

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

**Joint Sunset Review Oversight Hearing, March 10, 2022  
Senate Committee on Business, Professions and Economic Development  
and the Assembly Committee on Business and Professions**

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

### **OVERVIEW OF THE BOARD**

The California Board of Occupational Therapy (CBOT) is a licensing entity within the Department of Consumer Affairs (DCA). CBOT is responsible for administering and enforcing the Occupational Therapy Practice Act.<sup>1</sup> The act contains the laws that establish CBOT and outline the licensure program, a regulatory framework for the practice, licensing, education, and discipline of licensed occupational therapists (OTs) and licensed occupational therapy assistants (OTAs). CBOT also regulates unlicensed occupational therapy aides that provide support services to OTs and OTAs.

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

At the end of the 2020-21 Fiscal Year (FY), CBOT reported a total of 18,862 active licensees, including 15,135 OTs and 3,727 OTAs.

CBOT's mission is:<sup>2</sup>

To protect California consumers of occupational therapy services through effective regulation, licensing, and enforcement.

---

<sup>1</sup> BPC §§ 2570-2571.

<sup>2</sup> *CBOT Strategic Plan 2020-2024*, at 5.

## Scope of Practice

OT services include assessment, treatment, education, and consultation. Specific techniques involve teaching activities of daily living (excluding speech-language skills), designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training).

In addition to providing the services above, OTs with additional training may seek CBOT approval to perform specified advanced practices. These include hand therapy; physical agent modalities; use of topical medications; and swallowing assessment, evaluation, or intervention.

OTs also supervise OTAs and unlicensed aids. OTAs may provide any services that a supervising OT deems appropriate given the patient/client and the OTA's competence, except that the supervising OT cannot delegate the following:

- Interpretation of referrals or prescriptions for occupational therapy services.
- Interpretation and analysis for evaluation purposes.
- Development, interpretation, implementation, and modifications of the treatment plan and the discharge plan.

While OTAs may practice without the supervising OT physically present, the supervising OT is ultimately responsible for any care provided and must perform weekly reviews, document the supervision, be readily available for consultation, and periodically perform onsite reviews. OTAs may also supervise certain students and aids.

Unlicensed aides may perform routine tasks related to occupational therapy services. Non-client-related tasks include clerical, secretarial, and administrative activities; transportation of patients or clients; preparation or maintenance of treatment equipment and work area; taking care of patient or client personal needs during treatments; and assisting in the construction of adaptive equipment and splints.

Aides may also perform limited client-related tasks. The tasks must be routine and predictable and require no decision-making by the aide.

## Legislative History

The regulation of OTs and OTAs in California began in 1977 when the state first enacted a title protection law.<sup>3</sup> The law required any person representing themselves as an OT or OTA to meet the qualification established by the state health department that governed reimbursement for occupational therapy services at the time and made it a misdemeanor to use titles or representations associated with OTs and OTAs. It also prohibited health facilities from advertising that they offered occupational therapy services unless the services were provided by an OT or OTA that met the requirements under the law.

---

<sup>3</sup> Assembly Bill (AB) 1100 (Egeland et al.), Chapter 836, Statutes of 1977.

In 1993, the law was updated to specify additional training requirements for those using the title of OT or OTA.<sup>4</sup> The amended law required, in addition to the existing requirements, that OTs be a graduate of an accredited occupational therapy training program and either 1) be certified or eligible for verification by the national certification board, then named the American Occupational Certification Board, or 2) have at least two years of occupational therapy experience and pass the examination approved by the U.S. Department of Health and Human Services. It also required that OTAs be additionally certified or eligible for certification by the national certification board.

In 2000, the law was replaced by the Occupational Therapy Act, establishing the CBOT and the licensing requirements that exist today.<sup>5</sup> The act includes a scope of practice, which prohibits the unlicensed practice of occupational therapy regardless of the use of titles and specifies the legal extent of what services an OT or OTA may provide. The next substantial update to the act occurred in 2018 when a bill was passed to modernize various provisions of the act, including definitions, scope of practice, and the use of doctoral titles.<sup>6</sup>

### **Board Membership**

The Occupational Therapy Act specifies that CBOT is composed of seven members, three public members, and four professional members, a professional member majority. The Governor appoints all of the professional members and one of the public members, while the Senate Rules Committee and the Speaker of the Assembly appoint the remaining two public members. Board members serve four-year terms, but may not serve more than two consecutive terms. Board members with expired terms may serve for an additional one year or until a successor is appointed.<sup>7</sup>

There are no qualifications for the appointment of public members, except that they may not be licensees of CBOT or any other healing arts board, nor may they be related to, live with, or, within two years before the appointment, have a financial interest in a CBOT licensee. The professional members must include three OTs who have been engaged in occupational therapy practice, education, or research in the last five years, although no more than one may be a full-time faculty in education.

CBOT is required to meet at least three times per year, once each in the cities of Sacramento, Los Angeles, and San Francisco. Meetings are public, pursuant to the Bagley-Keene Open Meetings Act.<sup>8</sup> Members are not paid but receive a per diem of \$100 for each day spent in the discharge of official duties and are reimbursed for traveling and other expenses necessarily incurred in the performance of official duties.

---

<sup>4</sup> AB 1852 (Murray), Chapter 361, Statutes of 1993.

<sup>5</sup> Senate Bill (SB) 1046 (Murray), Chapter 697, Statutes of 2000.

<sup>6</sup> AB 2221 (Bloom), Chapter 490, Statutes of 2018.

<sup>7</sup> BPC § 105.5.

<sup>8</sup> Government Code §§ 11120-11132.

The current CBOT members and their backgrounds are listed as follows.

<b>Board Members</b>	<b>Initial Appointment</b>	<b>Last Appointment</b>	<b>Term Expiration</b>	<b>Appointing Authority</b>
<b>Sharon Pavlovich, President, OTA Member,</b> has been an Assistant Professor at Loma Linda University since 2004. She is a member of the American Occupational Therapy Association, National Board for Certification in Occupational Therapy, and Occupational Therapy Association of California.	08/16/13	01/21/21	12/31/23	Governor
<b>Beata Draga-Morcós, Secretary, Public Member,</b> has been chief executive officer at the Black American Political Association of California since 2008. She was director of operations at Worldtone Dance from 2005 to 2008.	05/19/15	01/04/19	12/31/22	Governor
<b>Denise Miller, OT Member,</b> has been self-employed as a Healthcare Consultant, Project Manager, and Technical Writer since 2019 and an Adjunct Professor at Stanbridge University since 2018. She was Director of Aging Services and Product Development at AltaMed Health Services from 2018 to 2019. She served in various positions at Adventist Health Glendale from 2010 to 2017. Miller is a member of Glendale Sunrise Rotary and the Glendale Police Foundation and a fellow of the American Occupational Therapy Association. She earned a Master of Business Administration degree from La Sierra University	05/15/13	01/22/21	12/31/23	Governor

<b>Board Members</b>	<b>Initial Appointment</b>	<b>Last Appointment</b>	<b>Term Expiration</b>	<b>Appointing Authority</b>
<p><b>Lynna Lan Tien Do, Public Member</b>, serves as an At-Large Director for the Association of Junior Leagues International Board of Directors, as well as a member of the International Governing Board for Delta Phi Epsilon International Sorority. She was previously a member of the Alameda County Mental Health Board, City of Dublin Planning Commission, City of Fremont Community Block Grant Commission, and City of Pinole Youth Commission. She has worked for several elected officials, including Senator Dianne Feinstein, Mayor Willie L. Brown, Jr., City and County of San Francisco Supervisor Leland Yee, and Santa Clara County Supervisor Liz Kniss, as well as the Gavin Newsom for Mayor of San Francisco Campaign. She holds degrees from the University of San Francisco, Bachelor of Arts in Politics, and a minor in Business and a Master's in Public Administration. She has her Master of Philosophy in Research and is working on finishing her Ph.D. in Psychology from Walden University.</p>				
<p><b>Richard Bookwalter, OT Member</b>, has been an occupational therapist for durable medical equipment and rehabilitation outcomes for Kaiser Foundation Hospitals Inc. since 2008. He was supervisor of outpatient rehabilitation at the California Pacific Medical Center from 2006 to 2008, occupational therapist and program manager at the Institute on Aging from 1996 to 2006, and a home health occupational therapist at the University of California, San Francisco Medical Center Home Health Care from 1998 to 1999.</p>	03/05/14	05/04/21	12/31/24	Governor

<p>Bookwalter was an occupational therapist at the Davies Medical Center from 1995 to 1997, a development associate at the Manpower Demonstration Research Corporation from 1988 to 1993, and a manager in development communications at the Columbia University Teachers College from 1986 to 1987. Bookwalter earned a Master of Science degree in occupational therapy from San Jose State University.</p>				
<p><b>Vacancy, OT Member</b></p>	<p>Vacant as of January 1, 2019</p>			<p>Governor</p>
<p><b>Vacancy, Public member</b></p>	<p>Vacant as of February 15, 2022</p>			<p>Assembly</p>

**Committees**

According to CBOT, it has four committees to assist the full board address specific policy or administrative issues:

- **Administrative Committee:** the purpose of the Administrative Committee is to annually update the Strategic Plan, respond to items identified in an internal audit and provide guidance to staff in the fulfillment of the audit staff’s recommendations, guide staff for the budgeting and organizational components of the board (i.e., sunset review, sunrise projects, budget change proposals, out-of-state trip requests, contracts, meeting agendas and preparations) and other duties as required.
- **Education and Outreach Committee:** the purpose of the Education and Outreach Committee is to develop consumer and licensee outreach projects, including the board’s newsletter, website, e- government initiatives, and outside organization presentations. Committee members may be asked to represent the board at meetings, conferences, health, career, or job fairs, or at the invitation of outside organizations and programs.
- **Legislative and Regulatory Affairs Committee:** The purpose of the Legislative and Regulatory Affairs Committee is to provide information or make recommendations to the board and its committees on matters relating to legislation and regulations.
- **Practice Committee:** The purpose of the Practice Committee is to review and provide recommended responses to the board on various practice issues submitted by licensees and consumers, guide staff on continuing competency audits, review and provide recommendations to the board on practice-related proposed regulatory amendments, and review and provide recommendations to board staff on revisions to various applications and forms used by the board.

## Staffing

CBOT reports 6.5 vacant positions of is 17.7 authorized staff positions (36.7%). CBOT reports that this is the result of several retirements and that its succession planning was hindered due to the COVID-19 pandemic, vacancies, and other priorities. It is planning to hire a retired annuitant to assist with re-classifying positions and recruitment efforts to fill vacancies. Staff vacancies are discussed further on page 17 under Issue #2: Staff Vacancies.

## Fiscal

CBOT is a special fund agency and receives no support from the General Fund.<sup>9</sup> As a result, CBOT must rely on its revenue to support its operations. The CBOT cannot spend more than its budget authority, which is appropriated annually in the Budget Act.

CBOT's fund, the Occupational Therapy Fund,<sup>10</sup> is primarily funded through administrative and licensing fee revenues. It may also collect revenue from fines and enforcement cost recovery, however, these are not relied on as a primary source of revenue because they tend to be low and volatile.

The largest and most consistent source of revenue is renewal fees. CBOT sets license and renewal fees in regulations within its statutory authority. The CBOT's statutory license and renewal fee limit is \$150 per year and has not increased since the board was established in 2000. CBOT currently assesses fees on a biennial basis and is close to the \$300 limit. As of January 1, 2021, the initial license fee (prorated based on issuance date) and biennial renewal fees are \$270 for OTs and \$210 for OTAs.

Revenues that are not used by the end of the FY are used as a fund reserve, which is a fund balance that can cover economic uncertainties, potential litigation, salary or price increases, calculated using the number of months a board can maintain solvency without revenue. CBOT and other licensing boards aim to maintain a healthy reserve, often between 3-6 months. When reserves are too high or too low, boards seek to correct any structural imbalances in their budgets, which may include fee adjustments. Boards with reserves that exceed 24 months of their operating budget are statutorily required to reduce their fees.<sup>12</sup>

Before 2007, CBOT's reserve had exceeded 39 months. As a result, CBOT switched its license renewal from \$150 annually to \$150 biennially, halving its fee revenue. As a result, CBOT has operated with a budget deficit since FY 2009-10. While CBOT continues to use a biennial renewal cycle, it has periodically increased its fees, most recently approving the increase to the current fees as of January 1, 2021.

However, CBOT continues to operate at a deficit, with expenditures continuing to exceed its revenue by an average of \$370,500 per FY (2.4 months of reserve). The CBOT's current year fund reserve is approximately \$1.85 million (5.2 months). Although CBOT consistently spends less than its budget authority every year, its fund may become insolvent as early as FY 2023-24.

---

<sup>9</sup> For more information related to state funds, see Department of Finance, *Glossary of Budget Terms*, [http://www.dof.ca.gov/budget/resources\\_for\\_departments/budget\\_analyst\\_guide/glossary.pdf](http://www.dof.ca.gov/budget/resources_for_departments/budget_analyst_guide/glossary.pdf).

<sup>10</sup> BPC § 2570.22.

The CBOT's fund condition is discussed further on page 16 under Current Sunset Review Issues, Issue#1: Fund Condition.

<b>Fund Condition (Dollars in Thousands)</b>									
	<b>FY 2015- 16</b>	<b>FY 2016- 17</b>	<b>FY 2017- 18</b>	<b>FY 2018- 19</b>	<b>FY 2019- 20</b>	<b>FY 2020- 21</b>	<b>FY 2021- 22</b>	<b>FY 2022- 23</b>	<b>FY 2023- 24</b>
<b>Beginning Balance*</b>	\$ 2,982	\$ 3,029	\$ 2,588	\$ 2,319	\$ 2,097	\$ 1,850	\$1,550	\$1,035	\$392
Total revenues	\$ 1,305	\$ 1,416	\$ 1,800	\$ 2,255	\$ 2,294	\$ 2,481	\$3,099	\$3,070	\$3,065
Total resources	\$ 4,287	\$ 4,445	\$ 4,388	\$ 4,574	\$ 4,391	\$ 4,331	\$4,649	\$4,105	\$3,458
<b>Expenditures</b>	\$1,285	\$1,857	\$2,270	\$2,371	\$2,541	\$2,760	**\$3,514	**\$3,614	**\$3,716
<b>Fund Balance</b>	\$3,002	\$2,588	\$2,118	\$2,203	\$1,850	\$1,571	\$1,135	\$491	(\$258)
<b>Months in Reserve</b>	19.4	13.7	10.7	10.9	8.0	5.2	3.4	1.3	-1.0
* May not match prior fund balance due to prior year adjustments.									
** Based on current/anticipated budget authority and not necessarily reflective of the actual amount that will be expended. CBOT has consistently expended less than its budget authority since FY 2008-09.									

CBOT's expenditures can be broken down based on its administrative, licensing and education, and enforcement costs. All licensing boards also pay a pro rata contribution to the DCA to cover various administrative services provided, including training and planning, legal and legislative affairs, information technology, communications, public affairs, and investigative services, among others.

<b>Expenditures by Program Component (Dollars in Thousands)</b>									
	<b>FY 2017-18</b>		<b>FY 2018-19</b>		<b>FY 2019-20</b>		<b>FY 2020-21</b>		
Enforcement	40%	\$844	42%	\$896	42%	\$962	36%	\$944	
Licensing	17%	\$369	17%	\$355	17%	\$398	19%	\$501	
Administration	17%	\$370	17%	\$360	17%	\$389	13%	\$389	
DCA Pro Rata	25%	\$539	25%	\$593	24%	\$565	31%	\$821	
<b>Total Expenditures</b>	\$ 2,122		\$2,150		\$2341		\$2620		
*Administration includes costs for executive staff, board, administrative support, and fiscal services.									

## Licensing

In general, licensing programs serve to protect the consumers of professional services and the public from undue risk of harm. To that end, those who wish to practice in a licensed profession must demonstrate a minimum level of competency and fitness to practice. Although occupational therapy requires a license, OT and OTA licensees may delegate certain functions

<sup>11</sup> GOV § 16418.5.

<sup>12</sup> BPC § 128.5.



to unlicensed aids.

Applicants applying to CBOT for an OT or OTA license demonstrate competence and fitness by meeting the following requirements:

- Be at least 18 years of age.
- Complete a background check and have committed no acts or crimes constituting grounds for denial of a license, including any other licenses the applicant may hold.<sup>13</sup>
- Complete the certification examination offered by the National Board for Certification in Occupational Therapy (NBCOT).
- Submit evidence of qualifying education.
- Pay an initial license fee. The current fee is \$270 for OTs and \$210 for OTAs, which is prorated based on the amount of time between the issuance of the license and the renewal date (the licensee's birth month and year).

At the end of FY 2020-21, CBOT reports 18,862 active licensees, including 15,135 OTs and 3,727 OTAs. In the last five years, between FYs 2016-17 and 2020-21, CBOT issued new licenses to an average of 2,490 OTs and 426 OTAs per FY. It also issued renewals to an average of 6,558 OTs and 1,507 OTAs per FY.

CBOT's performance target for its licensing program is to respond to an application with written approval or deficiency within 30 days of receipt.<sup>14</sup> CBOT reports that it generally meets this timeframe and takes approximately 22-28 days to either respond with approval or whether additional information is required.

Since FY 2016-17, CBOT's average time to fully process an OT application was 28 days for completed applications and 71 days for incomplete applications. For OTAs, the average processing time was 28 days for completed applications and 76 days for incomplete applications. The processing timeframes have slowly increased since the last review, coinciding with an increasing number of applications.

When CBOT is at risk of not meeting its 30-day performance target, it states that it has been able to redirect staff resources. It states this is usually due to short surges in application submissions around graduation periods. It also reports that so far, growth in pending applications has been manageable. If CBOT is not able to meet the 30-day performance target, it will take steps to improve them, including seeking additional staff through the BCP process or considering legislative or regulatory changes.

---

<sup>13</sup> BPC § 480.

<sup>14</sup> CCR, tit. 16, § 4112

## **Education**

Current law requires that educational programs meet specified accreditation requirements and be approved by CBOT. Specifically, it requires that OT and OTA programs are accredited by the American Occupational Therapy Association's (AOTA) Accreditation Council for Occupational Therapy Education (ACOTE), or accredited or approved by AOTA's predecessor organization, or approved by AOTA's Career Mobility Program. The law also provides limited exceptions for those who did not graduate from the programs above.

However, obtaining an OT or OTA license in California requires the passage of an NCBOT examination, and eligibility for the NCBOT examination specifically requires graduation from an ACOTE-accredited program.<sup>15</sup> As a result, CBOT does not need to directly approve OT and OTA educational programs or perform site visits because all applicants must have completed an ACOTE-accredited program to be eligible for the NCBOT examination. As a result, it essentially double-checks that applicant transcripts are from an ACOTE-accredited program.

As to accreditation, ACOTE is an accreditation agency recognized by the U.S. Department of Education. It only offers accreditation for OT doctoral and master's degree programs and OTA bachelor's and associate degree programs. Its accreditation process aims to ensure applicant programs, and approved programs on an ongoing basis, are meeting educational standards that provide students the appropriate level of education and fieldwork training to seek licensure as an OT or OTA.

## **Continuing Education**

Continuing education is the requirement that licensees stay current on new concepts, procedures, and practices relative to their respective scopes of practice. Under the Occupational Therapy Act, the continuing education requirement is called "continuing competence." To meet the continuing competence requirement, CBOT requires both OT and OTA licensees to meet 24 professional development units (PDU) every two years.

CBOT accepts a variety of methods to complete the PDU requirements, ranging from participating in course work, study groups, structured mentoring (of the licensee or a colleague), supervising fieldwork, obtaining academic credit, publication of articles, making presentations, attending CBOT meetings, and attending CBOT outreach meetings. Each method has its own calculation for the number of qualifying PDUs it provides.

CBOT verifies PDUs by requiring that licensees certify completion and then randomly auditing a certain percentage of those licensees. Failure to meet the requirements can subject a licensee to disciplinary action.

---

<sup>15</sup> *Certification Eligibility Requirements*, NCBOT, <https://www.nbcot.org/Students/get-certified>.

CBOT aims to audit between 10-15% of the total number of renewals:

- In FY 2017-18, it audited 619 of the 7,564 renewals (8%) and 77 licensees failed (12.43%)
- In FY 2018-19, it audited 743 of the 8,134 renewals (9.1%) and 79 licensees failed (10.63%)
- In FY 2019-20, it audited 1,253 of the 8,427 renewals (14.9%) and 63 licensees failed (5%)
- In FY 2020-21, it audited 225 of 8,745 (2.5%) renewals and 9 licensees failed (4%).

The reason for the low audit rate in FY 2020-21 was that continuing education requirements were waived due to the COVID-19 pandemic. As noted in the waiver documents.

On March 4, 2020, the Governor proclaimed a State of Emergency in California as a result of the impacts of COVID-19 to make additional resources available, formalize emergency actions already underway across multiple state agencies and departments, and help the state prepare to respond to an increasing number of individuals requiring medical care and hospitalization as a result of a broader spread of COVID-19.

Pursuant to the Governor's Executive Order N-39-20, during the State of Emergency, the Director of the California Department of Consumer Affairs may waive any statutory or regulatory renewal requirements pertaining to individuals licensed pursuant to Division 2 of the [BPC].

As a result, DCA temporarily waived the following requirements:

- 1) Any statutory or regulatory requirement that individuals renewing a healing arts license take and pass an examination to renew a license.
- 2) Any statutory or regulatory requirement that an individual renewing a healing arts license complete, or demonstrate compliance with, any continuing education requirements to renew a license.

The temporary waivers did not apply to any continuing education, training, or examination required pursuant to a disciplinary order against a license. They also required that licensees satisfy any waived renewal requirements within six months of the waiver unless it is further extended. The waivers were extended or superseded several times:

- 1) **March 31, 2020:** DCA Waiver DCA-20-01 waived requirements for licenses expiring between March 31, 2020, and June 30, 2020.
- 2) **July 1, 2020:** DCA-20-27 renewed the waiver for the July 1, 2020, August 31, 2020, period.
- 3) **August 27, 2020:** DCA-20-53 renewed the waiver for the March 31, 2020, and October 31, 2020, period.
- 4) **October 22, 2020:** DCA-20-69 renewed the waiver for the March 31, 2020, and December 31, 2020, period.

- 5) **December 15, 2020:** DCA-20-89 renewed the waiver for the January 1, 2021, and February 28, 2021, period.
- 6) **Feb 26, 2021:** DCA-21-117 renewed the waiver for the March 1, 2021, and March 31, 2021 period.
- 7) **March 30, 2021:** DCA-21-134 superseded previous waivers and waived requirements going back to March 31, 2020, and until May 31, 2021.
- 8) **June 3, 2021:** DCA-21-152 superseded DCA-21-134 and waived requirements for the March 31, 2020, and July 31, 2021, period.
- 9) **July 26, 2021:** DCA-21-175 superseded DCA-21-152 and waived requirements for the March 31, 2020, and September 30, 2021, period.
- 10) **September 28, 2021:** DCA-21-194 was the final order and waived the October 1, 2021, and October 31, 2021, period.

## **Enforcement**

CBOT is responsible for enforcing the requirements of the Occupational Therapy Act. The purpose of enforcement is to ensure that licensees continue to adhere to licensing requirements and protect the public from those that do not.

To that end, CBOT is required to investigate potential violations. Cases without sufficient evidence or that do not allege a violation are closed without further action. If it finds there was a violation, the Enforcement Unit may take several types of actions depending on the severity of the violation.

For minor violations, CBOT may send a Notice of Warning letter or issue a citation, which may include a fine up to a maximum of \$5,000 or an order of abatement. For more significant violations, it may seek formal disciplinary actions against a license, including probation, suspension, or revocation. CBOT can initiate formal disciplinary action by referring the matter to the Office of the Attorney General to prepare a case for prosecution in an administrative proceeding. For violations that also involve criminal conduct, CBOT can also refer the case to law enforcement.

Like other licensing boards, CBOT relies on complaints and other information submitted by consumers, licensees, employers, relevant organizations, and governmental entities, including arrest and conviction notices from law enforcement. CBOT enforcement staff may also open a case based on internal information reviewed by staff.

Additionally, the DCA's 2010 Consumer Protection Enforcement Initiative (CPEI) introduced performance measures and set target cycle timelines with the aim of resolving investigations and disciplinary proceedings in a timely manner. Consumers, licensees, and the public benefit from the expedient resolution of investigations and disciplinary proceedings. The CPEI timelines track statistics for every stage of the enforcement process, including the following statistics quarterly:

- Performance Measure 2 (PM2): new complaint intake and the average number of days to close a complaint or assign it for an investigation (target average of 10 days).
- Performance Measure 3 (PM 3): investigation cases completed and the average number of days to complete an investigation (target average of 270 days).
- Performance Measure 4 (PM4): formal disciplinary actions completed and the average number of days to complete a disciplinary action (target average of 540 days).
- Total probationers and probation completions.
- Performance Measure 7 (PM7) new probationers and the average number of days from assignment to first contact (target average 15 days).
- Performance Measure 8 (PM8): probation violations and the average number of days to initiate appropriate action (target average 30 days).

The statistics reported by the CBOT indicate that its cycle times have mostly met the performance targets since FY 2016-17. However, there were some exceptions:

- 1) In FY 2016-17, CBOT was an average of 33 days over its 270-day target for PM3, its investigations not sent to the Office of the Attorney General (OAG).
- 2) In FYs 2016-17 and 2020-21, CBOT had difficulty meeting the PM4 target 540 days (18 months) to complete formal discipline cases referred to the OAG. It was an average of 63 and 84 days over its target respectively. However, few boards report consistently meeting this target cycle time.

Target timelines are discussed further on page 20 under Current Sunset Review Issues, Issue #7: Enforcement Timelines.

CBOT reports no significant changes or trends related to enforcement. It saw a slight spike in disciplinary outcomes and denials in FY 2018-19, but there was no identifiable reason for it. It also saw an increase in its investigations from a low of 397 in FY 2016-17 to a high of 1,009 in FY 2020-21, but it reports that the spike can be attributed to internal controls CBOT implemented for potential unlicensed practice violations stemming from delinquent renewals and address change violations. Further, the investigations are relatively minor. For example, CBOT reports that one change is running a monthly report identifying licensees that have renewed delinquent. The investigation, in that case, is simply contacting the licensee to determine if they practiced on an expired license.

### **Cost Recovery**

All DCA boards have the authority to recover costs from licensees related to enforcement

activities except for the Medical Board of California.<sup>16</sup> All enforcement cases referred to the Attorney General's Office that result in the filing of an accusation have the potential for a cost recovery order. If the case goes to an administrative hearing, an Administrative Law Judge may award cost recovery.

CBOT indicates that it seeks cost recovery in all cases where cost recovery is authorized. CBOT seeks the award of costs when settling cases with a stipulation, as well as in decisions provided through an administrative hearing. However, not all licensees are ordered to reimburse CBOT for all costs, and licensees who do not seek license reinstatement are difficult to collect from. In addition, the use of the Franchise Tax Board Intercept Program is limited to lottery winnings and tax refunds.

Overall, CBOT recovers very little of its overall enforcement expenditures, which is not uncommon among licensing boards. In the last four FYs, CBOT collected between \$9,000 and \$19,000 in cost recovery each FY, averaging approximately \$12,000 per FY.

### **Additional Background Information**

For additional information regarding CBOT's responsibilities, operations, and functions, please see CBOT's *2021 Sunset Review Report* and attachments. The report is available on the Assembly Committee on Business and Professions website: [abp.assembly.ca.gov/reports](http://abp.assembly.ca.gov/reports).

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

CBOT was last reviewed in 2017. A total of 15 issues were raised by the Committees at that time. Below are actions that have been taken over the last four years to address these issues. Those that were not addressed and may still be of concern are discussed further under the "Current Sunset Review Issues" section.

- 1) **ISSUE #2: Does the CBOT use its administrative committee to address any ongoing issues?** CBOT reports that it uses its administrative committee to provide direction to the executive officer regarding ongoing administrative issues or to make recommendations to the full board. The information regarding the various issues is shared with members at meetings in the President's Remarks, Board Member Remarks, or Executive Officer's Report, all of which are provided during a publicly noticed meeting.
- 2) **ISSUE #4: Are there duplicative requirements for out-of-state and military applicants that can be streamlined?** CBOT acknowledges there are several duplicative requirements for out-of-state licensed and military applicants, including submission of the qualifying degree transcript, verification from the NBCOT that the applicant has passed the national examination, and letters of good standing from states where the applicant holds or held a license to verify if discipline had been imposed on their license. However, CBOT reports that it has been a long-standing practice for staff to obtain primary source verification of applicant documentation and not delegate this task to other institutions and entities.
- 3) **ISSUE #6: What has the CBOT discovered about current workforce trends since implementing its workforce survey?** Due to the redirection of staff during BreEZe

---

<sup>16</sup> BPC §125.3.

implementation, CBOT stated it had not been able to devote resources to exploring workforce issues. Once BreEZe was implemented in January 2016, CBOT was able to incorporate a voluntary survey into the system to collect the following from initial

applications and renewals:

- Employment Status.
- Location (zip code) of the primary place they practice and how many hours they work.
- Location (zip code) of any secondary place of practice and how many hours they work.
- Number of years worked.
- Self-employed and if so how many hours they work.
- Whether they have completed another degree beyond the qualifying degree.
- When they plan to retire.
- Areas of current practice.
- Ethnic background and foreign languages spoken.

CBOT reports that it has been unable to retrieve any demographic data in its renewal and initial license survey due to limitations in its licensing database, BreEZe. Staff report that they have submitted a request ticket to the DCA that will allow for the extraction of the information. It will also be a temporary solution until the DCA implements a department-wide demographic collection tool in compliance with AB 133 (Committee on Budget), Chapter 143, Statutes of 2021.

- 4) **ISSUE #7: Should the CBOT resume checking the National Practitioner Data Bank for adverse actions against applicants and licensees?** CBOT followed the recommendation and ultimately obtained authority to charge applicants the NPDB query fee in statute. CBOT began conducting NPBD queries on all applicants in January 2019. However, due to receiving only two reports, one of which had been generated by CBOT, and the time involved by staff inputting an applicant's personal information into the system, CBOT decided to stop charging the query fee and conducting the NPDB queries in April 2020.

While no longer submitting a query for all applicants, CBOT states that it still conducts NPDB queries on applicants when circumstances are warranted, such as incorrect or inconsistent information in an application.

- 5) **ISSUE #8: Is the CBOT concerned about ongoing costs for BreEZe?** CBOT's BreEZe costs for maintenance have dropped considerably after implementation. It also hired a staff services analyst whose primary duty is to serve as the CBOT's single point of contact with the Breeze Team in developing new service requests and testing system modifications. Other licensing, administration, and enforcement staff are no longer required to split their regularly assigned duties to assist with Breeze systems modifications.
- 6) **ISSUE #9: Is there a way to disaggregate enforcement data to make it more useful?** CBOT reports that the BreEZe system can disaggregate some enforcement data via new

reports and tools. Since the last sunset review, DCA has enhanced existing reports and developed new reports. If there is not a report for specific data that CBOT needs, there is the Quality Business Interactive Reporting Tool (QBIRT) which allows staff to identify additional data. For more specific or sophisticated needs, CBOT staff can submit a ticket to request DCA staff to customize a report.

- 7) **ISSUE #10: Should the CBOT use other technologies the DCA might have to improve submission compliance and processing times for primary source documentation?** CBOT reports that, due to limitations in the ability of certain users and providers to access the cloud, it did not move forward with using cloud-based access. However, it has requested a change in BreEZe that would allow licensees to upload copies of their continuing education certificates at the time of renewal. CBOT reports that this could be a convenient repository of documentation for licensees and could also be used by staff in the event the licensee's renewal is audited in the future.

If the licensee chooses to not upload their certificates at the time of renewal but are later audited, an additional change requested to BreEZe will allow the licensee the option to access their BreEZe account to upload copies of the certificates, in addition to receiving hard copies via regular postal mail.

- 8) **ISSUE #11: Should the CBOT utilize additional survey types to improve its survey response rates?** CBOT was not able to send out a consumer satisfaction survey or other surveys before this sunset report. Therefore, no improvements nor continued dissatisfaction have been identified.

However, it has since renewed its Survey Monkey subscription and requested the information be added to its website. To supplement that, CBOT will email a link to the survey to those licensees with an email address on file and post the link on social media.

- 9) **ISSUE #13: Should the Practice Act be amended to change the CBOT's ratio of public members to professional members?** CBOT believes that the current composition of board members, including public and licensee members, provides a fair and balanced way to ensure consumer protection.

## **CURRENT SUNSET REVIEW ISSUES**

The following are unresolved issues relating to CBOT and other areas of concern for the Committees to consider along with background information concerning the issues. There are also recommendations the Committee staff have made regarding issues or problem areas that need to be addressed. CBOT and other interested parties, including the profession, have been provided with this background paper and can respond to the issues presented and the recommendations of staff.



## **BUDGET ISSUES**

### **ISSUE #1: FUND CONDITION. What is needed to address CBOT's structural budget deficit?**

**Background:** As discussed on page 6 of this paper, and under Issue #1 from the prior sunset review, CBOT has intentionally operated with less revenue than its expenses to reduce its reserve levels in compliance with statutory requirements. However, unless CBOT can increase its revenue, or further reduce its expenditures, it is projected to become insolvent by FY 2023-24.

While CBOT reports it is doing what it can to reduce expenditures, many cost pressures are out of its control. For example, each FY CBOT pays a DCA pro rata cost, which is intended to reimburse the DCA for services rendered to CBOT (and some services are unavoidable, such as teleconferencing and mail). However, it is a complex calculation that is difficult to budget for and can fluctuate widely year-to-year for any board. In FY 2020-21, CBOT's pro rata costs increased by approximately \$256,000, a 7% increase from the prior FY, making up 31% of CBOT's overall expenditures.

In addition, in July of 2019, the California Department of Justice announced that it was utilizing language included in the Governor's Budget authorizing it to increase the amount it billed to client agencies for legal services. The change was substantial: the attorney rate increased by nearly 30% from \$170 to \$220, the paralegal rate increased over 70% from \$120 to \$205, and the analyst rate increased 97% from \$99 to \$195. While justification was provided for why an adjustment to the rates was needed, the rate hike occurred almost immediately and without any meaningful notice to any client agencies.

CBOT also reports a large increase in expenditures on court reporters. The Office of Administrative Hearings contracts with court reporters to provide transcription services during a hearing. Recent contract amendments, changing from hourly to flat all day or one-half day rates (without regard to hearing length), as well as rates varying by geographical area, are attributed to the rising costs.

Other cost pressures out of CBOT's control include steady increases in state worker pay and benefits, rent, and general costs due to inflation. In addition, the overall workload increases as the licensee population also steadily increases.

As a result, it is unlikely CBOT will be able to address its budget deficit through expenditure reduction. Therefore, it is currently considering increasing its fees but has not decided on any specific proposal. At the CBOT's recent February 15, 2022, board meeting, staff discussed the budget issue and presented several proposals and budget scenarios. CBOT has several options, including a straight fee increase across all fees, seeking statutory changes to untether the initial license fee from the renewal fee, creating new fees for certain services it provides for free, among other things. New fees could include minor services such as printing pocket cards or more major services such as approving advanced practice education providers (discussed further under Issue #6 on page 20).

CBOT did not make a decision at that meeting and created an ad hoc committee to review its budget and make recommendations on an appropriate proposal.

**Staff Recommendation: CBOT should update the Committees on its progress in reviewing the proposals, and if a proposal is decided upon, complete the Committees' Fee Bill Questionnaire.**

### **ADMINISTRATIVE ISSUES**

**ISSUE #2: STAFF VACANCIES. Are additional changes or resources needed to address CBOT's staff vacancies?**

**Background:** CBOT reports 6.5 vacant positions of its 17.7 authorized positions, a vacancy rate of 37%. In addition, CBOT began succession planning efforts in late 2020 but reports that completion of a plan was been hindered due to the COVID-19 pandemic, vacancies, and other priorities.

Specifically, CBOT reports that in July 2021, CBOT's Probation Monitor retired, and two other staff members accepted promotions at other state agencies. A Retired Annuitant who was hired to help with the Sunset Report and HR packages resigned due to health issues.

It also reports that one enforcement staff member returned to their former department effective February 1, 2022, but a new staff member joined February 7, 2022, and another will join April 7, 2022.

On November 1, 2021, a part-time Office Assistant retired, and on February 1, 2022, CBOT's Enforcement Manager retired. To assist in the interim, in January 2022 CBOT submitted a request for a current employee to serve in an out-of-class assignment as the acting Enforcement Manager; this request was approved in late February 2022. The out-of-class assignment was requested to provide oversight of the enforcement program until a permanent manager is recruited and hired. CBOT plans to submit the recruitment package for that position by March 15, 2022. CBOT reports in November 2021 a new Probation Monitor and Retired Annuitant (enforcement) were also hired.

CBOT reports that other position recruitment efforts will become a priority in 2022, and planned on hiring another Retired Annuitant in December 2021 to assist with re-classifying several positions and recruitment efforts to fill vacancies, however, the Retired Annuitant was unable to start working until late January 2022.

**Staff Recommendation: CBOT should update the Committees on its progress in filling its staff vacancies and completing its succession planning.**

### **LICENSING ISSUES**

**ISSUE #3: OCCUPATIONAL THERAPY CORPORATIONS. Should the Moscone-Knox Professional Corporation Act be amended to allow OTs to form professional corporations?**

the Chiropractic Act, or the Osteopathic Act may be employed by these professional corporations. Current law specifies that OTs may serve as a non-controlling director,

**Background:** The Moscone-Knox Professional Corporation Act<sup>17</sup> authorizes the formation of various healing arts professional corporations and establishes which healing arts licensees who are not of the same license type as the corporation may be shareholders, officers, and directors of that corporation. Any person licensed under the Business and Professions Code, shareholder, officer, or employee of a physical therapy corporation, but does not authorize OTs to form OT corporations.

There is no clear policy reason for the limitation—the act went into law with a handful of corporation types and has been amended on a case-by-case basis over time. That said, if OTs are added, there may be additional changes for CBOT to consider on the regulatory and licensing side once new business and care delivery models are formed.

**Staff Recommendation:** *The Committees may wish to amend the Moscone-Knox Professional Corporation Act to allow OTs to form professional corporations and consider whether additional licensing or regulatory requirements are needed if so.*

**ISSUE #4: INDEPENDENT CONTRACTORS.** Does the new test for determining employment status, as prescribed in the court decision *Dynamex Operations West Inc. v. Superior Court*, have any unresolved implications for CBOT licensees working as independent contractors?

**Background:** In the Spring of 2018, the California Supreme Court issued a decision in *Dynamex Operations West, Inc. v. Superior Court* (4 Cal.5th 903) that significantly changed the factors that determine whether a worker is legally an employee or an independent contractor. In a case involving the classification of delivery drivers, the California Supreme Court adopted a new test comprised of three elements:

- A. That the worker is free from the control and direction of the hirer in connection with the performance of the work, both under the contract for the performance of such work and in fact;
- B. That the worker performs work that is outside the usual course of the hiring entity's business; and
- C. That the worker is customarily engaged in an independently established trade, occupation, or business of the same nature as the work performed for the hiring entity.

The test, commonly referred to as the “ABC test,” potentially reaches into numerous fields and industries utilizing workers previously believed to be independent contractors, including occupations regulated by entities under the DCA. In the following year, AB 5 (Gonzalez), Chapter 296, Statutes of 2019 codified the *Dynamex* ABC test while providing for clarifications and carve-outs for certain professions. Specifically, physicians and surgeons, dentists, podiatrists, psychologists, and veterinarians were among those professions that were allowed to continue operating under the previous framework for independent contractors. As a result, the new ABC test must be applied and interpreted for all non-exempted licensed professionals.

<sup>17</sup> Corporations Code §§ 13400-13410.

**Staff Recommendation: CBOT should inform the committees of any discussions it has had about the Dynamex decision and AB 5, and whether there is potential to impact the current landscape of the profession unless an exemption is provided.**

**ISSUE #5: OTA WORKFORCE NEEDS. What steps has CBOT taken, or plans to take, related to the findings of the OTA workforce study discussed in its sunset report?**

**Background:** In 2019, the California Community Colleges Centers of Excellence for Labor Market Research, in collaboration with CBOT, conducted a California OTA Workforce Needs Assessment. It was the only state-level survey specifically focused on the California Occupational Therapy Assistant (OTA) workforce. The survey generated information on the supply of OTAs in California that is needed to plan for well-prepared and well-educated OTAs in sufficient numbers to meet the healthcare needs of the state.

The survey provided insight into the demographic composition of OTAs in California, their education, licensure, job characteristics such as work tasks, scheduling, and compensation, and the future of the OTA profession, including retirement and potential policy changes.

**Staff Recommendation: CBOT should update the Committees on its use of the information generated by the survey and any steps it plans to take in response to the report.**

## **EDUCATION ISSUES**

**ISSUE #6: ADVANCED PRACTICE CERTIFICATES. Should advanced practice certificates continue to be required for new graduates, and should the certificates eventually be phased out?**

**Background:** When CBOT was established in 2000, it was not clear if there were sufficient national minimum education standards relating to providing certain services, including hand therapy; physical agent modalities; use of topical medications; and swallowing assessment, evaluation, or intervention.

As a result, those services were established as advanced practice areas in statute. Currently, OTs are required to meet education and competency and CBOT approval to provide services in advanced practice areas. However, national educational standards have begun to include these services as part of the base curriculum. CBOT reports that it will revisit this issue to determine the necessity of these requirements for OT students graduating after a certain date.

In the meantime, the oversight and approval of advanced practice course providers generates workload, taking staff time and requiring a subject matter expert's review. However, providers do not pay a fee approval. As mentioned under Issue #1 on page 17 CBOT is exploring the possibility of charging a fee for approval of the course. It is also considering requiring a subsequent renewal because providers have failed to notify CBOT of course content updates and any changes in instructors, requiring CBOT to perform an additional review.

Given that the additional advanced practice requirements may be duplicative of the base education provided in OT training programs, and the approval of providers generates workload, it may be worth phasing the requirement out.

**Staff Recommendation:** *CBOT should update the Committees on its review of the advanced practicerequirements, including whether there are still consumer protection benefits and, if not, whether thereis a potential timeline for phasing out the requirements.*

## **ENFORCEMENT ISSUES**

**ISSUE #7: ENFORCEMENT TIMELINES. What factors prevent CBOT from meeting its enforcement targets, and what can be done to address them?**

**Background:** As noted on page 12 of this paper, there have been some instances where CBOT has not met its enforcement target timelines. Ideally, enforcement actions should be as expedient as possible. If a licensee is not practicing safely, appropriate action is needed to ensure the protection of the public. If a licensee has not committed or is at risk of committing any wrongdoing, they should be allowed to return to work as soon as possible. Further, drawn-out enforcement actions can be a drain on resources at licensing boards and other partnering agencies.

To help ensure that boards strive to resolve cases quickly, they establish target timelines. For cases not referred to the Office of the Attorney General (OAG) (PM3, no formal disciplinary action), CBOT's target is 270 days. CBOT did not meet this target in FY 2016-17 and was an average of 33 days over. InFY 2017-18, CBOT was an average of 26 days over its target.

For cases that are referred to the OAG (PM4, formal disciplinary action), CBOT's target is 540 days. Itwas not able to meet this target in FYs 2016-17 (an overage of 63 days over) and 2020-21 (an average of 84 days over). PM4 can be a difficult target to meet as formal discipline may involve wait times out of the board's control. They require a greater level of investigation and coordination with the OAG andpotentially other agencies and states.

For FY 2016-17, CBOT had three cases that went over 1,200 days. CBOT reports that one case involvedunprofessional conduct charges by a licensee that was residing and practicing in Oregon and Washington. From the point CBOT was advised of the incident until discipline was rendered by the two states, the matter took two years. In the second case, adjudication of a criminal conviction took 405 days with administrative adjudication taking 616 days. In the third case, a sworn investigation took 365 days withadministrative adjudication taking 536 days.

For FY 2020-21, CBOT had three cases that took over three years from receipt of the complaint until discipline was rendered. One case took a total of 1,305 days which predominantly consisted of a sworninvestigation that took 668 days. The other two cases taking 2,106 and 2,155 days respectively pertainedto violations involving advanced practice services in hand therapy and physical agent modalities whichrequired extensive records gathering and multiple reviews by an expert to render a decision on whetherthe practitioners deviated from standard practice.

While the complexity of certain cases and the involvement of other states appear to be contributors to the delays in PM4 cases there may still be ways to reduce timelines or identify potential areas of delay at the board, DCA's Division of Investigation, or the OAG. For PM3 cases, there may be factors that can help reduce delays in the boards' investigation, such as lack of knowledge on the part of licensees.

For example, Issue #3 from the prior sunset review discussed the fact that many of CBOT's violations result from involved ethical issues, documentation, supervision (or lack thereof), aiding and abetting unlicensed practice, and failing to follow procedural license requirements, such as failing to complete continuing competence requirements or provide a timely address change.

At the time, the committee staff recommendation was to explore modifying the applicant attestation to include a statement that the applicant has read the laws and regulations or exploring an ethics training requirement. Ensuring licensees are aware of ethical requirements, as well as the extent of CBOT's authority, may reduce the number of required investigations or improve licensee compliance with CBOT investigative requests. CBOT has reported that it is still reviewing this matter.

### **EDUCATION ISSUES**

**ISSUE #6: ADVANCED PRACTICE CERTIFICATES. Should advanced practice certificates continue to be required for new graduates, and should the certificates eventually be phased out?**

**Background:** When CBOT was established in 2000, it was not clear if there were sufficient national minimum education standards relating to providing certain services, including hand therapy; physical agent modalities; use of topical medications; and swallowing assessment, evaluation, or intervention.

**Staff Recommendation:** *CBOT should discuss any factors that may contribute to enforcement or investigation delays, and whether any steps are being taken to address them, including the use of an ethics or jurisprudence tool or requirement.*

### **COVID-19 ISSUES & RESPONSE**

**ISSUE #8: COVID-19. Since March of 2020, the DCA has approved waivers through the Governor's executive orders, which affect licensees and future licensees alike. Do any of these waivers warrant an extension or statutory changes?**

**Background:** In response to the COVID-19 pandemic, the Governor issued executive orders to address the immediate COVID-19 pandemic, including impacts on the state's healthcare workforce stemming from the virus. On, March 4, 2020, the Governor issued a State of Emergency declaration, as defined in Government Code § 8558, which immediately authorized the Director of the Emergency Medical Services Authority (EMSA) to allow licensed healthcare professionals from outside of California to practice in California without a California license. Under BPC § 900, licensed professionals are authorized to practice in California during a state of emergency declaration as long as they are licensed and have been deployed by the EMSA director.

Following that executive order, on March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the DCA director to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic, including rules relating to examination, education, experience, and training.

One of the waivers helped address Issue #12 from the prior sunset review, which raised issues related to CBOT's ability to webcast meetings due to limited DCA resources and obligations with other boards. Since the pandemic, all meetings have been conducted virtually over the internet on the WebEx platform making meetings more accessible to the public, eliminating the need to webcast. It would be helpful to see whether waivers such as this should be extended beyond the State of Emergency.

***Staff Recommendation: CBOT should advise the Committees on the use of the COVID-19 waivers and the ongoing necessity of the waivers.***

**ISSUE #9: COVID-19 PROVIDER MENTAL HEALTH. Under ordinary circumstances, the work of healthcare providers is mentally and emotionally challenging. Are there new issues arising from or, or ongoing issues being worsened by, the extreme conditions of the COVID-19 pandemic?**

**Background:** Throughout the COVID-19 pandemic, healthcare workers and first responders have been caring for COVID-19 patients through multiple deadly surges, including a record-shattering death toll in December of 2020. Even for those who do not directly treat COVID-19 patients, the events surrounding the pandemic, including lockdowns and isolation protocols have changed the landscape of care delivery.

The Centers for Disease Control notes that “[p]roviding care to others during the COVID-19 pandemic can lead to stress, anxiety, fear, and other strong emotions.... Experiencing or witnessing life-threatening or traumatic events impacts everyone differently. In some circumstances, the distress can be managed successfully to reduce associated negative health and behavioral outcomes. In other cases, some people may experience clinically significant distress or impairment, such as acute stress disorder, post-traumatic stress disorder (PTSD), or secondary traumatic stress (also known as vicarious traumatization). Compassion fatigue and burnout may also result from chronic workplace stress and exposure to traumatic events during the COVID-19 pandemic.”<sup>18</sup>

Healthcare workers are essential to the state of California. Given the length and the unique conditions of the COVID-19 pandemic, it may be beneficial to track trends and identify potential challenges and solutions in delivering mental health care and support for healthcare workers who have been under extreme physical and mental pressure since the start of the coronavirus pandemic.

***Staff Recommendation: CBOT should discuss any findings related to the mental and behavioral healthcare needs of frontline healthcare providers arising from the COVID-19 pandemic.***

---

<sup>18</sup> Centers for Disease Control, *Healthcare Personnel and First Responders: How to Cope with Stress and Build Resilience During the COVID-19 Pandemic*, last updated December 16, 2020, [www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html).

## ***EDITS TO THE PRACTICE ACT***

---

### **ISSUE #10: TECHNICAL EDITS. Are there technical changes to the Practice Act that may improve CBOT's operations?**

**Background:** CBOT has suggested some technical changes to the Occupational Therapy Act in its report that may enhance or clarify the act or assist with consumer protection, including:

- A conforming change to the ability for OTs to supervise up to three OTAs at one time.
- An amendment acknowledging entry-level doctoral capstone experiences concerning supervised clinical practice.
- Other technical or conforming changes.

**Staff Recommendation:** *CBOT should continue to work with the Committees on potential changes.*

## ***CONTINUED REGULATION OF THE PROFESSION***

---

### **ISSUE #11: SUNSET EXTENSION. Should the current CBOT be continued and continue regulating the practice of occupational therapy?**

**Background:** A review of the issues raised since the last review demonstrates that CBOT continues to protect the public and that it works towards improving its operations. However, there are still issues that need to be addressed, including its current budget deficit, its enforcement timelines and high prevalence of ethical and other non-practice-related violations, and the question of its advanced practice certificate requirements.

**Staff Recommendation:** *CBOT's current regulation of occupational therapy should be continued and reviewed again on a future date to be determined.*