CONCURRENCE IN SENATE AMENDMENTS
AB 1501 (Berman)
As Amended August 29, 2025
Majority vote

SUMMARY

Extends the operation of the Podiatric Medical Board of California (PMBC) and the Physician Assistant Board (PAB) by four years to January 1, 2030, and makes other changes recommended as part of the boards' sunset review.

Senate Amendments

1) Reduce the podiatry license fee increase from $1,950 to $1,900.

2) Specify that it is the intent of the Legislature that a review of practice agreement structures of physician assistants (PAs) be undertaken in consultation with relevant stakeholders.

3) Establish boilerplate requirements on the PAB for training, application, examination, and license expiration of PAs.

4) Clarify that a PA licensed by the PAB is eligible for employment or supervision by a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

5) Increase the number of PAs a physician and surgeon may supervise under any condition to eight PAs at any one time, except as authorized under declared emergencies.

6) Authorize the Medical Board of California to restrict a physician and surgeon to supervising specific types of PAs including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

7) Establish fee minimums, without raising the maximums, for the following PAB fees:

   a) Application fee to a minimum of $60.

   b) Initial license fee to a minimum of $250.

   c) Renewal fee to a minimum of $300.

8) Make other technical and clarifying changes.

COMMENTS

Podiatric Medical Board of California (PMBC). The PMBC is a licensing entity within the Department of Consumer Affairs (DCA) and is responsible for administering and enforcing the parts of the Medical Practice Act that apply specifically to doctors of podiatric medicine (DPMs).

Podiatry is a branch of medicine that focuses on the foot and ankle. In general, DPMs are licensed to diagnose and treat conditions of the foot and ankle to the same extent as a physician, including surgery, although DPMs may only perform ankle surgery in specified locations, such

as general acute care hospitals. DPMs may also conduct partial foot amputations, treat ulcers above the ankle but below the knee, and perform additional services under the direct supervision of a physician and surgeon as an assistant in surgery, regardless of whether the surgery lies within the scope of DPM practice.

In addition to certifying individual licensees, the PMBC is charged with approving podiatric medical schools and postgraduate residency programs to ensure that their graduates possess the competency to practice in California. The PMBC is also tasked with evaluating consumer complaints and initiating enforcement proceedings against licensees who have violated the Medical Practice Act.

Currently, the PMBC's statutory authorization will expire on January 1, 2026. This bill would extend the PMBC's authorization until January 1, 2030, at which point it will become subject to sunset review once again.

Physician Assistant Board (PAB). Similar to PMBC, the PAB is a licensing entity within the DCA and is responsible for administering and enforcing the Physician Assistant Practice Act.

PAs are medical professionals that work under the supervision of licensed physicians. In California, physicians may supervise up to four PAs at a time, except for in limited home healthcare settings, in which a physician may supervise up to eight PAs. PAs can make any clinical decision or render any healthcare service that a physician can, subject to the constraints of a written practice agreement between the PA and their supervising physician.

The PAB's primary responsibility is protecting consumers by reviewing license applicants to ensure they meet licensure requirements, expeditiously investigating and coordinating disciplinary matters, and managing a diversion and monitoring program for PAs who have alcohol or substance abuse issues. The PAB currently oversees a license population of over 18,000 PAs in the state. Currently, the PAB's statutory authorization will expire on January 1, 2026. This bill would extend the PAB's authorization until January 1, 2030, at which point it will become subject to sunset review once again.

Sunset Recommendations. This bill incorporates recommendations from the sunset review of the PMBC and PAB. For a detailed description of the recommendations related to this bill, please refer to the policy committee analysis.

According to the Author
Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development hold joint sunset review oversight hearings to review the licensing boards under the Department of Consumer Affairs (DCA). The DCA boards are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the Legislature, DCA, boards, and stakeholders to discuss the boards' performance and make recommendations for improvements.

Each board subject to review has an enacting statute with a repeal date, meaning their authority must be extended by the Legislature before the repeal date, otherwise the board will lose its statutory mandate. This bill is a "sunset" bill, intended to extend the repeal date of two DCA boards, the Podiatric Medical Board of California and the Physician Assistant Board, as well as incorporate the recommendations from the sunset review oversight hearings.

This year, there are four sunset review bills authored by the chair of the Assembly Committee on Business and Professions and three bills authored by the chair of the Senate Committee on Business, Professions, and Economic Development.

Arguments in Support
The *California Podiatric Medical Association (CPMA)* writes in support:

> First, CPMA thanks the author, the Chair, and committee staff of both committees, as well as staff and members of the PMBC, for their thoughtful engagement on the provisions in the bill, particularly those related to the policy changes to improve podiatry. CPMA is particularly supportive of the following:
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> 1) Elimination of the 10-year limitation on the Part III exam for out-of-state applicants, which will streamline licensure and improve workforce mobility for qualified doctors of podiatric medicine;
>
> 2) Authorization of doctors of podiatric medicine (DPMs) to refer to themselves as "podiatric surgeons," recognizing their specialized training and surgical expertise; and
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> 3) Clarification that licensed doctors of podiatric medicine shall not be classified or treated as ancillary providers or allied health professionals in any healthcare setting or insurance reimbursement structure, which appropriately affirms their status in the clinical setting and helps ensure fair treatment and reimbursement for services provided.
>
> These policy reforms represent significant progress toward recognizing the full scope of training and contributions made by DPMs to California's healthcare system.
>
> In addition to the policy improvements, [this bill] proposes a new license fee of $1900 (up from $1331). To be clear, this fee increase is not an easy proposal to accept, as it represents a substantial increase of nearly 43% and will place an undue burden on many practitioners. However, we also understand that the PMBC and the author don't take this increase lightly and are only proposing it to ensure the board remains financially solvent. We appreciate their continuous dialogue with CPMA and the author's recent amendments that lower the fee from $1950 to $1900, and, therefore, are willing to accept this increase. CPMA hopes to continue discussions in the future with the PMBC, as well as the Department of Consumer Affairs, to explore methods for cost containment and to minimize the future financial impact on licensees.
>
> For these reasons, CPMA supports [this bill] and looks forward to continuing its work with the PMBC to explore policies and protections to prevent or mitigate future fee increases. Thank you for your consideration of our position.

The *California Academy of PAs* writes in support:

> Reflecting the study and work of the sunset review process, [this bill] offers progress on both the ratio and practice agreement issues.

First, [this bill] doubles the existing PA-to-physician maximum ratio from four to eight. While many other states have waived the ratio entirely, a doubling here in California represents real progress that will immediately benefit patients.

Second, the measure expresses the intent of the Legislature to enlist the expertise of the Physician Assistant Board (PAB) to review the detriments versus benefits for patient care of practice agreement strictures, wisely referencing "how practice agreements are utilized in other states" as a valuable facet of such an analysis.

Third and finally, the measure extends the PAB, which has done a thoughtful job collaboratively implementing [SB 697 (Caballero), Chapter 707, Statutes of 2019] by regulation. The PAB amply warrants the extension proposed by the bill.

Arguments in Opposition
There is no opposition on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee:

1) The PAB reports revenue increases of approximately $43,000 in Fiscal Year (FY) 2025-26 and $86,000 annually thereafter from the proposed floor fee level increases (Physician Assistant Fund). If all fees are set to the new statutory caps, revenues to the PAB would increase by up to $2.4 million per year. PAB notes it would incur minor and absorbable costs to promulgate regulations to increase fees within the statutory limit.

2) The PMBC notes updating the biennial renewal fee as proposed by this bill will increase revenues by approximately $288,000 in FY 2025-26 and $576,000 annually thereafter (Board of Podiatric Medicine Fund).

3) The Office of Information Services within the Department of Consumer Affairs reports minor costs of approximately $9,000 to deactivate obsolete fee codes for the PAB and PMBC, which is anticipated to be absorbable through the redirection of existing IT maintenance resources.

VOTES:

ASM BUSINESS AND PROFESSIONS: 17-0-1
YES: Berman, Flora, Ahrens, Alanis, Bains, Bauer-Kahan, Caloza, Chen, Elhawary, Wilson, Irwin, Jackson, Krell, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Hadwick

ASM APPROPRIATIONS: 13-0-2
YES: Wicks, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Tangipa
ABS, ABST OR NV: Sanchez, Ta

ASSEMBLY FLOOR: 75-1-3
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schultz, Sharp-Collins, Solache, Soria, Stefani, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
NO: DeMaio
ABS, ABST OR NV: Sanchez, Schiavo, Ta

UPDATED

VERSION: August 29, 2025

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