may require to determine the applicant's fitness to practice under this chapter.”⁷ The written examination the Board uses is developed by the National Board for Certification in Occupational Therapy (NBCOT), and there is no California-specific examination.

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

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

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

BPC § 139(c) states, “Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, its method for ensuring that *every*

⁷ Business and Professions Code § 2570.7

licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation” [emphasis added]. It is the Committees’ belief that the Legislature did not intend for a DCA program to be required to routinely evaluate a national examination that is not administered by or under contract with a DCA program under the provisions of BPC § 139.

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

Nevertheless, in the Board’s sunset report, “Table 3. Expenditures by Program Component” (page 22), the Examination line item shows \$3,000 spent on examinations in FY 2021/22 and FY 2022/23, and \$2,000 spent on examinations in FY 2023/24 and FY 2024/25. Over the reporting period, over \$10,000 has been spent on the “Examination” line item. While negligible compared to the wider cost of enforcing the Act, the Board does not administer any state-level examination, and it is unclear why any funds are being attributed to the “Examination” line item.

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

Board Response: To ensure compliance with BPC 139, DCA has issued policy number OPES 22-01. The policy states that examination validation and occupational analysis efforts shall be handled via intra-agency contract with DCA’s Office of Professional Examination Services (OPES), except in cases where OPES is unable to provide the requested services.

Since the last Sunset Review, CBOT has worked with OPES to determine an estimate for the costs of an occupational analysis and national examination review. The most recent estimates from February 2026 indicate a combined cost of approximately \$136,000. Given that the Board has been making every effort to reduce expenditures and balance its fund condition (see Issue One), and that the Board has not obtained budget authority for exam validation expenditures, the contract with OPES has not been initiated, and a California-specific occupational analysis has not been conducted.

However, occupational analyses are regularly conducted by the National Board for Certification in Occupational Therapy (NBCOT), which administers the exams utilized by the Board. NBCOT conducts its analyses every five years, with the most recent analysis having taken place in 2022. The analysis conducted by NBCOT is fundamental in the development of the NBCOT exam, and California licensees routinely serve on the panel of subject matter experts that help develop task and knowledge statements.

CBOT contends that the NBCOT certification exam is rigorously validated at the national level with adequate input from California stakeholders.

Regarding costs attributed to examinations reported in Table 3a, discussions with the DCA Budget Office determined that these expenditures were attributable to contracted subject matter experts used to review advanced practice course approvals and to provide expert opinions on enforcement cases. Billing codes associated with these contracts are related to those used for subject matter experts employed for exam development purposes, which led to these expenditures being categorized under examinations.

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

Background: Regulations⁸ require that the Board provide written notice to an applicant whether their application is complete or deficient within 30 days of the Board’s receipt of the application. On page 28 of its 2026 Sunset Review Report, the Board opines that “internal statistics for the last four fiscal years reflect that the Board is meeting the established expectation”, and further that “on occasion, when the Board has been in jeopardy of exceeding the 30-day notification period, it has been able to redirect staff resources.” Table 7a on the following page demonstrates data generally supporting this position.

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

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

Board Response: Application processing timelines are measured from the day that a 1020 – Application for Licensure Transaction is opened in BreZE to the day that that same transaction is approved by a licensing technician. For online applicants, processing timelines begin once the applicant submits their application through BreZE. For mail-in applicants (of which there are few), processing timelines begin the day that the application is received by the Board. In either case, processing timelines are concluded after an applicant has submitted all required documentation, a licensing technician has reviewed all documentation, and the applicant is notified that their application has been approved.

⁸ 16 CCR § 4112

The most common causes for approval of an application to be delayed are as follows:

- Delays due to missing licensure verifications from other state boards when the applicant is licensed in one or more other states.
- Delays due to missing background check results when a background check is conducted via hard copy fingerprint cards sent to the Dept. of Justice. This is not typically an issue when background check results are obtained through LiveScan.
- Delays due to enforcement investigations prompted by concerns of unlicensed practice, discipline in other states, or criminal convictions.

Within 30 days of receipt of an application, applicants are notified whether their application is complete and approved or if their application is deficient and is missing some form of required documentation. As shown in Table 7a in the report (reproduced in part here), non-deficient/complete applications are processed in less than 30 days, while applications taking longer than 30 days are those that have some deficiency.

Application Average Processing Times In Days

Fiscal Year	Complete Apps	Incomplete Apps
FY 2021/22	24	67
FY 2022/23	27	72
FY 2023/24	26	68
FY 2024/25	24	70

In the case of an incomplete application, licensing staff are aware of exactly what information is needed to approve the application. This means that applications are approved quickly once the required information is received, sometimes on the same day.

It should be noted that some applicants report delayed processing times due to a failure to complete their application submission. Applicants are required to pay an application fee prior to submitting an application. Once the fee has been paid, applicants must then submit their application as a separate transaction in BreEZe. Staff note having received inquiries from applicants regarding the status of their application and discovering that the applicant has paid the application fee, but has not submitted an application for licensure. This could, at least in part, explain the discrepancy between the Board’s processing timeline statistics and applicant feedback to OTAC. Applicants are notified in five separate places throughout the application fee transaction, that returning to the BreEZe homepage and completing their application for licensure is necessary for their application to be considered received.

ENFORCEMENT AND UNLICENSED PRACTICE

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

Background: Pursuant to 2570.10, individuals licensed by the Board shall complete continuing competence requirements as a condition of their license renewal. Specifically, licensees seeking

renewal must complete 24 “Professional Development Units” (PDUs) within the preceding two years. The Board measures PDUs as follows:

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

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

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

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

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

Board Response: The rulemaking regarding continuing education makes changes to two code sections, namely CCR section 4161, which states the types of continuing education activities

acceptable by the Board, and CCR section 4162, which prescribes standards for reporting and maintaining records of continuing education activities. Proposed changes to section 4161 were approved by the Board at its June 2025 meeting. Notably, these changes would implement a requirement to complete units in ethics, DEIA, and California Laws and Regulations pertaining to occupational therapy.

The proposed changes to 4161 would also clarify what subject matter areas are considered “directly related” to delivery of occupational therapy services. Of the 24 units required to renew a license, at least 12 units must fall into this category, and failing to meet this requirement is a common reason that a licensee may fail an audit. The Board posits that this clarifying change would contribute to a higher audit success rate.

Proposed changes to section 4162 were approved by the Board at its February 2026 meeting. These changes codify the timeframe for submitting proof of completion when notified of a continued competency audit and incorporate by reference standard forms for documenting PDUs earned through involvement in a structured special interest or study group and PDUs earned through structured mentoring.

An initial rulemaking to implement these changes is currently being prepared by staff for submission to the Director for approval. While this rulemaking is a high priority for the Board, staff resources have been focused on implementing the regulatory fee increases discussed earlier in Issue One.

Furthermore, the proportion of failed audits may overrepresent the proportion of licensees that do not comply with continuing competency requirements. This is because an audit that did not receive a response is considered failed. In some instances, a licensee may respond with evidence of having completed some of the required units but is unresponsive when requests for evidence of completing the remaining units are made. This audit would also be considered failed. In either case, some of these licensees become responsive once they are issued a citation, after which they provide proof of completion of continuing competency requirements. However, Board staff do not change their audit results to “passed.”

The Board may consider conducting additional outreach to licensees via social media, the Board’s website, and cooperation with the professional association to reiterate the importance of compliance with continuing competency requirements. Outreach should also include information on required subject matter areas, record maintenance, and the importance of timely responses to audits.

WORKFORCE AND PRACTICE ISSUES

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

Background: The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to

complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

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

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

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

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

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

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

Board Response: The use of AI in healthcare professions is an emerging concern that has not been fully explored. As such, it is difficult to predict whether the Board is equipped to investigate the misuse of AI in all circumstances. However, we are grateful for the passage of Assembly Bill 489 (Bonta), which prohibits the use of specified terms, letters, or phrases by GenAI technology to imply possession of a license to practice a healthcare profession. This bill extends the Board's power to pursue an injunction or restraining order against an unlicensed individual that uses these terms, to an entity or individual that develops or deploys AI technology that does the same.

At its February 2026 meeting, the Board established an ad hoc committee on the use of AI in healthcare. The committee is charged with analyzing emerging trends regarding the use of AI in the occupational therapy profession, evaluating the potential impact of these trends on consumers,

and recommending legislative and regulatory changes to ensure consumer protection. While the committee has not yet met, its first order of business will be to examine AB 489 and determine if regulatory change is needed to implement the provisions of the bill as they relate to occupational therapy.

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

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

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

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

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

Board Response: Regulations requiring cultural competency training as part of continuing education are part of the rulemaking discussed in Issue Five. As mentioned there, the Board's top regulatory priority has been to increase renewal fees to ensure solvency. Regarding regulatory changes as a whole: the Board's executive officer has worked closely with DCA's Regulatory Affairs Office and the Board's regulatory counsel to take stock of all pending rulemakings and develop a plan for successful implementation. This plan resulted in rulemakings being grouped into related categories, such as continuing education, to help each package move efficiently through the regulatory process. Rulemakings were also assigned priorities. The rulemaking on continuing competency and another rulemaking dealing with supervision standards are the Board's top regulatory priorities behind the fee increase. The Board expects to have an initial package for continuing education submitted to the Director in the first quarter of 2026/27 and effective no later

than the fourth quarter of that same year.

As mentioned in the background information for this issue, the Board plans to form an ad hoc committee to make an in-depth analysis of the workforce study's findings. The committee will search for possible actions the Board can take to address the projected shortage of OTAs in the workforce, in an effort to prevent consumer access issues to occupational therapy services.

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

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

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

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

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

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

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

Board Response: As of June 30, 2025, the Board reports the following number of licensed occupational therapists approved for advanced practices:

- Hand Therapy – 1,291
- Physical Agent Modalities – 2,340
- Swallowing Assessment, Evaluation, and Intervention – 911

It should be noted that some licensed OTs may have approval in more than one advanced practice area. Thus, the total number of OT licenses approved to provide advanced practice services is *no more than* 4,542 (approximately one third of the total population of licensed OTs).

The Board's strategy to review the consumer protection benefits of advanced practice approval began with tasking its Practice Committee with reviewing the current requirements for approval and comparing them with how the ACOTE education standards have evolved since 2001. At the time of writing, the Practice committee has reviewed and made recommendations to the Board on the necessity of approval requirements in both physical agent modalities and hand therapy.

BPC 2570.3(f) sets forth the areas of additional education an OT must satisfy for approval in PAMS as follows:

An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.*
- (2) Principles of chemistry and physics related to the selected modality.*
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.*
- (4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.*
- (5) Safety rules and precautions related to the selected modality.*
- (6) Methods for documenting immediate and long-term effects of treatment.*
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.*

The Practice Committee's review of the most recent ACOTE standards (effective 2025) found that new graduates were receiving education that covered all of the areas above. Therefore, the committee's recommendation to the Board was to eliminate the additional education requirements for those OTs having completed their degree programs under the new standards. The committee

also reviewed the number of supervised training hours required for PAMs approval, and recommended reducing from 240 to 40 hours for all OTs, regardless of when they completed their degree program. This recommendation was based on the time needed on average to provide a treatment considered to be PAMs and how many of those treatments could be done, on average, in 40 hours.

Areas of additional education required for hand therapy approval are set forth in BPC 2570.3(e), as follows:

An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that the occupational therapist has completed education and training in all of the following areas:

- (1) Anatomy of the upper extremity and how it is altered by pathology.*
- (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.*
- (3) Muscle, sensory, vascular, and connective tissue physiology.*
- (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.*
- (5) The effects of temperature and electrical currents on nerve and connective tissue.*
- (6) Surgical procedures of the upper extremity and their postoperative course.*

While the committee found that graduates under the new ACOTE standards were receiving education in most of these areas, they did not find evidence that area six, surgical procedures of the upper extremity and their postoperative course, was sufficiently addressed in the newest ACOTE standards. Hence, the committee's recommendation to the Board was to eliminate additional education in the other five areas for new graduates, but to maintain that those OTs still complete additional education in area six. Required supervised training hours were reduced for all OTs from 480 hours to 80 hours, following logic similar to that used when discussing PAMs.

Since this recommendation was made, OTAC has written a letter to ACOTE requesting the addition of education standards that would address content area six in the upcoming ACOTE standards. CBOT is appreciative of OTAC's request and is finalizing a letter to ACOTE in support.

The committee plans to review the ACOTE standards related to swallowing, evaluation, and intervention in 2026, and the Board will initiate a rulemaking to effect the recommended changes for all advanced practice areas once swallowing has been addressed.

At present, there is no sure timeline to phase out advanced practice approval requirements completely. Barriers to phasing out the requirements completely are below:

- A significant portion of OTs that did not complete their degree programs under the most recent ACOTE standards do not have advanced practice approval. Removing the requirements completely would allow for these practitioners to provide advanced practice services without any verification of their education and training.
- The Board currently indicates whether an OT has advanced practice approval on their

license verification search results. The Board feels that even new graduates need still apply for approval, so that it can provide this indicator on their license. This contributes to consumer protection by making it clear and transparent to consumers which licensees have demonstrated the necessary education and training to provide these services.

While BPC 2570.3 sets forth the subject areas for required education and training needed for advanced practice approval, CCR sections 4150, 4151, 4152, 4153, 4154, and 4155 establish the precise requirements for obtaining that education and training, as well as *how* an OT should demonstrate their education and training to the Board. For this reason, and because CBOT is not eliminating the approval requirements altogether, the Board does not feel that statutory change is needed at this time. In summary, the Board believes that regulatory change is the best course of action to achieve its goal of reducing advanced practice approval requirements and plans to initiate a rulemaking once it has fully explored the requirements for all advanced practice areas.

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

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

Capstone projects are developed through collaboration between the student, a doctoral-level faculty member, and a content expert. Prior to commencing the project, students must complete extensive preparation with their academic mentor, including a literature review, needs assessment, and defined project goal. Upon completion, students must disseminate their project and undergo a formal objective evaluation of their performance.

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

On pages 83 and 84 of their 2026 sunset report, the Board requested amendments to statute that recognize the role of doctoral capstone projects in the occupational therapy workforce, and that

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

clearly allow students to count doctoral capstone experience toward their required supervised clinical hours for licensure.

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

Board Response: The Board does not have data on how many licensees possess OTD degrees. While education is verified at the time of application for licensure, records only indicate whether that requirement has been met and not whether the applicant has an occupational therapy master's degree, or an OTD degree. Furthermore, there is no requirement for an OT that obtains a doctoral degree after initial licensure to report that to the Board.

The Board has proposed changes to BPC section 2570.4 that would recognize entry-level OTD degrees as a pathway to licensure. These changes would make clear that the OT Practice Act shall not prevent or restrict the practice, services, or activities of any person completing a supervised entry-level doctoral capstone experience. It is worth noting, however, that current licensees pursuing a post-professional doctoral degree are still subject to the Practice Act.

The Board is appreciative of the inclusion of these changes in Assembly Bill 2773.

The Board is making efforts to further recognize and support doctoral capstone projects through the rulemaking discussed in Issue Five, which would allow practitioners to earn continuing education credit for supervising doctoral capstone projects.

TECHNICAL ISSUES

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

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

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

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

Board Response: Several other DCA boards, including the Board of Behavioral Sciences, Medical Board, Dental Board, Physical Therapy Board, and Psychology Board, have added requirements to their laws that applicants, registrants, and licensees provide their respective

board with a current email address if they have one.

The Board believes such a requirement would be useful as well. It would allow the Board to communicate information about law changes to most of its licensee and registrant population (rather than hoping that they sign up for an email subscription or check the social media pages).

The Board respectfully proposes adding language to the Practice Act that would require applicants and licensees who have an email address to provide one to the Board. The language would prohibit the Board from disclosing these email addresses to the public.

The following language has been approved by the Board to enact such a change:

2570.40

(a) An applicant or licensee who has an electronic mail address shall provide the board with that electronic mail address no later than July 1, 2027. The electronic mail address shall be considered confidential and not subject to public disclosure.

(b) An applicant or licensee shall provide to the board any and all changes to their electronic mail address no later than 30 calendar days after the changes have occurred.

(c) The board shall, with each renewal application, remind licensees and registrants of their obligation to report and keep current their electronic mail address with the board.

The Board is appreciative of the inclusion of these changes in Assembly Bill 2773.

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

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

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

Board Response: The Board appreciates the inclusion of the previously mentioned technical changes included in AB 2773 and does not have any further technical edits to recommend.

CONTINUATION OF THE CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

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

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

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

Board Response: The Board is grateful to the Committee staff for their recommendation and to the Committees for the extension of the Board's Sunset date in AB 2773.



****DRAFT****

[Date]

The Honorable [Chair/Legislator Name]
[Committee Name]
California State Legislature
State Capitol
Sacramento, CA 95814

Re: AB 2773 (Committee on Business and Professions) – SUPPORT

Dear [Chair/Legislator Name]:

The California Board of Occupational Therapy (Board) is pleased to express its support for Assembly Bill 2773, as amended April 22, 2026. The Board protects consumers through the regulation of the occupational therapy profession by the appropriate licensure of qualified individuals and enforcement of the occupational therapy practice act.

AB 2773 extends the Board’s sunset date to January 1, 2031, allowing continued oversight of occupational therapy licensees and continued protection of California consumers. The bill also makes important updates to the Occupational Therapy Practice Act to strengthen public protection, ensure educational quality, and improve administrative efficiency

The bill modernizes and clarifies licensure pathways by:

- Requiring all educational institutions and occupational therapy programs to be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE);
- Recasting provisions to ensure that students, fieldwork participants, and doctoral capstone students may continue engaging in supervised learning experiences.

These updates align California law with current national professional standards and ensure that future licensees have robust, standardized training that supports safe, competent practice.

AB 2773 further improves administrative processes by:

- Authorizing reasonable fees for pocket cards, duplicate wall certificates, and license verification – each capped at \$50;
- Capping the limited permit fee at \$125, ensuring transparency and predictability for applicants;

- Requiring applicants and licensees to provide the Board with a confidential email address and to update any changes within 30 days, facilitating timely communication and regulatory compliance.

In addition, the bill modifies required Board meeting locations to ensure at least one meeting each year in both northern and southern California while maintaining at least three meetings annually, allowing greater geographic accessibility for stakeholders.

Collectively, these changes will help CBOT continue to uphold high standards in occupational therapy education and practice, support applicants and licensees, and protect consumers through more efficient regulatory processes.

Finally, the Board would like to express its appreciation for the opportunity to engage with the legislature through the sunset review process. The Board appreciates the extension of its sunset date to 2031 and the inclusion in the bill of changes to the Practice Act that were requested in its sunset report.

For these reasons, the California Board of Occupational Therapy is pleased to support AB 2773 and respectfully requests your “Aye” vote.

Sincerely,

Beata Morcos
Board President
California Board of Occupational Therapy

AGENDA ITEM 20

LEGISLATIVE UPDATE.

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

- ASSEMBLY BILL (AB) 54, KRELL. ACCESS TO SAFE ABORTION CARE ACT.
- AB 1558, ARAMBULA. UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT.
- AB 1767, BERMAN. DEPT. OF CONSUMER AFFAIRS: PUBLIC MEMBERS OF BOARDS: CONFLICTS OF INTEREST.
- AB 1775, WARD. VETERANS.
- AB 1979, BONTA. HEALTHCARE SERVICES: ARTIFICIAL INTELLIGENCE.
- AB 2140, JOHNSON, HEALING ARTS: REPORTS: CLAIMS AGAINST LICENSEES.
- AB 2551, ELHAWARY. HEALTH CARE COVERAGE.
- AB 2773. BOARD OF OCCUPATIONAL THERAPY: SUNSET BILL.
- SENATE BILL (SB) 903, PADILLA. MENTAL HEALTH PROFESSIONALS: ARTIFICIAL INTELLIGENCE.
- SB 980, HURTADO. ACCESS TO MEDICAL RECORDS.
- SB 1391, WAHAB. DEPT. OF CONSUMER AFFAIRS: RETIRED CATEGORY LICENSES.
- SB 1445. HEALING ARTS.

B. UPDATE ON CHAPTERED, VETOED, AND DEAD BILLS.

Bill text can be found at leginfo.ca.gov by searching the bill number.

California Board of Occupational Therapy
Legislative Update for the 2025 – 2026 Legislative Session as of May 11, 2026

PENDING BILLS

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
AB 54 Krell	<p>Access to safe abortion care act. This bill would reaffirm it is lawful for a person to deliver, mail, ship, take, receive, or transport into California any drug, medicine, or instrument that can produce an abortion. This bill would, retroactively to January 1, 2020, shield from civil or criminal liability, or professional disciplinary action, any manufacturer, distributor, authorized health care provider, pharmacist, or individual for mailing, distributing, or administering medication abortion in California.</p>		12.02.2024 – Read first time. 03.17.2025 – Amended in Assembly. 05.12.2025 – Passed Assembly and ordered to Senate. 07.01.2025 – Amended in Senate. 07.16.2025 – Re-referred to APPR. 09.10.2025 – Ordered to inactive file Sen. Umberg.	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New 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, February 2026	<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> <p>05.06.2026 Referred to Coms. on B. P. & E.D. and PUB. S.</p>		X
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>		
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>		

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
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>		
AB 1558 Arambula	<p>Uniform Emergency Volunteer Health Practitioners Act. This bill would establish a volunteer health practitioner registration system overseen in this state by the Emergency Medical Services Authority that would facilitate registered out-of-state volunteer health practitioners practicing in California without a California license. The relevant boards may restrict the services that may be provided by such volunteers. Boards may also impose administrative sanctions both on California licensees volunteering in other states and out-of-state volunteers practicing in this state.</p>		<p>1.08.26 – Read first time. To print.</p> <p>03.16.2026 – Referred to committee on HEALTH.</p> <p>4.22.26 – Re-referred to Com. on APPR.</p> <p>05.06.2026 – Referred to APPR. suspense file.</p>	X	X
AB 1767 Berman	<p>Department of Consumer Affairs: public members of boards: conflicts of interest. Existing law prohibits a public member of a board from being a current or past licensee of that board or a close family member of a licensee of that board. This bill would define “close family member” for purposes of that provision to mean a parent, stepparent, sibling, child by blood, adoption, or marriage, spouse, domestic partner, cohabitant, stepchild, immediate in-law, aunt, uncle, first cousin, grandparent, or grandchild.</p>		<p>02.09.2026 – Read first time.</p> <p>04.16.2026 – Passed Assembly. Ordered to Senate.</p> <p>05.06.2026 – Referred to Com. On B. P. & E.D.</p>	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
AB 1775 Ward, Addis, Pellerin	<p>Veterans. This bill would restore benefits and status to veterans who discharged from the armed services solely as a result of Executive Order No. 14183 issued on January 27, 2025. For the Department of Consumer Affairs, this would primarily affect licensure expediting.</p>		<p>02.09.2026 – Read first time.</p> <p>04.22.2026 – Referred to APPR. suspense file.</p>	X	X
AB 1979 Bonta	<p>Health care services: artificial intelligence. This bill would require specified health facilities, including physician’s offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.</p>		<p>02.13.2026 – Read first time.</p> <p>03.16.2026 – Amended in Assembly</p> <p>03.19.2026 – Amended in Assembly.</p> <p>04.09.2026 – Amended in Assembly.</p> <p>04.22.2026 – Re-referred to APPR.</p> <p>04.23.2026 – Amended in Assembly.</p> <p>04.27.2026 – Re-referred to APPR.</p>	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
AB 2140 Johnson	<p>Healing arts: reports: claims against licensees Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 or more than \$500, as specified.</p>		<p>2.18.26 – Read first time. To print.</p> <p>03.02.2026 – Referred to committee on B. & P.</p> <p>4.10.26 - In committee: Set, first hearing. Hearing canceled at the request of author.</p>	X	X
AB 2551 Elhawary	<p>Health care coverage. This bill expands existing healing arts boards' workforce data reporting requirements to include whether a licensee or registrant contracts with a health plan insurer to provide services. Additionally, this bill would require health plans and insurers to collect information and report on the number of enrollees and insured seeking out-of-network behavioral health care.</p>		<p>02.20.2026 – Read first time.</p> <p>03.19.2026 – Amended and re-referred to committee on HEALTH.</p> <p>04.22.2026 – Referred to APPR. suspense file.</p>	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
AB 2773 B.& P. Com.	<p>Board of occupational therapy: sunset bill.</p> <p>This bill would extend the provision establishing the board to January 1, 2031, and would, instead, require the board to meet at least 3 times a year, meeting at least once each calendar year in northern California and once each calendar year in southern California. This bill would require an applicant or licensee to provide the board with their electronic mail address and would require the board to remind licensees and applicants of their obligation to report and keep current their electronic mail address, as provided. This bill would limit the limited permit fee to \$125 and would require the board to establish a license fee for a pocket card, a duplicate wall certificate, and a letter of good standing, endorsements, or verification of licensure, as provided. The bill would specify that certain provisions do not prevent or restrict the practice, services, or activities of any person completing a supervised entry-level doctoral capstone experience, as provided.</p>		02.23.2026 – Read first time. 03.16.2026 – Referred to Committee on B. & P. 04.16.2026 – Amended in Assembly. 04.22.2026 – Amended in Assembly. 04.23.2026 – Re-referred APPR. 05.06.2026 – Referred to APPR. suspense file.	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
SB 903 Padilla, Rubio	<p>Mental health professionals: artificial intelligence. The bill would establish guidelines for the appropriate use of artificial intelligence (AI) in the provision of psychotherapy services. This bill would create disclosure requirements for the use of AI and prohibit the use of AI for specified actions. This bill would authorize the appropriate healing arts boards to develop regulations to implement this bill, and authorize these boards to enforce the provisions of this bill.</p>	Watch – February 2026	<p>Introduced – 01.21.26</p> <p>04.07.2026 – Amended in Senate.</p> <p>04.21.2026 – Re- referred to APPR.</p> <p>5.04.26 – May 4 hearing. Placed in APPR. suspense file.</p>	X	X
SB 980 Hurtado	<p>Access to medical records. Existing law requires a health care provider, as defined, to provide a patient or the patient’s representative with all or any part of the patient’s medical records that the patient has a right to inspect, subject to the payment of clerical costs incurred in locating and making the records available, following a written request from the patient. Existing law entitles a patient, employee of a nonprofit legal services entity representing the patient, or the personal representative of a patient, to a copy, at no charge, of the relevant portion of the patient’s records upon written request. Existing law also prohibits a health care provider from charging a fee to a patient for filling out forms or providing information responsive to forms that support a claim or appeal regarding eligibility for a public benefit program. This bill would additionally prohibit a health care provider from charging a fee to a patient for completing health-related forms required by an educational institution <i>or childcare provider</i> for a pupil’s participation in school, child care, <i>childcare</i>, or school-sponsored activities. By expanding the requirements on health care providers and thereby expanding a crime, this bill would create a state-mandated local program.</p>		<p>02.04.26 – Introduced.</p> <p>03.16.2026 – Amended in Senate.</p> <p>04.13.2026 – Set for hearing April 22.</p> <p>04.16.26 – April 22 set for first hearing canceled at the request of author.</p>	X	X

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
SB 1391 Wahab	<p>Department of Consumer Affairs: retired category licenses. This bill would require a board that offers a retired category of licensure to disclose that information on its internet website.</p>		<p>02.20.2026 – Introduced.</p> <p>04.16.2026 – Passed Senate. Ordered to Assembly.</p> <p>05.04.2026 – Referred to Com. On B. & P.</p>	X	X
SB 1445	<p>Healing arts. This is the omnibus bill for the Senate Business, Professions, and Economic Development Committee. This bill would make technical and clarifying changes to the practice acts of various boards and bureaus within the Department of Consumer Affairs.</p>		<p>03.17.2026 – Read first time.</p> <p>04.20.2026 – Passed B. P. & E.D., re-referred to APPR.</p> <p>05.05.2026 – Ordered to consent calendar.</p>	X	X

CHAPTERED BILLS

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New 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>Effective 01.01.26</p>		

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New 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>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>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>Effective 01.01.26</p>		

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New 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>		10.13.25 – Chaptered by Secretary of State. Effective 01.01.26		

VETOED/DEAD BILLS

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New 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> <p>2.02.26 – From committee: Filed with the Chief Clerk pursuant to Joint Rule 56.</p>		
AB 742 Elhawary	<p>Department of Consumer Affairs: licensing: applicants who are descendants of slaves. 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. 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 – Consideration of veto stricken from file.</p>		

Bill # Author	Summary	Board Position/ Date Taken	Status	New Text?	New Status?
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>9.23.25 – Enrolled and presented to Governor.</p> <p>10.13.25 – Vetoed by Gov. In Senate. Consideration of Governor’s veto pending.</p> <p>3.02.26 – Stricken from file. Veto sustained.</p>		X

AGENDA ITEM 21

EXECUTIVE OFFICER'S REPORT.

INCLUDES THE FOLLOWING:

- 21.1 ADMINISTRATIVE UPDATE INCLUDING INFORMATION ON THE BOARD'S BUDGET, PERSONNEL, BREEZE.
- 21.2 LICENSING UNIT DATA.
- 21.3 ENFORCEMENT UNIT DATA.



MEMORANDUM

DATE	May 14, 2026
TO	Board of Occupational Therapy Members
FROM	Austin Porter, Executive Officer Board of Occupational Therapy
SUBJECT	Administrative Summary

Budget Update

Fiscal Month (FM) 9 Revenue and Expenditure Reports

- Current year to date revenue earned: \$2,802,930
- Current year to date expenditures plus encumbrances: \$2,249,147

Fund Condition Statement (FCS) Based on FM 9

The provided fund condition statement shows projected months in reserve for the next four fiscal years based on the Board's projected revenue from increased fees becoming effective on July 1, 2026. The FCS indicates steady growth in reserves, reaching 8.8 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

At the February meeting, staff reported one vacant position in the Licensing and Administration Unit at the Analyst I level. This position remains vacant as staff works with DCA's Office of HR to update the duty statement prior to posting.

Technology (BreEZe) Update

The following changes have been made to the Board's BreEZe implementation to be current with recent regulatory changes to CCR Sections 4110 – 4114.

- License Application Transactions now expire after one year.
- Initial License Fee Payment Transactions now expire after 90 days.
- Limited Permit Application Fee Payment Transactions now expire after 30 days.

An issue with BreEZe was recently encountered that prevented a person that previously held a CA OT/OTA license from applying for a Temporary Military Spouse OT/OTA license. This behavior has been fixed so that a person whose CA OT/OTA license has cancelled, expired, or been retired can apply for Temporary Military Spouse Licensure.

CBOT Revenue Report

Fiscal Year: 2025-2026

FM 9

	March 2026	YTD
Delinquent Fees	\$5,940	\$41,960
Delinquent Renewal OT	\$4,995	\$33,140
Delinquent Renewal OTA	\$945	\$8,820
Other Regulatory Fees	\$7,885	\$41,034
Citation Fines	\$7,085	\$33,958
Duplicate License OT	\$675	\$5,175
Duplicate License OTA	\$125	\$900
FTB Cite Fine Collection	\$0	\$1,001
Over/Shorts Fees Misc	\$0	\$1
Other Regulatory License and Permits	\$41,158	\$337,507
Initial License OT	\$23,032	\$215,754
Initial License OTA	\$6,726	\$39,436
Limited Permit OT	\$100	\$2,400
Limited Permit OTA	\$0	\$700
Retired Status OT	\$200	\$2,150
Retired Status OTA	\$50	\$475
Application Fee OT	\$7,300	\$60,100
Application Fee OTA	\$3,750	\$16,350
Refunded Reimbursements	\$0	-\$392
Suspended Revenue	\$0	\$685
Prior Year Revenue Adjustment	\$0	-\$151
Other Revenue	\$2,524	\$59,102
Misc Serv To Public General	\$2,450	\$18,095
Investment Income - Surplus Money Investments	\$0	\$40,540
Canceled Warrants Revenue	\$74	\$442
Dishonored Check Fee	\$0	\$25
Renewal Fees	\$250,860	\$2,323,327
Renewal OT	\$204,660	\$1,902,907
Renewal OTA	\$39,690	\$365,535
Restore License To Active OT	\$540	\$2,430
Restore License To Active OTA	\$210	\$420
Inactive Renewal OT	\$5,130	\$40,905
Inactive Renewal OTA	\$630	\$11,130
TOTAL Revenue	\$308,367	\$2,802,930
Scheduled Reimbursements	\$3,773	\$25,431
Fingerprint Reports	\$3,773	\$25,431
Unscheduled Reimbursements	\$3,593	\$23,892
US Cost Recovery	\$3,593	\$23,892
TOTAL Reimbursements	\$7,366	\$49,323

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 9

PERSONAL SERVICES					
	Budget	March 2026	YTD	Encumb	YTD + Encumb
5100 PERMANENT POSITIONS	\$1,123,000	\$96,978	\$839,147	\$0	\$839,147
Earnings - Permanent Civil Service Employee	\$1,016,000	\$88,095	\$759,466	\$0	\$759,466
Earnings - Exempt/Statutory Employee	\$107,000	\$8,882	\$79,681	\$0	\$79,681
5100 TEMPORARY POSITIONS	\$4,000	\$3,244	\$30,358	\$0	\$30,358
Temp Help	\$4,000	\$3,244	\$30,358	\$0	\$30,358
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$20,000	\$1,600	\$7,057	\$0	\$7,057
Bd/Commission Mbrs (901, 920)	\$20,000	\$1,600	\$3,700	\$0	\$3,700
OT Earn Oth than to Temp Help	\$0	\$0	\$3,357	\$0	\$3,357
5150 STAFF BENEFITS	\$746,000	\$55,994	\$487,605	\$0	\$487,605
Dental Insurance	\$2,000	\$537	\$4,767	\$0	\$4,767
Disability Leave - Nonindustri	\$2,000	\$0	\$0	\$0	\$0
Employee Assistance PGM Fee	\$0	\$23	\$175	\$0	\$175
Health Insurance	\$281,000	\$12,003	\$102,515	\$0	\$102,515
Life Insurance	\$0	\$20	\$180	\$0	\$180
Medicare Taxation	\$7,000	\$1,451	\$12,450	\$0	\$12,450
OASDI	\$88,000	\$5,979	\$51,301	\$0	\$51,301
Retirement - General	\$339,000	\$30,205	\$261,567	\$0	\$261,567
Unemployment Insurance	\$3,000	\$0	\$0	\$0	\$0
Vision Care	\$1,000	\$113	\$972	\$0	\$972
Workers' Compensation	\$23,000	\$0	\$0	\$0	\$0
SCIF Allocation Cost	\$0	\$1,782	\$17,823	\$0	\$17,823
Other Post-Employment Benefits	\$0	\$0	\$2,455	\$0	\$2,455
Staff Benefits - Other	\$0	\$3,880	\$33,400	\$0	\$33,400
TOTAL PERSONAL SERVICES	\$1,893,000	\$157,816	\$1,364,168	\$0	\$1,364,168

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 9

OPERATING EXPENSES & EQUIPMENT					
	Budget	March 2026	YTD	Encumb	YTD + Encumb
5301 GENERAL EXPENSE	\$73,000	\$2,149	\$21,792	\$6,030	\$27,822
Admin OH-Other State Agencies	\$0	\$0	\$3,308	\$0	\$3,308
Fingerprint Reports	\$22,000	\$1,617	\$12,849	\$0	\$12,849
Conferences	\$0	\$0	\$316	\$0	\$316
Freight and Drayage	\$0	\$532	\$1,147	\$1,853	\$3,000
Goods - Other	\$51,000	\$0	\$1,198	\$4,177	\$5,375
Library Pur excl UC/CSUC/Oth E	\$0	\$0	\$13	\$0	\$13
Office Supplies - Misc	\$0	\$0	\$2,961	\$0	\$2,961
5302 PRINTING	\$35,000	\$0	\$6,409	\$12,341	\$18,750
Office Copiers - Maintenance	\$0	\$0	\$921	\$1,299	\$2,220
Pamphlets, Leaflets, Brochures	\$0	\$0	\$3,369	\$11,043	\$14,412
Photocopy Paper	\$0	\$0	\$2,118	\$0	\$2,118
Printing - Other	\$35,000	\$0	\$0	\$0	\$0
5304 COMMUNICATIONS	\$14,000	\$0	\$2,082	\$0	\$2,082
Central Communication - CALNET	\$0	\$0	\$90	\$0	\$90
Telephone Services	\$0	\$0	\$1,992	\$0	\$1,992
Communications - Other	\$14,000	\$0	\$0	\$0	\$0
5306 POSTAGE	\$18,000	\$0	\$7,071	\$0	\$7,071
DCA Postage Allo	\$0	\$0	\$7,071	\$0	\$7,071
Postage - Other	\$18,000	\$0	\$0	\$0	\$0

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 9

	Budget	March 2026	YTD	Encumb	YTD + Encumb
53202-204 IN STATE TRAVEL	\$25,000	\$3,151	\$10,021	\$0	\$10,021
Travel-In State-Per Diem Lodgi	\$0	\$0	\$2,649	\$0	\$2,649
Travel-In State-Per Diem Meals	\$0	\$102	\$936	\$0	\$936
Travel-In State-Per Diem Other	\$0	\$0	\$77	\$0	\$77
Travel-In St-Trav Agcy Mgt Fee	\$0	\$30	\$70	\$0	\$70
CalATERS Service Fee	\$0	\$0	\$24	\$0	\$24
Travel-In State-Commercial Air	\$0	\$2,326	\$4,394	\$0	\$4,394
Lyft-Transportation Network Co	\$0	\$34	\$34	\$0	\$34
Uber-Transportation Network Co	\$0	\$45	\$225	\$0	\$225
Other-Transportation Network	\$0	\$125	\$125	\$0	\$125
Travel - In State -Private Car	\$0	\$0	\$720	\$0	\$720
Travel - In State - Rental Car	\$0	\$489	\$767	\$0	\$767
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	\$12,278	\$110,039	\$35,924	\$145,963
Facilities Operations	\$18,000	\$0	\$0	\$0	\$0
Facilities Planning -Gen Svcs	\$0	\$464	\$3,714	\$0	\$3,714
Rents and Leases	\$129,000	\$0	\$0	\$0	\$0
Rent -Bldgs&Grounds(Non State)	\$0	\$11,814	\$106,325	\$35,924	\$142,249

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 9

	Budget	March 2026	YTD	Encumb	YTD + Encumb
53402-53403 C/P SERVICES (INTERNAL)	\$243,000	\$22,444	\$147,492	\$0	\$147,492
Administrative	\$0	\$0	\$24	\$0	\$24
Legal - Attorney General	\$197,000	\$12,807	\$116,676	\$0	\$116,676
Office of Adminis Hearings	\$46,000	\$9,637	\$30,792	\$0	\$30,792
53404-53405 C/P SERVICES (EXTERNAL)	\$76,000	\$511	\$6,055	\$1,000	\$7,055
Administrative	\$0	\$0	\$0	\$1,000	\$1,000
Subject Matter Experts	\$0	\$150	\$1,444	\$0	\$1,444
Legal - Witness Fees	\$7,000	\$0	\$0	\$0	\$0
Consult & Prof Svcs Extern Oth	\$62,000	\$361	\$361	\$0	\$361
Court Reporter Servs	\$7,000	\$0	\$4,250	\$0	\$4,250
5342 DEPARTMENT PRORATA	\$660,000	\$0	\$501,750	\$0	\$501,750
Division of Investigation DOI	\$10,000	\$0	\$6,750	\$0	\$6,750
Consumer Client Servs Div CCSD	\$650,000	\$0	\$495,000	\$0	\$495,000
5342 DEPARTMENTAL SERVICES	\$0	\$0	\$372	\$0	\$372
Departmental Services - Other	\$0	\$0	\$372	\$0	\$372
5344 CONSOLIDATED DATA CENTERS	\$14,000	\$0	\$0	\$0	\$0
Consolidated Data Centers	\$14,000	\$0	\$0	\$0	\$0
5346 INFORMATION TECHNOLOGY	\$4,000	\$1,196	\$13,097	\$785	\$13,882
IT Services - Software Maint	\$0	\$0	\$1,177	\$0	\$1,177
IT Services - Subscription	\$0	\$611	\$4,856	\$0	\$4,856
IT Svcs-Oth(Security/Archival)	\$0	\$38	\$964	\$0	\$964
Internet Service	\$0	\$546	\$4,372	\$0	\$4,372
IT Supplies (Paper, Toner, etc	\$0	\$0	\$1,729	\$785	\$2,514
Information Technology - Other	\$4,000	\$0	\$0	\$0	\$0

CBOT Expenditure Report

Fiscal Year: 2025 - 2026

FM: 9

	Budget	March 2026	YTD	Encumb	YTD + Encumb
5362-5368 EQUIPMENT	\$11,000	\$0	\$408	\$1,415	\$1,822
Computers & Computer Equipment	\$0	\$0	\$408	\$0	\$408
Office Equipment	\$11,000	\$0	\$0	\$0	\$0
Software	\$0	\$0	\$0	\$1,415	\$1,415
5390 OTHER ITEMS OF EXPENSE	\$0	\$0	\$897	\$0	\$897
Other Special Items of Expense	\$0	\$0	\$897	\$0	\$897
OPERATING EXPENSES & EQUIPMENT	\$1,329,000	\$41,729	\$827,485	\$57,494	\$884,979
OVERALL TOTAL EXPENDITURES	\$3,222,000	\$199,545	\$2,191,652	\$57,494	\$2,249,147

3017 - Board of Occupational Therapy Fund
Analysis of Fund Condition
(Dollars in Thousands)
2026-27 Governor's Budget with FM 9 Projections

Prepared 05.11.2026

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
BEGINNING BALANCE				
Prior Year Adjustment	\$ 11	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,516	\$ 1,433	\$ 1,495	\$ 1,962
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 51	\$ 52	\$ 65	\$ 65
4127400 - Renewal fees	\$ 2,657	\$ 2,787	\$ 3,302	\$ 3,302
4129200 - Other regulatory fees	\$ 86	\$ 59	\$ 65	\$ 65
4129400 - Other regulatory licenses and permits	\$ 412	\$ 430	\$ 437	\$ 437
4143500 - Miscellaneous Services to the Public	\$ 29	\$ 25	\$ 32	\$ 32
4163000 - Income from surplus money investments	\$ 84	\$ 43	\$ 37	\$ 34
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ 1	\$ 1	\$ 1
Totals, Revenues	\$ 3,320	\$ 3,397	\$ 3,939	\$ 3,936
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 3,320	\$ 3,397	\$ 3,939	\$ 3,936
TOTAL RESOURCES	\$ 4,836	\$ 4,830	\$ 5,434	\$ 5,898
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 3,189	\$ 3,114	\$ 3,219	\$ 3,316
9892 Supplemental Pension Payments (State Operations)	\$ 2	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 212	\$ 221	\$ 253	\$ 253
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 3,403	\$ 3,335	\$ 3,472	\$ 3,569
FUND BALANCE				
Reserve for economic uncertainties	\$ 1,433	\$ 1,495	\$ 1,962	\$ 2,329
Months in Reserve	5.2	5.2	6.6	7.6

NOTES:

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

CA Board of Occupational Therapy
Applications Data: Jan 1, 2026 – Mar 31, 2026

Transaction Type	Jan		Feb		Mar		Total Received 3Q	Total Approved 3Q	Average Received per Month	Average Approved per Month
	Received	Approved	Received	Approved	Received	Approved	Received	Approved	Received	Approved
OT License Apps	119	99	126	100	143	115	388	314	129	105
OT License Issued	107	107	97	97	113	110	317	314	106	105
OT LP Apps	4	3	2	2	2	1	8	6	3	2
OT LP Issued	2	1	1	2	1	1	4	4	1	1
OTA License Apps	27	20	32	25	77	32	136	77	45	26
OTA License Issued	22	21	25	26	35	35	82	82	27	27
OTA LP Apps	1	0	1	2	1	0	3	2	1	1
OTA LP Issued	0	0	1	1	0	0	1	1	0	0
A/P – Hand Therapy	4	2	2	3	10	1	16	6	5	2
A/P – PAMs	11	5	7	7	17	4	35	16	12	5
A/P - Swallowing	2	3	3	5	1	4	6	12	2	4
Duplicate Wall	4	4	2	2	5	5	11	11	4	4
Pocket License	20	20	26	26	35	25	81	71	27	24
Set Inactive to Active	1	1	2	1	6	3	9	5	3	2
Name Changes	36	34	30	31	41	33	107	98	36	33
Address Changes	243	243	190	190	256	256	689	689	230	230
Verifications	57	54	49	43	79	57	185	154	62	51
Set to Retired	15	15	9	11	9	9	33	35	11	12
Set Retired to Active	2	2	0	0	3	3	5	5	2	2
Totals	677	634	605	574	834	694	2116	1902	705	634
Transaction Type	Jan	Feb	Mar	Total Approved 3Q	Average Approved per Month					
OT Renewals	785	628	767	2180	727					
OTA Renewals	206	145	188	539	180					
Totals	991	773	955	2,719	906					

CBOT CASES/COMPLAINTS DATA

January 1, 2026 – March 31, 2026

CATEGORY	QUANTITY
<i>Total Complaints Opened/Received:</i>	160
Conviction/Arrest Investigations:	20
Complaints Opened/Received:	140
Petition for Reinstatement Received:	0
Applications Denied per BPC 480:	0
<i>Complaints Closed:</i>	144
<i>Total Complaints/Cases Pending:</i>	692
DOI Investigations Initiated:	2
DOI Investigation Reports Received:	4
<i>DOI Investigations Pending:</i>	7
Cases Transmitted to AGO:	2
Statement of Issues Filed:	0
Accusations Filed:	1
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:	1
Case(s) Dismissed:	0
<i>Total Cases Pending at Office of the Attorney General</i>	19
Cease Practice Order(s) Issued:	0
Cease Practice Order(s) Lifted:	0
<i>Final Decisions Effective:</i>	8

OT CITATIONS

January 1, 2026 - March 31, 2026

#	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	1	0	0	0	\$300.00	\$0.00	\$300.00	01/08/26	0	0	0	0	0	01/08/26	1	\$300.00	\$0.00
1	0	0	1	0	0	0	\$700.00	\$0.00	\$700.00	01/13/26	0	0	0	0	0	02/02/26	1	\$700.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	01/13/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/14/26	0	0	0	0	0	01/17/26	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/14/26	1	1	0	0	1	01/15/26	1	\$85.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	01/14/26	1	0	0	0	0		0	\$0.00	\$600.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	01/14/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	1	0	0	0	\$600.00	\$0.00	\$600.00	01/14/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/15/26	1	0	0	0	0	02/05/26	1	\$85.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	01/15/26	1	0	0	0	0	02/12/26	1	\$600.00	\$0.00
1	0	0	0	1	0	0	\$600.00	\$0.00	\$600.00	01/20/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/22/26	0	0	0	0	0	02/02/26	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/22/26	0	0	0	0	0	01/29/26	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	02/12/26	0	0	0	0	0	03/12/26	1	\$85.00	\$0.00
1	0	0	0	1	0	0	\$100.00	\$0.00	\$100.00	02/12/26	0	0	0	0	0		0	\$0.00	\$100.00
1	1	0	0	0	0	0	\$600.00	\$600.00	\$0.00	02/12/26	1	1	1	0	1		0	\$0.00	\$0.00
1	0	0	1	0	0	0	\$300.00	\$0.00	\$300.00	02/17/26	0	0	0	0	0	03/18/26	1	\$300.00	\$0.00
1	0	0	1	0	0	0	\$300.00	\$0.00	\$300.00	02/17/26	0	0	0	0	0	02/28/26	1	\$300.00	\$0.00
1	0	0	0	1	0	0	\$100.00	\$0.00	\$100.00	02/18/26	0	0	0	0	0	03/05/26	1	\$100.00	\$0.00
1	0	0	1	0	0	0	\$150.00	\$0.00	\$150.00	02/18/26	0	0	0	0	0	03/06/26	1	\$150.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	02/19/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	1	0	0	0	\$300.00	\$0.00	\$300.00	02/20/26	0	0	0	0	0	02/23/26	1	\$300.00	\$0.00
1	0	0	1	0	0	0	\$700.00	\$0.00	\$700.00	02/23/26	0	0	0	0	0	03/26/26	1	\$700.00	\$0.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	02/25/26	0	0	0	0	0		0	\$0.00	\$225.00
1	0	0	1	0	0	0	\$1,600.00	\$0.00	\$1,600.00	03/04/26	0	0	0	0	0	03/18/26	1	\$1,600.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	03/05/26	1	1	0	0	0		0	\$0.00	\$600.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	03/05/26	1	0	0	0	0		0	\$0.00	\$600.00

OT CITATIONS

January 1, 2026 - March 31, 2026

1	0	0	1	0	0	0	\$400.00	\$0.00	\$400.00	03/05/26	0	0	0	0	0	03/13/26	1	\$400.00	\$0.00
1	0	0	0	1	0	0	\$50.00	\$0.00	\$50.00	03/06/26	0	0	0	0	0	03/13/26	1	\$50.00	\$0.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	03/11/26	0	0	0	0	0	03/18/26	1	\$225.00	\$0.00
1	0	0	1	0	0	0	\$600.00	\$0.00	\$600.00	03/11/26	0	0	0	0	0	03/22/26	1	\$600.00	\$0.00
1	0	0	1	0	0	0	\$225.00	\$0.00	\$225.00	03/23/26	0	0	0	0	0	03/30/26	1	\$225.00	\$0.00
1	0	0	1	0	0	0	\$300.00	\$0.00	\$300.00	03/23/26	0	0	0	0	0	04/09/26	1	\$300.00	\$0.00
33	8	0	15	4	6	0	\$13,085.00	\$600.00	\$12,485.00		12	3	1	0	2		22	\$7,360.00	\$5,125.00

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.)

OTA CITATIONS

January 1, 2026 - March 31, 2026

#	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	1	0	0	0	0	0	\$600.00	\$600.00	\$0.00	01/14/26	1	0	0	0	1		0	\$0.00	\$0.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	01/15/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/22/26	0	0	0	0	0	02/20/26	1	\$85.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	01/22/26	0	0	0	0	0	02/02/26	1	\$85.00	\$0.00
1	0	0	0	1	0	0	\$300.00	\$0.00	\$300.00	02/12/26	0	0	0	0	0		0	\$0.00	\$300.00
1	0	0	0	0	0	1	\$700.00	\$0.00	\$700.00	02/18/26	0	0	0	0	0	03/18/26	1	\$700.00	\$0.00
1	0	0	0	0	1	0	\$85.00	\$0.00	\$85.00	02/18/26	1	0	0	0	0		0	\$0.00	\$85.00
1	0	0	0	1	0	0	\$75.00	\$0.00	\$75.00	02/25/26	0	0	0	0	0		0	\$0.00	\$75.00
1	0	0	0	1	0	0	\$100.00	\$0.00	\$100.00	02/25/26	0	0	0	0	0	02/28/26	1	\$100.00	\$0.00
1	0	1	0	0	0	0	\$600.00	\$0.00	\$600.00	02/25/26	1	0	0	0	0		0	\$0.00	\$600.00
1	0	0	1	0	0	0	\$300.00	\$0.00	\$300.00	03/05/26	0	0	0	0	0		0	\$0.00	\$300.00
1	0	0	0	0	1	0	\$150.00	\$0.00	\$150.00	03/11/26	1	0	0	0	0		0	\$0.00	\$150.00
1	1	0	0	0	0	0	\$600.00	\$0.00	\$600.00	03/20/26	1	1	0	0	0		0	\$0.00	\$600.00
13	3	1	1	3	4	1	\$4,280.00	\$600.00	\$3,680.00		6	1	0	0	1		4	\$970.00	\$2,710.00

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
06/20/2024	2022-150	ACC	Stipulated settlement was considered at the 11/06/2025 Board meeting and was not adopted. Revised settlement pending vote.
06/24/2024	2023-423	ACC	Hearing set for July 1, 2026.
07/02/2024	2023-271	ACC	Stipulated settlement was considered at the 11/06/2025 Board meeting and was not adopted. Hearing set for October 5, 2026.
08/05/2024	2023-102	ACC	Hearing set for August 4 - 6, 2026.
08/06/2024	2023-504	ACC	Stipulated settlement was considered at the 11/06/2025 Board meeting and was not adopted. Revised settlement pending vote.
09/12/2024	2022-287	ACC	Stipulated settlement was considered at the 11/06/2025 Board meeting and was not adopted.
03/24/2025	2025-399	ACC	Accusation served on March 20, 2026. Notice of defense received April 1, 2026.
04/01/2025	2025-596	ACC	Hearing set for July 2, 2026.
05/02/2025	2025-590	ACC	Hearing set for August 19, 2026.
07/21/2025	2024-410	CIT	Proposed Decision received; decision pending Board vote.
09/12/2025	2025-982	Pet. For Rein.	Decision received from ALJ March 24, 2026; decision pending Board vote.
09/18/2025	2026-274	ACC	Hearing set for July 13, 2026.
09/23/2025	2023-230	ACC	Accusation filed on February 4, 2026; hearing date pending.

Date Transmitted	Complaint Number	Case Type	Case Status
10/22/2025	2025-764	ACC	Hearing set for September 3, 2026.
01/07/2026	2025-891	ACC	Case Acknowledgement 1/26/2026; waiting for accusation.
03/06/2026	2026-305	ACC	Case Acknowledgement 3/6/2026; waiting for accusation.
04/08/2026	2025-844	ACC	Case Acknowledgement 4/9/2026.

LICENSEES CURRENTLY ON PROBATION

NAME	LICENSE #	LENGTH OF PROBATION	EFFECTIVE DATE
Apolinario, Karen	OT 3982	3 years	12/26/2024
Asumbrado, Erin	OT 1204	3 years	01/01/2026
Bennett, Amy	OT 15966	3 years	12/26/2025*
Caro, Tabitha	OTA 5002	3 years	11/27/2023
Chase, Natalie	OT 21395	1 year	03/14/2026
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
Galo, Dunia	OTA 6065	3 years	03/14/2026*
Gould, Alexandra	OTA 4530	3 years	01/01/2026
Heng, Sonny	OT 18476	3 years	11/03/2021*
Hickam, Tracy	OT 5129	3 years	12/18/2024*
Hunsberger, Ashley	OT 15646	5 years	03/20/2026
Jaghlussian, 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*
Keyser, Monica	OT14391	3 years	04/08/2026
Moening, Heather	OTA 2547	3 years	12/18/2024*
Pheugphoonphol, Diana	OT 9952	3 years	03/19/2026
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*
Thamm, Valerie	OTA 1367	3 years	01/28/2026
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 04/30/2026