

**California Acupuncture  
Board Meeting  
May 15, 2026**



**Board Members**

Dr. Yong Ping Chen, L.Ac., Ph.D, President  
Hyun "Francisco" Kim, M.S., L.Ac., Vice President  
Gregory Leung  
Dr. Shu Dong Li, Ph.D  
Dr. Farshid Namin, L.Ac., DAOM  
Ruben Osorio



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**CALIFORNIA ACUPUNCTURE BOARD MEETING  
NOTICE AND AGENDA**

**Friday, May 15, 2026**

**9:30 a.m. to 5:00 p.m. or upon completion of business**

**Physical Address:**

DCA HQ2  
1747 North Market Boulevard  
Ruby Room, Suite 182  
Sacramento, CA 95834

**Remote Access:**

This meeting will also be held via WebEx Events for public participation. While the Board is webcasting the meeting as a courtesy to the public, the meeting will continue, even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend in person at a noticed physical location.

Instructions to connect to the meeting can be found by clicking [here](#).

[Click here to join the meeting](#)

*If joining using the link above*

Webinar number: 2488 407 9854

Webinar password: ACUP515

*If joining by phone*

+1-415-655-0001 US Toll

Access code: 2488 407 9854

Passcode: 2287515

**The California Acupuncture Board will host an in-person meeting at the above time and address, pursuant to Government Code, section 11122.5.**

**ACTION MAY BE TAKEN ON ANY ITEM LISTED ON THE AGENDA**

**Members of the Board**

Dr. Yong Ping Chen, L.Ac., Ph.D, President  
Hyun "Francisco" Kim, M.S., L.Ac., Vice-President  
Gregory Leung  
Dr. Shu Dong Li, Ph.D  
Ruben Osorio

- 1. Call to Order, Roll Call, and Establishment of Quorum**
- 2. President's Remarks (Chen)**

3. **Review and Possible Action on Board Meeting Minutes for March 26, 2026 (Chen)**
4. **Executive Management Report**
  - (A) Budget Update
  - (B) Licensing Report Q2 & Q3 2025-26
  - (C) Enforcement Report Q2 & Q3 2025-26
  - (D) Business Modernization Update
5. **Legislative Report and Possible Action on Bills of Interest to the Board (Brothers)**
  - (A) [AB 1558](#) (Arambula) Uniform Emergency Volunteer Health Practitioners Act
  - (B) [AB 1775](#) (Ward) Veterans
  - (C) [AB 1767](#) (Berman) Department of Consumer Affairs: Public Members of Boards: Conflicts of Interest
  - (D) [AB 1949](#) (Lee) Medi-Cal: Acupuncture Treatments
  - (E) [AB 1979](#) (Bonta) Health Care Services: Artificial Intelligence
  - (F) [AB 2140](#) (Johnson) Healing Arts: Reports: Claims against Licensees
  - (G) [AB 2497](#) (Johnson) Physical Therapists
  - (H) [AB 2551](#) (Elhawary) Health Care Coverage
  - (I) [AB 2668](#) (Fong) Acupuncture: Department of Consumer Affairs
  - (J) [SB 944](#) (Weiner) Medi-Cal: Acupuncture
  - (K) [SB 1159](#) (Cabaldon) Artificial intelligence: transparency and governance
  - (L) [SB 1391](#) (Wahab) Department of Consumer Affairs: retired category licenses
6. **Regulatory Report (Brothers)**
  - (A) Disciplinary Guidelines; Uniform Standards for Substance Abusing Licensees; Probation Disclosure (Title 16 CCR section 1399.469)
  - (B) Align Curriculum Standards and Approval Related Regulations with Statute (Title 16 CCR sections 1399.425, 1399.427, 1399.434, 1399.435, 1399.437 and 1399.439)
  - (C) Application for Retired Status; Retired Status; Restoration (Title 16 CCR section 1399.419.3 and 1399.460)
  - (D) Standards of Practice for Telehealth Services (Title 16 CCR section 1399.452.1)
  - (E) Hand Hygiene Requirements (Title 16 CCR section 1399.451)
7. **Discussion and Possible Action on Acupuncture Education Requirements**
  - (A) Doctorate Degree
  - (B) Prerequisites/Science Requirements
  - (C) Clinical Education Requirements (\*clinical internship/externship)
  - (D) Accreditation Requirements – Letter of Intent

## **8. Nomination and Election of Officers**

## **9. Future Agenda Items**

## **10. Public Comments for Items Not on the Agenda**

*The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)*

## **11. Adjournment**

### Informational Notes:

Discussion and action may be taken on any item on the full board meeting agenda. The agenda, as well as any available Board meeting minutes and materials, can be found on the California Acupuncture Board website: [www.acupuncture.ca.gov](http://www.acupuncture.ca.gov).

The time and order of agenda items are approximate and subject to change at the discretion of the Board President; agenda items scheduled for a particular day may be moved or continued to an earlier or later noticed meeting day to facilitate the effective transaction of business.

In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public.

The Board plans to webcast this meeting at the Webex address listed on the agenda above. Webcast availability cannot, however, be guaranteed due to limitations on resources or other technical difficulties that may arise. Please note that the meeting will continue even if the webcast fails. If you wish to participate or to have a guaranteed opportunity to observe, please attend at a noticed location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

Members of the public may but are not obligated to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

Government Code, section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board or prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on items not noticed in the agenda. (Gov. Code, §§ 11125, 11125.3, 11125.7(a).)

Board meetings are open to the public and are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact the Board at (916) 515-5200; Fax: (916) 928-2204. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.



**Draft 03.26.26 Board  
Meeting Minutes**

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**BOARD MEETING  
DRAFT MEETING MINUTES  
March 26, 2026**

**LOCATION:**

2005 Evergreen St, Rm. 1150 A & B  
First Floor Hearing Room  
Sacramento, CA 95815

Remote Access via Web Ex Teleconference

**Staff Present**

**Benjamin Bodea**, Executive Officer  
**Brennan Meier**, Legal Counsel  
**Jay Herdt**, Licensing Manager  
**Enrico Garcia**, Administrative Coordinator  
**Marisa Ochoa**, Central Services Manager, Remote

**Members (of the Board) Present**

**Dr. Yong Ping Chen**, Ph.D., L.Ac., President  
**Hyun “Francisco” Kim**, M.S., L.Ac., Vice President  
**Gregory Leung**  
**Shu Dong Li**, Ph.D.  
**Ruben Osorio**

**Item 1 – Call to Order, Roll Call, and Establishment of Quorum**

Meeting commenced at 9:36 a.m.

Roll call taken. All members present. Quorum established.

**Item 2 – President’s Remarks**

President Yong Ping Chen (President Chen) welcomed members, staff, and the public to the meeting.

**Item 3 – Review and Possible Approval of Board Meeting Minutes for November 6, 2025**

Members reviewed the minutes from the November 6, 2025, meeting.

**MOTION**

Vice-President Francisco Kim (VP Kim) motioned to approve the November 6, 2025, meeting minutes.

Board Member Gregory Leung (Member Leung) seconded.

Yes: Chen, Kim, Leung, Li, Osorio

**5-0**

**Motion Passes**

#### **Item 4 – Update from the Department of Consumer Affairs**

Lucia Saldivar (Ms. Saldivar) from the Department of Consumer Affairs provided an update to the California Acupuncture Board (Board). Ms. Saldivar announced that Christine Lally has been appointed Acting Director following Kimberly Kirchmeyer's retirement. Ms. Saldivar also reviewed recent actions supporting licensees affected by the Los Angeles fires, including a one-year postponement of renewal fees. Ms. Saldivar then discussed the state's approved plan to reorganize the Business, Consumer Services and Housing Agency into two new agencies, with the changes becoming effective July 1, 2026. Ms. Saldivar reminded board members to practice cost-effective travel planning and provided updates on board member training requirements.

#### **Item 5 – Professional Association Updates**

##### **(A) Council of Colleges of Acupuncture and Herbal Medicine**

The Council of Colleges for Acupuncture and Herbal Medicine (CCAHM), represented by its President, Dr. Thomas Kouo, and Executive Director, Kristin Richeimer, delivered a comprehensive update to the Board. They outlined the Council's mission, current membership, including numerous California campuses, and their strategic efforts to strengthen the profession.

A major focus of the presentation was the growing pressure on acupuncture schools caused by new federal rulemaking tied to the One Big Beautiful Bill Act, and CCAHM's related committees, which are reshaping student loan eligibility and caps, professional degree definitions, and institutional accountability measures. The Council emphasized that these regulations pose significant risks to acupuncture institutions, particularly the proposed earnings-based metrics that disadvantage professions with high rates of self-employment. They warned that failure to meet new standards could lead not only to loss of Title IV financial aid but also potential accreditation consequences affecting school survival. The presenters also highlighted declining nationwide enrollment, the need to reduce student debt, and the challenge of maintaining high educational quality while remaining competitive with other healthcare programs.

Another major component of the update concerned Clean Needle Technique (CNT). They described CNT as the national safety standard, detailed its frequent updates, and formally requested that California adopt CCAHM's CNT certification as a requirement for licensure. They also clarified CNT trademark and copyright rules and noted the Council's capacity to reinstate multilingual exams if California joins the requirement.

President Chen and VP Kim posed questions about CNT's adequacy, language accessibility, employment data, comparisons with dry needling requirements, and broader concerns about professional safety. Additional dialogue explored workforce challenges, the lack of insurance and Medicare coverage for acupuncture, economic pressure on graduates, and barriers to employment in mainstream medical environments. The discussion concluded with mutual appreciation and

acknowledgment of the need for unified national efforts to protect and advance the acupuncture profession.

### **(B) Accreditation Commission for Acupuncture and Herbal Medicine**

The Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), represented by its Executive Director Dr. Mark McKenzie and Director of Accreditation Jason Wright, provided the Board with a detailed update on the status of accredited programs, current challenges in higher education, and emerging federal policies that could significantly impact the acupuncture profession. They reported that ACAHM currently accredits forty-five institutions and oversees 113 programs, though closures and declining enrollment have reduced these numbers in recent years. Much of their presentation focused on the looming threat posed by new federal gainful-employment and earnings-threshold regulations, which use Internal Revenue Service and census income data to judge program viability. Because most acupuncture graduates are self-employed, leading to lower reported adjusted gross income, ACAHM anticipates that nearly all programs may lose federal financial-aid eligibility by 2028, creating severe financial strain on schools and limiting access for future students. They also addressed program hour requirements, explaining differences between master's, entry-level doctoral, and advanced doctoral programs, and discussed ongoing efforts to explore more efficient curriculum models without compromising professional competencies or public safety.

VP Kim emphasized concerns about graduate employment, reporting that some schools claim high unemployment despite ACAHM's self-employment statistics. VP Kim also stressed that income challenges are market-driven and urged ACAHM to consider higher science prerequisites so graduates can qualify for employment in larger medical institutions. Board Member Reuben Osorio (Member Osorio) sought clarity on ACAHM's hour requirements, questioned whether cost pressures were influencing standards, and noted that lower hours could harm the profession, especially as the broader economy struggles. President Chen asked extensive questions about degree-name unification, program hour differences, accreditation categories, prerequisites, TOEFL (The Test of English as a Foreign Language) requirements, and pathways such as Asian medical bodywork. President Chen highlighted the importance of preparing acupuncturists for system-based medical environments and explored whether moving from the master's to entry-level doctoral programs could strengthen professional status and improve financial viability. Executive Officer Benjamin Bodea (E.O. Bodea) clarified that proposed curriculum-hour changes come from legislation, not the Board, and asked ACAHM to clarify when students must attain the minimum TOEFL scores in their education, and if the Clean Needle Technique exam was offered meeting the minimum TOEFL requirements ACAHM has set such that all applicants would be able to test in English.

ACAHM emphasized that while it cannot lobby, it is actively reviewing its standards and gathering input from schools and stakeholders to help the field adapt to regulatory and

economic pressures. They closed by offering continued support and follow-up communication as the Board considers future policy and educational issues.

The Board recessed from 12:23 p.m.-1:33 p.m.

Roll Call taken at 1:33 p.m. All members present. Quorum established.

### **(C) California Acupuncture Coalition**

Ryan McCarthy (Mr. McCarthy), representing the California Acupuncture Coalition (CAC), delivered a comprehensive presentation to the Board outlining the Coalition's mission, legislative priorities, and concerns impacting the acupuncture profession in California. Mr. McCarthy explained that CAC was formed to unite various acupuncture associations, schools, and medical organizations statewide, initially to protect Medi-Cal acupuncture benefits during repeated budget threats.

Mr. McCarthy described three bills sponsored by CAC: SB 944, which removes a federal-funding contingency in Medi-Cal law to ensure stable funding for acupuncture services; AB 1949, which would eliminate the current twice-per-month treatment cap while preserving annual limits to give practitioners greater clinical flexibility; and AB 2668, which proposes raising California's entry-level licensure requirement to a doctoral degree with at least 3,300 education hours to improve professional recognition, integration into healthcare systems, research eligibility, and employment opportunities. Mr. McCarthy also emphasized CAC's strong opposition to AB 2497, a bill that would expand physical therapists' scope, including authorization to perform dry needling, which CAC views as acupuncture performed without proper training, arguing it poses patient-safety risks.

President Chen inquired on the education-hour figures and questioned whether the proposed 3,300-hour minimum is below the averages of current training programs' curriculum. VP Kim asked about support levels and later suggested seeking subject-matter expert input before Board action. CAC board members Dr. Lin Yang and Dr. Anyork Lee provided additional technical explanations, noting that most California programs already exceed 3,300 hours, that doctoral preparation enhances clinical reasoning and professional status, and that expanded training could improve employment outcomes and access to research funding. Board members acknowledged the value of the information and expressed interest in further study before taking any formal positions.

## **(D) CSOMA**

Dr. Julie Tran (Dr. Tran), president of CSOMA, opened the discussion by thanking the Board and attendees before presenting an update on the association's efforts. Dr. Tran outlined current legislative activity, noting CSOMA's support for SB 944 and AB 1949, and its opposition to AB 2647 and AB 2668. Dr. Tran added that students also oppose AB 2668 and have submitted a petition with more than 225 signatures. Dr. Tran described CSOMA's collaborative work with the California Acupuncture Coalition and its role in helping preserve acupuncture benefits within Medi-Cal. Dr. Tran also highlighted a request from the San Francisco Department of Public Health, which sought CSOMA's advice on pay structures and ways to make open acupuncturist positions more appealing. Dr. Tran then discussed CSOMA's community-education efforts, including monthly webinars, legislative town halls, and upcoming conferences at Yo San University in May, and in Oakland in September.

After Dr. Tran's presentation, VP Kim asked about regional representation in student petition signatures, and Dr. Tran explained that most signatures came from Southern California schools but that updates from Northern California campuses are pending. President Chen asked several questions regarding San Francisco's acupuncturist hiring program, including the number of positions, rotation between clinics, qualifications required, pay levels, and clinical responsibilities. Dr. Tran clarified that the city is hiring four part-time acupuncturists who will rotate among clinics, must be licensed in California, and will perform typical clinical duties and documentation. Dr. Tran emphasized that CSOMA's role was limited to advising on compensation, not job design. President Chen encouraged CSOMA to extend similar advocacy efforts to other public agencies, such as the Veterans Administration, and inquired about the profession's long-term readiness for primary-care-level roles. Dr. Tran responded that expanding employment opportunities is a major priority and explained CSOMA's past legislative attempt to allow California licensure via either the CALE or the national exam to better align with hospital and federal hiring standards.

Dr. Tran emphasized that CSOMA opposes AB 2668 because it would impose additional educational and financial burdens on students. The conversation concluded with President Chen reflecting on historical developments related to licensure and urging CSOMA to continue building the profession's capacity and competency, while Dr. Tran expressed appreciation and reiterated CSOMA's commitment to advocacy and advancement.

### Public Comment

The first public commenter warned that upcoming federal financial aid changes will make current acupuncture programs unsustainable and argued that increasing state-mandated hours will raise costs without improving outcomes, risking school closures and fewer practitioners. The commenter urged the Board to recognize financial realities before imposing additional requirements.

The second public commenter highlighted California's long history of acupuncture legislation and advocacy, especially around Medicare recognition, and emphasized teamwork across organizations. The commenter argued that increasing hours does not guarantee improved quality and urged focusing on strengthening education rather than expanding hours.

The third public commenter opposed adopting the current CNT manual, calling it outdated and incomplete in safety content. The commenter noted the Council of Colleges relies heavily on CNT revenue while membership shrinks, questioning its responsiveness and urging the Board not to adopt the current version.

The fourth public commenter explained existing pathways that reduce student financial burden, tutorial programs, acupuncture assistant roles, and community-college science hours, and stressed the need to maintain strong education standards, citing recent dry-needling injuries as evidence that safety must not be compromised.

The fifth public commenter stated that Five Branches University does not support increasing required hours, arguing California already has high standards and that quality depends on curriculum, not hour count. The commenter supported allowing graduates to advance into doctoral studies without raising entry-level hours.

The sixth public commenter proposed using Artificial Intelligence (AI) as a tool to raise educational quality without adding tuition hours, describing an AI platform built on master-level expertise. The commenter encouraged embracing technology to improve learning and clinical support rather than increasing program length.

The seventh public commenter stated the profession has stagnated due to low educational quality, reflected in weak recruitment and practice challenges. They support raising education quality, including a professional doctorate, arguing it will benefit schools, practitioners, and public safety.

The eighth public commenter requested an accessible licensure pathway for elder traditional practitioners whose lifetime expertise predates modern academic structures. The commenter described how current rules force a 75-year-old master practitioner to redo basic education, calling it an undue burden and a loss of living knowledge.

The ninth public commenter argued that to thrive in the modern healthcare system, acupuncture must raise entry-level licensure to the doctoral degree, aligning with other healthcare fields. The commenter said this change would improve public perception, insurance recognition, and student recruitment.

The tenth public commenter opposed AB 2668's provision allowing accreditation waivers, warning it threatens patient safety and national licensure portability. The commenter cautioned against raising burdens on students and schools amid tightening federal loan policies and emphasized maintaining strong national standards.

The eleventh public commenter highlighted technical issues with the California Acupuncture Licensing Examination (CALE) and lower overall pass rates, asking for a

formal review of its alignment with curricula. The commenter noted school closures and financial aid changes will further stress the licensure pipeline and urged the Board to evaluate whether CALE creates unnecessary barriers.

The twelfth public commenter expressed that they experienced dramatic relief through advanced acupuncture, they argued the profession needs more rigorous education, not less. The commenter urged optimism about future financing options, predicting private and AI-enabled funding models will emerge as federal loans shrink.

The thirteenth public commenter clarified that most California schools already exceed 3,000 hours and that increasing hours may not change actual training. The commenter emphasized the lack of national standards across accrediting bodies and argued education is primarily a local matter, urging schools and practitioners to collaborate on solutions.

The fourteenth public commenter opposed AB 2668, citing that many programs are already financially unstable under federal benchmarks. The commenter warned that increasing hours during a period of shrinking loan access will deter new students and harm the profession's viability.

The fifteenth public commenter supported modest hour increases to convert master's-level programs into doctoral degrees, arguing that doctoral-level specialized training would strengthen clinical effectiveness, reputation, and incomes. The commenter noted that other healthcare professions already require doctorates and urged acupuncture to align.

The sixteenth public commenter opposed AB 2668, arguing it detracts from combating physical therapists' push for dry needling authority. The commenter stated there is no evidence that increasing education hours improves national recognition or job opportunities and emphasized that national hiring agencies want uniform certification, not more hours.

The seventeenth public commenter warned that AB 2668 would raise costs and deter prospective students already struggling with affordability. The commenter stated financial barriers, not lack of dedication, are keeping people from joining the profession and urges consideration of student financial realities.

The eighteenth public commenter supported adding CNT training to California's curriculum, stating it would standardize education, improve patient safety, and reduce liability risks.

The nineteenth public commenter provided cost data showing acupuncture students often incur two hundred thousand to three hundred thousand dollars in debt while earning far below the required income thresholds. The commenter noted upcoming federal loan limits will worsen this gap but takes no stance on the policy issues.

The twentieth public commenter credits acupuncture with improving their health and stresses that high training standards protect patients. The commenter opposes reducing hours or expanding scope to professions with less training.

The twenty-first public commenter supports AB2668, stating that the profession should elevate educational standards and move toward producing doctoral-level practitioners.

The Board recessed from 3:50 p.m.-4:07 p.m.

Roll Call taken at 4:08 p.m. All members present. Quorum established.

**Item 11 – Discussion and Possible Adoption of Standards of Practice for Telehealth Services Rulemaking (16 CCR section 1399.452.1, Including Consideration of Comments Received During 15-day Comment Period for Modified Text**

The Board reviewed the telehealth regulatory package following a second 15-day public comment period, which generated one comment from Dr. Elizabeth Selandia. The comment argued that most acupuncture services cannot be provided via telehealth and that the proposed regulations would negatively affect practitioners. Board staff proposed a response explaining that the regulation is not intended to list specific services appropriate for telehealth but instead allows licensed acupuncturists to determine suitability based on statutory scope and professional judgment. Staff also noted that billing concerns fall outside the scope of the regulation. With no questions or suggested changes from board members, a motion was made and seconded to reject the requested action in the comment, approve the proposed response, authorize technical edits, and direct staff to proceed with the rulemaking process.

**MOTION**

VP Kim motioned for the Board to direct staff to reject the action requested in the comment, approve the response to the comment (as indicated in the meeting materials), authorize the Executive Officer to make any technical or non-substantive changes to the proposed regulations, and direct staff to take all steps necessary to complete the rulemaking process.

Member Osorio seconded.

Yes: Chen, Kim, Li, Leung, Osorio

**5-0**

**Motion Passes**

## **Item 12 – Future Agenda Items**

President Chen requested adding discussion of two bills, AB 2668 and AB 2497, to the next agenda. E.O. Bodea agreed and noted that the legislative report will be updated with any changes, and that AB 2497 will also be included.

### Public Comment

The first commenter suggested adding an agenda item to review federal developments affecting acupuncture, including bills related to student loans and provider recognition. The commenter noted that Medicare already covers acupuncture and emphasizes the need to ensure qualified providers are included in federal policy.

The second commenter proposed discussing how the Board, schools, associations, and national organizations can collaborate to create clinical training opportunities for acupuncture students in mainstream medical settings, supporting greater integration into the healthcare system.

The third commenter requested a review of whether California's current education-to-licensure pathway protects the public while avoiding unnecessary limits on the future acupuncture workforce.

## **Item 13 – Public Comments for Items not on the Agenda**

### Public Comment

No public comments were made.

## **Item 13 – Pursuant to Government Code, section 11126, subd. (a), the Board Will Meet in Closed Session for Discussion, Deliberation, and Possible Action on Evaluating the Executive Officer's Performance**

### **Closed Session**

Closed session began at 4:28 pm and ended at 4:58 pm.

### **Return to Open Session**

## **Item 14 – Adjournment**

President Chen adjourned the meeting at or around 4:58 p.m.



**Budget Update**

**Department of Consumer Affairs**

**Expenditure Projection Report**

Acupuncture Board

Reporting Structure(s): 11111700 Support

Fiscal Month: 9

Fiscal Year: 2025 - 2026

Run Date: 04/13/2026

**PERSONAL SERVICES**

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$1,029,000	\$760,141	\$0	\$760,141	\$1,017,540	\$1,040,000	\$85,745	\$776,100	\$0	\$776,100	\$1,035,101	\$4,899
5100	TEMPORARY POSITIONS	\$19,000	\$308	\$0	\$308	\$308	\$19,000	\$0	\$0	\$0	\$0	\$300	\$18,700
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$12,000	\$723	\$0	\$723	\$8,606	\$12,000	\$3,900	\$4,230	\$0	\$4,230	\$8,500	\$3,500
5150	STAFF BENEFITS	\$545,000	\$393,809	\$0	\$393,809	\$523,339	\$577,000	\$47,503	\$427,280	\$0	\$427,280	\$570,038	\$6,962
<b>PERSONAL SERVICES</b>		<b>\$1,605,000</b>	<b>\$1,154,981</b>	<b>\$0</b>	<b>\$1,154,981</b>	<b>\$1,549,793</b>	<b>\$1,648,000</b>	<b>\$137,148</b>	<b>\$1,207,609</b>	<b>\$0</b>	<b>\$1,207,609</b>	<b>\$1,613,939</b>	<b>\$34,061</b>

**OPERATING EXPENSES & EQUIPMENT**

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$73,000	\$5,207	\$14,103	\$19,310	\$24,356	\$73,000	\$884	\$4,292	\$45,082	\$49,374	\$56,218	\$16,782
5302	PRINTING	\$18,000	\$164	\$13,740	\$13,903	\$12,654	\$18,000	\$0	\$5,309	\$14,102	\$19,411	\$19,411	-\$1,411
5304	COMMUNICATIONS	\$18,000	\$2,067	\$0	\$2,067	\$2,918	\$18,000	\$153	\$2,869	\$0	\$2,869	\$4,258	\$13,742
5306	POSTAGE	\$6,000	\$11,887	\$0	\$11,887	\$12,767	\$6,000	\$0	\$2,141	\$0	\$2,141	\$5,000	\$1,000
53202-204	IN STATE TRAVEL	\$34,000	\$15,278	\$0	\$15,278	\$26,625	\$34,000	\$406	\$18,837	\$0	\$18,837	\$34,000	\$0
5322	TRAINING	\$4,000	\$8	\$0	\$8	\$8	\$4,000	\$0	\$0	\$0	\$0	\$100	\$3,900
5324	FACILITIES	\$65,000	\$118,759	\$38,669	\$157,427	\$159,958	\$65,000	\$13,396	\$120,857	\$38,669	\$159,526	\$161,753	-\$96,753
53402-53403	C/P SERVICES (INTERNAL)	\$502,000	\$55,271	\$0	\$55,271	\$92,440	\$502,000	\$31,621	\$111,253	\$0	\$111,253	\$180,962	\$321,038
53404-53405	C/P SERVICES (EXTERNAL)	\$496,000	\$173,225	\$175,259	\$348,485	\$350,247	\$484,000	\$47,065	\$234,103	\$273,536	\$507,639	\$602,230	-\$118,230
5342	DEPARTMENT PRORATA	\$535,000	\$461,666	\$0	\$461,666	\$469,858	\$707,000	\$0	\$523,500	\$0	\$523,500	\$707,000	\$0
5342	DEPARTMENTAL SERVICES	\$323,000	\$123,631	\$0	\$123,631	\$151,207	\$323,000	\$6	\$86,377	\$0	\$86,377	\$198,637	\$124,363
5344	CONSOLIDATED DATA CENTERS	\$4,000	\$0	\$0	\$0	\$6,926	\$4,000	\$0	\$0	\$0	\$0	\$7,997	-\$3,997
5346	INFORMATION TECHNOLOGY	\$18,000	\$10,924	\$224,768	\$235,692	\$109,845	\$18,000	\$1	\$16,320	\$0	\$16,320	\$126,067	-\$108,067
5362-5368	EQUIPMENT	\$28,000	\$4,985	\$5,416	\$10,400	\$13,964	\$0	\$0	\$49,497	\$1,320	\$50,817	\$55,317	-\$55,317
5390	OTHER ITEMS OF EXPENSE	\$3,000	\$19	\$0	\$19	\$19	\$3,000	\$0	\$0	\$0	\$0	\$0	\$3,000
54	SPECIAL ITEMS OF EXPENSE	\$0	\$234	\$0	\$234	\$867	\$0	\$0	\$435	\$0	\$435	\$867	-\$867
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>		<b>\$2,127,000</b>	<b>\$983,325</b>	<b>\$471,954</b>	<b>\$1,455,280</b>	<b>\$1,434,659</b>	<b>\$2,259,000</b>	<b>\$93,532</b>	<b>\$1,175,791</b>	<b>\$372,709</b>	<b>\$1,548,500</b>	<b>\$2,159,816</b>	<b>\$99,184</b>

<b>OVERALL TOTALS</b>	<b>\$3,732,000</b>	<b>\$2,138,306</b>	<b>\$471,954</b>	<b>\$2,610,261</b>	<b>\$2,984,452</b>	<b>\$3,907,000</b>	<b>\$230,680</b>	<b>\$2,383,400</b>	<b>\$372,709</b>	<b>\$2,756,110</b>	<b>\$3,773,755</b>	<b>\$133,245</b>
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<b>REIMBURSEMENTS</b>	<b>-\$23,000</b>				<b>-\$34,119</b>	<b>-\$23,000</b>					<b>-\$23,000</b>	
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<b>OVERALL NET TOTALS</b>	<b>\$3,709,000</b>	<b>\$2,138,306</b>	<b>\$471,954</b>	<b>\$2,610,261</b>	<b>\$2,950,333</b>	<b>\$3,884,000</b>	<b>\$230,680</b>	<b>\$2,383,400</b>	<b>\$372,709</b>	<b>\$2,756,110</b>	<b>\$3,750,755</b>	<b>\$156,245</b>
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4.02%

**Department of Consumer Affairs**

**Revenue Projection Report**

Reporting Structure(s): 11111700 Support

Fiscal Month: 9

Fiscal Year: 2025 - 2026

Run Date: 04/13/2026

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Delinquent Fees	\$77,000	\$5,550	\$4,950	\$6,300	\$7,250	\$4,500	\$4,600	\$5,950	\$5,000	\$4,100	\$5,400	\$5,000	\$5,400	\$48,100	\$63,900
	Other Regulatory Fees	\$296,000	\$19,520	\$17,155	\$15,735	\$29,275	\$37,695	\$38,800	\$25,035	\$24,840	\$22,470	\$22,900	\$17,250	\$17,900	\$230,515	\$288,565
	Other Regulatory License and Permits	\$706,000	\$62,969	\$52,490	\$68,037	\$68,294	\$49,981	\$41,317	\$60,441	\$60,529	\$79,077	\$52,600	\$49,700	\$47,700	\$543,135	\$693,135
	Other Revenue	\$195,000	\$50	\$0	\$0	\$69,583	\$1,958	\$0	\$71,227	\$25	\$0	\$70,000	\$0	\$0	\$142,843	\$212,843
	Renewal Fees	\$2,927,000	\$223,050	\$223,450	\$274,250	\$429,950	\$206,900	\$247,250	\$300,250	\$275,350	\$303,200	\$226,430	\$221,930	\$216,930	\$2,483,650	\$3,148,940
	<b>Revenue</b>	<b>\$4,201,000</b>	<b>\$311,139</b>	<b>\$298,045</b>	<b>\$364,322</b>	<b>\$604,352</b>	<b>\$301,024</b>	<b>\$331,967</b>	<b>\$462,803</b>	<b>\$365,744</b>	<b>\$408,847</b>	<b>\$377,330</b>	<b>\$293,880</b>	<b>\$287,930</b>	<b>\$3,448,243</b>	<b>\$4,407,383</b>

Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End
	Scheduled Reimbursements	\$23,000	\$0	\$0	\$0	\$0	\$49	\$98	\$49	\$49	\$49	\$49	\$49	\$0	\$294	\$392
	Unscheduled Reimbursements	\$0	\$125	\$50	\$125	\$125	\$125	\$1,745	\$1,945	\$5,135	\$1,015	\$1,236	\$1,236	\$0	\$10,390	\$12,863
	<b>Reimbursements</b>	<b>\$23,000</b>	<b>\$125</b>	<b>\$50</b>	<b>\$125</b>	<b>\$125</b>	<b>\$174</b>	<b>\$1,843</b>	<b>\$1,994</b>	<b>\$5,184</b>	<b>\$1,064</b>	<b>\$1,285</b>	<b>\$1,285</b>	<b>\$0</b>	<b>\$10,684</b>	<b>\$13,255</b>

0108 - Acupuncture Fund  
 Analysis of Fund Condition  
 (Dollars in Thousands)  
 2026-27 Governor's Budget with FM 9 Projections

Prepared 4.24.2026

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
<b>BEGINNING BALANCE</b>	\$ 4,562	\$ 6,169	\$ 6,553	\$ 6,777
Prior Year Adjustment	\$ 285	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,847	\$ 6,169	\$ 6,553	\$ 6,777
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>				
Revenues				
4121200 - Delinquent fees	\$ 75	\$ 64	\$ 78	\$ 78
4127400 - Renewal fees	\$ 3,109	\$ 3,149	\$ 3,143	\$ 3,143
4129200 - Other regulatory fees	\$ 291	\$ 289	\$ 300	\$ 300
4129400 - Other regulatory licenses and permits	\$ 705	\$ 693	\$ 707	\$ 707
4163000 - Income from surplus money investments	\$ 267	\$ 212	\$ 286	\$ 290
4171400 - Escheat of unclaimed checks and warrants	\$ 1	\$ -	\$ -	\$ -
Totals, Revenues	\$ 4,448	\$ 4,407	\$ 4,514	\$ 4,518
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	\$ 4,448	\$ 4,407	\$ 4,514	\$ 4,518
<b>TOTAL RESOURCES</b>	\$ 9,295	\$ 10,576	\$ 11,067	\$ 11,295
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 2,950	\$ 3,761	\$ 4,011	\$ 4,131
9892 Supplemental Pension Payments (State Operations)	\$ 11	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 165	\$ 262	\$ 279	\$ 279
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	\$ 3,126	\$ 4,023	\$ 4,290	\$ 4,410
<b>FUND BALANCE</b>				
Reserve for economic uncertainties	\$ 6,169	\$ 6,553	\$ 6,777	\$ 6,885
Months in Reserve	18.4	18.3	18.4	18.2

**NOTES:**

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



# Licensing Report

### FY 25/26 Acupuncture Licensing Report

License Status	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Active	10086	10078	10084	
Inactive	1405	1437	1447	
Delinquent	1421	1290	1247	
Valid	12912	12805	12778	
Cancelled	179	161	83	
Initial AC License Applications Approved	63	66	74	
Initial AC License Applications Denied	0	0	0	
AC License Renewals	1228	1344	1571	
Active Wall Licenses	5819	5925	6451	
Initial Wall Licenses	386	294	821	
Wall License Renewals	454	541	602	

### FY 25/26 Continuing Education Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New CE Provider Applications Approved	12	15	8	
CE Provider Applications Denied	0	0	0	
CE Provider Renewals	31	27	40	
Course Applications Received	507	544	572	
Course Applications Approved	496	529	574	
Course Denials	0	0	0	

### FY 25/26 Acupuncture Educational and Training Programs

Application for Board Approval of Curriculum (ABAC)	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
New ABAC - Received	6	1	4	
Resubmission ABAC - Received	12	6	4	
ABAC - Incomplete	14	2	5	
ABAC - Approved	3	0	0	
Loss of Approval	1	0	0	

### FY 25/26 Acupuncture Tutorial Training Programs Report

Type	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun
Applications Received	9	8	8	
New Program Approvals	11	3	5	
Programs Completed	3	1	2	
Programs Terminated or Revoked	0	0	1	
Total Approved Programs	74	76	78	

**EXAMINATION RESULTS STATISTICS - FIRST TIME AND OVERALL**

**7/1/2025-12/31/2025**

APPROVED ACUPUNTURE AND EDUCATIONAL TRAINING PROGRAMS	1ST TIME TAKERS			OVERALL (Includes Re-Takers)		
	#PASS	#FAIL	PASS %	#PASS	#FAIL	PASS %
Academy of Chinese Culture & Health Sciences	5	1	83%	5	2	71%
Acupuncture & Integrative Medicine College, Berkeley	8	4	67%	8	7	53%
Alhambra Medical University	10	3	77%	10	4	71%
American College of Traditional Chinese Medicine at CIIS*	1	0	100%	1	1	50%
AOMA Graduate School of Integrative Medicine*	0	0	N/A	1	0	100%
California Trinity University*	1	0	100%	1	0	100%
California University - Silicon Valley	0	3	0%	1	3	25%
Daoist Traditions College of Chinese Medical Arts	2	0	100%	2	0	100%
Dongguk University Los Angeles	9	2	82%	10	4	71%
Emperor's College of Traditional Chinese Medicine*	7	4	64%	10	5	67%
Five Branches University	8	7	53%	9	17	35%
Maryland University of Integrative Health	0	1	0%	0	2	0%
New England School of Acupuncture	1	0	100%	1	0	100%
Pacific College of Health and Science	21	12	64%	23	17	58%
Phoenix Institute of Herbal Medicine & Acupuncture	0	1	0%	0	1	0%
South Baylo University	15	15	50%	19	24	44%
Southern CA University School of OM & Acupuncture	0	0	N/A	1	1	50%
Southern California University of Health Sciences	6	4	60%	9	4	69%
University of East West Medicine	5	4	56%	6	11	35%
Whitewater University of CA	6	1	86%	6	1	86%
Yo San University	9	2	82%	10	3	77%
Tutorials	3	2	60%	4	4	50%
Foreign	3	4	43%	3	7	30%
<b>GRAND TOTAL</b>	<b>120</b>	<b>70</b>	<b>63%</b>	<b>140</b>	<b>118</b>	<b>54%</b>

\*Previously Approved Training Program

**EXAMINATION RESULTS STATISTICS - BY LANGUAGE****7/1/2025-12/31/2025**

<b>LANGUAGE</b>	<b>#PASS</b>	<b>#FAIL</b>	<b>PASS %</b>
Chinese	36	32	<b>53%</b>
English	94	81	<b>54%</b>
Korean	10	5	<b>67%</b>
<b>GRAND TOTAL</b>	<b>140</b>	<b>118</b>	<b>54%</b>



# **Enforcement Report**



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**Enforcement Update for FY 2025/2026: Quarter 2 2025 (October- December)**

**COMPLAINTS/CONVICTIONS & ARRESTS**

DCA Category		Received
Unsafe/Unsanitary Conditions		1
Fraud		3
Incompetence/Negligence		14
Unprofessional Conduct		25
Sexual Misconduct		2
Unlicensed/Unregistered		2
Criminal Charges/Convictions**		5
• Applicants	0	
• Licensees	5	
<b>Total</b>		<b>52</b>

The graph above shows the number of complaints received by complaint type for this quarter. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

**INVESTIGATIONS\***

DCA Category	Received	Closed	Pending**
Substance Abuse/Drug & Mental/Physical Impairment	0	0	0
Unsafe/Unsanitary Conditions	1	3	6
Fraud	3	6	35
Non-jurisdictional	0	0	2
Incompetence/Negligence	14	13	64
Other	0	0	6
Unprofessional Conduct	25	22	82
Sexual Misconduct	2	5	20
Unlicensed/Unregistered	2	4	7
Criminal Charges/Convictions (includes pre-licensure)	5	2	39
<b>Total</b>	<b>52</b>	<b>55</b>	<b>261</b>

\* Includes both formal investigations by DCA category conducted by DOI and desk investigations by staff.

\*\* These numbers include current and previous quarters and the DCA Category may change after the investigation is initiated to better categorize the complaint.

# Enforcement Performance Measures

Q2- October 1, 2025 - December 31, 2025

## Performance Measure (PM) 1 - Intake Volume: Complaints and Convictions/Arrests received

Total Intake Received (Complaints & Convictions)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Complaints Received	116	30	47			77
Convictions/Arrest Received	27	5	5			10
Total Intake Received	143	35	52			87

## PM 2 - Total Intake Cycle Time

Cycle Time (Target: 10 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Avg. Days to close or assign	2.8	4	2			3.0

## PM 3 - Inv. Cycle Time - Includes intake, investigation, and case outcome for complaints not referred to the Attorney General (AG)

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Desk Investigations Closed	125	57	49			106
Field Investigations Closed	23	11	6			17
All Investigations Closed	148	68	55			123
Avg. Days to Close All Investigations	472	1080	474			

The numbers represent investigations closed without AG action in the specified timeframes.

Aging of Non-AG Cases	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	44	12	28			40
91 - 180 Days	28	13	4			17
181 Days - 1 Year (364)	21	5	3			8
1 to 2 Years (365-730)	14	7	10			17
2 to 3 Years (731- 1092)	14	0	1			1
Over 3 Years (1093 +)	27	31	9			40

Non-AG Discipline	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Final Citations*	4	2	16			18
Avg. Days to Complete Citations**	395	294	2			
License Denials	0	0	0			0

\* A citation is final 30 days after issuance or after the appeal process has resolved.

\*\* A complete citation is when respondent has addressed fines and abatement order.

**PM 4 Cycle Time-Initial Discipline**

Average number of days to close cases submitted to the AG for formal disciplinary action.

AG Cases Target: 540 Days	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total Final Orders	1	0	0			0
Avg. Days to Complete	817	0	0			0

AG Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
AG Cases Initiated	1	0	3			3
AG Cases Pending	2	0	4			4
SOIs Filed	0	0	0			0
Accusations Filed	0	0	0			0
Revoked	0	0	0			0
Voluntary Surrender	2	0	0			0
Probation	0	0	0			0
Public Reprimand	0	0	0			0
Closed w/out Disciplinary Action	2	0	0			0

These numbers represents AG cases closed in the specified timeframes.

AG Action Time Frames	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	0	0	0			0
91 - 180 Days	0	0	0			0
181 Days - 1 Year (364)	0	0	0			0
1 to 2 Years (365-730)	0	0	0			0
2 to 3 Years (731- 1092)	0	0	0			0
Over 3 Years (1093 +)	1	0	0			0

Other Legal Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
PC 23 Ordered	1	0	0			0
Interim Suspension	0	0	0			0

Probationers	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total licensees on Probation	13	1	1			1
Accusation/Petitions to Revoke Filed	1	0	0			0
Subsequent Discipline Final Orders	1	0	0			0



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**Enforcement Update for FY 2025/2026: Quarter 3 2026 (January-March)**

**COMPLAINTS/CONVICTIONS & ARRESTS**

DCA Category		Received
Unsafe/Unsanitary Conditions		2
Incompetence/Negligence		13
Unprofessional Conduct		19
Sexual Misconduct		1
Unlicensed/Unregistered		5
Criminal Charges/Convictions**		5
• Applicants	0	
• Licensees	5	
<b>Total</b>		<b>45</b>

The graph above shows the number of complaints received by complaint type for this quarter. When each complaint is logged into the database it is assigned a complaint type based upon the primary violation.

**INVESTIGATIONS\***

DCA Category	Received	Closed	Pending**
Unsafe/Unsanitary Conditions	2	0	8
Fraud	0	10	25
Non-jurisdictional	0	0	2
Incompetence/Negligence	13	9	68
Other	0	0	6
Unprofessional Conduct	19	24	79
Sexual Misconduct	1	3	18
Unlicensed/Unregistered	5	1	11
Criminal Charges/Convictions (includes pre-licensure)	5	7	37
<b>Total</b>	<b>45</b>	<b>54</b>	<b>254</b>

\* Includes both formal investigations by DCA category conducted by DOI and desk investigations by staff.

\*\* These numbers include current and previous quarters and the DCA Category may change after the investigation is initiated to better categorize the complaint.

# Enforcement Performance Measures

Q3 January 1, 2026 - March 31, 2026

## Performance Measure (PM) 1 - Intake Volume: Complaints and Convictions/Arrests received

Total Intake Received (Complaints & Convictions)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Complaints Received	116	30	47	40		117
Convictions/Arrest Received	27	5	5	5		15
Total Intake Received	143	35	52	45		132

## PM 2 - Total Intake Cycle Time

Cycle Time (Target: 10 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Avg. Days to close or assign	2.8	4	2	2		2.7

## PM 3 - Inv. Cycle Time - Includes intake, investigation, and case outcome for complaints not referred to the Attorney General (AG)

Inv. Cycle Time of Non-AG Cases (Target: 200 Days)	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Desk Investigations Closed	125	57	49	44		150
Field Investigations Closed	23	11	6	10		27
All Investigations Closed	148	68	55	54		177
Avg. Days to Close All Investigations	472	1080	474	521		692

The numbers represent investigations closed without AG action in the specified timeframes.

Aging of Non-AG Cases	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	44	12	28	21		61
91 - 180 Days	28	13	4	11		28
181 Days - 1 Year (364)	21	5	3	10		18
1 to 2 Years (365-730)	14	7	10	3		20
2 to 3 Years (731- 1092)	14	0	1	0		1
Over 3 Years (1093 +)	27	31	9	9		49

Non-AG Discipline	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Final Citations*	4	2	16	17		35
Avg. Days to Complete Citations**	395	294	2	441		245.7
License Denials	0	0	0	0		0

\* A citation is final 30 days after issuance or after the appeal process has resolved.

\*\* A complete citation is when respondent has addressed fines and abatement order.

**PM 4 Cycle Time-Initial Discipline**

Average number of days to close cases submitted to the AG for formal disciplinary action.

AG Cases Target: 540 Days	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total Final Orders	1	0	0	0		0
Avg. Days to Complete	817	0	0	0		0

AG Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
AG Cases Initiated	1	0	3	8		11
AG Cases Pending	2	0	4	12		See current Q
SOIs Filed	0	0	0	0		0
Accusations Filed	0	0	0	3		3
Revoked	0	0	0	0		0
Voluntary Surrender	2	0	0	0		0
Probation	0	0	0	0		0
Public Reprimand	0	0	0	0		0
Closed w/out Disciplinary Action	2	0	0	0		0

These numbers represents AG cases closed in the specified timeframes.

AG Action Time Frames	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Up to 90 Days	0	0	0	0		0
91 - 180 Days	0	0	0	0		0
181 Days - 1 Year (364)	0	0	0	0		0
1 to 2 Years (365-730)	0	0	0	0		0
2 to 3 Years (731- 1092)	0	0	0	0		0
Over 3 Years (1093 +)	1	0	0	0		0

Other Legal Actions	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
PC 23 Ordered	1	0	0	0		0
Interim Suspension	0	0	0	0		0

Probationers	FY 2024/25	Fiscal Year 2025/26				
	Prior Year	Q1 Jul - Sep	Q2 Oct - Dec	Q3 Jan - Mar	Q4 Apr - Jun	YTD
Total licensees on Probation	13	1	1	0		See current Q
Accusation/Petitions to Revoke Filed	1	0	0	0		0
Subsequent Discipline Final Orders	1	0	0	1		1



# **Legislative Report**

**2026 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 9-29-25

**DEADLINES**

JANUARY							
	S	M	T	W	TH	F	S
					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	31

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 5** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 16** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 19** Martin Luther King, Jr. Day observed.
- Jan. 23** Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).  
Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (Art. IV, Sec. 10(c), J.R. 61(b)(3)).

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28

- Feb. 16** Presidents' Day observed.
- Feb. 20** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Spring Recess	29	30	31				

- Mar. 26** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 30** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Spring Recess				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

- Apr. 6** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 24** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No hrs.	24	25	26	27	28	29	30
Wk. 4	31						

- May 1** Last day for **policy committees** to hear and report to the Floor **nonfiscal bills** introduced in their house (J.R. 61(b)(6)).
- May 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).  
Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day observed.
- May 26-29** **Floor Session only**. No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

\* Holiday schedule subject to final approval by Rules Committee.

**2026 TENTATIVE LEGISLATIVE CALENDAR**

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 9-29-25

JUNE							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

- June 1** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).
- June 25** Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Summer Recess	5	6	7	8	9	10	11
Summer Recess	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

- July 2** Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).
- Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).
- July 3** Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

- Aug. 3** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).
- Aug. 17-31 Floor Session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).
- Aug. 21** Last day to **amend** bills on the Floor (J.R. 61(b)(16)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).
- Final Recess** begins upon adjournment (J.R. 51(b)(3)).

**IMPORTANT DATES OCCURRING DURING INTERIM RECESS**

**2026**

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 2 Bills enacted on or before this date take effect January 1, 2027. (Art. IV, Sec. 8(c)).
- Nov. 3 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7 2027-28 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

**2027**

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

\*Holiday schedule subject to final approval by Rules Committee.



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<b>DATE</b>	May 15, 2026
<b>TO</b>	Acupuncture Board Members
<b>FROM</b>	Kristine Brothers, Policy Coordinator
<b>SUBJECT</b>	2026 Legislation of Interest as of April 30, 2026

### **Bills of Interest to the Board Introduced in 2026:**

[Assembly Bill 1558](#) (Arambula)

#### **Uniform Emergency Volunteer Health Practitioners Act**

**Status:** Introduced January 8, 2026. Re-referred to Assembly Committee on Appropriations.

#### **Existing Law:**

- Existing law establishes the Emergency Medical Services Authority (EMSA) to develop statewide emergency medical services planning and implementation guidelines, including disaster response, and to provide technical assistance to local jurisdictions.
- EMSA must adopt regulations, with approval from the Commission on Emergency Medical Services, to carry out its statutory responsibilities.
- California law adopts the Emergency Management Assistance Compact (EMAC), which enables interstate mutual aid during emergencies and allows licensed professionals from member states to practice in requesting states during declared emergencies.
- Federal law establishes systems for registering and deploying volunteer health professionals during disasters, including the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) and the Medical Reserve Corps.
- EMSA administers California's Disaster Healthcare Volunteers program under the ESAR-VHP framework.

#### **Summary of Bill:**

AB 1558 would enact California's version of the Uniform Emergency Volunteer Health Practitioners Act, establishing a framework that allows licensed health practitioners from other states to provide volunteer health services in California during a declared emergency.

The bill authorizes out-of-state practitioners to provide services in California if they are registered through an approved emergency volunteer system and deployed by a host entity during an emergency declaration. These practitioners may practice without obtaining a California license so long as they hold an active license in good standing in another state and provide services within the scope of practice permitted in their home state and consistent with the scope allowed for similarly licensed practitioners in California.

The bill further authorizes California licensing boards to impose limitations on the services provided by volunteer practitioners and allows boards to investigate complaints and take

disciplinary action against volunteer practitioners who violate applicable laws or professional standards while practicing in the state during an emergency deployment.

**Board Impact:**

AB 1558 may raise scope-of-practice considerations where a practitioner's authorized activities in their home state differ from California law. For example, certain out-of-state practitioners may be authorized to perform needle-based therapies or other procedures that fall within the definition of acupuncture under California law but are not permitted for those professions in this state. As a result, the Board may be required to evaluate whether specific services provided during emergency deployments are consistent with California's statutory framework.

AB 1558 also presents enforcement and jurisdictional considerations. Because volunteer practitioners would not hold California licenses, the Board's standard disciplinary processes may not apply. The Board would treat these volunteer practitioners as unlicensed, restricted to citations, injunctions, or restraining orders to only address unlicensed practice of acupuncture. These actions are considered informal administrative actions, but they do not affect the practitioner's license or impose licensing restrictions. These informal administrative actions can only address unlicensed practice, leaving other unprofessional or negligent conduct unaddressed. Complaints involving these practitioners may require coordination with other California licensing boards, emergency response entities, or out-of-state regulatory agencies. Determining jurisdiction and appropriate enforcement actions may require case-by-case evaluation.

The Board may experience a workload increase associated with reviewing complaints, assessing scope-of-practice issues, and coordinating with other entities. Staff are seeking additional clarification from the author regarding scope-of-practice orders under this Act and enforcement provisions.

**Fiscal Impact:**

AB 1558 is expected to have minor and absorbable fiscal impacts. The bill may result in occasional complaints or inquiries related to out-of-state volunteer practitioners providing services during emergency deployments. These cases may require staff time for complaint intake, review, and coordination with other licensing boards or out-of-state regulatory agencies.

The overall workload impact is expected to be limited as acupuncture services are not typically a primary component of emergency response activities. Any additional workload is anticipated to be infrequent and manageable within existing resources.

**Staff Recommendation:**

Watch

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[Assembly Bill 1775](#) (Ward)

**Veterans**

**Status:** Revised April 7, 2026. Referred to Appropriations Suspense file.

**Existing Law:**

- Establishes the California Department of Consumer Affairs under the direction of the Director and outlines its authority to administer and oversee licensing boards that regulate professions and vocations.
- Requires boards under the department to expedite the initial licensure process for applicants who demonstrate they served as active-duty members of the U.S. Armed Forces and received an honorable discharge.

**Summary of Bill:**

AB 1775 would revise requirements for boards under the Department of Consumer Affairs (DCA) related to military and military-spouse licensing. The bill expands eligibility for expedited licensure to include applicants discharged from military service solely as a result of Executive Order No. 14183 issued on January 27, 2025. Executive Order 14183 changes military eligibility standards by directing the Department of Defense to restrict service by individuals with gender dysphoria or those identifying with a gender different from their assigned sex, which can result in the discharge or ineligibility of certain service members under these updated military policies.

AB 1775 also requires the DCA to collect and compile board-specific data on military and military-spouse licensing. This includes the number of expedited license applications issued to military spouses, honorably discharged military members, and to include those who were discharged solely as a result of Executive Order No. 14183 issued on January 27, 2025, and to report this information annually to the Legislature.

**Board Impact:**

The effect of AB 1775 on DCA and its licensing boards extends expedited licensure eligibility to applicants who were discharged from military service solely due to Executive Order No. 14183 issued on January 27, 2025. This essentially adds these individuals to the category of honorably discharged military who are already eligible for expedited licensure under BPC section 115.4.

**Fiscal Impact:**

The number of expedited applications associated with the expanded eligibility category is expected to be low, and the Board already has procedures in place to expedite applications for qualifying military applicants. Any additional administrative workload associated with updating licensing forms, identifying, and reporting the required data is expected to be minimal and absorbable within existing staffing and budget resources.

**Staff Recommendation:**

Watch

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[Assembly Bill 1767](#) (Berman)

**Department of Consumer Affairs: public members of boards: conflicts of interest**

**Status:** Amended in Assembly March 19, 2026. In Senate Rules Committee for assignment.

**Existing Law:**

- Prohibits a public member of a board from being a current or past licensee of that board or a close family member of a licensee of that board.

**Summary of Bill:**

For the purposes of further defining the prohibition of a public board member being a close family member of a licensee, AB 1767 would define “close family member” to mean a parent,

stepparent, sibling, child by blood, adoption, or marriage, spouse, domestic partner, cohabitant, stepchild, immediate in-law, aunt, uncle, first cousin, grandparent, or grandchild.

**Board Impact:**

Since the public board members are appointed by the Governor, Senate Rules Committee, and the Speaker of the Assembly, the vetting of each member is conducted by these entities. The Board and its staff are not tasked with confirming public board members' eligibility.

**Fiscal Impact:**

None.

**Staff Recommendation:**

Watch

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**[Assembly Bill 1949](#)** (Lee)

**Medi-Cal: acupuncture treatments.**

**Status:** Amended in Assembly April 16, 2026.

**Existing Law:**

- Establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including pharmacy services and drugs.
- The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.
- Sets forth a schedule of benefits covered under the Medi-Cal program, including acupuncture, but only to the extent federal matching funds are provided for acupuncture.

**Summary of Bill:**

AB 1949 would require the Medi-Cal program to cover up to 24 acupuncture visits per beneficiary per calendar year and would state that additional visits per calendar year may be authorized. This bill is the same as SB 944 except recent amendments have specified details on the number of allowed visits.

**Board and Fiscal Impact:**

AB 1949 could increase Medi-Cal beneficiaries accessing acupuncture services which could indirectly lead to a higher volume of inquiries or complaints for the Board to address.

**Staff Recommendation:**

Watch

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**[Assembly Bill 1979](#)** (Bonta)

**Health care services: artificial intelligence.**

**Status:** Amended in Assembly April 23, 2026. Re-referred to Assembly Committee on Appropriations.

**Existing Law:**

- Regulates health facilities and clinics and specifies that violations may constitute crimes.

- Requires health facilities, clinics, physicians' offices, and group practice offices using generative AI to create written or verbal patient communications containing clinical information to include:
  - A disclaimer stating the communication was generated by generative AI.
  - Clear instructions for the patient on how to contact a human health care provider or appropriate person.

**Summary of Bill:**

Amendments to AB 1979 modify how the bill handles artificial intelligence in health care and clarifies which digital health tools fall under medical privacy laws. The bill adds healthcare chatbots to the types of consumer apps that would be treated like health care providers for confidentiality purposes, and the bill clarifies that managing medical information includes common AI-assisted functions like summarizing records. The amendments also shift the bill's AI-governance approach from broadly restricting AI to instead ensuring that clinicians, not algorithms, remain responsible for final medical decisions. AI tools may support clinical decision making, but their outputs cannot be the sole basis for patient care decisions, and licensed professionals must independently review them. Overall, the bill focuses on transparency, proper oversight, and maintaining human clinical judgment while still allowing the use of AI tools in limited, supportive roles.

**Board Impact:**

As licensed acupuncturists are often part of clinic and group settings described in AB 1979, they are subject to the restrictions around AI imposed by the bill. This means licensees shall ensure that no clinical decision is based solely on the output of a clinical decision support system, which means an automated system or generative AI system that informs clinical decision making related to patient care. Essentially, licensees cannot use AI to perform actions that require professional judgment or direct acupuncture assistants to perform duties, both which require an acupuncture license. If the misuse of AI results in unlicensed practice, the bill specifies that licensing boards may seek injunctions or restraining orders under BPC §125.5 alongside other formal or informal administrative discipline. Given that the Board has existing authority to address unlicensed practice through these remedies, the provisions of AB 1979 do not impose any new authorities.

**Fiscal Impact:**

The Board does not have any data on the number of licensees who are a part of an organization affected by AB 1979 or who utilize an AI system in their practice. It is possible AB 1979 could increase complaint volume for the Board; however, an estimate of an exact increase cannot be determined. Currently, the Board rarely receives unlawful complaints that involve licensee's use of AI technology. There could be AG costs associated with seeking an injunction/restraining order based on the bill's provisions in addition to costs for investigation and enforcement for the licensee's involvement.

Although an exact estimate on an increase in enforcement costs is indeterminate, the Board can provide an estimate of costs of enforcement for one typical unlicensed case. The intake and document gathering for a case involving a violation of HSC section 1399.76 would be about 10 hours for an Analyst II, 40 hours for Division of Investigation, 2 hours of review and case deliberation for a Supervisor I, and 30 hours for discipline and/or injunction/restraining order for the Office of the Attorney General (HQE). Given the Board's enforcement history on complaints involving AI, it is estimated there would be a low incidence of these types of violations. The

effect on the Board's enforcement is expected to be absorbable within current budget and staffing resources.

**Staff Recommendation:**

Watch

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**[Assembly Bill 2140](#)** (Johnson)

**Healing arts: reports: claims against licensees.**

**Status:** Introduced February 18, 2026. In Assembly Committee on Business and Professions. Hearing canceled at the request of the author.

**Existing Law:**

- Existing law requires uninsured licensees of healing arts boards specified in Section 800, along with claimants or their attorneys, to report to the relevant licensing board any settlement, judgment, or arbitration award over \$3,000 that involves personal injury or death caused by negligence, error, omission, or unauthorized practice by the licensee. The report must be submitted within 30 days. Failure to report is a public offense punishable by a fine between \$50 and \$500.

**Summary of Bill:**

AB 2140 would increase the minimum fine for a violation of Section 802 from \$50 to \$100.

**Board Impact:**

Professional liability insurance is not legally required for licensed acupuncturists. Currently, there is no data on the amount of uninsured acupuncturists in California. Based on this lack of data, the number of uninsured licensees is unknown. In addition, the Board's enforcement records show no reports of settlements, judgments, or arbitration awards over \$3,000 received by any licensees, claimants, or attorneys. Malpractice-related information is typically received by insurance companies or the National Practitioner Databank (NPDB).

Uninsured licensees are not required to report to the NPDB, so there is no external source the Board can rely on to identify unreported actions. The only way the Board would likely find out about an unreported settlement, arbitration, or judgment under Section 802 would be from the claimant or their attorney. This has not occurred, leaving no basis to estimate how many licensees may be subject to the increased fine. A licensee's violation of Section 802 is a public offense so any fines collected would not come to the Board.

Theoretically, increasing the minimum fine could improve compliance with the reporting requirement, but given the Board's lack of current reports or data on uninsured licensees, any actual increase in reporting is unlikely.

**Fiscal Impact:**

Staff cannot accurately estimate the workload or fiscal impact associated with AB 2140 due to the absence of enforcement history involving uninsured licensees and uncertainty about how the Board would become aware of a reporting violation. Since the Board currently experiences little to no impact from section 802, the changes proposed by AB 2140 are also expected to have little to no fiscal effect.

**Staff Recommendation:**

None since the bill is dead.

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## **[Assembly Bill 2497](#)** (Johnson)

### **Physical therapists.**

**Status:** Amended in Assembly April 22, 2026. Re-referred to Assembly Committee on Appropriations.

#### **Existing Law:**

- Defines the terms “physical therapist,” “physical therapist assistant,” and “physical therapy” and sets forth the scope of practice of a physical therapist.
- Authorizes only a licensed physical therapist to use the title “physical therapist” or the letters “P.T.” or any other words, letters, or figures indicating that the person is a licensed physical therapist.
- Requires the Physical Therapy Board (PT Board) to define those doctoral degrees that are in a related health science for specified provisions of the Physical Therapy Practice Act.
- Authorizes a licensed physical therapist who has received a doctoral degree in physical therapy or, after the adoption of the above-described definition by the PT Board, a doctoral degree in a related health science to, among other things, use the initials “DPT,” “PhD,” or “EdD”, as applicable, in a written communication following the licensee’s name.
- Requires every regulatory board and bureau to submit to the director its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation, as specified.
- Authorizes that evaluation to be conducted by, among others, the Office of Professional Examination Services within the department.
- Establishes conditions for the initiation of services by a physical therapist directly, including providing a specified notice, orally and in writing, to a patient that is signed by the patient.

#### **Summary of Bill:**

AB 2497 modernizes the Physical Therapy (PT) Practice Act by updating key definitions, expanding the scope of practice, and reorganizing outdated statutory language. The bill tightens restrictions on who may use titles associated with physical therapy and shifts certain degree-related standards from statute to regulation.

It directs the PT Board to collaborate with the Office of Professional Examination Services to review the profession’s occupational analysis and ensure alignment between training, competencies, and examinations by January 1, 2029. Following these updates, the bill eliminates the existing tissue-penetration system and authorizes physical therapists to use specific needle-based and imaging techniques for neuromusculoskeletal evaluation and treatment, while expressly excluding acupuncture.

AB 2497 also increases the number of PT assistants a therapist may supervise, removes previous administrative requirements tied to direct access, and reinforces therapists’ duty to refer patients whose conditions fall outside their expertise. The bill cleans up outdated statutory sections, updates title-usage rules, and clarifies that no state reimbursement is required because the changes affect definitions related to criminal enforcement rather than creating new mandates.

#### **Board Impact:**

As AB 2497 pertains to the Board, the provisions under sections 6 and 8 conditionally and post-operatively expand a licensed PT's scope of practice to include the use of electrode needles and solid filiform needles to perform tissue penetration. The law authorizing the scope change is operative based on PT Board and Department of Consumer Affairs' Office of Professional Examination Services' completion of an assessment of the alignment of competencies by reviewing accreditation standards, competencies tested by the national exam, and the occupational analyses, which shall be reviewed and validated or performed. The bill then authorizes PT Board to identify the scope of services and specify the training and education required to obtain any additional competencies through regulation. If the bill passes, this means that upon the operative date of regulations promulgated by PT Board after January 1, 2029, licensed PTs will be allowed to perform this new needle-based evaluation and treatment, which in prior years was determined to be consistent with the Board's definition of acupuncture under BPC section 4927(d). Most of the impacts of the bill relate to the acupuncture profession, and don't appear to substantively impact the Board.

Although the bill distinguishes a licensed PT's use of needles for tissue penetration from the practice of acupuncture, consumer understanding of this distinction may vary, potentially leading to an increase in mis-routed complaints submitted to the Board. Complaints related to these procedures would fall under the jurisdiction of the Physical Therapy Board.

**Fiscal Impact:**

Once the statute is operative, the Board may receive mis-routed complaints if the consumer is unclear on a PT's scope or license designation. When non-jurisdictional complaints are received, enforcement staff are required to either forward the complaint to the appropriate agency or notify the complainant of the correct entity to file with. It is estimated that processing these non-jurisdictional complaints will be absorbable within current budget and staffing resources.

**Staff Recommendation:**

Watch

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[Assembly Bill 2551](#) (Elhawary)

**Health care coverage.**

**Status:** Amended in Assembly March 19, 2026. Re-referred to Assembly Appropriations Committee and scheduled for hearing on April 22, 2026.

**Existing Law:**

- Requires specified boards to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially.
- Requires the workforce data collected or requested to include specified information, including, among others, the type of employer or classification or primary practice site, as specified.
- Prohibits a licensee or registrant from being required to provide the information as a condition for license or registration renewal, and prohibits licensees or registrants from being subject to discipline for not providing the information.

**Summary of Bill:**

This bill would require the information collected or requested by boards to include whether a licensee or registrant is a contracted provider and the types of health care coverage under which contracted services are provided.

**Board Impact:**

AB 2551 amends BPC §502 by adding another workforce data item to be collected through the Department of Health Care Access and Information's Survey (HCAI Survey) at the time of a licensee's online license renewal. Licensees would be asked if they are a contracted provider with a health care service plan or health insurer, as well as the type of health care service plan or insurer. The changes to the survey will be made by the Department of HCAI. The changes to how the survey interacts with the online renewal process will be addressed by the Board in partnership with the DCA's Office of Information Services. There is no expected impact to enforcement considering providing the data is optional for the licensee, and they are not subject to discipline for not providing the information when renewing. The bill would provide the Board an additional data point to the profession it regulates. However, it is unclear how insightful this number will be as licensees, while having to take the survey, are allowed to opt out each question the survey asks.

**Fiscal Impact:**

Given that the changes by AB 2551 require changes to the Board's electronic license renewal in Connect, the Board defers the fiscal impact assessment to OIS since this workload is IT related.

**Staff Recommendation:**

Watch

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[Assembly Bill 2668](#) (Fong)

**Acupuncture: license requirements and title protection.**

**Status:** Amended March 16, 2026. Held in Assembly Business and Professions committee and is considered dead.

**Existing Law:**

- Under the Acupuncture Licensure Act, establishes the Acupuncture Board to license and regulate the practice of acupuncture.
- Requires applicants for an acupuncture license to provide satisfactory evidence of completion of an approved educational and training program, unless they meet specified alternative requirements.
- Further defines an "approved educational and training program" as a school or college offering education and training in acupuncture that includes a curriculum of at least 3,000 hours, consisting of 2,050 hours of didactic and laboratory instruction and 950 hours of supervised clinical training.

**Summary of Bill:**

Beginning January 1, 2032, AB 2668 would require approved acupuncture educational and training programs to provide curriculum that confers a doctoral degree in acupuncture and Chinese herbal medicine consisting of not less than 3,300 hours, of which at least 2,220 hours are didactic and laboratory training and at least 1,080 hours are supervised clinical instruction.

The bill would also apply existing restrictions on the use of the title "Doctor" or the abbreviation "Dr." to the title "Doctor of Acupuncture and Herbal Medicine" (D.A.H.M.) and would prohibit a

person from using the title “licensed acupuncturist” (LAc) unless they hold a valid, active license under the act. The bill would make related conforming changes.

### **Board Impact:**

The changes from AB 2668 would have several operational and regulatory impacts on the Board such as:

- Amendments to education regulations for consistency with new statutory requirements;
- Increase in the number of curriculum reviews for the updated doctoral programs;
- Updates to education and exam forms;
- Increased inquiries from schools, students, and current licensees;
- Revisions to the Board's website and public guidance materials;
- System updates to track licensees holding doctoral degrees; and
- Increased enforcement activity related to misrepresentation of the “Dr.” title.

Although the bill increases total and clinical training hour requirements, it does not specify how those hours must be allocated across existing curriculum subject areas, such as basic sciences or acupuncture theory. Current requirements under California Code of Regulations § 1399.434 establish detailed hour distributions based on the current 3000-hour curriculum requirement, so the Board would need to determine how to realign or redistribute hours to ensure consistency between statute and regulation. This would require regulatory amendments and result in additional workload related to program review and approval.

The bill restricts the use of the titles “Doctor” and “Doctor of Acupuncture and Herbal Medicine” unless specified criteria are met. The structure of AB 2668 creates a potential ambiguity between its intent and its execution, particularly when examining how the bill amends subsection (b) of BPC § 4936. On one hand, the bill moves the profession toward a doctoral-entry educational standard starting in 2032 by requiring all approved acupuncture programs to confer a doctoral degree in acupuncture and Chinese herbal medicine, as set out in the amended BPC § 4927.5. On the other hand, the same bill introduces a new protected professional title, “Doctor of Acupuncture and Herbal Medicine” (DAHM) and its abbreviation “D.A.H.M.”, within BPC § 4936. The protected-title provision appears designed to correspond with the elevated doctoral training standard. However, subsection (b) of § 4936 also preserves the long-standing rule that an acupuncturist may not use the title “Doctor” or any related abbreviation unless they hold a doctoral degree that actually authorizes the specific title being used, and that they must indicate the type of degree authorizing that use. Because this subsection continues to require practitioners to use doctoral titles that match the formal degree they earned, the statute effectively prevents an acupuncturist from using the DAHM title unless their doctoral degree itself is titled Doctor of Acupuncture and Herbal Medicine or otherwise confers that specific designation. This creates a disconnect.

If the Legislature intended DAHM to function as a standardized license-level title that all future acupuncturists could use merely by virtue of holding an acupuncture license and the newly required doctorate, subsection (b) does not reflect that. Instead, it imposes a strict degree-matching requirement, limiting use of the DAHM title to individuals whose earned degree bears that exact designation. As a result, even after 2032, acupuncturists who hold doctoral degrees with other common titles, e.g. DACM, DAOM, DAc, or DOM, would not be permitted to use the DAHM protected title unless their degree was formally titled in a way that authorizes that usage. Accordingly, although AB 2668 introduces DAHM as a protected

professional title within the same bill that raises the educational standard to a doctoral level, subsection (b) fails to establish that the Legislature intended DAHM to operate as a universal licensure designation. As written, the bill preserves variation in doctoral degree titles and does not provide automatic authorization for all post-2032 licensees to use the DAHM title designation, reinforcing that the protected title remains tied to a specific degree title nomenclature rather than functioning as a universal title.

Overall, AB 2668 introduces changes that propose standardization in education and licensure requirements but does not take into account existing and alternative pathways to licensure. These changes may have implications for current students, applicants, and licensees, particularly with respect to transition timelines and eligibility pathways.

**Fiscal Impact:**

AB 2668 would have both short term and long-term fiscal impacts.

In the short term, the Board will incur increased costs associated with implementation, including regulatory updates, staff training, outreach, revision to education and examination forms, updates to guidance materials, and modification to IT systems to track doctorate level licensees. The Board would need to determine how the additional 300 curriculum hours are allocated to meet doctoral-level competencies, with input from a special committee of subject matter experts. The work required to establish a detailed breakdown of the increased curriculum hours alone could take anywhere from 16 to 32 hours of time. These curriculum changes would require regulation changes that could be done under one rulemaking. The rulemaking process generally takes 300 hours of Analyst II time, 120 hours of Supervisor I time, and 50 hours of Executive Officer time on a regulatory action for the duration of the rulemaking process. There is also Board member review and discussion time of approximately two hours.

The updates to outreach, guidance materials, and the education and examination forms would take approximately 10 hours of time for an Analyst II and three hours of review for a Supervisor I.

An increase in workload related to responding to inquiries and processing applications (from programs and applicants) under revised eligibility criteria is also estimated to increase. The legislation will require curriculum changes to all Board-approved education and training programs. Each program must submit its updated curriculum for Board review and approval. This will increase the workload for the Education Desk during the transition period. There are currently 37 Board-approved educational and training programs. Thirteen of those programs already confer a doctorate degree. Assuming all programs require curriculum revisions to comply, a single curriculum review takes on average 80 hours of an Analyst II, which accounts for the initial and subsequent reviews. The influx of revised curricula will result in a collective increase in curriculum review time of approximately 2,960 hours which would require the addition of 1.7 limited term Analyst II positions. The Board does not have statutory authority to assess fees for curriculum review; as a result, the costs associated with the curriculum reviews are absorbed by existing licensing fees paid by licensees. The Board may consider requesting that a curriculum evaluation fee be instituted to address the increased costs of addressing these reviews.

In the long term, fiscal impacts will depend on how the bill affects the volume and composition of applicants. Changes to licensure requirements may influence application volume, which could in turn affect licensing fee revenue. At this time, an estimate in potential revenue loss cannot be determined based on the uncertainty of future licensing trends.

Overall, AB 2668 is expected to result in initial implementation and transition costs, with long term fiscal effects dependent on application trends and ongoing workload.

**Staff Recommendation:**

None since the bill is dead.

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**Senate Bill 944** (Wiener)

**Medi-Cal: acupuncture**

**Status:** Introduced February 2, 2026. April 13 hearing with Senate Committee on Appropriations. Placed on Appropriations suspense file.

**Existing Law:**

- Establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including pharmacy services and drugs.
- The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions.
- Sets forth a schedule of benefits covered under the Medi-Cal program, including acupuncture, but only to the extent federal matching funds are provided for acupuncture.

**Summary of Bill:**

SB 944 would remove the limitation requiring federal matching funds for acupuncture to be a covered benefit, thereby making acupuncture a covered benefit under Medi-Cal. This bill is the same as AB 1949, but that bill was recently amended to include more specific details on the number of allowed visits.

**Board and Fiscal Impact:**

SB 944 could increase Medi-Cal beneficiaries accessing acupuncture services which could indirectly lead to a higher volume of inquiries or complaints for the Board to address.

**Staff Recommendation:**

Watch

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**Senate Bill 1159** (Cabaldon)

**Artificial intelligence: transparency and governance**

**Status:** Amended in Senate March 25, 2026. Ordered to third reading in Senate for April 30, 2026.

**Existing Law:**

- Various provisions of existing law, including the California Public Records Act, the Bagley-Keene Open Meeting Act, and the Ralph M. Brown Act, provide, with some exceptions, for public access to government records and meetings of government bodies. Among those acts, the California Public Records Act defines “person” to include any natural person, corporation, partnership, limited liability company, firm, or association.
- The Administrative Procedure Act, governs, among other things, the procedures for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law.

**Summary of Bill:**

SB 1159 would specify that, for purposes of the California Public Records Act, the Bagley-Keene Open Meeting Act, the Ralph M. Brown Act, the Political Reform Act of 1974, the Administrative Procedure Act (APA), and CEQA, the terms “person,” “interested person,” “participant,” “member of the public,” and similar terms referring to individuals who may engage with governmental agencies do not include artificial intelligence (AI) systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.

**Board Impact:**

The purpose of SB 1159 is to exclude AI as a person, interested person, participant, or member of the public when engaging in governmental processes. By enacting legislation that does this, it removes meaningless exchanges with machines and the administrative burden that undermines the purpose of California’s transparency laws. The bill also explains AI-powered platforms have already enabled automated generation of planning objections in the United Kingdom, providing example that such systems can overwhelm public agencies in the United States.

These changes affect the Board during times when our processes involve the public: public comment during Board meetings and the rulemaking process, petitions involving the APA, and Public Records Act requests. If the Board learns that requests or comments originate from an automated system, then the Board does not have to consider these communications because they are not received by natural persons or legally recognized entities capable of genuine participation in democratic governance.

**Fiscal Impact:**

Since the bill simply clarifies definitions used in existing transparency laws, there is no fiscal impact expected. There may be some negligible cost savings involved by authorizing staff to not process mass AI-generated public comments that would normally require review, summary, and the inclusion in the rulemaking file. This could reduce future workload spikes.

**Staff Recommendation:**

Support

**Recommended Motion Language:**

I move the Acupuncture Board take a [support] position on SB 1159 (Cabaldon), as amended on March 25, 2026, for the reasons discussed by members and staff and as reflected in the staff memo.

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**[Senate Bill 1391](#)** (Wahab)

**Department of Consumer Affairs: retired category licenses.**

**Status:** Introduced February 20, 2026. In Assembly. Read first time. Held at Desk.

**Existing Law:**

- Authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation.

**Summary of Bill:**

SB 1391 would require a board that offers a retired category of licensure to disclose that information on its internet website.

**Board Impact:**

As of April 1, 2026, the Board has a retired license status category. The Board has carried out implementation steps for the new regulation and already has a webpage that provides retired status information. After a license is placed on retired status following an application, the DCA License Search (license verification) will reflect the license as retired on the Board's website. Therefore, the Board is in compliance with the bill requirements.

**Fiscal Impact:**

None.

**Staff Recommendation:**

Watch



# **Regulatory Update**



|                |                                       |
|----------------|---------------------------------------|
| <b>DATE</b>    | May 15, 2026                          |
| <b>TO</b>      | Acupuncture Board Members             |
| <b>FROM</b>    | Kristine Brothers, Policy Coordinator |
| <b>SUBJECT</b> | Regulatory Update                     |

The following list displays the status of the Board's current regulatory packages:

- Division 13.7, Article 6.1 and 6.2, Title 16 CCR sections 1399.469 – SB 1441 and SB 1448: Implement Uniform Standards Related to Substance Abusing Licensees and Update of Disciplinary Guidelines, Disclosure of Probation Status to Patients**

| CONCEPT PHASE                |      |                             | PRODUCTION PHASE |                                     |                              |               |
|------------------------------|------|-----------------------------|------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D  | Language taken to Committee | Board Approval   | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 11/28/2018                   | 2012 | N/A                         | 11/6/25          | 11/2023                             | 4/30/2025                    |               |

| INITIAL FILING PHASE    |                             |                                               |                                |
|-------------------------|-----------------------------|-----------------------------------------------|--------------------------------|
| Notice Published by OAL | 45-Day Comment Period Ended | Board Approval of Responses and Modified Text | 15-Day Notice of Modified Text |
|                         |                             |                                               |                                |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
|                    |                    |            |                            |                |

This package reflects updates to the Board's Disciplinary Guidelines, which include incorporating relevant portions of the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees. It brings Board regulations in line with SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) which required the development of the Uniform Standards. The package also will implement SB 1448 (Hill, Chapter 570, Statutes of 2018), which requires licensees on probation pursuant to a probationary order made on or after July 1, 2019, to disclose their probation status to a patient or their guardian or health care surrogate prior to the patients first visit.

The Regulation Unit (RU) completed their review of the ISOR and Guidelines in early September which resulted in suggested edits and updates throughout the ISOR, as well as updates to the proposed Guidelines. The Board adopted the updated Guidelines at its November 2025 meeting. Staff have been editing the ISOR to conform with the updates and incorporate more rationale throughout.

**2. 16 CCR 1399.425, 13999.427, 1399.434, 1399.435, 1399.437, and 1399.439  
Align Curriculum Standards and Approval Related Regulations with Statute:**

| CONCEPT PHASE                |           |                             | PRODUCTION PHASE |                                     |                              |               |
|------------------------------|-----------|-----------------------------|------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D       | Language taken to Committee | Board Approval   | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 2/11/2019                    | 2/11/2019 | 6/13/2019                   | 3/26/2021        |                                     |                              |               |

| INITIAL FILING PHASE    |                             |                                               |                                |
|-------------------------|-----------------------------|-----------------------------------------------|--------------------------------|
| Notice Published by OAL | 45-Day Comment Period Ended | Board Approval of Responses and Modified Text | 15-Day Notice of Modified Text |
|                         |                             |                                               |                                |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
|                    |                    |            |                            |                |

This package will make additional changes to regulations to ensure compliance with SB 1246 (Lieu, Chapter 397, Statutes of 2014) and updates to conform to the transition to computer-based testing for the exam. The law changed the Board's authority from approving schools and colleges of acupuncture to approving educational and training programs in acupuncture. It is the third package from the Board in connection with SB 1246.

Some of the amendments approved in 2021 were submitted through a Section 100 and were effective March 27, 2024. Last year staff identified the remaining amendments required revisions. Staff is working on incorporating all of the edits discussed with licensing staff, which includes additional amendments, consistency between tutorial and training program requirements, reformatting, and reorganization of multiple regulations. On September 3, 2025, the draft amendments were sent to management as part of the ongoing review process.

3. 16 CCR 1399.419.3 and 1399.460:  
Application for Retired Status; Retired Status; Restoration

| CONCEPT PHASE                |        |                             | PRODUCTION PHASE  |                                     |                              |               |
|------------------------------|--------|-----------------------------|-------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D    | Language taken to Committee | Board Approval    | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 1/2020                       | 4/2019 | 6/13/2019                   | 8/16/19 / 3/22/24 | 10/2024                             | 7/17/25                      | 8/29/25       |

| INITIAL FILING PHASE    |                             |                                               |                                |
|-------------------------|-----------------------------|-----------------------------------------------|--------------------------------|
| Notice Published by OAL | 45-Day Comment Period Ended | Board Approval of Responses and Modified Text | 15-Day Notice of Modified Text |
| 9/12/25                 | 10/27/25                    | n/a                                           | n/a                            |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
| 11/21/25           | n/a                | 11/21/25   | 1/6/26                     | 4/1/26         |

This rulemaking establishes an application process for retired status and the restoration of a retired license. OAL approved the new regulation on January 6, 2026, and the regulations took effect April 1, 2026.

**4. 16 CCR 1399.452.1:  
Standards of Practice for Telehealth Services**

| CONCEPT PHASE                |         |                             | PRODUCTION PHASE   |                                     |                              |               |
|------------------------------|---------|-----------------------------|--------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D     | Language taken to Committee | Board Approval     | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 1/1/2021                     | 12/2020 | 12/17/2020                  | 3/26/21 / 10/26/23 | 3/26/2021                           | 6/4/2024                     | 6/23/25       |

| INITIAL FILING PHASE    |                             |                                               |                                |
|-------------------------|-----------------------------|-----------------------------------------------|--------------------------------|
| Notice Published by OAL | 45-Day Comment Period Ended | Board Approval of Responses and Modified Text | 15-Day Notice of Modified Text |
| 7/4/25                  | 8/18/25                     | 11/6/25                                       | 12/5/25                        |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
|                    |                    |            |                            |                |

This package will provide specific guidance and requirements for delivering acupuncture services via telehealth. This was prompted by the COVID-19 pandemic and the subsequent encouragement by the Governor through Executive Orders to use telehealth to maximize the abilities of California's health care workforce.

The Board reviewed public comments received during the initial 45-day comment period and approved modified language at its November 2025 meeting. Staff noticed the modified language on December 5, 2025, and held a 15-day public comment period. The Board reviewed the comment received at its March 2026 meeting and voted to reject the action requested in the comment, approved the response to the comment, and directed staff to complete the rulemaking process.

5. **16 CCR 1399.451:  
Hand Hygiene Requirements**

| CONCEPT PHASE                |                |                             | PRODUCTION PHASE |                                     |                              |               |
|------------------------------|----------------|-----------------------------|------------------|-------------------------------------|------------------------------|---------------|
| Added to Rulemaking Calendar | R&D            | Language taken to Committee | Board Approval   | Staff & Legal Counsel Draft Package | Reg Unit & DCA Budget Review | Agency Review |
| 1/1/2023                     | 2013 / 11/2023 | 1/2014                      | 6/13/2025        | 10/1/2025                           | 3/9/26                       |               |

| INITIAL FILING PHASE    |                             |                                               |                                |
|-------------------------|-----------------------------|-----------------------------------------------|--------------------------------|
| Notice Published by OAL | 45-Day Comment Period Ended | Board Approval of Responses and Modified Text | 15-Day Notice of Modified Text |
|                         |                             |                                               |                                |

| FINAL FILING PHASE |                    |            |                            |                |
|--------------------|--------------------|------------|----------------------------|----------------|
| DCA Review         | BCSH Agency Review | OAL Review | Filed w/Secretary of State | Effective Date |
|                    |                    |            |                            |                |

This package was initially approved by the Board in February 2014 to update existing regulations and bring them up to then-current public health and health industry standards. Package was set aside for higher priority regulations and in October 2018 the Board restated its interest in proceeding with regulations. The Board approved revised proposed language on June 13, 2025.

RU completed its review of the ISOR and std. 399 form on October 21, 2025. Staff submitted the remaining rulemaking documents for RU's review on January 28, 2026. RU completed their review March 9, 2026. On March 19, 2026, the package was submitted to the Acting Director for review.



# **Discussion and Possible Action on Acupuncture Education Requirements**

1399.434 (h) Clinical Practice

950 hours

The curriculum in clinical practice shall consist of at least 950 hours in clinical instruction, 75% of which shall be in a clinic owned and operated by the school, which includes direct patient contact where appropriate...

BPC 4927.5

(a) For purposes of this chapter, “approved educational and training program” means a school or college offering education and training in the practice of an acupuncturist that meets all of the following requirements:

(1) Offers curriculum that includes at least 3,000 hours of which at least 2,050 hours are didactic and laboratory training, and at least 950 hours are supervised clinical instruction. Has submitted that curriculum to the board, and has received board approval of the curriculum. Any school or college offering education and training in the practice of acupuncture that was approved by the board prior to January 1, 2017, has not had its approval revoked, and has not changed its curriculum since receiving board approval, is deemed to have had its curriculum approved by the board for the purposes of this section.

(2) Has received full institutional approval under Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code in the field of traditional Asian medicine, or in the case of institutions located outside of this state, approval by the appropriate governmental educational authority using standards equivalent to those of Article 6 (commencing with Section 94885) of Chapter 8 of Part 59 of Division 10 of Title 3 of the Education Code.

(3) Meets any of the following:

(A) Is accredited by the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity.

(B) Has been granted preaccreditation status by the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity.

(C) Has submitted a letter of intent to pursue accreditation to the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity within 30 days of receiving full institutional approval pursuant to paragraph (2), and is granted preaccreditation status within three years of the date that letter was submitted.

(b) Within 30 days after receiving curriculum pursuant to paragraph (1), the board shall review the curriculum, determine whether the curriculum satisfies the requirements established by the board, and notify the school or college, the Accreditation Commission for Acupuncture and Herbal Medicine, or its successor entity, and the Bureau for Private and Postsecondary Education of whether the board has approved the curriculum.