Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 2497 Johnson – As Amended April 20, 2026

SUBJECT: Physical therapists.

SUMMARY: Authorizes physical therapists (PTs) to diagnose conditions of the movement system, deletes the 45-day, 12-visit limitation on direct access of PT services, authorizes PTs to order imaging and studies for interpretation by other licensed health care professionals, clarifies that PTs may perform and interpret musculoskeletal ultrasound imaging, authorizes PTs to penetrate tissue using electrode and solid filiform needles to evaluate and treat the musculoskeletal system, increases the number of physical therapist assistants (PTAs) a PT can supervise from two to three, deletes the requirement for electromyographical certification, and revises and recasts the definitions relating to the practice of physical therapy.

EXISTING LAW:

1) Regulates the practice of medicine under the Medical Practice Act and establishes the Medical Board of California (MBC) to administer and enforce the act. (Business and Professions Code (BPC) §§ 2000-2529.6)

2) Makes it a crime for any person who practices or attempts to practice, or who advertises or holds themselves out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without a physician's and surgeon's license or other authorized license. (BPC § 2052(a))

3) Regulates the practice of physical therapy under the Physical Therapy Practice Act and establishes the PTBC to administer and enforce the act. (BPC §§ 2600-2696)

4) Specifies the following aspects of the practice of physical therapy:

    a) Defines "physical therapy" as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise and includes evaluation, treatment planning, instruction and consultative services.

    b) Includes within the practice of physical therapy the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions.

    c) Excludes from the practice of physical therapy the use of roentgen rays and radioactive materials for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the diagnosis of disease. (BPC § 2620(a))

5) Authorizes a person to access physical therapy treatment directly with a PT for 45 calendar days or 12 visits, whichever occurs first, after which the patient must obtain physician or podiatrist signed and dated approval on the PT's plan of care, as specified. (BPC § 2620.1)

6) Authorizes a PT to perform tissue penetration for the purpose of evaluating neuromuscular performance if: (1) specifically authorized by a physician and surgeon, (2) certified by the PTBC to do so, and (3) the PT does not develop or make diagnostic or prognostic interpretations of the data obtained. (BPC § 2620.5)

7) Prohibits a PT from supervising more than two PTAs at one time. (BPC § 2622(b))

8) Authorizes a PT who has received a doctoral degree in physical therapy or a doctoral degree in a related health science, as specified, to use the title "doctor" in combination with (1) the appropriate degree initials in written communication or (2) spoken specification that they are a PT. (BPC § 2633)

9) Regulates the practice of pharmacy under the Pharmacy Law and establishes the California State Board of Pharmacy to administer and enforce the act. (BPC §§ 4000-4427.8)

10) Defines "device" as any instrument, apparatus, machine, implant, in vitro reagent, or contrivance, including its components, parts, products, or the byproducts of a device, and accessories that are used or intended for (1) use in the diagnosis, cure, mitigation, treatment, or prevention of disease in a human or any other animal or (2) to affect the structure or any function of the body of a human or any other animal, excluding contact lenses, or any prosthetic or orthopedic device that does not require a prescription. (BPC § 4023)

11) Defines "dangerous device" as any device unsafe for self-use in humans or animals, and includes (1) any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a ____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device and (2) any other drug or device that by federal or state law can be lawfully dispensed only on prescription or authorized furnishing. (BPC § 4022)

12) Prohibits a person from furnishing any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, as specified. (BPC § 4059(a))

13) Exempts the following from the prohibition against furnishing of dangerous device without a prescription:

    a) The furnishing of any dangerous device by a manufacturer, wholesaler, or pharmacy to a PT acting within the PT scope of practice under sales and purchase records that correctly provide the date the device is provided, the names and addresses of the supplier and the buyer, a description of the device, and the quantity supplied. (BPC § 4059(b))

    b) The furnishing of electroneuromyographic needle electrodes or hypodermic needles used for the purpose of placing wire electrodes for kinesiological electromyographic testing to PTs who are certified by the PTBC to perform tissue penetration, as specified. (BPC § 4059(f))

14) Prohibits a PT from dispensing or furnishing a dangerous device without a prescription of a physician, dentist, podiatrist, optometrist, or veterinarian. (BPC § 4059(g))

15) Authorizes ordering of a dangerous drug or dangerous by, and providing to, to a manufacturer, physician, dentist, podiatrist, optometrist, veterinarian, naturopathic doctor, laboratory, or a PT, as specified. (BPC § 4059.5)

16) Regulates the practice of acupuncture under the Acupuncture Licensure Act and establishes the Acupuncture Board to administer and enforce the act. (BPC §§ 4925-4979)

17) Defines "acupuncture" as the stimulation of a certain point or points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body, and includes the techniques of electroacupuncture, cupping, and moxibustion. (BPC § 4924(d))

18) Makes it a misdemeanor for any person, other than a physician and surgeon, a dentist, or a podiatrist, who is not licensed as an acupuncture but is licensed to practice another healing art, who practices acupuncture involving the application of a needle to the human body, performs any acupuncture technique or method involving the application of a needle to the human body, or directs, manages, or supervises another person in performing acupuncture involving the application of a needle to the human body. (BPC § 4935(b))

THIS BILL:

1) Defines "movement system" to mean the collection of all bodily systems that interact to move the body or its parts.

2) Redefines "physical therapist" and "physiotherapist" to mean a health care professional who is licensed to practice physical therapy on a person and is part of the primary care team who works in a variety of settings to help improve function of the movement system.

3) Redefines "physical therapy" to mean services provided by or under the direction and supervision of a PT to facilitate motion, force, energy, and motor control to maximize health, well-being, function, and community participation across the diversity of age, sex, gender, culture, environment, psychosocial and socioeconomic status.

4) Revises the practice of physical therapy to describe physical therapy services as being provided for prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions.

5) Specifies that physical therapy services are provided for prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions.

6) Includes within the term "physical therapy services":

    a) Examination and evaluation of the movement system and the system's relation to health-related and disabling conditions, including a review of systems and medication regimen

to identify developmental, mechanical, physiological, and biopsychosocial impairments of the movement system, participation restrictions, or other conditions to determine diagnosis of conditions of the movement system, prognosis, and intervention, and assess outcomes.

b) The design, implementation, and modification of interventions to alleviate impairments, functional limitations, and participation restrictions related to the movement system or other health-related conditions.

c) Furnishing, ordering, fabrication, and application of assistive, adaptive, orthotic, prosthetic, protective, and supportive devices and equipment consistent with the Pharmacy Law.

7) Includes within the term "physical therapy interventions": therapeutic exercise; gait training; functional training; self-care; in-home, community, or work integration or reintegration; manual therapy, including soft tissue mobilization, joint mobilization or manipulation, and intramuscular manual therapy; therapeutic massage; lymphatic drainage; neuromuscular reeducation; blood flow restriction; pulmonary management and airway clearance; integumentary protection and active repair; biophysical agents or modalities, including electrical, sound, light, mechanical, electromagnetic, or thermal; movement system counseling and education; nutritional education and counseling; and pain and stress management, and additionally includes:

a) Prevention or reduction of risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness.

b) Administration, consultation, education, and research.

c) Referring for other indicated services and tests for consultation with other providers, decisionmaking, and patient management.

8) Deletes the 45-day or 12-visit restriction on directly accessing a PT without physician or podiatrist approval of the treatment plan and the associated disclosures, limitations, and interpretation and construction provisions.

9) Specifies that nothing in the Physical Therapy Practice Act may be construed to require a referral or prior authorization for a patient to directly access PT services.

10) Replaces the existing authority to perform tissue penetration for electromyographical testing with the authority, when authorized by a physician and certified by the PTBC, with the general authority to use of electrode needles and solid filiform needles to perform tissue penetration for the purpose of evaluating and interpreting performance and treating the neuromusculoskeletal system.

11) Specifies that the use of needles does not authorize the practice of the art and science of acupuncture as described in the Acupuncture Licensure Act.

12) Deletes remaining provisions and requirements associated with the electromyographical testing certification program, including application, renewal, and fee provisions.

13) Authorizes a PT to perform and interpret musculoskeletal ultrasound imaging.

14) Authorizes a PT to order or refer a patient for imaging and studies that are performed and interpreted by other licensed health care professionals.

15) Makes various technical, conforming, or other nonsubstantive changes.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the *California Physical Therapy Association*. According to the author:

> The Physical Therapy Practice Act dates back to the 1950s. Very few alterations have been made to it, despite progression in the profession in moving from a requirement of a Bachelor's Degree to a Master's Degree to today's standard, which calls for all to come from an education and training program ending in a Doctorate in Physical Therapy (DPT). [This bill] moves the profession forward in California in a way that benefits patients in the state, is representative of the education and training they receive to practice, and brings California more in line with what Physical Therapists are able to provide in patient care in other states.

Background. PTs are licensed health care providers who specialize in the movement system of the human body. Within the PT profession, the movement system is described as the combination of cardiovascular, pulmonary, endocrine, integumentary, nervous, and musculoskeletal systems interacting to move the body.[1]

PTs evaluate and assess patient pain, mobility, function, and other aspects of the movement system to develop a treatment plan and recommend or apply interventions, such as therapeutic exercise or other specifically dosed movements. PTs also utilize adjunctive modalities, such as heat, electrical stimulation, or ultrasound to facilitate healing.

PTs work in a wide range of settings, from organized health systems to private clinics. Physical therapy is commonly prescribed for rehabilitation after surgery, recovery from trauma, management of chronic conditions that affect the movement system.

PT Statutory Scope of Practice. The PT license authorizes the practice of physical therapy, which is defined as:

> the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound,

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[1] American Physical Therapy Association, *Physical Therapist Practice and the Movement System: An American Physical Therapy Association White Paper* (American Physical Therapy Association, 2015), 2, https://www.apta.org/contentassets/fadbcf0476484eba9b790c9567435817/movement-system-white-paper.pdf.

> massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services.[2]

The practice of physical therapy is further defined to include "the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions."[3] According to the sponsor, this bill is intended to "modernize" this scope to reflect advancements in the profession and in other states.

Physical Therapy Practice Act "Modernization." The last major legislative overhaul of the Physical Therapy Practice Act was in 2013, which updated terminology, reorganized the structure of the act, and made general code clean-up. The last significant expansion of the scope of practice of physical therapy was "direct access" in 2013. Direct access is the term used to describe the authority for a PT to see patients for a limited amount of time without the patient having to first obtain a physician or podiatry diagnosis or referral—the patient could directly access the PT. While minor updates have been made to that authority, such as the availability of telehealth visits for ongoing treatment approvals, there have been no changes to the services PTs can provide. Arguably the last actual scope change was the addition of physical fitness and related health and wellness interventions in 2004.

Current Related Legislation. AB 2774 (Committee on Business and Professions) is the sunset review bill for the PTBC. *AB 2774 is pending in this committee.*

Prior Related Legislation. SB 1438 (Roth), Chapter 509, Statutes of 2022, was a prior sunset bill for the PTBC, which codified a DCA waiver authorizing telehealth examinations for continuing physical therapy treatment initiated directly with a PT.

SB 198 (Lieu), Chapter 389, Statutes of 2013, was the most recent legislative overhaul of the Physical Therapy Practice Act.

SB 1485 (Burton), Chapter 117, Statutes of 2004, added physical fitness and related health and wellness interventions to the PT scope of practice.

ARGUMENTS IN SUPPORT:

The *California Physical Therapy Association* (sponsor) writes in support:

> [This bill] clarifies and modernizes the scope of physical therapy practice, explicitly recognizing physical therapists as movement system experts who evaluate, diagnose movement impairments, and design interventions accordingly. In complex neurological cases, physical therapists are often the providers most consistently monitoring functional changes. Enabling us to fully practice at the top of our license improves care coordination, reduces duplication of services, and allows physicians to focus on medical management while therapists manage rehabilitation.

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[2] BPC § 2620.
[3] *Id*.

Improving timely access to care

Patients with neurological injuries and other disabling conditions are especially sensitive to delays in care. Research consistently shows that early rehabilitation improves functional outcomes, reduces long-term disability, and lowers overall healthcare costs. Patients often require timely, coordinated, and highly specialized care to optimize recovery, prevent complications, and maintain independence. [This bill] represents a critical step toward improving access, efficiency, and quality of care for these vulnerable populations and for all Californians seeking physical therapy services.

[This bill] strengthens direct access by removing outdated administrative barriers, allowing patients to receive physical therapy services more efficiently without unnecessary delays. For patients recovering from stroke or spinal cord injury, even small delays can mean the difference between regaining independence and requiring lifelong assistance.

Use of modern diagnostic tools to improve outcomes

The bill authorizes physical therapists to perform and interpret musculoskeletal ultrasound imaging and to refer patients for imaging when appropriate. For patients with neurological and musculoskeletal complications (such as spasticity, tendon injuries, or joint instability), timely imaging can significantly improve diagnostic accuracy and treatment planning. This reduces unnecessary delays, lowers costs associated with redundant referrals, and accelerates recovery. It is also a skill taught in all physical therapy programs today and allowed in practice in 22 states. While not prohibited in California, this will clarify that physical therapists can order medically necessary imaging that will help in the evaluation and treatment process of each patient.

Supporting the rehabilitation workforce and patient access

[This bill] modestly increases the number of physical therapist assistants a therapist may supervise, improving clinic efficiency and expanding access to care. Given the growing demand for rehabilitation services, driven by an aging population and increased survival from serious injuries, this change helps ensure more patients receive needed care without compromising quality or safety.

Comprehensive, patient-centered care

The bill reinforces that physical therapy includes prevention, rehabilitation, and health promotion across the lifespan, addressing impairments, activity limitations, and participation restrictions. For patients with stroke, traumatic brain injury, or spinal cord injury, recovery is not just about physical function. It is about returning to family, work, and community. [This bill] supports this broader, patient-centered model of care.

Recognition of current skills

Our practice act originated in the 1950s and has had relative few updates since. The changes in [this bill] update the act to recognize important treatment techniques recognized by many, if not most, other states. An example of this is the specific technique of "dry needling." This technique is recognized for use by physical therapists in 47 states, with only California, Hawaii, and New York physical therapists prohibited from using it. Additionally, as the attached letter from the largest malpractice insurer of physical therapists states, it has resulted in ZERO increase to liability of physical therapists, including NO premium increases related to use of this skill for the profession.

ARGUMENTS IN OPPOSITION:

A coalition of acupuncture groups, including the *California Acupuncture Coalition,* the *American Association of Chinese Medicine and Acupuncture,* and numerous others write in opposition:

We are specifically opposed to the language that adds Section 2620.5 to the Business and Professions Code allowing physical therapists to practice acupuncture without any additional training.

Physical therapists typically refer to the practice of acupuncture as dry needling, which is not a new or separate therapy. While acupuncture is a traditional Eastern Asian medicinal technique, studies have found that the practices are essentially the same. In 1983, a study by Dr. Janet Travell showed that 92% of dry needling trigger points overlap with acupuncture points. A 2009 study concluded that a 91% correlation between trigger point pain referral patterns and acupuncture meridians demonstrates that they are the same physiological phenomenon. To pretend otherwise is misleading to patients and dangerous to public health.

Acupuncturists in California are required to have a three to four-year master's degree, a total of 3,000 hours with 950 hours of clinical training in order to practice in the State. The proposed addition to the Business and Professions Code would bypass these safeguards entirely. The bill, as currently written, adds no additional education requirements for physical therapists in order to practice acupuncture.

California has deliberately established rigorous standards for acupuncture to protect patient safety. Licensed acupuncturists complete thousands of hours of didactic and clinical education in anatomy, sterile technique, point location, differential diagnosis, and complication management. The proposed bill would permit physical therapists to perform the same invasive procedure with dramatically less specialized training, effectively bypassing the safeguards the Legislature has put in place.

A coalition of physician groups that includes the *California Academy of Family Physicians*, the *California Medical Association*, the *California Neurology Society*, the *California Orthopaedic Association*, the *California Radiological Society*, the *California Society of Anesthesiologists*, the *California Society of Dermatology & Dermatologic Surgery*, and the *Psychiatric Physicians*

Alliance of California writes in opposition to the March 19, 2026, version of this bill, which still contained the prescription provisions discussed in the letter but have since been removed:

> While we deeply value the contributions of all members of the health care team, we are concerned that this bill moves beyond appropriate team-based care and risks compromising patient safety and quality of care.
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> This bill would extensively expand the scope of practice for PTs, without any additional education or residency level training. This bill would allow PTs to be considered a primary care provider and removes any requirement for a referral from a physician or any other health care provider for PT services. Additionally, this bill would give PTs expansive prescriptive authority for oral and topical medications, excluding opioids. PTs would also be authorized to provide extensive imaging services including ordering x-rays and performing ultrasounds without any physician involvement. Lastly, this bill would allow PTs to perform dry needling without the required training or certification, creating a major patient safety issue.
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> Due to the issues listed above this bill will lead to fragmentation of patient care, over ordering of medical tests and services, an increase in emergency room visits, and most importantly undermining the physician-led care model. All of these issues will disproportionately impact our most vulnerable communities.
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> Physicians undergo extensive education and training, including four years of medical school and a minimum of three to seven years of residency training, amounting to over 10,000 hours of supervised clinical experience. This preparation is essential to developing the diagnostic acumen and clinical judgment required to manage complex and undifferentiated patient conditions. Expanding independent scope of practice to PTs with significantly fewer clinical training hours creates a two-tiered system of care and increases the risk of misdiagnosis, delayed treatment, and inappropriate management.
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> Health care delivery is increasingly complex. Patients often present with multiple comorbidities, atypical symptoms, and evolving conditions that require comprehensive medical oversight. The collaborative, physician-led team model ensures that patients benefit from the full expertise of each provider while maintaining a clear standard of accountability. [This bill] undermines this model by promoting unsupervised practice rather than strengthening coordinated care.
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> Additionally, there is insufficient evidence that scope expansions meaningfully improve access to care in underserved areas. Workforce shortages are driven by geographic, economic, and infrastructure challenges—not solely by provider type. Policies that invest in physician workforce development, incentivize practice in underserved communities, and expand team-based care models are more effective and safer solutions.
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> Patient safety must remain the Legislature's highest priority. Scope of practice decisions should be guided by education, training, and evidence—not by workforce substitution.

POLICY ISSUES FOR CONSIDERATION:

1) *Expanded Role as Primary Care or First-Contact Providers*. The opposition raises concerns around the premature elevation of PTs to primary care providers. While this bill adds to the definition of PTs that they are "part of the primary care team," it does not directly classify them as primary care providers. Primary care providers are generally understood to mean providers with training in a broad spectrum of preventive, diagnostic, and treatment services.

   As movement specialists, PTs are not typically trained to treat systemic disease or conditions. However, with the direct access authority under this bill, PTs may be able to perform basic triage and serve as a primary contact or initial point of entry into the primary care system.

   Looking at other states, PTs are not widely being classified as primary care providers. However, there is one case. In 2025, Utah passed a law that expands the definition of "primary care" under its state insurance code to include PTs.[4] This change requires health insurers to permit patients to select a PT as their primary care provider for purposes of optimum coverage requirements. However, the law makes it clear that this does not authorize the PT to practice beyond the PT scope of practice under their practice act.

2) *Authority to Diagnose Disease within PT Scope.* The Physical Therapy Practice Act expressly prohibits a PT from "diagnosing disease."[5] A 1982 Attorney General opinion opined that PTs could not treat a condition if there was no diagnosis to confirm what was being treated.[6] As a result, before the restricted direct access established in 2013, patients were required to obtain a diagnosis from a physician before seeing a PT.

   However, even with direct access, the prohibition against diagnosis means the PT scope is limited to physical therapy evaluation of disfunction up to the point of a medical diagnosis. In other states such as Colorado, Arizona, Utah, Maryland, Massachusetts, North Dakota, and Oregon, the PT can, within the physical therapy scope of practice, make a diagnosis for the patient to use within the medical system.

   This bill would authorize PTs to diagnose conditions of the movement system, avoiding the diagnosing limitation identified by the AG. It would still not authorize diagnosis of disease.

3) *Unrestricted Direct Access*. The Physical Therapy Practice Act allows a patient to see a PT without seeing a physician or podiatrist for 12 visits or 45 days, whichever comes first. The historic rationale for the restriction was that PTs lacked the training to identify conditions that may be contributing to the need for PT services, particularly over long periods of time, necessitating a physician or podiatrist review of the treatment plan.

   Currently, 21 states do not put these types of limits on directly accessing a PT.[7] This bill would remove that restriction.

4) *Ordering and Interpreting Diagnostic Imaging*. The Physical Therapy Practice Act prohibits PTs from using "roentgen rays and radioactive materials, for diagnostic and therapeutic

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[4] S.B. 196, 2025 Gen. Sess. (Utah 2025).
[5] BPC § 2620.
[6] 65 Ops.Cal.Atty.Gen. 21 (1982).
[7] American Physical Therapy Association (APTA), State of Direct Access to Physical Therapist Services (July 2025).

purposes." As a result, PTs cannot perform or interpret advanced imaging that involve radiation, although the practice act is silent on "referring" for imaging, so long as the PT does not interpret the image. The act also authorizes the use of sound, which can be interpreted to include ultrasound. This bill would explicitly authorize performing and interpreting ultrasound, as well as ordering and referring for other types of imaging.

In 2025, North Dakota authorized PTs to order advanced imaging, such as MRIs.[8] Other states authorize ordering imaging as well but in varying degrees.[9]

5) *Dry Needling*. In physical therapy, dry needling is the use of needles to stimulate or affect underlying tissue for pain and other physical ailments.[10] In California, the Acupuncture Practice Act prohibits "the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control for the treatment of certain diseases or dysfunctions of the body" unless expressly authorized elsewhere. This bill would grant that authorization.

The majority of states allow some form of dry needling.[11] The FSBPT's 2024 competency analysis found that, while 117 out of the 133 (88%) dry needling knowledge requirements are included in entry-level PT education:

> The remaining knowledge requirements (n = 16) are specific to dry needling and are acquired and developed through advanced or specialized training (e.g., dry needling course, residency program). As noted in the 2015 and 2020 dry needling reports, the dry needling-specific knowledge is predominantly related to the needling technique (e.g., needle selection and placement, identification of contraindications, emergency preparedness, and response).[12]

IMPLEMENTATION ISSUES:

1) *PTBC Sunset Review Comments*. The changes being made under this bill were discussed as part of the PTBC's March 10, 2026, sunset review hearing. In the PTBC's April 9, 2026, responses to the issues raised in the hearing background paper, it wrote:

> The PTBC appreciates the Committees' invitation to provide feedback on the proposed Physical Therapy Practice Act (Act) modernization. Through ongoing engagement with the California Physical Therapy Association (CPTA), the PTBC has been aware of the possibility of future updates to the Act, and this Background Paper provided additional context.
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> Given the number of significant changes, staff is still in the process of assessing the full impact. Staff is seeing several programmatic and fiscal implications, as well as potential consumer protection concerns, which will be addressed in the

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[8] North Dakota Century Code § 43-26.1-11.1.
[9] Federation of State Boards of Physical Therapy (FSBPT), *Review of Jurisdiction and Language Regarding Physical Therapists and Imaging* (2024).
[10] FSBPT, *Dry Needling Competency Update: Report Memo 2024* (July 2024), at 3.
[11] APTA, *State Laws and Regulations Governing Dry Needling Performed by Physical Therapists in the U.S.* (Jul. 2024).
[12] FSBPT, *Dry Needling Competency Update* (2024), at 6.

PTBC's bill analysis and shared with the Committees upon completion. However, the PTBC has not yet had the opportunity to formally discuss the proposal.

At this time, the PTBC is scheduled to review and discuss pending legislation at its June 2026 meeting. The outcome of the PTBC's discussion will be shared with the Committees following the meeting.

If this bill passes this committee, the author and sponsor may wish to work with the PTBC and its staff and discuss any implementation issues or concerns that may need to be addressed.

AMENDMENTS:

1) Technical and clarifying changes to definitions. To further clarify the definitions of physical therapy and physical therapy services, maintain existing modalities such as sound within the existing PT scope, and clarify the inclusion of movement based modalities, amend the bill as follows:

On page 3 of the bill:

(f) "Physical therapy" or "physiotherapy" means services ~~provided by~~ *specified in Section 2620 that are provided as follows:*

(1) By or under the direction and supervision of a physical *therapist.* ~~therapist to~~

(2) To facilitate motion, force, energy, and motor control *through the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, movement, and active, passive, and resistive exercise* to maximize health, well-being, function, and community participation across the diversity of age, sex, gender, culture, environment, and psychosocial and ~~socieconomic~~ *socioeconomic* status.

(3) For prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions.

On page 4 of the bill:

2620. (a) *The practice of physical therapy includes the following services:* ~~Physical therapy services are provided for prevention, habilitation, rehabilitation, promotion of health and well-being of bodily and mental conditions, disease or movement-based impairments, activity limitations, and participation restrictions. Nothing in this chapter shall be construed to require a referral or prior authorization for a patient to directly access physical therapist services.~~

~~(b) Physical therapy services include:~~

(1) Examination and evaluation of the movement system and the system's relation to health-related and disabling conditions, including a review of systems and medication regimen to identify developmental, mechanical, physiological, and

biopsychosocial impairments of the movement system, participation restrictions, or other conditions to determine diagnosis of conditions of the movement system, prognosis, and intervention, and assess outcomes.

[No changes to the rest of section 2620]

2) *Referral Requirements*. To clarify that, consistent with the current standard of care, PTs must refer out when a patient presents with any situation or condition that is beyond the scope of the PT, amend the bill as follows:

On page 5, insert:

***2620.1**. (a) Nothing in this chapter shall be construed to require a referral or prior authorization for a patient to directly access physical therapist services.*

(b) A physical therapist shall refer a patient to a physician and surgeon or other appropriately licensed health care provider when the situation or condition of the patient is beyond the scope of the education and training of the physical therapist.

3) *Dry Needling Training Gap*. To address the gap in training related to dry needling identified by the FSBPT, amend the bill to require the DCA's Office of Professional Examination Services to review the PT competencies and require the PTBC to promulgate regulations requiring the necessary training, as follows:

On page 5, insert:

***2620.4** (a) The board shall request the department's Office of Professional Examination Services to review and validate the most recent Federation of State Boards of Physical Therapy occupational analyses of physical therapists performing the functions specified in Section 2620.6. If the federation has not performed an occupational analysis on the functions, the board shall request the office to perform the analysis.*

(b) By January 1, 2029, the board, together with the Office of Professional Examination Services, shall assess the alignment of the competencies taught in the Commission on Accreditation in Physical Therapy Education accreditation standards and tested in the National Physical Therapy Examination with the occupational analyses reviewed and validated or performed under subdivision (a).

(c) Upon the completion of the assessment specified in subdivision (b), the board shall promulgate regulations that do both of the following:

(1) Identify the scope of the services authorized under Section 2620.6 that fall within the aligned competencies identified under subdivision (b).

(2) If the assessment performed according to subdivision (b) identifies additional competencies necessary to perform the services specified in subdivision, specify the training and education required to obtain the competencies.

SEC. 5. Section 2620.5 of the Business and Professions Code is ~~repealed.~~ *amended to read:*

2620.5. A physical therapist may, upon specified authorization of a physician and surgeon, perform tissue penetration for the purpose of evaluating neuromuscular performance as a part of the practice of physical therapy, as defined in Section 2620, provided the physical therapist is certified by the board to perform the tissue penetration and evaluation and provided the physical therapist does not develop or make diagnostic or prognostic interpretations of the data obtained. Any physical therapist who develops or makes a diagnostic or prognostic interpretation of this data is in violation of the Medical Practice Act (Chapter 5 (commencing with Section 2000) of Division 2), and may be subject to all of the sanctions and penalties set forth in that act.

The board, after meeting and conferring with the Division of Licensing of the Medical Board of California, shall do all of the following:

(a) Adopt standards and procedures for tissue penetration for the purpose of evaluating neuromuscular performance by certified physical therapists.

(b) Establish standards for physical therapists to perform tissue penetration for the purpose of evaluating neuromuscular performance.

(c) Certify physical therapists meeting standards established by the board pursuant to this section.

(d) This section shall remain in effect only until the board has promulgated regulations pursuant to subdivision (c) of Section 2620.4.

SEC. 6. Section ~~2620.5~~ *2620.6* is added to the Business and Professions Code, to read:

~~**2620.5.**~~ ***2620.6.*** (a) The practice of physical therapy includes the use of electrode needles and solid filiform needles to perform tissue penetration for the purpose of evaluating and interpreting performance and treating the neuromusculoskeletal system.

(b) This section shall not be construed to authorize the practice of the art and science of acupuncture, as described in Section 4926 and as taught in acupuncture schools under Section 4927.5.

(c) This section shall become operative upon the promulgation of regulations pursuant to subdivision (c) of Section 2620.4.

4) *Imaging*. To reserve discussion of imaging for another legislative session, strike section 7 of the bill.

~~**SEC. 7.** Section 2620.6 is added to the Business and Professions Code, to read:~~

~~**2620.6.** A physical therapist may perform and interpret musculoskeletal ultrasound imaging. A physical therapist may also order or refer a patient for~~

~~imaging and studies that are performed and interpreted by other licensed health care professionals.~~

REGISTERED SUPPORT:

California Physical Therapy Association (sponsor)
hundreds of individuals

REGISTERED OPPOSITION:

Academy of Chinese Culture and Health Sciences
Alhambra Medical University Alumni Association
Alhambra Medical University
American Association of Chinese Medicine and Acupuncture
Association of Korean Asian Medicine and Acupuncture of America
California Academy of Family Physicians
California Acupuncture Coalition
California Medical Association
California Neurology Society
California Orthopaedic Association
California Radiological Society
California Society of Anesthesiologists
California Society of Dermatology & Dermatologic Surgery
California University - Silicon Valley
Christian O.M Acupuncture Association America
Dongguk University Los Angeles
Five Branches University
Golden State University Acupuncture School
Japanese Acupuncture Association of California
North East Medical Services
Osteopathic Physicians and Surgeons of California
Psychiatric Physicians Alliance of California
United Acupuncture Association
Whitewater University of California
Yo San University of Traditional Chinese Medicine
hundreds of individuals

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