



Members of the Board

Daniel Lee, DPM, PhD
President
Devon Glazer, DPM
Vice President
Sumer Patel, DPM
Secretary
Darlene Trujillo Elliot
Samantha Yu Chang

BOARD MEETING

**August 7, 2026
12:30 p.m.**

**Hoya Insurance Agency
8812 E. Las Tunas Dr.
San Gabriel, CA 91776**

**Riverside County Office
4080 Lemon St, 5th Floor
Riverside, CA 92501**

**Artisan Foot & Ankle Specialists
26691 Plaza, Ste. 201
Mission Viejo, CA 92691**

**Kaiser Santa Clara Facility
710 Lawrence Expressway, 1st Floor
Conference Room B1
Santa Clara, CA 95051**

**Action may be
taken on any item
listed on the
agenda.**

**Agenda items may
be taken out of
order for meeting
efficiency.**

The Podiatric Medical Board of California (PMBC) will host a meeting at the above addresses, connected via web-ex, on August 7, 2026 at 12:30 p.m. pursuant to Government Code, section 11123.

INSTRUCTIONS FOR PARTICIPATION: For all those who wish to participate or observe the meeting, please attend the meeting at one of the above listed addresses. PMBC will also broadcast this meeting via Webex. To attend the meeting via Webex, please log on to this website:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m858a8d66a5a21dd71ec42bf3f8b027a7>

Event number: 2487 420 6093

Event password: PMBC87

Audio conference: US Toll+1-415-655-0001

Access code: 2487 420 6093

Passcode: 762287

Instructions to connect to the meeting are attached to this agenda. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

AGENDA

12:30 p.m. Until Completion of Business

Action may be taken on any item on the agenda in any order.

- I. Call to Order & Establishment of Quorum
- II. President's Welcome
- III. Public Comments on Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code, sections 11125, 11125.3, 11125.7(a).)

- IV. Review, Discussion, and Possible Action on November 7, 2025 [Minutes](#), and June 26, 2026 [Minutes](#)
- V. Receive, Discussion, and Possible Action on Executive Officer's Report – Brian Naslund

A. Licensing Program: Update, Discussion, and Possible Action – Sumer Patel, DPM

- 1. Licensing Statistics
- 2. American Podiatric Medical Licensing Examination (APMLE) – Part III Examination Results
- 3. Continuing Medical Education (CME) Audit Update
- 4. Discussion and Possible Action Regarding Residency Program Approval Process
- 5. PMBC Quarterly Timeline

B. Enforcement Program: Update, Discussion, and Possible Action – Darlene Trujillo Elliot

- 1. Current Enforcement Statistics
- 2. Probation Program Update
- 3. Expert and Consultant Program Update

C. Legislative and Regulation Program: Update, Discussion, and Possible Action – Dr. Devon Glazer, DPM

- 1. Legislative Program Update – AB 1591 - California Podiatric Pipeline Program, Rodriguez
- 2. Regulatory Program Update – Disciplinary Guidelines and Section 100 Updates.

D. Public Education: Update, Discussion, and Possible Action – Samantha Chang

- 1. Footnotes: PMBC's Newsletter, 2025 and 2026 Submissions

2. Social Media: PMBC Website and Social Media Accounts

VI. Future Agenda Items

VII. Adjournment

Important Notices to the Public: Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. 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 on its website at www.pmbc.ca.gov and <https://thedcapage.blog/webcasts>. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue 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 these items at the time for the same meeting. (Government Code sections 11125, 11125.7(a).)

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Bethany DeAngelis at 916-263-4324 or Bethany.deangelis@dca.ca.gov, or by sending a written request to the Podiatric Medical Board of California, 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815-3831. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodations. Telecommunications Relay Service: dial 711.

-The Mission of the Podiatric Medical Board of California is to protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.



Members of the Board

Daniel Lee, DPM, President
Devon Glazier, DPM, Vice-
President
Sumer Patel, DPM
Secretary
Darlene Trujllio Elliot
Samantha Chang

BOARD MEETING

November 7, 2025

1:00 p.m.

**Department of Consumer Affairs
Evergreen Hearing Room
2005 Evergreen St., 1st Floor, Rm
1150 A&B
Sacramento, CA 95815**

**Hoya Insurance Agency
8812 E. Las Tunas Dr.
San Gabriel, CA 91776**

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any item listed on the
agenda.

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taken out of order for
meeting efficiency.

MINUTES

OPEN SESSION

I. Call to Order & Establishment of Quorum.

Board Member Lee called the meeting to order at 1: 00 p.m. Kathleen Cooper called roll, and a quorum was established.

DL	DG	SP	DE	SC
P	P	P	A	P

Members Lee and Patel were present at the Sacramento location. Members Chang and Glazier were present at the San Gabriel location. The two locations were connected by electronic means, through both audio and video.

II. President's Welcome.

Board Member Lee welcomed and thanked the Board Members, staff, and attendees.

DL = D. Lee	DG = D. Glazier	SP = S. Patel
DE = D. Elliot	SC = S. Chang	CM = C. McAloon

LEGEND: Y: YES, N: NO, A: ABSENT, P: PRESENT, ABS: ABSTAIN, C: CONFLICT

III. Public Comments on Items Not on the Agenda.

The members of the public did not provide any comments.

IV. Review and Approve March 28, 2025 and June 18, 2025 Meeting Minutes

Board Members received and reviewed the draft Minutes from the March 28, 2025 and from the June 18, 2025 meeting. Board Member Patel moved, and Board Member Glazier seconded a motion to accept the March 28, 2025 minutes. The members of the public did not provide any comments.

The Board unanimously approved the motion, 4-0.

DL	DG	SP	DE	SC
Y	Y	Y	A	Y

Board Member Patel moved, and Board Member Glazier seconded a motion to accept the June 18, 2025 minutes. The members of the public did not provide any comments.

The Board unanimously approved the motion, 4-0.

DL	DG	SP	DE	SC
Y	Y	Y	A	Y

V. Fiscal Reporting – (Tabled)

This item was tabled for a future meeting.

VI. Receive and Possible Action on Executive Officer's Report – Brian Naslund

A. Licensing Program Update – Sumer Patel, DPM

The Board received and reviewed information from Andreia Damien, Licensing Coordinator, and reviewed licensing statistics and renewals from 4th Quarter of FY 24-25, between April 1 and June 30, 2025. There were approximately 34 newly licensed DPMs, 17 pending applications, and 1 candidate that recently completed their package. For the fiscal year, there are 31 applicants from out of state: 35 are third year residents from California and 28 are third year residents from an out of state program. There were 266 renewals mailed and 249 licenses renewed. There were no new residents, so the total is still 133.

As to the discussion of giving the Licensing Committee authority to approve residency licensing programs. Legal counsel indicated that new legislation or regulations would be

needed. Options were discussed, and staff will follow up on providing additional information at the next Board Meeting regarding this issue.

The members of the public did not provide any comments.

B. Enforcement Program Update – Darlene Trujillo Elliott

The Board received information from Bethany DeAngelis, Enforcement Coordinator, regarding enforcement for the 4th Quarter data between April 1 and June 30, 2025. There were 45 complaints received. There were 44 desk investigations assigned, and 30 were completed, and processing time averaged 91 days. There were 77 desk investigations pending as of June 30, 2025. There were 3 field investigations assigned, and 7 were completed. There were 4 disciplinary cases initiated, and 1 final order went into effect. No citations were issued, and there was one successful probation completion. There were 8 probationers. Through the AG's office, there were 15 disciplinary cases initiated. There were 8 final orders issued. There were 3 citations issued this quarter. For additional statistics, including cost recovery data, please see the meeting materials. It was also reported that statistical information regarding DPM's with disciplinary matters is being gathered. There will be additional training for consultants and experts in April of 2026.

The members of the public did not provide any comments.

C. Legislative and Regulation Program Update – Daniel Lee, DPM

The Board received information from Kathleen Cooper, Legislative Analyst, regarding legislative updates.

AB 1501 – Physicians' Assts and Podiatrists – (Berman) Daniel Lee, DPM

Ms. Cooper reported that AB 1501 was signed by the Governor on Oct 1, 2025. This will allow PMBC to charge additional renewal fees to improve its fund condition over the next few years, and to reevaluate this issue at the next Sunset Hearing. Also, a DPM, is now allowed to use the term "podiatric surgeon." Also, DPM applicants from other states that are in good standing do not have to re-take the Part III exam if it was taken more than 10 years prior. Additionally, the bill states that it is the policy of this state that a doctor of podiatric medicine shall not be classified or treated as an ancillary provider in any health care setting or insurance reimbursement structure for any purpose.

Regulatory Program Update – AB 826, Continuing Medical Education; Disciplinary Guidelines.

It was reported that these regulatory matters are progressing.

Members of the public did not provide any comments.

D. Public Education Program Update – Sammy Chang

Regarding PMBC's newsletter "Footnotes" for 2025, we are still waiting for submissions and hope to publish before the end of 2025. As far as social media accounts, updates are made regularly. PMBC's Listserve is used regularly and provides timely information to licensees and stakeholders.

The member of the public asked what topics are accepted for publication.

E. Executive Management Update – Daniel Lee, DPM

The Board heard from Brian Naslund, Executive Officer.

Dr. Lee announced that the suggested Board and Committee Meeting dates are as follows:

The Board Meetings for 2026: March 27, June 18, and Oct 30 at 1:00 pm.

The Committee Meetings for 2026: February 25, May 6, and September 30.

Brian Naslund brought up the hybrid form of meeting for future Board meetings. This format has allowed the Board to remain efficient and allow for ease of attendance.

There were no comments from members of the public.

President Lee asked for public comment on the full Executive Director's Report. There were no comments from members of the public or Board members. Kathleen Cooper, Legislative Analyst, took roll on whether the Board approved all the items in the Executive Director's Report. The vote passed unanimously, 4-0.

DL	DG	SP	DE	SC
Y	Y	Y	A	Y

VII. Future Agenda Items

A future agenda item may include a discussion on the process for approving residency programs.

There were no comments from members of the public

Closed Session

VI. Board's Evaluation of the Executive Officer (Government Code Section 11126(a)(1).)

Open Session

VIII. Adjournment

MEETING ADJOURNED AT 2:02 p.m.

Approved on:

Brian Naslund, Executive Officer



Members of the Board

Daniel Lee, DPM, President
Devon Glazier, DPM, Vice-
President
Sumer Patel, DPM
Secretary
Darlene Trujllio Elliot
Samantha Chang

BOARD MEETING (Emergency/Special)

June 26, 2026

7:00 a.m.

**Department of Consumer Affairs
Evergreen Hearing Room
2005 Evergreen St., 1st Floor, Rm
1150 A&B
Sacramento, CA 95815**

**Hoya Insurance Agency
8812 E. Las Tunas Dr.
San Gabriel, CA 91776**

**Riverside County Office
4080 Lemon St, 5th Floor
Riverside, CA 92501**

**Disneyland Hotel
Frontier Tower – Columbia Room
1150 W Magic Way
Anaheim, CA 92802**

Action may be taken on
any item listed on the
agenda.

Agenda items may be
taken out of order for
meeting efficiency.

The Podiatric Medical Board of California (PMBC) adjourned its meeting on June 23, 2026 and continued that public meeting at the above addresses, connected via web-ex, on June 26, 2026 at 7:00 a.m. pursuant to Government Code, sections 11123, 11125.4, and 11128.5.

MINUTES

OPEN SESSION

I. Call to Order & Establishment of Quorum.

DL = D. Lee	DG = D. Glazier	SP = S. Patel
DE = D. Elliot	SC = S. Chang	CM = C. McAloon

LEGEND: Y: YES, N: NO, A: ABSENT, P: PRESENT, ABS: ABSTAIN, C: CONFLICT

Board Member Lee called the meeting to order at 7:02 a.m. Kathleen Cooper called roll, and a quorum was established.

DL	DG	SP	DE	SC
P	P	A	P	P

Member Lee was present at the Sacramento location. Member Chang was present at the San Gabriel location. Member Elliot was present at the Riverside location. Member Glazier was present at the Anaheim location. The four locations were connected by electronic means, through both audio and video.

II. Public Comments on Items Not on the Agenda.

The public did not provide any comments.

III. Finding of Necessity for Special Meeting

The board considered whether the delay necessitated by providing notice 10 days prior to the meeting would cause a substantial hardship on the Board or that immediate action is required to protect the public interest. Board Member Lee noted the following facts:

1. Podiatric residency programs must be approved by the Board. Podiatric residency programs in California start providing services by July 1st. If the Board gave 10-days' notice of today's meeting on the date of the last meeting when there was no quorum, the Board would not be able to timely approve applications for podiatric residency programs, which would prevent them from starting and their residents from serving the public's healthcare needs. Further, the Board's next scheduled meeting is too far in the future to allow the Board to wait to approve the programs before they would need to start.
2. Also, the Board finds that providing 10 days' advance notice of this meeting would pose a substantial hardship on the Board given the time needed to coordinate members' availability, and the need to arrange for multiple public meeting locations or to incur significant expense for all members to meet at the same place.
3. Based on these facts and circumstances, insufficient time exists for the Board to provide 10 days' advance notice of this meeting and the delay necessitated by providing notice 10 days prior to a meeting would impose a substantial hardship on the Board and immediate action is required to protect the public interest. Thus, meeting upon shortened notice is necessary and proper.

Board Member Glazier moved, and Board Member Elliot seconded, to find that there is a factual basis for this Special Board Meeting based on the proceeding facts. The public did not provide any comments. The motion passed unanimously, 4-0.

DL	DG	SP	DE	SC
Y	Y	A	Y	Y

Since the Board determined that the delay necessitated by providing notice 10 days prior to the meeting would cause a substantial hardship on the Board or that immediate action is required to protect the public interest, the Board meeting continued.

IV. Discussion and Possible Action on Licensing Committee's Recommendation for Approval of CA Podiatric Residency Programs for Academic Year 2026-2027.

Board Member Glazier moved, and Board Member Elliot seconded, to approve the CA Podiatric Residency Programs for Academic Year 2026-2027. The public did not provide any comments. The motion passed unanimously, 4-0.

DL	DG	SP	DE	SC
Y	Y	A	Y	Y

VI. Future Agenda Items: Executive Officer Brian Naslund informed the Board of items that need to be reviewed in the next scheduled Board Meeting.

VII. Adjournment

MEETING ADJOURNED AT 7:15 a.m.

Approved on:

Brian Naslund, Executive Officer



**PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
August 7, 2026**

SUBJECT: LICENSING PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

VA 1-5

Committee Members:
Sumer Patel, DPM Chair

RECOMMENDATION

Receive and file the status update report on Licensing Unit activity.

ISSUE

This status report highlights key statistics of PMBC's Licensing Unit and other licensing activity of note since last reported at the November 7, 2025, meeting of the Board.

DISCUSSION

The following data below lists current and up to date information for all licensing statistics, including new licenses and renewals.

1. Licensing Statistics

The following Licensing Report reflects a current capture of licensing statistics including new licenses and renewals during FY 25/26 Quarter 1-3 running from July 1, 2025, through March 31, 2026.

Licensing Statistics – New Licenses Issued, Year Over Year Comparison

This report provides a comparison of PMBC licenses that have been issued during the three previous fiscal years for: 22/23, 23/24, 24/25 and those issued to date for FY 25/26. In FY 22/23 94 permanent licenses were issued; FY 23/24, 98 permanent licenses; FY 24/25, 94 permanent licenses; FY 25/26, 56 permanent licenses to date. For a grand total of 342 newly licensed DPMs in the last four fiscal years. A comparison of gender, age and incoming to outgoing DPMs is provided for review. The categories for the outgoing licensee population include retired, inactive, disabled and *canceled licenses.

**License cancels after 3 years of non-renewal.*

A breakdown of licensing data includes the number of initial applications received that are currently pending. Of the 37 pending applications, two candidates recently completed their packages.

For fiscal year 25/26, PMBC had 20 of its applicants come from out of state, 26 were third year residents from California and 10 were third year residents from an out of state program. (Attachment A)

Licensing Statistics - Renewal Data and Renewal Data Breakdown

This report provides an overview of license renewal data for FY 25/26 for which full reporting data is available and running from July 2025 – March 2026. In the month of July, 105 license renewals were mailed with 101 licenses renewed by the end of the month. During the month of August, 112 renewals were mailed with 99 licenses renewed by the end of the month. In the month of September, 100 license renewals were mailed with 95 licenses renewed by the end of the month. In October there were 97 renewals mailed with 92 licenses renewed by the end of the month. In November there were 96 renewals mailed with 90 licenses renewed by the end of the month. In December there were 88 renewals mailed with 79 licenses renewed by the end of the month. In January there were 89 renewals mailed with 78 licenses renewed by the end of the month. In February there were 113 renewals mailed with 105 licenses renewed by the end of the month and March had 77 renewals mailed with 70 licenses renewed by the end of the month. For licentiates that did not comply with renewal requirements, Delinquent Renewal Notices were mailed to all pending renewals 30 days after license expiration.

License renewal data is broken down to include those that have filed for a Retired, Military, Disabled or Inactive modifier. Also included is the number of licensees in Delinquent status in addition to those whose status has changed from Active to Cancelled, Revoked, Surrendered or Reinstated. (Attachment B)

Licensing Statistics – Residents

This report reflects the Resident licensee base to date. The resident academic year started on July 1, 2025 and will end on June 30, 2026. PMBC currently has 43 first year residents; 43 second year residents; and 46 third year residents. There were two residents added to the 2nd year resident rotation bringing the resident license total count to 134. Resident data includes the number of third year residents that currently hold or are applying for a permanent license. (Attachment C)

2. American Podiatric Medical Licensing Examination (APMLE) – Part III Examination Results

The last APMLE Part III Exam was administered on December 1, 2025. There was a total of 27 candidates that requested their scores be sent to California. Of those

candidates, 25 passed for a 93% pass rate. The next APMLE Part III exam will be held on May 14, 2026. Candidates wishing to participate in the next exam will need to register by April 23, 2026. Additional information regarding registration may be obtained by visiting the APMLE website at: <https://www.apmle.com/about-the-exam/exam-schedule/>

3. Continuing Medical Education (CME) Audit Update

Licensees' were mailed an audit notification on November 12, 2025 and all candidates selected were given a deadline date of December 31, 2025 to submit evidence of compliance. As of February 2026, out of 151 audited licensees, 121 have been found in compliance. 30 licensees were short and as a result have failed the audit. Of the 30 failures, eight licensees will be subject to a cite and fine. These licensees' are now required to make up the deficient credits by their next expiration date in 2027.

4. Discussion and Possible Action Regarding Residency Program Approval Process

The Licensure Committee recommended that programs approved by Council on Podiatric Medical Education (CPME) automatically be considered an approved residency program of the Board.

Under the current process, residency programs must be approved annually by the Board. This approval process already includes CPME approval as part of the requirements for Board approval.

CPME is an autonomous accrediting agency for podiatric medical education. CPME evaluates and accredits podiatric medical education programs in the United States, including both of California's podiatric medical schools and all of California's current podiatric residency programs. CPME has been authorized by APMA to accredit institutions that sponsor residency programs that demonstrate and maintain compliance with established standards and requirements. Podiatric residency approval is based on programmatic evaluation and periodic review by the Residency Review Committee and the CPME.

The Committee believes that CPME thoroughly reviews and monitors podiatric medical residency programs. By automatically considering programs approved by CPME as approved by the Board, the Committee believes that it will provide numerous benefits to the public. The change would align the Board's process with the Medical Board of California's procedures for approving postgraduate training programs. It would still ensure adequate oversight of these programs for public protection purposes, while reducing administrative redundancies and expediting the initial licensure process.

Board staff requests that the members approve and direct staff to pursue options including a possible legislative change that would allow CPME approval to serve as automatic board approval for podiatric residency programs.

Attachment D – MBC BPC 2096

Attachment E – PMBC BPC 2475.3

5. PMBC Calendar (February 2026 – April 2026)

Provided for committee planning purposes and review is a 3-month timeline to enhance committee awareness for pertinent dates and approaching deadlines. (Attachment F)

NEXT STEPS

Staff will continue to maintain the Licensing Program by remaining current with processing applications, performing operations without backlog, and responding to specific inquiries from consumers, licensees and stakeholders on a daily basis.

ATTACHMENTS

- A. Licensing Statistics – New Licenses Issued (Year/Year Comparison)
- B. Licensing Statistics – Renewal Data Quarter 1-3 (July 2025 – March 2026)
- C. Licensing Statistics – Residents
- D. MBC BPC 2096
- E. PMBC BPC 2475.3
- F. PMBC Calendar (May 2026 – July 2026)

Prepared by: Andreia Damian, Licensing Unit Coordinator

Andreia Damian
Licensing Unit Coordinator

Brian Naslund
Executive Officer

Podiatric Medical Board
Licensing Statistics - New Licenses Issued
Year over Year Comparison

New Licenses Issued by Fiscal Year

	22/23	23/24	24/25	25/26
July	13	19	9	12
August	6	7	2	3
September	3	1	4	6
October	4	2	7	5
November	7	3	3	2
December	8	6	6	8
January	7	9	10	3
February	13	6	9	6
March	11	15	10	11
April	9	8	10	
May	5	15	11	
June	8	7	13	
New Licenses Issued by Fiscal Year	94	98	94	56

Current / Active License Total

	FY 22/23	FY 23/24	FY 24/25	FY 25/26
Current / Active Licenses by Fiscal Year	2217	2241	2237	2265

Initial License Application Pending Total

	Incomplete	Completed	Total to date
Initial License Application Pending	35	2	37

Podiatric Medical Board

Licensing Statistics - New Licenses Issued

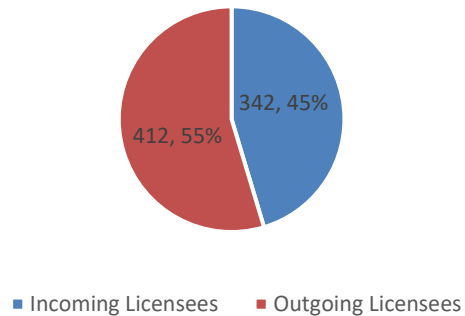
Year over Year Comparison

Breakdown of Initial Application Categories

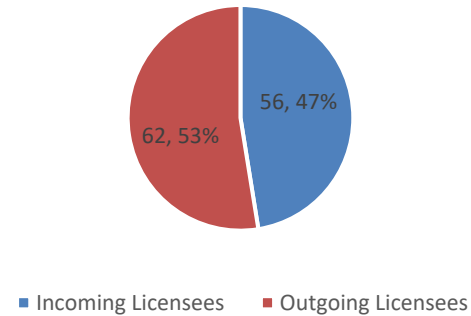
	Out of State	CA 3 rd Year Residents	Out of State 3 rd Year Residents	Total DPMs Licensed in CA
Initial Application Categories for FY 22/23	21	40	33	94
Initial Application Categories for FY 23/24	27	35	36	98
Initial Application Categories for FY 24/25	31	35	28	94
Initial Application Categories for FY 25/26	20	26	10	56

Incoming / Outgoing Licensees

Incoming to Outgoing Licensees
(Last 4 Fiscal Years)



Incoming to Outgoing Licensees
(FY 25/26)



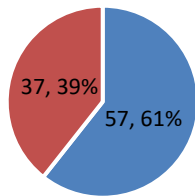
Podiatric Medical Board

Licensing Statistics - New Licenses Issued

Year over Year Comparison

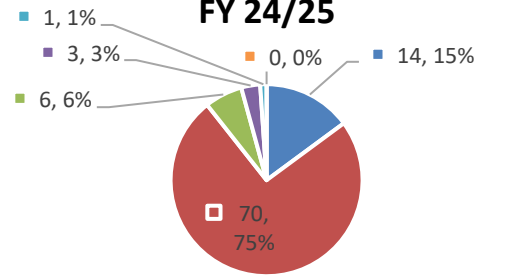
Newly Licensed DPMs

**Gender
FY 24/25**



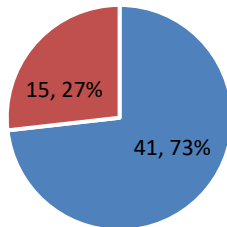
■ Male ■ Female

**Age
FY 24/25**



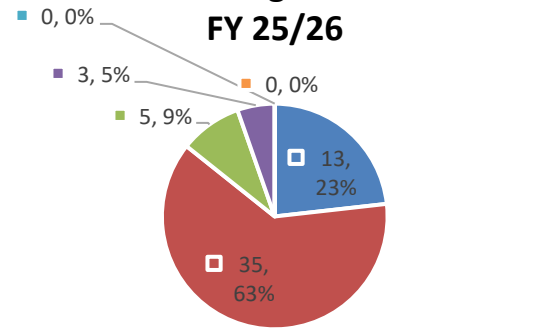
■ 20-30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 61-70 ■ 71-80

**Gender
FY 25/26**



■ Male ■ Female

**Age
FY 25/26**



■ 20-30 ■ 31-40 ■ 41-50 ■ 51-60 ■ 61-70 ■ 71-80

Podiatric Medical Board
Licensing Statistics – Renewal Data
Quarter 1 Report (July – September 2025)

Renewal Data

	Renewals Sent	Renewed	Delinquent Retired status	Delinquent Disabled status	Delinquent Current/Active status	Delinquent Total
July	105	101	1	0	3	4
August	112	99	3	0	10	13
September	100	95	2	0	3	5
Total	317	295	6	0	16	22

Renewal Data Breakdown

	Jul – Sep 2025
Renewed – Current	295
Renewed – Disabled	0
Renewed – Military	0
Renewed – Retired	11
Renewed – Inactive	0
Cancelled	18
Revoked	0
Surrendered	0
Reinstated	0

Podiatric Medical Board
Licensing Statistics – Renewal Data
Quarter 2 Report (October – December 2025)

Renewal Data

	Renewals Sent	Renewed	Delinquent Retired status	Delinquent Disabled status	Delinquent Current/Active status	Delinquent Total
October	97	92	1	1	3	5
November	96	90	1	0	5	6
December	88	79	0	0	9	9
Total	281	261	2	1	17	20

Renewal Data Breakdown

	Oct – Dec 2025
Renewed – Current	261
Renewed – Disabled	1
Renewed – Military	1
Renewed – Retired	11
Renewed – Inactive	2
Cancelled	13
Revoked	0
Surrendered	0
Reinstated	0

Podiatric Medical Board
Licensing Statistics – Renewal Data
Quarter 3 Report (January – March 2026)

Renewal Data

	Renewals Sent	Renewed	Delinquent Retired status	Delinquent Disabled status	Delinquent Current/Active status	Delinquent Total
January	89	78	1	0	10	11
February	113	105	4	0	4	8
March	77	70	1	0	6	7
Total	279	253	6	0	20	26

Renewal Data Breakdown

	Jan – Mar 2026
Renewed – Current	253
Renewed – Disabled	3
Renewed – Military	0
Renewed – Retired	13
Renewed – Inactive	2
Cancelled	7
Revoked	0
Surrendered	0
Reinstated	0

Podiatric Medical Board
Licensing Statistics – Residents
Quarter 1-3 Report (Year over Year Comparison)

Resident Licenses

	Resident Academic Period July 1, 2022 – June 30, 2023 FY 22/23	Resident Academic Period July 1, 2023 – June 30, 2024 FY 23/24	Resident Academic Period July 1, 2024 – June 30, 2025 FY 24/25	Resident Academic Period July 1, 2025 – June 30, 2026 FY 25/26
1 st Year Resident	43	41	43	43
2 nd Year Resident	41	44	41	43
3 rd Year Resident	43	44	46	46
2 nd Year Resident Rotation	3	2	0	2
3 rd Year Resident Rotation	0	0	0	0

Totals

	Resident Academic Period July 1, 2022 – June 30, 2023 FY 22/23	Resident Academic Period July 1, 2023 – June 30, 2024 FY 23/24	Resident Academic Period July 1, 2024 – June 30, 2025 FY 24/25	Resident Academic Period July 1, 2025 – June 30, 2026 FY 25/26
Total Resident Licenses	130	131	130	134

Resident / Permanent Licenses

CA 3 rd Year Residents that are applying for or have obtained a Permanent License by Fiscal Year	Currently in Applicant Status	Permanent Licenses Issued
FY 22/23	0	42
FY 23/24	0	39
FY 24/25	0	41
FY 25/26	5	23



State of California

BUSINESS AND PROFESSIONS CODE

Section 2096

2096. (a) In addition to other requirements of this chapter, before a physician's and surgeon's license may be issued, each applicant, including an applicant applying pursuant to Article 5 (commencing with Section 2105), shall show by evidence satisfactory to the board that the applicant has received credit for at least 12 months of board-approved postgraduate training for graduates of medical schools in the United States and Canada or 24 months of board-approved postgraduate training for graduates of foreign medical schools approved by the board pursuant to Section 2084 other than Canadian medical schools, pursuant to the attestation of the program director, designated institutional official, or delegated authority for the approved postgraduate training program where the applicant participated.

(b) The postgraduate training required by this section shall be obtained in a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) in the United States, the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or the College of Family Physicians of Canada (CFPC) in Canada.

(Amended by Stats. 2023, Ch. 294, Sec. 9. (SB 815) Effective January 1, 2024.)



State of California

BUSINESS AND PROFESSIONS CODE

Section 2475.3

2475.3. (a) The board shall approve podiatric residency programs, as defined in Section 2475.2, in the field of podiatric medicine, for persons who are applicants for or have been issued a certificate to practice podiatric medicine pursuant to this article.

(b) The board may only approve a podiatric residency that it determines meets all of the following requirements:

(1) Reasonably conforms with the Accreditation Council for Graduate Medical Education's Institutional Requirements of the Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements.

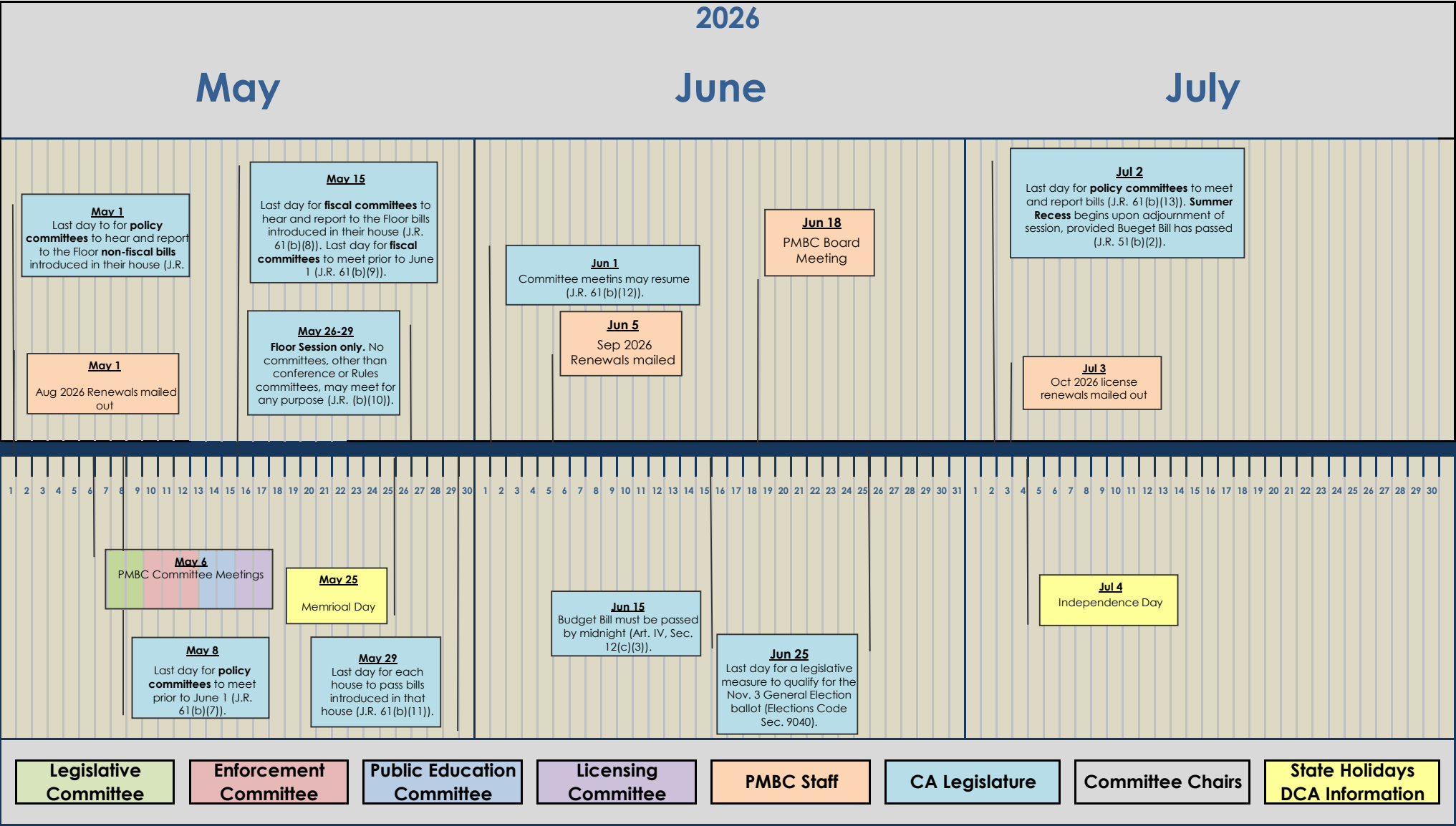
(2) Is approved by the Council on Podiatric Medical Education.

(3) Complies with the requirements of this state.

(Amended by Stats. 2003, Ch. 586, Sec. 1. Effective January 1, 2004.)



PMBC Calendar





**PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
August 7, 2026**

SUBJECT: ENFORCEMENT PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

V B 1-3

Committee Members:

Darlene Elliot, Chair

Daniel Lee, DPM, PhD

RECOMMENDATION

Receive and file the status update report on Enforcement Unit activity.

ISSUE

This status report highlights key areas and statistics for PMBC's Enforcement Unit and other enforcement activity of note since reported at the last regular full meeting of the Board November 7, 2025, and covers the period from July 1, 2025 through March 31, 2026 (3 full quarters) for end of quarter purposes.

DISCUSSION

I. Current Enforcement Statistics

Enforcement reports provide a "current capture" of quarterly data along with a comparison over the prior fiscal year's (24/25) quarterly data (for the same quarter) in order to notate any statistically significant changes and better track improvements and/or deficiencies.

A) Complaint Data

First, second and third quarter complaint data over the prior year's first, second and third quarter data is provided for review.

A total of 56 complaints were received during quarter one. This is a 70% increase over the prior year's first quarter. The average days to close or assign a case was 7 days.

A total of 54 complaints were received during quarter two. This is a 29% increase over the prior year's second quarter. The average days to close or assign a case was 7 days.

A total of 50 complaints were received during quarter three. This is a 61% increase over the prior year's third quarter. The average days to close or assign a case was 9 days. **(Attachment A – Enforcement Statistics – Complaint Data – Quarters 1, 2 and 3).**

B) Investigation Data

First, second and third quarter investigation data over the prior year's first, second and third quarter data is provided for review.

Desk Investigations:

In quarter one, 42 desk investigations were assigned, and 48 desk investigations were completed. Desk investigation processing time averaged 111 days which was a 106% increase over the average of 54 days the previous first quarter.

In quarter two, 67 desk investigations were assigned (this includes new complaints opened to assign to Citation and Fine for Licensing CME audit failures), and 20 desk investigations were completed. Desk investigation processing time averaged 170 days which was a 70% increase over the average of 100 days the previous second quarter.

In quarter three, 50 desk investigations were assigned (this includes new complaints opened to assign to Citation and Fine for Licensing CME audit failures), and 36 desk investigations were completed. Desk investigation processing time averaged 98 days which was a 20% decrease over the average of 122 days the previous third quarter.

Complaint/desk investigation volume has increased by close to 50% during Quarters 1- 3 of Fiscal Year 2025-2026 over the prior Fiscal Year.

In July 2024 there were 30 pending desk investigations, and by March 2026 there were 133 pending investigations. It was expected that delayed desk investigations would start moving with the new MBC hire after the Consumer Complaint Analysts position was vacant for approximately 6 months between June 2024 and January 2025. However, per the data reports, consumer complaints are up significantly this Fiscal Year over the prior Fiscal Year with a great impact to workload and processing time. The increase in citations (also considered complaints/investigations for data reporting purposes) are also adding to this large number of pending investigations.

Field investigations:

There were three field investigations assigned during the first quarter, and field investigators completed three cases. The investigations took an average of 284 days to complete, a 22% decrease over the prior first quarter which averaged 363 days to complete four field investigations.

There was one field investigation assigned during the second quarter, and field investigators completed three cases. The investigations took an average of 308 days to complete, a 4% decrease over the prior second quarter which averaged 322 days to complete three field investigations.

There were two field investigations assigned during the third quarter, and no field investigations were completed this quarter.

Overall Case investigations (desk and field investigations):

Case investigation times for the first quarter show the average days to complete investigations at 144 days. This is a 56% decrease over the average of 329 days to complete both desk/field investigations during the prior first quarter.

Case Investigation Aging data shows that of the 48 investigations closed during quarter one, 56% (27) of complaints were closed within 90 days, 31% (15) were closed between 91 days to one year, and 13% (6) took one year or longer to close.

Case investigation times for the second quarter show the average days to complete investigations at 347 days. This is an 8% increase over the average of 322 days to complete both desk/field investigations during the prior second quarter.

Case Investigation Aging data shows that of the 30 investigations closed during quarter two, 34% (10) of complaints were closed within 90 days, 23% (7) were closed between 91 days to one year, and 43% (13) took one year or longer to close.

Case investigation times for the third quarter show the average days to complete investigations at 115 days. This is a 38% decrease over the average of 184 days to complete both desk/field investigations during the prior third quarter.

Case Investigation Aging data shows that of the 28 investigations closed during quarter three, 75% (21) of complaints were closed within 90 days, 11% (3) were closed between 91 days to one year, and 14% (4) took one year or longer to close. **(Attachment B – Enforcement Statistics – Investigation Data – Quarters 1, 2 and 3).**

C) Disciplinary Data

First, second and third quarter disciplinary data over the prior year's first, second and third quarter data is provided for review.

Three cases were initiated during the first quarter compared to four cases initiated during the prior year's first quarter. Two Final Orders went into effect compared to three the previous first quarter.

Five cases were initiated during the second quarter compared to four cases initiated during the prior year's second quarter. One Final Order went into effect compared to two the previous second quarter.

One case was initiated during the third quarter compared to three cases initiated during the prior year's third quarter. Two Final Orders went into effect compared to three the previous third quarter.

One Interim Suspension Order was issued during Quarter one.

Two citations were issued during quarter one, thirteen citations were issued in quarter two, and nine citations were issued in quarter three.

Quarter one had two new probationers added and two successful completions of probation. Quarter two had one new probationer added. Quarter three had two probationers added and one successful completion of probation. There were 10 active licensees on probationary status at the end of the third quarter. **(Attachment C – Enforcement Data – Disciplinary Data – Quarters 1, 2 and 3).**

D) Enforcement Statistics – Fiscal Year (FY) to Date Totals

This report shows a summary of all enforcement statistic categories for FY 2025/2026 (July 1, 2025 through June 30, 2026). This period is compared to 2024/2025 data and covers the first three quarters.

Total complaint intake increased by 51%. A total of 160 complaints were received the first three quarters of Fiscal Year 25/26 compared to 106 complaints received during the same period of FY 24/25.

Total investigations assigned increased 46% with 156 investigations assigned compared to 107 during the first three quarters of the prior FY. The average days to complete investigations (for both desk and field investigations) was 201 days, a 24% decrease from FY 24/25 where completion of all investigations averaged 264 days.

Nine disciplinary cases were initiated through the Office of Attorney General during the first three quarters, compared to 11 cases initiated the first three quarters of FY 24/25, an 18% decrease.

No Accusations were withdrawn, dismissed, or declined the first three quarters of this FY or last.

Five final Orders were issued compared to seven during the first three quarters of FY 24/25. Disciplinary cases took an average of 1,123 days to complete, compared to 1,137 days for the prior FY, a 1% decrease.

One Interim Suspension Order was issued during the first three quarters, the same as the prior Fiscal year.

Twenty-four citations have been issued to date in FY 25/26. Two of these citations were issued due to unprofessional conduct and 22 were issued due to failing the annual CME audit.

With enforcement cases, reports ran one day apart may show slight differences as the cases are always in movement with multiple parties working on them and adding activity codes. The reports provide an overall snapshot of the enforcement program at any given time. **(Attachment D – Enforcement Statistics – Fiscal Year Totals).**

E) Attorney General (AG) Case Aging Data

Case aging data based on reports received directly from the AG's Office is provided. The report includes information through April 27, 2026.

There are currently 7+ active cases pending completion with the AG. Some cases recently forwarded to the AG may not show on the case aging report

provided by the AG as they have not been formally accepted for prosecution due to pending criminal convictions, need for additional investigation or they are awaiting AG review. Also, multiple complaints for single licensees have been forwarded for AG action which show as separate pending complaints in the DCA reports, but which are consolidated into one case per licensee on the AG reports. **(Attachment E – Enforcement Statistics – Attorney General Case Aging Data).**

Staff is aware that some additional data is not received through the Attorney General reports, and when known, this is noted below the table with references to the applicable cases.

The BreEZe system provides data for cases that have closed and the report from the AG report shows the aging for cases currently in process and recently closed. Case aging numbers with the AG are not going to match what is reported in BreEZe as AG start and end dates for receipt and closure of a case differ from DCA. DCA start dates begin with the date a complaint is initiated and close with the effective date of a decision (in most cases 30 days after it is signed). The AG start date is the date a case is accepted for prosecution and closes the date a decision is signed.

F) DCA Performance Measures

DCA's Open Data Initiative reporting tool has performance measure data posted through FY 2025/2026 Quarter 1:

<https://www.dca.ca.gov/data/enforcement.shtml>

This tool allows individuals to search complaint, investigation, and disciplinary performance measure statistics and provides the data in a variety of charts and graphs. A search can be conducted by the quarter, or a full fiscal year of data can be viewed. Podiatric data can also be compared to the data of other boards and bureaus.

Historical enforcement data (prior to FY 16/17) can be found at:

https://www.dca.ca.gov/enforcement/cpei/quarterly_reports.shtml

II. Probation Program Update

A) Probation/Cost Recovery Recoupment

The report for enforcement payments received between July 1 and March 31, 2026 showed \$132,195.16 in cost recovery payments, \$28,869.36 in probation Monitoring payments, and \$22,000 in citation payments, for a total of \$183,064.52 in enforcement cost recovery for quarters one, two and three.

III. Consultant and Expert Program Update

A) Expert/Consultant Training

The Expert/Consultant Training originally planned for April 2026 was postponed due to staffing shortage and heavier workloads this year. A new training date is currently TBD.

B) PMBC Consultant Applicant

Consultant Applicant Olubukunola (Bukky) Olalemi-Toth, DPM meets the criteria for consultant appointment and her CV is attached for Board Member review. A vote is required to appoint a new consultant. **(Attachment F — Consultant Applicant, Olubukunola Olalemi-Toth, DPM – CV).**

NEXT STEPS

Staff will continue to review enforcement matrix reports and other data in order to effectively and efficiently expedite investigation of consumer complaints and prosecution of open cases. Staff will also research and provide suggestions for enforcement program improvements.

ATTACHMENTS

- A. Enforcement Statistics - Complaint Data (Quarters 1, 2 and 3)
- B. Enforcement Statistics - Investigation Data (Quarters 1, 2 and 3)
- C. Enforcement Statistics - Disciplinary Data (Quarters 1, 2 and 3)
- D. Enforcement Statistics – Fiscal Year to Date Totals
- E. Enforcement Statistics - Attorney General Case Aging Data
- F. Consultant Applicant, Olubukunola Olalemi-Toth, DPM - CV

Prepared by: Bethany DeAngelis

Bethany DeAngelis
Enforcement Unit Coordinator

Brian Naslund
Executive Officer

Podiatric Medical Board of California
Enforcement Statistics – Complaint Data
Quarter 1 Report (July - September, 2025)

Complaint Intake

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Received	12	15	26		53	32	+66%
Closed W/O Investigation	0	0	0		0	0	0%
Assigned for investigation	12	13	26		51	29	+76%
Average days to close or assign (Target = 10 Days)	8	9	5		7	8	-13%
Pending	3	5	6				

Complaint Intake - Convictions/Arrests Reports

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Received	2	1	0		3	1	+200%
Assigned for investigation	0	3	0		3	1	+200%
Average days to close or assign (Target = 10 Days)	n/a	11	n/a		11	9	+22%
Pending	2	0	0				

Total Complaint Intake

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Received	14	16	26		56	33	+70%
Assigned for investigation	12	16	25		53	30	+77%
Average days to close or assign (Target = 10 days)	8	9	2		7	8	-13%
Pending	5	5	6				

Podiatric Medical Board of California
Enforcement Statistics – Complaint Data
Quarter 2 Report (October-December, 2025)

Complaint Intake

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Received	13	13	24		50	41	+22%
Closed W/O Investigation	0	0	0		0	0	0%
Assigned for investigation	17	10	25		52	47	+11%
Average days to close or assign (Target = 10 Days)	9	9	6		7	10	-30%
Pending	2	5	4				

Complaint Intake - Convictions/Arrests Reports

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Received	0	3	1		4	1	+300%
Assigned for investigation	0	0	4		4	1	+300%
Average days to close or assign (Target = 10 Days)	n/a	n/a	8		8	12	-33%
Pending	0	0	0				

Total Complaint Intake

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Received	13	16	25		54	42	+29%
Assigned for investigation	17	10	29		56	48	+17%
Average days to close or assign (Target = 10 days)	9	9	6		7	10	-30%
Pending	2	8	4				

Podiatric Medical Board of California
Enforcement Statistics – Complaint Data
Quarter 3 Report (January - March, 2026)

Complaint Intake

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Received	18	20	11		49	28	+75%
Closed W/O Investigation	1	0	0		1	0	+1
Assigned for investigation	14	18	14		46	26	+77%
Average days to close or assign (Target = 10 Days)	8	11	9		9	9	0%
Pending	7	9	6				

Complaint Intake - Convictions/Arrests Reports

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Received	0	0	1		1	3	-67%
Assigned for investigation	0	0	1		1	3	-67%
Average days to close or assign (Target = 10 Days)	n/a	n/a	10		10	8	+25%
Pending	0	0	0				

Total Complaint Intake

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Received	18	20	12		50	31	+61%
Assigned for investigation	14	18	15		47	29	+62%
Average days to close or assign (Target = 10 days)	8	11	9		9	9	0%
Pending	7	9	6				

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 1 Report (July - September 2025)

Desk Investigations							
	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Investigations Assigned	13	16	13		42	30	+40%
Investigations Completed	6	32	10		48	15	+220%
Avg Days to Complete Investigations	58	127	89		111	54	+106%
Investigations Pending	84	69	72				

Field Investigations							
	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Investigations Assigned	1	1	1		3	11	+73%
Investigations Completed	0	3	0		3	4	-25%
Avg Days to Complete Investigations	n/a	284	n/a		284	363	-22%
Investigations Pending	13	11	12				

Case Investigations							
	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Referred to Investigation	12	16	26		54	30	+80%
Investigations Completed - AG	0	2	0		2	3	-33%
Investigations Completed – non-AG	5	32	9		46	22	-109%
Investigations Completed - Total	5	34	9		48	25	+92%
Avg Days to Complete Inv – Total (Target = 125 Days)	14	197	81		144	329	-56%
Investigations Pending	107	90	107				

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 1 Report (July - September 2025)

Case Investigations Aging

	25-July	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Up to 90 Days	5	16	6		27	11	+145%
91 to 180 Days	0	5	3		8	2	+300%
181 Days to 1 Year	0	7	0		7	3	+250%
1 to 2 Years	0	6	0		6	4	+50%
2 to 3 Years	0	0	0		0	0	0%
3 to 4 Years	0	0	0		0	0	0%

Investigations Completed Without Referral for Disciplinary Action

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Investigations Complete W/O Disciplinary Referral	6	32	10		48	18	+167%
Average Days to Close W/O Disciplinary Referral	97	165	65		196	245	-20%

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 2 Report (October - December 2025)

Desk Investigations							
	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Investigations Assigned	30	11	26		67	48	+40%
Investigations Completed	10	4	6		20	22	-9%
Avg Days to Complete Investigations	144	128	210		170	100	+70%
Investigations Pending	92	99	118				

Field Investigations							
	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Investigations Assigned	1	0	0		1	3	-67%
Investigations Completed	1	1	1		3	3	0%
Avg Days to Complete Investigations	183	304	436		308	322	-4%
Investigations Pending	13	12	11				

Case Investigations							
	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Referred to Investigation	17	10	29		56	48	+17%
Investigations Completed - AG	3	0	2		5	3	+67%
Investigations Completed – non-AG	11	7	7		25	25	0%
Investigations Completed - Total	14	7	9		30	28	+7%
Avg Days to Complete Inv – Total (Target = 125 Days)	354	366	348		347	322	+8%
Investigations Pending	110	113	131				

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 2 Report (October - December 2025)

Case Investigations Aging

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Up to 90 Days	5	3	2		10	6	+67%
91 to 180 Days	1	0	1		2	10	-80%
181 Days to 1 Year	3	0	2		5	1	+400%
1 to 2 Years	1	1	3		5	8	-38%
2 to 3 Years	4	3	1		8	3	+167%
3 to 4 Years	0	0	0		0	0	0%

Investigations Completed Without Referral for Disciplinary Action

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Investigations Complete W/O Disciplinary Referral	24	6	8		38	23	+65%
Average Days to Close W/O Disciplinary Referral	102	231	322		178	271	-34%

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 3 Report (January – March 2026)

Desk Investigations							
	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Investigations Assigned	10	25	15		50	29	+72%
Investigations Completed	19	7	10		36	36	0%
Avg Days to Complete Investigations	142	72	33		98	122	-20%
Investigations Pending	110	128	133				

Field Investigations							
	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Investigations Assigned	2	0	0		2	5	-60%
Investigations Completed	0	0	0		0	4	-4
Avg Days to Complete Investigations	n/a	n/a	n/a		n/a	169	n/a
Investigations Pending	13	12	11				

Case Investigations							
	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Referred to Investigation	14	18	15		47	29	+62%
Investigations Completed - AG	0	1	1		2	2	0%
Investigations Completed – non-AG	11	6	9		26	42	-38%
Investigations Completed - Total	11	7	10		28	44	-36%
Avg Days to Complete Inv – Total (Target = 125 Days)	143	77	131		115	184	-38%
Investigations Pending	136	147	152				

Podiatric Medical Board of California
Enforcement Statistics – Investigation Data
Quarter 3 Report (January – March 2026)

Case Investigations Aging

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Up to 90 Days	6	6	9		21	14	+50%
91 to 180 Days	3	0	0		3	15	-80%
181 Days to 1 Year	0	0	0		0	9	+9
1 to 2 Years	2	1	0		3	6	-50%
2 to 3 Years	0	0	1		1	0	-1
3 to 4 Years	0	0	0		0	0	0%

Investigations Completed Without Referral for Disciplinary Action

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Investigations Complete W/O Disciplinary Referral	12	14	9		35	43	-18%
Average Days to Close W/O Disciplinary Referral	113	36	32		89	189	-53%

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 1 Report (July - September 2025)

Attorney General Cases

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Cases Initiated	1	2	0		3	4	-25%
*Cases Pending	22	22	23				
Accusations Withdrawn/Dismissed/Declined	0	0	0		0	0	0%
Closed Without Disciplinary Action	0	0	0		0	0	0%
Statement of Issues/Accusations Filed	0	0	0		0	0	0%
Final Orders - Decisions/Stipulations	2	0	0		2	3	-33%
Avg Days to Complete Final Orders (target = 540 Days)	866	n/a	n/a		866	1,074	-19%

Attorney General Case Aging

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Up to 90 Days	0	0	0		0	0	0%
91 to 180 Days	0	0	0		0	0	0%
181 Days to 1 Year	0	0	0		0	0	0%
1 to 2 Years	0	0	0		0	0	0%
2 to 3 Years	2	0	0		2	1	+100%
3 to 4 Years	0	0	0		0	2	-2
Over 4 Years	0	0	0		0	0	0%

Other Legal Actions

*Count now includes Open Non-Administrative Mandate Cases / Also, multiple complaints for the same DPM will show up as additional cases although they are likely to be consolidated for discipline

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 1 Report (July - September 2025)

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Suspension Order Issued	1	0	0		1	0	+1

Citations

	25-Jul	25-Aug	25-Sep		QTR 1 Total	Over QTR 1 last FY	+/- %
Citations Issued	0	0	2		2	0	+2
Average Days to Close or Assign	n/a	n/a	120		120	n/a	n/a

Probation

	25-Jul	25-Aug	25-Sep		End of QTR 1
Number of Active Probationers	9	8	8		8
Probation Cases Initiated (New Probationers)	2	0	0		2
Probation Cases Closed (Probation Completions)	1	1	0		2
Probation Cases Closed (Revocation or Surrender)	0	0	0		0
Probation Violations Submitted to the AG	0	0	0		0

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 2 Report (October – December 2025)

Attorney General Cases

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Cases Initiated	3	0	2		5	4	+25%
*Cases Pending	25	25	27				
Accusations Withdrawn/Dismissed/Declined	0	0	0		0	0	0%
Closed Without Disciplinary Action	0	0	0		0	0	0%
Statement of Issues/Accusations Filed	0	2	0		2	2	+0%
Final Orders - Decisions/Stipulations	1	0	0		1	2	-50%
Avg Days to Complete Final Orders (target = 540 Days)	1,116	n/a	n/a		1,116	1,054	+6%

Attorney General Case Aging

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Up to 90 Days	0	0	0		0	0	0%
91 to 180 Days	0	0	0		0	0	0%
181 Days to 1 Year	0	0	0		0	0	0%
1 to 2 Years	0	0	0		0	0	0%
2 to 3 Years	0	0	0		0	1	-1
3 to 4 Years	1	0	0		1	1	0%
Over 4 Years	0	0	0		0	0	0%

*Count now includes Open Non-Administrative Mandate Cases / Also, multiple complaints for the same DPM will show up as additional cases although they are likely to be consolidated for discipline

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 2 Report (October – December 2025)

Other Legal Actions

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
N/A	0	0	0		0	0	0%

Citations

	25-Oct	25-Nov	25-Dec		QTR 2 Total	Over QTR 2 last FY	+/- %
Citations Issued	13	0	0		13	3	+333%
Average Days to Close or Assign	14	n/a	n/a		14	663	-98%

Probation

	25-Oct	25-Nov	25-Dec		End of QTR 2
Number of Active Probationers	8	9	9		9
Probation Cases Initiated (New Probationers)	1	0	0		1
Probation Cases Closed (Probation Completions)	0	0	0		0
Probation Cases Closed (Revocation or Surrender)	0	0	0		0
Probation Violations Submitted to the AG	0	0	0		0

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 3 Report (January – March 2026)

Attorney General Cases

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Cases Initiated	0	0	1		1	3	-67%
*Cases Pending	26	25	25				
Accusations Withdrawn/Dismissed/Declined	0	0	0		0	0	0%
Closed Without Disciplinary Action	0	1	0		1	0	+1
Statement of Issues/Accusations Filed	0	1	0		1	2	-50%
Final Orders - Decisions/Stipulations	1	0	1		2	3	-33%
Avg Days to Complete Final Orders (target = 540 Days)	1,458	n/a	1,301		1,385	1,251	+11%

Attorney General Case Aging

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Up to 90 Days	0	0	0		0	0	0%
91 to 180 Days	0	0	0		0	0	0%
181 Days to 1 Year	0	0	0		0	0	0%
1 to 2 Years	0	0	0		0	0	0%
2 to 3 Years	0	0	0		0	1	-1
3 to 4 Years	0	0	1		1	1	0%
Over 4 Years	1	0	0		1	1	0%

*Count now includes Open Non-Administrative Mandate Cases / Also, multiple complaints for the same DPM will show up as additional cases although they are likely to be consolidated for discipline

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 3 Report (January – March 2026)

Other Legal Actions

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Suspension Order Issued	0	0	0		0	1	-1

Citations

	26-Jan	26-Feb	26-Mar		QTR 3 Total	Over QTR 3 last FY	+/- %
Citations Issued	1	8	0		9	0	+9
Average Days to Close or Assign	468	42	n/a		95	n/a	n/a

Probation

	26-Jan	26-Feb	26-Mar		End of QTR 3
Number of Active Probationers	10	9	10		10
Probation Cases Initiated (New Probationers)	1	0	1		2
Probation Cases Closed (Probation Completions)	0	1	0		1
Probation Cases Closed (Revocation or Surrender)	0	0	0		0
Probation Violations Submitted to the AG	0	0	0		0

Podiatric Medical Board of California
Enforcement Statistics – Fiscal Year to Date Totals
Fiscal Year 25/26 Report (July 2025 – June 2026)

Total Complaint Intake (includes complaint intake and conviction/arrest notification complaints)

	FY 25/26 QTR 1	FY 25/26 QTR 2	FY 25/26 QTR 3	FY 25/26 QTR 4	25/26 QTR 1-3 Total	Over FY 24/25 QTR 1-3 Total	+/- %
Received	56	54	50		*160	*106	+51%
Assigned for investigation	53	56	47		*156	*107	+46%
Average days to close or assign (Target = 10 days)	7	7	9		8	9	-11%

Total Case Investigations

	FY 25/26 QTR 1	FY 25/26 QTR 2	FY 25/26 QTR 3	FY 25/26 QTR 4	FY 25/26 QTR 1-3 Total	Over FY 24/25 QTR 1-3 Total	+/- %
Investigations Assigned	54	56	47		*157	*107	+47%
Investigations Completed - Total	48	30	28		*106	*97	+9%
Avg Days to Complete Investigations (Target = 125 Days)	144	347	115		**201	**264	-24%

*Numbers may show slight variances from the quarterly totals as some prior quarterly data totals may not reflect data that had been entered into BreEZe at a later date.

**Average is not calculated by obtaining the mean of the quarter totals, but by averaging the mean of all cases completed during those quarters. Also, there seems to be some issues with the investigation case aging data which is still being looked into.

Podiatric Medical Board of California
Enforcement Statistics – Fiscal Year to Date Totals
Fiscal Year 25/26 Report (July 2025 – June 2026)

Attorney General Cases

	FY 25/26 QTR 1	FY 25/26 QTR 2	FY 25/26 QTR 3	FY 25/26 QTR 4	FY 25/26 QTR 1-3 Total	Over FY 24/25 QTR 1-3 Total	+/- %
Cases Initiated	3	5	1		9	11	-18%
Accusations Withdrawn/Dismissed/Declined	0	0	0		0	0	0%
Closed Without Disciplinary Action	0	0	1		1	0	+1
Statement of Issues/Accusations Filed	0	2	1		3	4	-25%
Final Orders - Decisions/Stipulations	2	1	2		5	7	-29%
Avg Days to Complete Final Orders (target = 540 Days)	866	1,116	1,385		*1,123	*1,137	-1%

Other Legal Actions

	FY 25/26 QTR 1	FY 25/26 QTR 2	FY 25/26 QTR 3	FY 25/26 QTR 4	FY 25/26 QTR 1-3 Total	Over FY 24/25 QTR 1-3 Total	+/- %
PC23 Order	0	0	0		0	0	0%
Interim Suspension Order	1	0	0		1	1	0%

* Average is not calculated by obtaining the mean of the quarter totals, but by averaging the mean of all cases completed during those quarters.

Podiatric Medical Board of California
Enforcement Statistics – Fiscal Year to Date Totals
Fiscal Year 25/26 Report (July 2025 – June 2026)

Citations

	FY 25/26 QTR 1	FY 25/26 QTR 2	FY 25/26 QTR 3	FY 25/26 QTR 4		FY 25/26 QTR 1-3 Total	Over FY 24/25 QTR 1-3	+/- %
Final Citations	2	13	9			24	3	+700%
Average Days to Complete	120	14	95			54	663	-92%

Citations issued were based on the following violations:

Citation Number	Code(s) Violated	Code Description(s)
25/26-1	B&P Code § 2234	Unprofessional Conduct
25/26-2 through 25/26-15 (14 citations)	CCR § 1399.676	CME Audit Failure
25/26-16	B&P Code § 2234	Unprofessional Conduct
25/26-17 through 25/26-24	CCR § 1399.676	CME Audit Failure

Podiatric Medical Board of California
Enforcement Statistics – Attorney General Case Aging Data
As of April 27, 2026

Attorney General Case Aging

Case No.	Matter Type	Accepted for Prosecution	Pleading Sent	Pleading Signed	Notice of Defense Received	Request to Set	OAH Dates Received	Case Rev Ret/Rej	Stip Signed by Respondent	Hearing Date	Adjudicate	Decision Signed	Age of Case
1	ACC	08/20/21	06/20/22	6/28/22	08/04/22	10/31/25	12/10/25						1,707
2	ACC	09/06/21	09/09/21	09/10/21	09/27/21	11/03/25	11/04/25						1,690
3	ACC	04/23/25	06/06/25	06/20/25	07/07/25	08/04/25	08/05/25						365
4	ACC	07/25/25	10/26/25	11/24/25	12/04/25	12/11/25	12/18/25						272
5	ACC	07/31/25	09/16/25	11/24/25	12/05/25	01/27/26	02/04/26						266
6	ACC	08/27/25	12/12/25	02/09/26	03/17/26								239
7	ACC												

ACC = Accusation

AC/RV = Accusation/Petition to Revoke Probation

REDU = Petition to Reduce Penalty Filed

REIN = Petition for Reinstatement

REVO = Petition to Revoke Probation

SOI = Statement of Issues

ISO = Interim Suspension Order

820 = BPC 820 (mental/physical illness)

A: Reviewed: Case Returned to Client or DOI

B: Reviewed – Case Rejected

C: Stipulation Sent to Client

D: Hearing – Date Concluded/Submitted

E: Default Decision Sent: Failure to File NOD/Failure to Appear at Hearing

F: Petition Withdrawn or Pleading Withdrawn

Notes:

Case 1: OAH dates received after many years – looking promising that case may finalize this year – possible settlement

OLUBUKUNOLA (BUKKY) OLALEMI-TOTH, DPM
CURRICULUM VITAE
October 2025

CONTACT INFORMATION

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

EDUCATION

Chief Resident (PGY-3)

Department of Podiatric Medicine and Surgery

San Francisco Veterans Affairs Health System and Medical Center – San Francisco, CA

July 2017 – June 2018

Resident (PGY-1 & PGY-2)

Department of Podiatric Medicine and Surgery

San Francisco Veterans Affairs Health System and Medical Center – San Francisco, CA

2015 – 2017

Doctor of Podiatric Medicine (DPM)

Samuel Merritt University, California School of Podiatric Medicine – Oakland, CA

2012 – 2015

Bachelor of Science (Biology) with focus on Molecular and Cellular Biology

University of California, Davis – Davis, CA

2008

SPECIALTY CLINICAL TRAINING

Valley Foot & Ankle Specialty Providers
Chief Medical Officer & Surgical Podiatrist
2018 – Present

University of California, San Francisco – Center for Limb Preservation
Quarterly Resident Surgical Rotation (PGY-1 – PGY-3)
Department of Vascular Surgery – San Francisco, CA
2015 – 2017

International Foot and Ankle Foundation (IFAF)
Participant – Ankle Arthroscopy Skills Course
Tracy, CA | **August 2017**

CERTIFICATIONS, HONORS & PROFESSIONAL APPOINTMENTS

ABPM Board Certified
American Board of Podiatric Medicine
2018 – Present

Resident Liaison
Sinkler Miller Medical Association (SMMA) – Oakland, CA
2017 – 2018

Recipient – William Alexander Jackson Ross, M.D. Scholarship
Sinkler Miller Medical Association – Oakland, CA
2017

Certificate of Merit – Language Editor
Open Medicine Journal (formerly Central European Journal of Medicine)
2016–2022

ACADEMIC, CLINICAL PRESENTATIONS & OUTREACH

Guest Lecturer – Yoruba Society of Fresno
“Foot Health in the Elderly,” Fresno, CA
2025

Guest Lecturer – Doctor’s Academy Program
Sunnyside High School – Fresno, CA
2025

Guest Lecturer – High School Medical Enrichment Program

California State University, Fresno – Fresno, CA

2024

Panelist – College Academy Workshop (African American Initiative)

California State University, Fresno, CA

September 2022

Guest Lecturer – Career & Mentorship Workshop

Sinkler Miller Medical Association (SMMA) / Alameda-Contra Costa Medical Association – Alameda, CA

2017

Invited Panelist – American Association for Women Podiatrists

Samuel Merritt University – Oakland, CA

2016

Clinical Coordinator – Total Contact Cast Workshop

Orthopedic Trauma Institute Vascular Conference – San Francisco, CA

2016

ACADEMIC PEER-REVIEWED PUBLICATIONS

2024

Oseni-Olalemi, O. et al. *Repair of Ruptured Extensor Hallucis Longus Tendon with a Semitendinosus Tendon Allograft: A Case Report.*

Foot & Ankle Surgery: Techniques, Reports & Cases.

2015

Oseni-Olalemi, O., Mendivil-Moreno, F. *Hypertrophic Chronic Hemophilic Synovitis: A Literature Review of the Pathologic Effects of Hemophilia on the Foot and Ankle.*

National Foot & Ankle Review (2015): 15.

2013

Oseni-Olalemi, O., Potter, J., et al. *A Review of the Symptomatic Os Vesalianum: An Uncommon Cause of Lateral Foot Pain.*

National Foot & Ankle Review (2013): 14.

2013

Oseni-Olalemi, O., An, S., et al. *Radiologic Assessment of Forefoot Pain: A Review of Magnetic Resonance Imaging and its Key Role in Diagnosis.*

National Foot & Ankle Review (2013): 13.

CLINICAL RESEARCH TRIAL EXPERIENCE

Clinical Research Consultant

A Multi-National, Multi-Center, Prospective, Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficacy of Cycling Topical Wound Oxygen Therapy (TWO2) in Chronic Diabetic Foot Ulcers

2017 – Present

Clinical Research Consultant

A Randomized, Double-Blind, Multicenter, Placebo-Controlled Phase 3 Study of Pexiganan Cream 0.8% for Diabetic Foot Ulcers

2014 – 2017

Clinical Research Associate

- CR845 Analgesic Efficacy Study in Laparoscopic Hysterectomy Patients (**2011 – 2012**)
- SI 6603 Dose-Escalation Study in Lumbar Disc Herniation (**2010 – 2012**)
- Lubiprostone for Opioid-Induced Bowel Dysfunction (**2010 – 2012**)
- Tapentadol IR vs. Oxycodone IR for Post-Operative Shoulder Pain (**2010 – 2011**)

CLINICAL RESEARCH EMPLOYMENT

Clinical Research Consultant

Northern California Research Trials – Davis, CA

2014 – Present

Clinical Research Associate

Northern California Research Trials / California Clinical Research

2010 – 2016

ACADEMIC & COMMUNITY LEADERSHIP

Class Secretary

Class of 2015 – California School of Podiatric Medicine, Samuel Merritt University – Oakland, CA

2011 – 2015

Vice President – Sports Medicine Club

California School of Podiatric Medicine, Samuel Merritt University – Oakland, CA

2013 – 2015

PROFESSIONAL MEMBERSHIPS

**Member – Delta Sigma Theta, San Joaquin Valley Alumnae Chapter
2023 – Present**

**Member – Filipino Medical Association of Northern California – San Francisco, CA
2017 – 2020**

**Member – Sinkler Miller Medical Association – Oakland, CA
2016 – 2019**

**Member – Student National Podiatric Medical Association
2012 – 2015**



**PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
August 7, 2026**

SUBJECT: LEGISLATIVE PROGRAM REPORT

Committee Members

Devon Glazier, DPM Chair
Samantha Chang

ACTION: RECEIVE AND FILE STATUS REPORT

1. LEGISLATIVE UPDATE

VC 1-2

AB 1591 -California Podiatric Pipeline Program

Assembly Member, Michelle Rodriguez, 1.15.26.

Read Second Time and Referred to Committee on Appropriations 7.2.26.

Amended Senate 7.2.26 and Amended Assembly 5.18.26

Existing law establishes the Department of Health Care Access and Information under the control of the Director of the Department of Health Care Access and Information, to administer various health professions development programs. Existing law requires the department to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities selected by the department and include in those programs pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers.

Existing law creates within the department the Health Professions Education Fund, for the primary purpose of providing scholarships and loans to students from underrepresented groups who are accepted to or enrolled in schools of medicine, dentistry, nursing, or other health professions. Existing law authorizes the department to receive private donations to be deposited into the fund and continuously appropriates all money in the fund to the department for those purposes.

This bill would enact the California **Podiatric** Pipeline Program Act, to require the department to establish and administer the California **Podiatric** Pipeline Program to promote careers in **podiatric** medicine and support the educational advancement of California residents pursuing the doctor of **podiatric** medicine degree, as specified. The bill would specify that the department may use funds from the Health Professions Education Fund for the purposes of this bill, subject to the requirements of the fund. This bill would authorize the department to award planning or coordination grants to participating universities or colleges to support implementation of the program as funding is made available. The bill would also require the department, subject to an appropriation by the Legislature, to annually report to the Legislature regarding the number of students participating, the number matriculating into doctor of podiatric

medicine programs and recommendations for expanding residency for podiatric graduates. The Board may take a vote in support of this proposed bill. See Attachments A-F for proposed text and analysis.

2. Regulatory Update

PMBC has begun a current review of Disciplinary Guidelines and is beginning the internal process of updating the text and preparing the required documents to present the matter to the PMBC Board for review and approval. There is a new working group that consists of 13 boards that are working together regarding Disciplinary Guidelines.

PMBC is also preparing to submit a Section 100 regulatory change that will update language regarding the required CE for renewing doctors of podiatric medicine.

ATTACHMENTS

ATT A – AB 1591 Assembly Health

ATT B – AB 1591 Assembly Higher Education

ATT C – AB 1591 Assembly Appropriations

ATT D – Assembly

ATT E - Senate

ATT F – AB 1591 – Text

Prepared by: Kathleen Cooper

Kathleen Cooper, Legislative Analyst

Brian Naslund, Executive Officer

ATTACHMENT A

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HEALTH

Mia Bonta, Chair

AB 1591 (Michelle Rodriguez) – As Introduced January 15, 2026

SUBJECT: California Podiatric Pipeline Program.

SUMMARY: Requires the Department of Health Care Access and Information (HCAI) to establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree. Specifically, **this bill:**

- 1) Requires HCAI, in consultation with the California State University, the University of California, the Podiatric Medical Board of California, the California Podiatric Medical Association, and accredited schools of podiatric medicine in California, to take actions that include, but are not limited to, all of the following:
 - a) Developing partnerships and agreements that link undergraduate institutions with California podiatric medical schools;
 - b) Providing mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine;
 - c) Creating a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks; and,
 - d) Prioritizing recruitment of students from underrepresented, rural, or medically underserved areas of the state.
- 2) Authorizes HCAI to award planning or coordination grants to participating universities or colleges to support implementation of this program as funding is made available.
- 3) Authorizes HCAI to use funds from the Health Professions Education Fund (HPEF) for the purposes of this bill.
- 4) Requires HCAI, subject to an appropriation by the Legislature, to annually report to the Legislature on the number of students participating, the number matriculating into doctor of podiatric medicine programs, and recommendations for expanding residency opportunities for podiatric graduates.

EXISTING LAW:

- 1) Establishes HCAI to, among other functions, collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. [Health and Safety Code (HSC) § 127000, § 127825, *et seq.*]

- 2) Establishes the Health Professions Education Fund within HCAI to provide loans to students. Authorizes HCAI to receive private donations and specifies that all money in the fund is continuously appropriated to HCAI. [HSC § 128355]

FISCAL EFFECT: Unknown. This bill has not been analyzed by a fiscal committee.

COMMENTS:

PURPOSE OF THIS BILL. According to the author, California is facing a growing shortage of Doctors of Podiatric Medicine (DOPMs'), particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demands. The author states that this shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially those from underrepresented backgrounds, for careers in podiatric medicine. The author states that this bill creates a coordinated undergraduate to medical school pathway to expand the workforce, increase diversity in the profession, and improve access to preventive care in underserved areas. The author concludes that this bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide.

1) BACKGROUND.

- a) **DOPMs.** DOPMs are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg. Podiatric medicine is a medical sub-specialty, focused on a specific part of the anatomy similar to other sub-specialties, such as ophthalmology and cardiology. Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care. DOPMs receive basic and clinical science education and training comparable to that of medical doctors including: four years of undergraduate education focusing on life sciences; four years of graduate study in one of the nine podiatric medical colleges; and, at least three years of postgraduate, hospital-based residency training.

According to the 2026 National Diabetes Statistics Report from the Centers of Disease Control and Prevention (CDC) over 40 million Americans, or 12% of the population, are living with diabetes. Over 2 million Americans are living with type 1 diabetes, including about 314,000 children and adolescents. Of the 40.1 million people living with diabetes, 29.1 million have been diagnosed, and 11 million are undiagnosed. Just over 28% are 65 and older. An estimated 1.5 million Americans are diagnosed every year. Over 115 million Americans age 18 and older are living with prediabetes. About 364,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.45% of that population. The rates of diagnosed diabetes in adults for 2021-2023:

(1) 15.7% American Indian or Alaskan Native;

(2) 12.2% Black, non-Hispanic;

- (3) 11.8% Hispanic, overall;
- (4) 9.7% Asian, non-Hispanic; and,
- (5) 7.1% white, non-Hispanic.

Approximately 3.5 million adults in California, or 10.5% of the adult population, have diagnosed diabetes, with significant economic impacts and health complications associated with the disease. According to the American Diabetes Association in California, diagnosed diabetes costs an estimated \$47.5 billion each year. In 2022, total direct medical expenses for diagnosed diabetes in California were estimated to be \$34.1 billion. In addition, there were \$13.4 billion in estimated indirect costs from lost productivity due to diabetes. According to a 2017 University of California Los Angeles Center for Health Policy Research brief, “Podiatric foot health screening could save millions by preventing diabetic amputations,” allowing podiatrists to give diabetic patients regular foot health screenings, which are usually done by primary care doctors, could save limbs, lives and money. As many as 1 in 4 diabetic Californians develop damaging toe, foot and leg ulcers which could lead to amputation and elevated risk of death, according to the brief.

- b) **Declining DOPM school enrollment.** California is home to two schools of podiatric medicine, Western U College of Podiatric Medicine in Pomona, and the California School of Podiatric Medicine at Samuel Merritt University in Oakland. In 2024-2025, Western U was at 62% capacity (38% of seats open) for the matriculating first year cohort. Samuel Merritt was at 52% capacity the same year.
- c) **HCAI.** HCAI administers numerous workforce programs, as well as providing loans and scholarships to health care professionals.
 - i) **The Health Professions Pathways Program (HPPP)** is designed to recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP includes pipeline programs, summer internships, and post undergraduate fellowships. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships.

Including podiatrists, the following disciplines are eligible HPPP, Primary Care, Behavioral Health, Nursing, Oral Health, and Allied Health. Awarded programs were eligible to receive up to \$575,000 annually for up to 5 years to support at least 240 students per academic year. Based on previous award levels, each pipeline program awarded for 5 years would require approximately \$2.9 million per pipeline program.
 - ii) **The Allied Healthcare Scholarship Program (AHSP)** has historically supported podiatrists, among other health care professions. This program is no longer active, as it was funded exclusively through donations, and all available funds have been exhausted. Over the past five years, program records indicate that no podiatrists have applied for or received awards from the AHSP.

- iii) **The Allied Healthcare Loan Repayment Program (AHLRP)** also supports podiatrists. Over the past five years this program made several awards to podiatrists, including one award of \$16,000 in 2021, two awards of \$16,000 each in 2022 (totaling \$32,000), and one award of \$16,000 in 2025. In total, the AHLRP has awarded \$64,000 to podiatrists during this period.
- iv) **The Health Professions Education Fund (HPEF)** is funded solely through donations. All donated funds have been fully allocated, and HPEF has not received any new contributions to support new programs. HPEF previously supported the following programs:
- (1) Licensed Mental Health Services Provider Education Program Loan Repayment;
 - (2) Bachelor of Science Nursing Loan Repayment Program;
 - (3) Licensed Vocational Nurse Loan Repayment Program;
 - (4) Steven M. Thompson Physician Corps Loan Repayment Program;
 - (5) Associate Degree Nursing Scholarship Program;
 - (6) Bachelor of Science Nursing Scholarship Program;
 - (7) Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program;
 - (8) Vocational Nurse Scholarship Program;
 - (9) Advanced Practice Healthcare Scholarship Program; and,
 - (10) Allied Healthcare Scholarship Program.

HPEF does not receive General Fund support, it has been supported solely through donations. HPEF currently has an estimated \$8.2 million in funds. Of the total funds, \$5 million belongs to Covered California's Population Health Investments program, and \$3.2 million is designated for scholarships and loan repayment purposes. HCAI does not consider these funds to be usable or available for discretionary spending, as they are restricted to their dedicated purposes.

Prior to 2023, HCAI received \$15.2 million annually in General Fund support for the Health Professions Careers Opportunity Program (HPCOP). HPCOP funds support the Health Professions Pathway Program (HPPP), the Health Careers Exploration Program (HCEP), and the Justice-System Involvement Youth: Behavioral Health Pipeline (JSIY BH Pipeline). In the 2023 Budget Act, \$12.3 million of the annual \$15.2 million allocation was cut, and ongoing HPCOP funding was discontinued. As a result, HCAI does not currently have sufficient funding to open a new HPPP application cycle. Based on prior award levels and program costs, HCAI estimates it would need approximately \$5 million to consider launching a cycle and even at that level, the program would likely be limited to a small number of awards.

However, HCAI has received \$5 million from Covered California to administer a customized variation of HPPP called HPPP-Population Health Investments (PopHI).

Covered California directed several of its Qualified Health Plans to transmit funds to HCAI totaling \$5 million. HCAI intends to open its first HPPP-PopHI cycle on August 16, 2026. This initiative is aimed at improving health outcomes and reducing disparities for enrollees. It establishes direct financial incentives (up to 4% of premiums) for contracted health insurance companies to meet specified quality benchmarks. The health outcome measures assessed include blood pressure and diabetes control, colorectal cancer screenings and childhood immunizations.

- 2) **SUPPORT.** The California Podiatric Medical Association (CPMA) is the sponsor of this bill and states that California is facing a significant and growing shortage of DOPMs, particularly in rural and medically underserved communities. More than half of California counties have fewer than one licensed podiatrist per 25,000 residents, and nearly one-quarter of practicing DOPMs plan to retire within the next five years – the highest projected retirement rate among health care provider groups. At the same time, the educational pipeline into the profession is shrinking. CPMA notes that there are currently two podiatric medical schools in California. During the 2024–2025 academic year, one school operated at 62% capacity for incoming students while the other was at 52% capacity. These trends signal that California is not producing enough new doctors of podiatric medicine to replace those leaving the workforce. CPMA contends that to address this gap, California needs a coordinated, state-supported pathway to recruit and prepare undergraduate students for podiatric medical education. CPMA argues that this bill will establish a structured undergraduate-to-podiatric medical school pathway through coordinated educational institutional partnerships, increase awareness and introduce students to the profession, support student’s academic and clinical development, create early or conditional admission incentives for qualified applicants tied to workforce needs, and promote mentorship opportunities, internships, and clinical shadowing experiences with licensed DOPMs. CPMA concludes that by prioritizing recruitment of students from rural and medically underserved communities and providing mentorship and early clinical exposure, the program will help remove barriers to entry into podiatric medical education and encourage students to return and practice in the communities that need them most.

3) PREVIOUS LEGISLATION.

- a) SB 909 (Umberg), Chapter 594, Statutes of 2024 makes changes to the parameters of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) including: Removing the requirement for HCAI to establish an advisory committee for the STLRP and updating the definition of the practice setting in which a physician can practice. Decreases the service obligation to two years in a medically underserved area (MUA). Authorizes HCAI to award up to 20% of the funds established with the Medically Underserved Account for Physician (Account) for applicants from specialties outside of the primary specialties, and authorizes HCAI to create additional positions, not using funds from the account. Removes the maximum limit for loan repayments per individual physician who has completed three consecutive years of services in an MUA.
- b) AB 1306 (Arambula) of 2021 would have authorized HCAI to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds by funding internships and fellowships and by establishing pilot programs at University of California, California State University, California Community College, and

private university campuses to serve 4,800 students. AB 1306 was held on the Senate Appropriations Committee suspense file.

- 4) **DOUBLE REFERRAL.** This bill is double-referred, upon passage of this committee, it will be referred to the Assembly Committee on Higher Education.
- 5) **POLICY COMMENT.** This bill authorizes HCAI to use funds from the HPEF for the purpose of this bill, however HCAI does not believe those funds are available for this purpose and has identified the HPPP as a more appropriate pathway. Moving forward, the author should work with HCAI to clarify the potential funding source for the program proposed by this bill.

REGISTERED SUPPORT / OPPOSITION:**Support**

California Podiatric Medical Association (sponsor)

Opposition

None on file

Analysis Prepared by: Lara Flynn / HEALTH / (916) 319-2097

Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HIGHER EDUCATION
Mike Fong, Chair
AB 1591 (Michelle Rodriguez) – As Introduced January 15, 2026

SUBJECT: California Podiatric Pipeline Program

SUMMARY: Requires the Department of Health Care Access and Information (HCAI) to establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree. Specifically, **this bill:**

- 1) Requires HCAI, in consultation with the California State University (CSU), the University of California (UC), the Podiatric Medical Board of California, the California Podiatric Medical Association, and accredited schools of podiatric medicine in California, to take actions that include, but are not limited to, all of the following:
 - a) Developing partnerships and agreements that link undergraduate institutions with California podiatric medical schools;
 - b) Providing mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine;
 - c) Creating a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks; and,
 - d) Prioritizing recruitment of students from underrepresented, rural, or medically underserved areas of the state.
- 2) Authorizes HCAI to award planning or coordination grants to participating universities or colleges to support implementation of this program as funding is made available.
- 3) Authorizes HCAI to use funds from the Health Professions Education Fund (HPEF) for the purposes of this bill.
- 4) Requires HCAI, subject to an appropriation by the Legislature, to annually report to the Legislature on the number of students participating, the number matriculating into doctor of podiatric medicine programs, and recommendations for expanding residency opportunities for podiatric graduates.

EXISTING LAW:

- 1) Differentiates the missions and functions of public and independent institutions of higher education. Under these provisions:
 - a) The primary mission of the CSU is to offer undergraduate and graduate instruction through the master's degree in the liberal arts and sciences and professional education

including teacher education. The CSU is authorized to establish two-year programs only when mutually agreed upon by the Trustees and the CCC Board of Governors (BOG). The CSU is also authorized to jointly award the doctoral degree with the UC and with one or more independent institutions of higher education;

- b) The UC is authorized to provide undergraduate and graduate instruction and has exclusive jurisdiction in public higher education over graduate instruction in the professions of law, medicine, dentistry and veterinary medicine. The UC is also the primary state-supported academic agency for research;
 - c) The independent institutions of higher education are required to provide undergraduate and graduate instruction and research in accordance with their respective missions; and
 - d) The mission and function of the California Community Colleges (CCC) is the offering of academic and vocational instruction at the lower division level, and the CCC are authorized to grant the Associate in Arts and the Associate in Science degrees. The community colleges are also required to offer learning supports to close learning gaps, English as a Second Language instruction, and adult noncredit instruction, and support services which help students succeed at the postsecondary level. (Education Code (EDC) Section 66010.4)
- 2) Establishes HCAI to, among other functions, collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. (Health and Safety Code (HSC) Section 127000, Section 127825, et seq.)
- 3) Establishes the Health Professions Education Fund within HCAI to provide loans to students. Authorizes HCAI to receive private donations and specifies that all money in the fund is continuously appropriated to HCAI. (HSC Section 128355)

FISCAL EFFECT: Unknown.

COMMENTS: *Double-referral.* AB 1591 (M. Rodriguez) was heard by the Assembly Committee on Health, where it passed with a 16-0 vote.

Purpose. According to the author, “California is facing a growing shortage of Doctors of Podiatric Medicine, particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demand. This shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially those from underrepresented backgrounds, for careers in podiatric medicine.”

The author contends that AB 1591 (M. Rodriguez), "...creates a coordinated undergraduate to medical school pathway to expand the workforce, increase diversity in the profession, and improve access to preventive care in underserved areas. This bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide."

Doctors of Podiatric Medicine (DOPMs). DOPMs are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg. Podiatric medicine is a medical sub-specialty, focused on a specific part of the anatomy similar to other sub-specialties, such as ophthalmology and cardiology. Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care. DOPMs receive basic and clinical science education and training comparable to that of medical doctors including: four years of undergraduate education focusing on life sciences; four years of graduate study in one of the nine podiatric medical colleges; and, at least three years of postgraduate, hospital-based residency training.

Declining DOPM school enrollment. California is home to two schools of podiatric medicine, Western U College of Podiatric Medicine in Pomona, and the California School of Podiatric Medicine at Samuel Merritt University in Oakland. In 2024-2025, Western U was at 62% capacity (38% of seats open) for the matriculating first year cohort. Samuel Merritt was at 52% capacity the same year.

Department of Health Care Access and Information (HCAI). As noted in *Existing Law* above, HCAI was established to, among other functions, collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need.

HCAI administers numerous workforce programs, as well as providing loans and scholarships to health care professionals.

Health Professions Education Fund (HPEF). HPEF is funded solely through donations. All donated funds have been fully allocated, and HPEF has not received any new contributions to support new programs. HPEF previously supported the following programs:

- 1) Licensed Mental Health Services Provider Education Program Loan Repayment.
- 2) Bachelor of Science Nursing Loan Repayment Program.
- 3) Licensed Vocational Nurse Loan Repayment Program.
- 4) Steven M. Thompson Physician Corps Loan Repayment Program.
- 5) Associate Degree Nursing Scholarship Program.
- 6) Bachelor of Science Nursing Scholarship Program.
- 7) Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program.

- 8) Vocational Nurse Scholarship Program;
- 9) Advanced Practice Healthcare Scholarship Program; and,
- 10) Allied Healthcare Scholarship Program.

HPEF currently has an estimated \$8.2 million in funds. Of the total funds, \$5 million belongs to Covered California's Population Health Investments program, and \$3.2 million is designated for scholarships and loan repayment purposes. HCAI does not consider these funds to be usable or available for discretionary spending, as they are restricted to their dedicated purposes.

Health Professions Pathways Program (HPPP). HPPP is designed to recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP includes pipeline programs, summer internships, and post undergraduate fellowships. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships. Including podiatrists, the following disciplines are HPPP-eligible: Primary Care, Behavioral Health, Nursing, Oral Health, and Allied Health.

Awarded programs were eligible to receive up to \$575,000 annually for up to 5 years to support at least 240 students per academic year. Based on previous award levels, each pipeline program awarded for 5 years would require approximately \$2.9 million per pipeline program.

Committee comments. As noted in the Assembly Committee on Health analysis, this bill authorizes HCAI to use funds from the HPEF for the purpose of this bill, however HCAI does not believe those funds are available for this purpose and has identified the HPPP as a more appropriate pathway. Moving forward, the author should work with HCAI to clarify the potential funding source for the program proposed by this bill.

Arguments in support. According to the California Podiatric Medical Association (CPMA), DOPMs "...play a critical role in the health care system. Once licensed, they independently diagnose and treat human ailments within their specialty, including performing surgery in hospital and ambulatory settings, prescribing medications, ordering diagnostic studies, and interpreting imaging. They diagnose and treat a wide range of conditions affecting the foot, ankle, and lower extremities, including diabetic foot ulcers, infections, fractures, deformities, nerve disorders, sports injuries, chronic wounds, and mobility impairments. Their expertise is particularly essential in the management of diabetes, where early intervention and specialized care can prevent severe complications."

CPMA continues that "California is facing a significant and growing shortage of doctors of podiatric medicine, particularly in rural and medically underserved communities. More than half of California counties have fewer than one licensed podiatrist per 25,000 residents, and nearly one-quarter of practicing DPMs plan to retire within the next five years... AB 1591, the California Podiatric Pipeline Program Act, addresses this gap by directing the Office of Health Care Access and Information to work with stakeholders and establish a structured undergraduate-to-podiatric medical school pathway through coordinated educational institutional partnerships, increase awareness and introduce students to the profession, support student's academic and clinical development, create early or conditional admission incentives for qualified applicants

tied to workforce needs, and promote mentorship opportunities, internships, and clinical shadowing experiences with licensed [DOPMs].”

Prior legislation. SB 909 (Umberg), Chapter 594, Statutes of 2024 made numerous changes to the parameters of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP).

AB 1306 (Arambula, 2021) would have authorized HCAI to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds by funding internships and fellowships and by establishing pilot programs UC, California State University, CSU, and private university campuses to serve 4,800 students. AB 1306 was held on the Senate Appropriations Committee suspense file.

REGISTERED SUPPORT / OPPOSITION:

Support

California Podiatric Medical Association

Opposition

None on file

Analysis Prepared by: Kevin J. Powers / HIGHER ED. / (916) 319-3960

Date of Hearing: April 22, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1591 (Michelle Rodriguez) – As Introduced January 15, 2026

Policy Committee:	Health	Vote:	16 - 0
	Higher Education		10 - 0

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

SUMMARY:

This bill requires the Department of Health Care Access and Information (HCAI) to establish and administer the California Podiatric Pipeline Program (program) to support the educational advancement of California residents pursuing a doctor of podiatric medicine (DPM) degree.

Specifically, this bill:

- 1) Requires HCAI, in consultation with the California State University (CSU), the University of California (UC), the Podiatric Medical Board of California (PMBC), the California Podiatric Medical Association (CPMA), and accredited schools of podiatric medicine in California, to do all of the following:
 - Develop partnerships and agreements that link undergraduate institutions with California podiatric medical schools.
 - Provide mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine.
 - Create a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks.
 - Prioritize recruitment of students from underrepresented, rural, or medically underserved areas of the state.
- 2) Authorizes HCAI to award planning or coordination grants to participating universities or colleges to support implementation of this program as funding is made available.
- 3) Authorizes HCAI to use funds from the Health Professions Education Fund (HPEF) for the purposes of this bill.
- 4) Subject to an appropriation by the Legislature, requires HCAI to annually report to the Legislature on the program and recommendations for expanding residency opportunities for podiatric graduates.

FISCAL EFFECT:

HCAI estimates General Fund costs of \$899,000 in fiscal year 2026-27 and ongoing for administration, program oversight, and monitoring. To award planning and coordination grants to universities and colleges, staff would need to establish grant standards and procedures, review and approve grant applications, issue funds to awardees, monitor the awarded funds, and annually develop a report for the Legislature. HCAI anticipates it would need five staff.

HCAI states all funds in the HPEF are allocated and not available for discretionary spending.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by the California Podiatric Medical Association (CPMA). According to the author:

California is facing a growing shortage of [DPMs], particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demand.

This shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially those from underrepresented backgrounds, for careers in podiatric medicine.

[This bill] creates a coordinated undergraduate to medical school pathway to expand the workforce, increase diversity in the profession, and improve access to preventive care in underserved areas.

- 2) **Background. DPMs.** DPMs, known as podiatrists, are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg. A podiatrist may focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care. DPMs receive basic and clinical science education and training comparable to that of medical doctors, including four years of undergraduate education focusing on life sciences, four years of graduate study in a podiatric medical college, and at least three years of postgraduate, hospital-based residency training.

Declining DOPM School Enrollment. California has two schools of podiatric medicine, Western University College of Podiatric Medicine (WesternU) in Pomona, and the California School of Podiatric Medicine at Samuel Merritt University in Oakland. In 2024-25, WesternU was at 62% of its enrollment capacity of 50 for the first year cohort and Samuel Merritt was at 52% of its enrollment capacity of 48 per class.

HPEF. HCAI administers numerous workforce programs and provides loans and scholarships for health care professionals, including HPEF. HPEF is funded solely through donations. All donated funds have been fully allocated, and HPEF has not received any new

contributions to support new programs. HPEF previously supported loan repayment programs for mental health services providers, nurses, and physicians, as well as scholarship programs for nurses and other professions. HPEF has an estimated \$8.2 million in funds, all of which are designated for other programs. HCAI does not consider these funds to be usable or available for discretionary spending.

Health Professions Pathways Program (HPPP). HPPP was created to recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP includes pipeline programs, summer internships, and post undergraduate fellowships. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships. Podiatry training is eligible for HPPP. In the past, awarded programs were eligible to receive up to \$575,000 annually for up to five years to support at least 240 students per academic year, for a total of approximately \$2.9 million per pipeline program.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081

ASSEMBLY THIRD READING
AB 1591 (Michelle Rodriguez)
As Amended May 18, 2026
Majority vote

SUMMARY

Requires the Department of Health Care Access and Information (HCAI) to establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree. Authorizes HCAI to use funds from the Health Professions Education Fund or Health Professions Pathways Program. Makes implementation of this bill contingent upon appropriation by the Legislature and repeals the provisions of this bill on January 1, 2032.

COMMENTS

DOPMs. Doctors of Podiatric Medicine (DOPMs) are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg. Podiatric medicine is a medical sub-specialty, focused on a specific part of the anatomy similar to other sub-specialties, such as ophthalmology and cardiology. Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care. DOPMs receive basic and clinical science education and training comparable to that of medical doctors including: four years of undergraduate education focusing on life sciences; four years of graduate study in one of the nine podiatric medical colleges; and, at least three years of postgraduate, hospital-based residency training.

According to the 2026 National Diabetes Statistics Report from the Centers of Disease Control and Prevention (CDC) over 40 million Americans, or 12% of the population, are living with diabetes. Over 2 million Americans are living with type 1 diabetes, including about 314,000 children and adolescents. Of the 40.1 million people living with diabetes, 29.1 million have been diagnosed, and 11 million are undiagnosed. Just over 28% are 65 and older. An estimated 1.5 million Americans are diagnosed every year. Over 115 million Americans age 18 and older are living with prediabetes. About 364,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.45% of that population. The rates of diagnosed diabetes in adults for 2021-2023:

- 1) 15.7% American Indian or Alaskan Native;
- 2) 12.2% Black, non-Hispanic;
- 3) 11.8% Hispanic, overall;
- 4) 9.7% Asian, non-Hispanic; and,
- 5) 7.1% white, non-Hispanic.

Approximately 3.5 million adults in California, or 10.5% of the adult population, have diagnosed diabetes, with significant economic impacts and health complications associated with the disease. According to the American Diabetes Association in California, diagnosed diabetes costs

an estimated \$47.5 billion each year. In 2022, total direct medical expenses for diagnosed diabetes in California were estimated to be \$34.1 billion. In addition, there were \$13.4 billion in estimated indirect costs from lost productivity due to diabetes. According to a 2017 University of California Los Angeles Center for Health Policy Research brief, "Podiatric foot health screening could save millions by preventing diabetic amputations," allowing podiatrists to give diabetic patients regular foot health screenings, which are usually done by primary care doctors, could save limbs, lives and money. As many as 1 in 4 diabetic Californians develop damaging toe, foot and leg ulcers which could lead to amputation and elevated risk of death, according to the brief.

Declining DOPM school enrollment. California is home to two schools of podiatric medicine, Western U College of Podiatric Medicine in Pomona, and the California School of Podiatric Medicine at Samuel Merritt University in Oakland. In 2024-2025, Western U was at 62% capacity (38% of seats open) for the matriculating first year cohort. Samuel Merritt was at 52% capacity the same year.

HCAI. HCAI administers numerous workforce programs, as well as providing loans and scholarships to health care professionals.

- 1) *The Health Professions Pathways Program (HPPP)* is designed to recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP includes pipeline programs, summer internships, and post undergraduate fellowships. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships.

Including podiatrists, the following disciplines are eligible HPPP, Primary Care, Behavioral Health, Nursing, Oral Health, and Allied Health. Awarded programs were eligible to receive up to \$575,000 annually for up to 5 years to support at least 240 students per academic year. Based on previous award levels, each pipeline program awarded for 5 years would require approximately \$2.9 million per pipeline program.

- 2) *The Allied Healthcare Scholarship Program (AHSP)* has historically supported podiatrists, among other health care professions. This program is no longer active, as it was funded exclusively through donations, and all available funds have been exhausted. Over the past five years, program records indicate that no podiatrists have applied for or received awards from the AHSP.
- 3) *The Allied Healthcare Loan Repayment Program (AHLRP)* also supports podiatrists. Over the past five years this program made several awards to podiatrists, including one award of \$16,000 in 2021, two awards of \$16,000 each in 2022 (totaling \$32,000), and one award of \$16,000 in 2025. In total, the AHLRP has awarded \$64,000 to podiatrists during this period.
- 4) *The Health Professions Education Fund (HPEF)* is funded solely through donations. All donated funds have been fully allocated, and HPEF has not received any new contributions to support new programs. HPEF previously supported the following programs:
 - a) Licensed Mental Health Services Provider Education Program Loan Repayment;
 - b) Bachelor of Science Nursing Loan Repayment Program;

- c) Licensed Vocational Nurse Loan Repayment Program;
- d) Steven M. Thompson Physician Corps Loan Repayment Program;
- e) Associate Degree Nursing Scholarship Program;
- f) Bachelor of Science Nursing Scholarship Program;
- g) Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program;
- h) Vocational Nurse Scholarship Program;
- i) Advanced Practice Healthcare Scholarship Program; and,
- j) Allied Healthcare Scholarship Program.

HPEF does not receive General Fund support, it has been supported solely through donations. HPEF currently has an estimated \$8.2 million in funds. Of the total funds, \$5 million belongs to Covered California's Population Health Investments program, and \$3.2 million is designated for scholarships and loan repayment purposes. HCAI does not consider these funds to be usable or available for discretionary spending, as they are restricted to their dedicated purposes.

Prior to 2023, HCAI received \$15.2 million annually in General Fund support for the Health Professions Careers Opportunity Program (HPCOP). HPCOP funds support the HPPP, the Health Careers Exploration Program (HCEP), and the Justice-System Involvement Youth: Behavioral Health Pipeline (JSIY BH Pipeline). In the 2023 Budget Act, \$12.3 million of the annual \$15.2 million allocation was cut, and ongoing HPCOP funding was discontinued. As a result, HCAI does not currently have sufficient funding to open a new HPPP application cycle. Based on prior award levels and program costs, HCAI estimates it would need approximately \$5 million to consider launching a cycle and even at that level, the program would likely be limited to a small number of awards.

However, HCAI has received \$5 million from Covered California to administer a customized variation of HPPP called HPPP-Population Health Investments (PopHI). Covered California directed several of its Qualified Health Plans to transmit funds to HCAI totaling \$5 million. HCAI intends to open its first HPPP-PopHI cycle on August 16, 2026. This initiative is aimed at improving health outcomes and reducing disparities for enrollees. It establishes direct financial incentives (up to 4% of premiums) for contracted health insurance companies to meet specified quality benchmarks. The health outcome measures assessed include blood pressure and diabetes control, colorectal cancer screenings and childhood immunizations.

According to the Author

California is facing a growing shortage of Doctors of Podiatric Medicine (DOPMs'), particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demands. The author states that this shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially

those from underrepresented backgrounds, for careers in podiatric medicine. The author concludes that this bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide.

Arguments in Support

The California Podiatric Medical Association (CPMA) is the sponsor of this bill and states that California is facing a significant and growing shortage of DOPMs, particularly in rural and medically underserved communities. More than half of California counties have fewer than one licensed podiatrist per 25,000 residents, and nearly one-quarter of practicing DOPMs plan to retire within the next five years – the highest projected retirement rate among health care provider groups. At the same time, the educational pipeline into the profession is shrinking. CPMA notes that there are currently two podiatric medical schools in California. During the 2024–2025 academic year, one school operated at 62% capacity for incoming students while the other was at 52% capacity. These trends signal that California is not producing enough new doctors of podiatric medicine to replace those leaving the workforce. CPMA contends that to address this gap, California needs a coordinated, state-supported pathway to recruit and prepare undergraduate students for podiatric medical education.

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, HCAI estimates General Fund costs of \$899,000 in fiscal year 2026-27 and ongoing for administration, program oversight, and monitoring. To award planning and coordination grants to universities and colleges, staff would need to establish grant standards and procedures, review and approve grant applications, issue funds to awardees, monitor the awarded funds, and annually develop a report for the Legislature. HCAI anticipates it would need five staff.

VOTES

ASM HEALTH: 16-0-0

YES: Bonta, Chen, Addis, Aguiar-Curry, Pacheco, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM HIGHER EDUCATION: 10-0-0

YES: Fong, DeMaio, Boerner, Jeff Gonzalez, Jackson, Irwin, Patel, Bennett, Sharp-Collins, Tangipa

ASM APPROPRIATIONS: 11-0-4

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

ABS, ABST OR NV: Hoover, Dixon, Ta, Tangipa

UPDATED

VERSION: May 18, 2026

CONSULTANT: Lara Flynn / HEALTH / (916) 319-2097

FN: 0002999

SENATE COMMITTEE ON HEALTH**Senator Akilah Weber Pierson, Chair**

BILL NO: AB 1591
AUTHOR: Michelle Rodriguez
VERSION: May 18, 2026
HEARING DATE: July 1, 2026
CONSULTANT: Natalie Gehred

SUBJECT: California Podiatric Pipeline Program

SUMMARY: Creates the California Podiatric Pipeline Program to support and promote careers in podiatric medicine. Authorizes the Department of Health Care Access and Information (HCAI) to use funds from the Health Professions Education Fund or Health Professions Pathways Program to implement the program. Requires HCAI to annually, upon appropriation, report performance metrics to the Legislature, along with recommendations for expanding opportunities for podiatric graduates.

Existing law:

- 1) Establishes HCAI and requires it to establish a health care workforce research and data center to serve as the central source of health care workforce and educational data in the state, responsible for the collection, analysis, and distribution of information on the educational and employment trends and distribution of health care occupations in the state. Establishes the Health Workforce Education and Training Council within HCAI to coordinate California's health workforce education and training to meet the state's health care needs. [HSC §127000, §128050, and §128250]
- 2) Requires HCAI to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities and include in those programs pipeline programs to support students from underrepresented regions and backgrounds to pursue health careers. [HSC §127885]
- 3) Creates the Health Professions Education Fund, for the primary purpose of providing scholarships and loans to students from underrepresented groups who are accepted to or enrolled in schools of medicine, dentistry, nursing, or other health professions. Authorizes HCAI to receive private donations to be deposited into the fund and continuously appropriates all moneys in the fund to HCAI. [HSC §128355]

This bill:

- 1) Requires HCAI to establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree.
- 2) Requires HCAI to consult the California State University, the University of California, the Podiatric Medical Board of California (PMBC), the California Podiatric Medical Association, and accredited schools of podiatric medicine in California to:
 - a) Develop partnerships and agreements that link undergraduate institutions with California podiatric medical schools;
 - b) Provide mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine;

- c) Create a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks; and,
 - d) Prioritize recruitment of students from underrepresented, rural, or medically underserved areas of the state.
- 3) Permits HCAI to use funds from the Health Professions Education Fund or Health Professions Pathways Program for the purposes of this bill.
 - 4) Requires HCAI, subject to appropriation by the Legislature, to annually report to the Legislature the number of students participating, the number matriculating into doctor of podiatric medicine programs, and recommendations for expanding residency opportunities for podiatric graduates.
 - 5) Makes the implementation of this bill contingent upon appropriation by the Legislature and sunsets its provisions on January 1, 2032.

FISCAL EFFECT: According to the Assembly Appropriations Committee, HCAI estimates General Fund costs of \$899,000 in fiscal year 2026-27 and ongoing for administration, program oversight, and monitoring. To award planning and coordination grants to universities and colleges, staff would need to establish grant standards and procedures, review and approve grant applications, issue funds to awardees, monitor the awarded funds, and annually develop a report for the Legislature. HCAI anticipates it would need five staff.

PRIOR VOTES:

Assembly Floor:	78 - 0
Assembly Appropriations Committee:	11 - 0
Assembly Higher Education Committee:	10 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, California is facing a growing shortage of Doctors of Podiatric Medicine (DPMs), particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demand. This shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially those from underrepresented backgrounds, for careers in podiatric medicine. The California Podiatric Pipeline Program Act creates a coordinated undergraduate to medical school pathway to expand the workforce, increase diversity in the profession, and improve access to preventive care in underserved areas. This bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide.
- 2) *Podiatrists.* According to the PMBC, DPMs are licensed to diagnose and treat conditions affecting the foot, ankle and related structures including the tendons that insert into the foot. DPMs receive their degree from a four-year accredited college of podiatric medicine.

According to the Bureau of Labor Statistics (BLS), courses for a DPM are similar to those for other medical degrees, and students complete clinical rotations while in school. After earning a DPM, podiatrists must complete a hospital-based podiatric medicine and surgery residency program, and some podiatrists further specialize with fellowships in wound care, diabetic foot care, or limb preservation. Podiatrists practice in a variety of settings, hospitals, health system clinics, multispecialty groups or standalone practices. BLS projects that the national job outlook is expected to grow by 2% between 2024-2034, slightly slower than the 3% average increase for all occupations. The PMBC currently licenses over 2,200 podiatric practitioners. According to the Department of Consumer Affairs, DPM license renewals have remained steady since 2021, at about 1,055 licenses renewed each year. The PMBC also reports a relatively stable rate of new DPM license approvals over the past decade, approving between 75 to 112 licenses annually since 2016, with new approvals hovering around 95 per year since 2022.

According to the Centers for Disease Control (CDC), podiatrists play a crucial role in detecting and treating foot problems in people with diabetes, which affects about 10% of the adult population in California, according to the American Diabetes Association. Diabetes complications can include nerve damage, joint damage, and blood vessel damage, which increase the risk for developing foot ulcers that, in some cases, cause infections that may result in the need for amputation. The CDC, on their webpage for providers about foot health, recommends asking patients with diabetes if they visit a podiatrist for a comprehensive foot exam at least once a year, and to consider referring patients to podiatrists or providing them with more information about recommended foot care for people with diabetes.

- 3) *Funding sources.* While this bill includes HCAI's Health Professions Education Fund as a source of funding, the program it supports is primarily an individual loan repayment and scholarship program for licensed or future medical professionals who commit to working in medically underserved areas. Its primary purpose is to recruit and retain providers in areas with workforce shortages. According to HCAI, the Health Professions Pathways Program, part of the Health Professions Careers Opportunity Program, is designed to build the long-term health workforce pipeline by recruiting and supporting students from underrepresented regions and backgrounds at earlier stages of their careers. Rather than providing loan repayment to individual practitioners, the program awards grants to organizations that develop and implement pathway programs. Eligible activities include pipeline initiatives, summer internships, hands-on learning experiences, post-undergraduate fellowships, and post-baccalaureate preparation programs that help students enter health professional training. For the upcoming grant cycle, the program has also partnered with Covered California to offer post-baccalaureate scholarships.
- 4) *Related legislation.* AB 2398 (Alvarez) would have required HCAI to convene a workgroup to discuss graduate medical education capacity in California, with a focus on access to residency positions, and, in consultation with the Medical Board of California, to report recommendations for increasing residency capacity in California, improving geographic and specialty distribution, and reducing barriers to entry, including for international medical graduates. *AB 2398 was held in the Assembly Appropriations Committee suspense file.*
- 5) *Support.* The California Podiatric Medical Association, the sponsors of the bill, writes that California is facing a significant and growing shortage of DPMs, particularly in rural and medically underserved communities. They highlight that more than half of California counties have fewer than one licensed podiatrist per 25,000 residents, and nearly one-quarter

of practicing podiatrists plan to retire within the next five years—the highest projected retirement rate among health care provider groups. At the same time, the educational pipeline into the profession is shrinking: during the 2024–2025 academic year, California’s podiatric medical schools operated at between 52% to 62% capacity for incoming students. They assert this bill addresses a declining workforce by creating a coordinated, state-supported pathway to recruit and prepare undergraduate students for podiatric medical education and is designed to strengthen the diversity and cultural competency of California’s health care workforce. The Association of Independent California Colleges and Universities reiterate that two of their member universities, the state’s only accredited podiatric medical schools, are experiencing declining application numbers in line with national trends, resulting in fewer new DPMs entering the workforce. These two schools, Samuel Merritt University and the Western University of Health Sciences, write to support efforts to increase awareness of podiatric medicine, strengthening educational pathways, and supporting long-term workforce sustainability for individuals pursuing careers in podiatric medicine in California. Lastly, California Primary Care Association Advocates write that, for community health center patients dealing with diabetes, access to a podiatrist is critical to access specialized foot care to prevent hospitalization and amputations. Prioritizing recruitment of students from rural and medically underserved communities and providing mentorship and early clinical exposure will help remove barriers to entry into podiatric medical education and encourage students to practice in the communities that need them most.

- 6) *Amendments.* The Chair requests an amendment to more closely align the findings and declarations with current state workforce data:

SEC. 2. The Legislature finds and declares all of the following:

~~(a) California faces a growing shortage of Doctors of Podiatric Medicine particularly in rural and underserved communities.~~

~~(b)~~ (a) Many undergraduate students are unaware of podiatric medicine as a career path and lack opportunities for mentorship and exposure to the field.

~~(c)~~ (e) Establishing an undergraduate-to-podiatric-medical-school pathway will increase awareness, diversity, and the number of students entering podiatric programs in California.

~~(d)~~ (c) Two accredited podiatric medical schools operate in California, the California School of Podiatric Medicine at Samuel Merritt University and the Western University of Health Sciences College of Podiatric Medicine, and can serve as anchor partners for such a pipeline.

SUPPORT AND OPPOSITION:

Support: California Podiatric Medical Association (sponsor)
 Association of Independent California Colleges & Universities
 California Primary Care Association Advocates
 Samuel Merritt University
 Western University of Health Sciences

Oppose: None received

-- END --



Bill Number Bill Keyword

- **Today's Law As Amended**

Version: 07/02/26 - Amended Senate 05/18/26 - Amended Assembly 01/15/26 - Introduced

AB-1591 California Podiatric Pipeline Program.(2025-2026)

[Text](#) [Votes](#) [History](#) [Bill Analysis](#) **Today's Law As Amended** [Compare](#) [Versions](#) [Status](#) [Comments](#) [To Author](#)

As Amends the Law Today

SECTION 1.

This act shall be known, and may be cited, as the California Podiatric Pipeline Program Act.

SEC. 2.

The Legislature finds and declares all of the following:

(a) Many undergraduate students are unaware of podiatric medicine as a career path and lack opportunities for mentorship and exposure to the field.

(b) Establishing an undergraduate-to-podiatric-medical-school pathway will increase awareness, diversity, and the number of students entering podiatric programs in California.

(c) Two accredited podiatric medical schools operate in California, the California School of Podiatric Medicine at Samuel Merritt University and the Western University of Health Sciences College of Podiatric Medicine, and can serve as anchor partners for such a pipeline.

SEC. 3.

Article 6 (commencing with Section 128055) is added to Chapter 2 of Part 3 of Division 107 of the Health and Safety Code, to read:

Article 6. California Podiatric Pipeline Program

128055.

(a) The Department of Health Care Access and Information shall establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree.

(b) In consultation with the California State University, the University of California, the Podiatric Medical Board of California, the California Podiatric Medical Association, and accredited schools of podiatric medicine in California, the department shall take actions that include, but are not limited to, all of the following:

(1) Developing partnerships and agreements that link undergraduate institutions with California podiatric medical schools.

(2) Providing mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine.

(3) Creating a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks.

(4) Prioritizing recruitment of students from underrepresented, rural, or medically underserved areas of the state.

(c) The department may award planning or coordination grants to participating universities or colleges to support implementation of this program as funding is made available.

(d) The department may use funds from the Health Professions Education Fund or Health Professions Pathways Program for the purposes of this article, subject to the requirements of Article 1 (commencing with Section 128330) of Chapter 5.

(e) (1) Notwithstanding Section 10231.5 of the Government Code, the department, subject to an appropriation by the Legislature, shall annually report to the Legislature on the number of students participating, the number matriculating into doctor of podiatric medicine programs, and recommendations for expanding residency opportunities for podiatric graduates.

(2) A report submitted to the Legislature pursuant to this subdivision shall be submitted in compliance with Section 9795 of the Government Code.

128056.

Implementation of this article shall be contingent upon appropriation by the Legislature.

128057.

This article shall remain in effect only until January 1, 2032, and as of that date is repealed.



**PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
August 7, 2026**

Committee Members:
Samantha Chang, Chair
Darlene Trujillo Elliot

SUBJECT: PUBLIC EDUCATION PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

VD 1-2

DISCUSSION

1. Footnotes: PMBC's Newsletter, 2025-26 Edition Review

Footnotes has been an annual publication over the last few years. The schedule for publication may be improved if the schedule were changed to an every other year publication. This could be discussed by the committee with the goal of providing advice to the staff on this issue.

2. Social Media: PMBC Website and Social Media

PMBC continues to update its website and social media accounts, Most questions from licensees, stakeholders, and members of the public could be answered by visiting www.pmbc.ca.gov.

We also invite any interested individuals or entities to join our listserve at PMBC at www.pmbc.ca.gov.

PMBC also continues to update content for Facebook and Twitter.

Prepared by:

Kathleen Cooper, Administrative Analyst

Brian Naslund, Executive Officer