

Date of Hearing: May 6, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 2497 (Johnson) – As Amended April 22, 2026

Policy Committee: Business and Professions Vote: 10 - 8

Urgency: No State Mandated Local Program: Yes Reimbursable: No

**SUMMARY:**

This bill makes various changes to the Physical Therapy Practice Act. The bill revises and recasts definitions relating to the practice of physical therapy (PT), deletes the 45-day, 12-visit limitation on direct access to PT services, increases the number of physical therapist assistants (PTAs) a PT may supervise from two to three, requires a PT to refer a patient to a physician or other licensed health care provider as specified, authorizes a PT to penetrate tissue using electrode and solid filiform needles to evaluate and treat the neuromusculoskeletal system (“dry needling”), and requires the PT Board to request the Office of Professional Examination Services (OPES) review specified occupational analyses of the use of electrode and solid filiform needles.

Specifically, 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” or “physiotherapy” 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, 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.
- 4) Provides that the practice of physical therapy includes the following specified 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.
- 5) 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.
- 6) 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.
- 7) 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.
- 8) Requires a PT to refer a patient to a physician or other appropriately licensed health care provider when the situation or condition of the patient is beyond the PT’s scope of education and training.
- 9) Requires the PT Board to request the Office of Professional Examination Services 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 (use of electrode needles and solid filiform needles). If the Federation of State Boards of Physical Therapy has not performed an occupational analysis on the functions, the board must request the office to perform the analysis.
- 10) Requires the PT Board, with the Office of Professional Examination Services, to 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 of the use of needles specified in item 9), above.

- 11) Requires the PT Board, upon completion of the assessment specified in item 10), above, to promulgate regulations that identify the scope of the services authorized under Section 2620.6 that fall within the aligned competencies identified under item 10), above, and specify the training and education requirements to obtain competencies, if needed.
- 12) Provides that 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. Clarifies that this statute does not authorize the practice of acupuncture.
- 13) Increases from two, to three, the number of physical therapist assistants (PTAs) a PT may supervise.
- 14) Deletes remaining provisions and requirements associated with the electromyographical testing certification program, including application, renewal, and fee provisions.
- 15) Makes various technical, conforming, or other nonsubstantive changes.

**FISCAL EFFECT:**

The PT Board estimates the need for a permanent analyst to conduct investigations, an additional 2-year limited-term analyst to promulgate regulatory packages, and consulting with OPES in 2026-27 and other expert consultants in 2027-28 and ongoing, for total costs of \$211,000 in 2026-27, \$369,000 in 2027-28, and \$193,000 in 2028-29 and ongoing (Physical Therapy Fund).

Additional, absorbable costs of \$5,000 to the Office of Information Services to retire specialty modifiers and specialty transactions from the information systems.

**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.

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