



NOTICE OF TELECONFERENCE LICENSING COMMITTEE MEETING

Committee Members

Pamela Daniels, D.C., Chair

Janette N.V. Cruz

The Board of Chiropractic Examiners' (Board) Licensing Committee will meet by teleconference on:

Friday, June 13, 2025

12:30 p.m. to 2:30 p.m.

(or until completion of business)

This teleconference meeting will be held in accordance with the provisions of Government Code section 11123.5. Board staff will be present at the primary physical meeting location below and all Committee members will be participating virtually from remote locations.

Teleconference Instructions: The Licensing Committee will hold a public meeting via Webex Events. To access and participate in the meeting via teleconference, attendees will need to click on, or copy and paste into a URL field, the link below and enter their name, email address, and the event password, or join by phone using the access information below.

Webex Meeting Link: [Click Here to Join Meeting](#)

Experiencing issues joining the meeting? Copy and paste the full link text below into an internet browser:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m49e9c1f75922f02991edee138ca49fcd>

If joining using the link above

Webinar number: 2491 875 2813

Webinar password: BCE613

If joining by phone

+1-415-655-0001 US Toll

Access code: 2491 875 2813

Passcode: 223613

Instructions to connect to the meeting can be found at the end of this agenda.

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the Webex platform, participants may be asked for their name and email address. Participants

who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXXX@mailinator.com.

Note: Members of the public may also submit written comments to the Committee on any agenda item by Tuesday, June 10, 2025. Written comments should be directed to chiro.info@dca.ca.gov for Committee consideration.

Primary Physical Meeting Location

**Department of Consumer Affairs
El Dorado Room
1625 N. Market Blvd., Suite N-220
Sacramento, CA 95834**

AGENDA

1. Call to Order / Roll Call / Establishment of a Quorum

2. Public Comment for Items Not on the Agenda

Note: Members of the public may offer public comment for items not on the agenda.

However, the Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125, 11125.7(a).]

3. Review and Possible Approval of Committee Meeting Minutes

A. August 25, 2023 Committee Meeting

B. March 8, 2024 Committee Meeting

C. January 9, 2025 Committee Meeting

4. Update on Board's Licensing Program

5. Discussion and Possible Recommendation Regarding Potential Pathway to Doctor of Chiropractic Licensure by Reciprocity or Endorsement

6. Discussion and Possible Recommendation Regarding the Use of Artificial Intelligence (AI) and Other Emerging Technologies Within Chiropractic Education and Practice

7. Future Agenda Items

Note: Members of the Committee and the public may submit proposed agenda items for a future Committee meeting. However, the Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]

8. Adjournment

This agenda can be found on the Board's website at www.chiro.ca.gov. The time and order of agenda items are subject to change at the discretion of the Committee Chair 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.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Committee prior to it taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Committee, but the Committee Chair may, at their discretion, apportion available time among those who wish to speak. Members of the public will not be permitted to yield their allotted time to other members of the public to make comments. Individuals may appear before the Committee to discuss items not on the agenda; however, the Committee can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125 and 11125.7(a)).

The meeting is accessible to individuals with disabilities. A person who needs a disability-related accommodation or modification to participate in the meeting may make a request by contacting the Board at:

Contact Person: Tammi Pitto

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

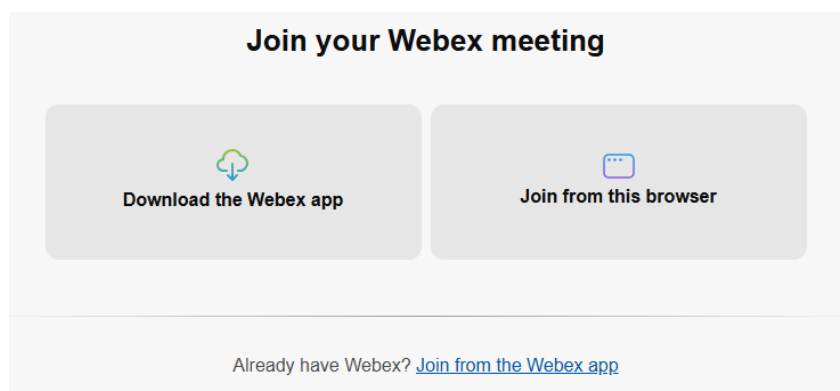
Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation.

Recommended: Join using the meeting link.

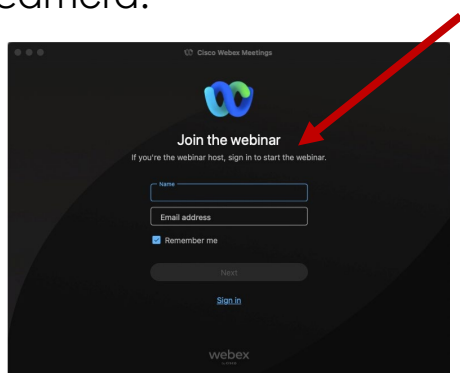
- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.

DO NOT click "Join from this browser," as you will not be able to fully participate during the meeting.



- 3 Enter your name and email address*. Click "Next."
Accept any request for permission to use your microphone and/or camera.



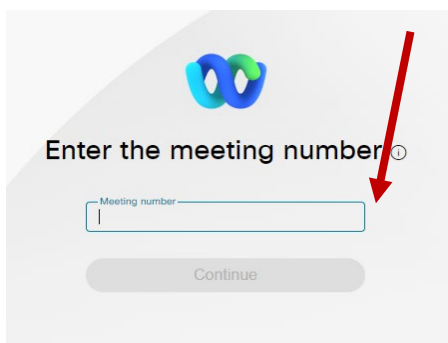
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

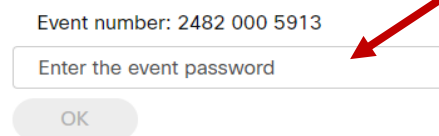
- 1 Click on “Join a Meeting” at the top of the Webex window.



- 2 Enter the meeting/event number and click “Continue.” Enter the event password and click “OK.” This can be found in the meeting notice you received or on the meeting agenda.



To view more information about the event, enter the event password.



- 3 The meeting information will be displayed. Click “Join Event.”

< Back to List

Meeting Name

Jones, Shelly@DCA | 9:45 AM - 9:55 AM | Thursday, Oct 14 2021 |
(UTC-07:00) Pacific Time (US & Canada)



Join Event



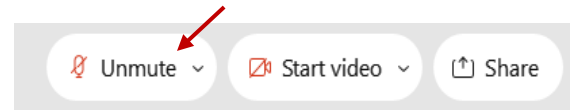
OR

Alternative 2. Connect via Telephone



You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.



Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

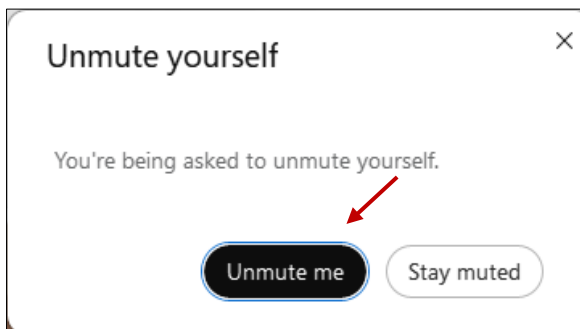
Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)



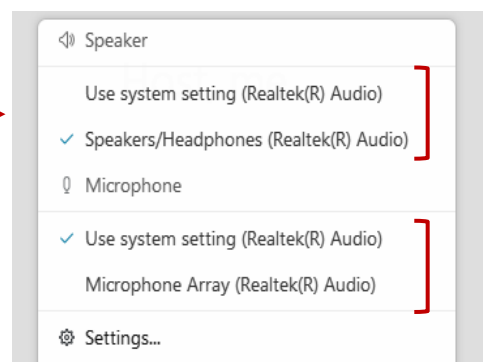
1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



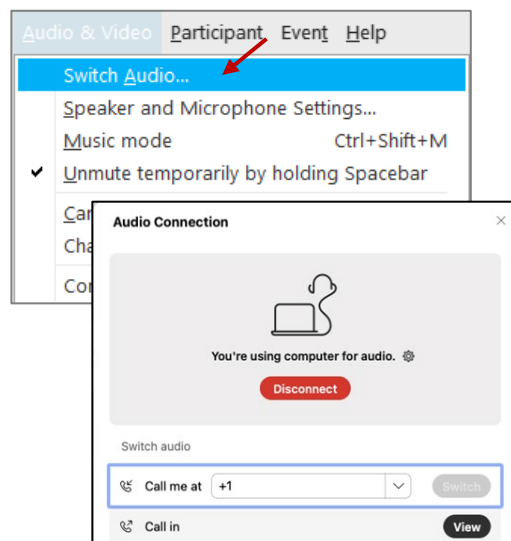
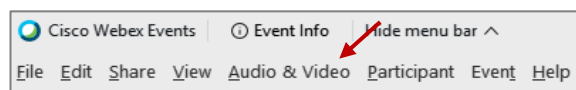
- 2 From the drop-down menu, select different:
 - Speaker options if you can't hear participants.
 - Microphone options if participants can't hear you.



Continue to Experience Issues?

If you are connected by computer or tablet and you have audio issues, you can link your phone to your Webex session. Your phone will then become your microphone and speaker source.

- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Hover your mouse over the "Call In" option and click "View" to show the phone number to call and the meeting login information. You can still un-mute from your computer window.



Hand Raise Feature

Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



Joined via Telephone (Call-in User)



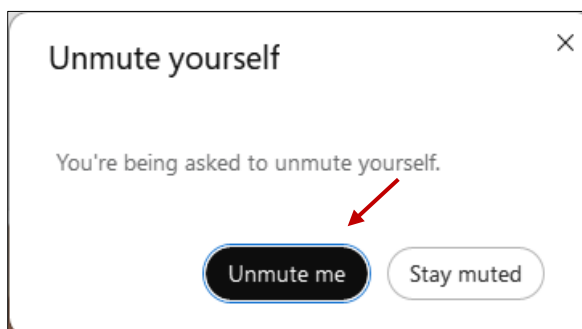
Press *3 to raise or lower your hand.

Unmuting

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

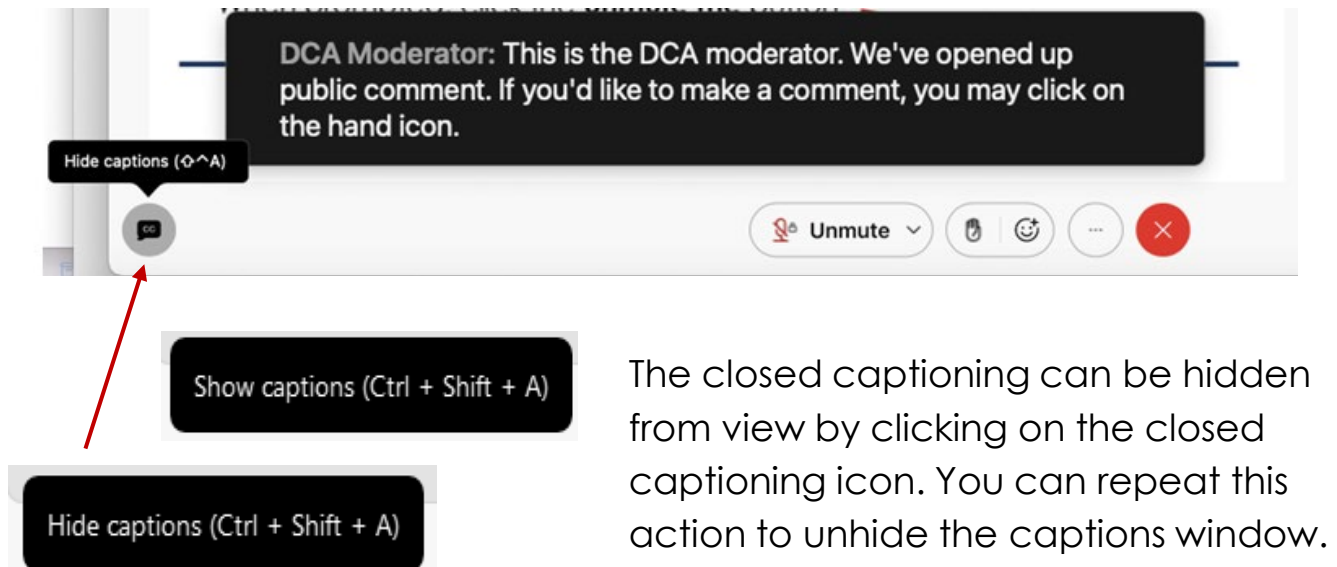


Joined via Telephone (Call-in User/Audio Only)

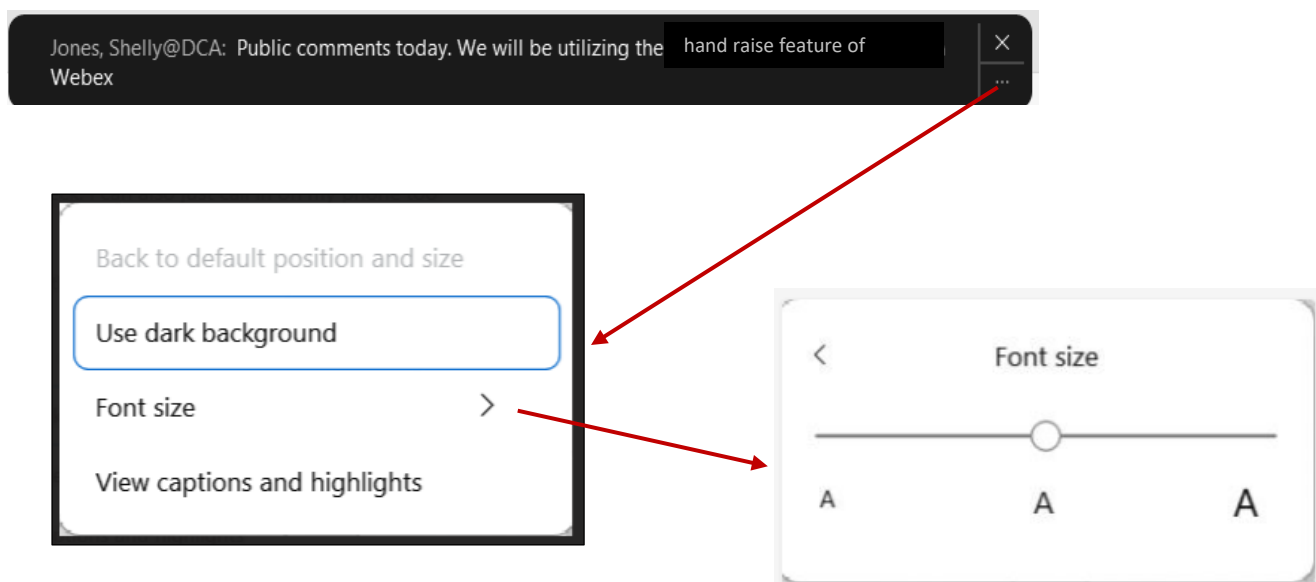


1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





Agenda Item 1
June 13, 2025

Call to Order / Roll Call / Establishment of a Quorum

Purpose of the Item

Pamela Daniels, D.C., Chair of the Board's Licensing Committee, will call the meeting to order. Roll will be called by Janette N.V. Cruz.

Committee Members

Pamela Daniels, D.C., Chair
Janette N.V. Cruz



Agenda Item 2 June 13, 2025

Public Comment for Items Not on the Agenda

Purpose of the Item

At this time, members of the public may offer public comment for items not on the meeting agenda.

The Committee may not discuss or take action on any matter raised during this public comment section that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7, subd. (a).]



Agenda Item 3
June 13, 2025

Review and Possible Approval of Committee Meeting Minutes

Purpose of the Item

The Committee will review and possibly approve the draft minutes of the following meetings:

- A. August 25, 2023 Committee Meeting
- B. March 8, 2024 Committee Meeting
- C. January 9, 2025 Committee Meeting

Action Requested

The Committee will be asked to make a motion to approve the meeting minutes.

Attachments

- 1. August 25, 2023 Licensing Committee Meeting Minutes (Draft)
- 2. March 8, 2024 Licensing Committee Meeting Minutes (Draft)
- 3. January 9, 2025 Licensing Committee Meeting Minutes (Draft)

**Agenda Item 3
Attachment 1**

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
August 25, 2023**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on August 25, 2023, from the following locations:

Department of Consumer Affairs
Stanislaus Room
1625 N. Market Blvd., Suite S-203
Sacramento, CA 95834

1165 Park Avenue
San Jose, CA 95126

Committee Members Present

Pamela Daniels, D.C., Chair
Janette N.V. Cruz

Staff Present

Kristin Walker, Executive Officer
Tammi Pitto, Assistant Executive Officer
William Walker III, Enforcement Manager
Amanda Ah Po, Enforcement Analyst
Brianna Lauziere, Licensing Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

1. Call to Order / Roll Call / Establishment of a Quorum

Dr. Daniels called the meeting to order at 11:01 a.m. Ms. Cruz called the roll.
Dr. Daniels was present at the San Jose meeting location and Ms. Cruz was present at the Sacramento meeting location. A quorum was established.

2. Review and Possible Approval of May 12, 2023 Committee Meeting Minutes

Motion: Dr. Daniels moved to approve the minutes of the May 12, 2023 Licensing Committee meeting.

Second: Ms. Cruz seconded the motion.

Public Comment: Falkyn Luouxmout commented that he disagrees with the approval of the May 12, 2023 meeting minutes because the chiropractic college curriculum regulatory proposal was not included on the August 25, 2023 meeting agenda.

In response to the public comment, Dr. Daniels clarified that the draft minutes contain an accurate summary of the items that were discussed during the May 12, 2023 meeting.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

Ms. Walker added that Committee meeting agendas are determined by the Committee Chair in collaboration with staff.

3. Update on Board's Licensing Program

Ms. Walker highlighted the legislative bills that affect the Board's Licensing Program, including Assembly Bill (AB) 883 (Mathis), which would require DCA boards and bureaus to expedite the initial licensure process for an applicant who is enrolled in the United States Department of Defense SkillBridge program, and Senate Bill (SB) 372 (Menjivar), which would establish a process for DCA boards and bureaus to handle requests for confidential name and gender changes and remove prior name and gender information from the public license information system. She noted DCA collaborated with Senator Menjivar's office on amendments to SB 372.

She updated the Committee on the pending regulatory proposals in the concept development phase, including the implementation of temporary licensure for military spouses and partners and updates to the chiropractic program regulations and curriculum requirements. Ms. Walker indicated staff is developing regulatory language for the chiropractic program regulations, and Dr. Daniels engaged in numerous discussions with stakeholders to gain their insights and input on the proposed changes. She also noted that this regulatory proposal is dependent upon two reports that will be released in 2024—the Council on Chiropractic Education's (CCE) updated accreditation standards for doctor of chiropractic (DC) degree programs and the Board's occupational analysis (OA) of the chiropractic profession that is being conducted by DCA's Office of Professional Examination Services (OPES).

Ms. Walker explained there is also a pending Consumer Protection Enforcement Initiative (CPEI) proposal to potentially allow the Board to order a physical or mental examination of applicants. She stated the Board already can order these examinations of licensees, and staff is exploring the feasibility of the proposal before bringing it to the Committee for discussion in 2024. She added staff is also working on proposed updates to the process for licensure through reciprocity.

Ms. Cruz asked if the CCE and OPES reports have any impact on the Board's strategic plan objectives. Ms. Walker explained those reports have a direct effect on the chiropractic program regulations, but also will help broadly inform the Board on other policy areas with an updated description of the practice and through identification of the most important knowledge and skills for contemporary practice.

Dr. Daniels asked if AB 883 (Mathis) affects any of the Board's CPEI or reciprocity proposals. Ms. Walker replied that she does not anticipate an impact because the Board already has a process for expediting licensure for military members and spouses and would just need to update the application form to inquire if applicants are enrolled in the SkillBridge program and expedite their applications under the existing process.

Dr. Daniels also asked if SB 372 (Menjivar) poses potential legal ramifications for the Board if an error results in the release or posting of private information. Ms. Knight indicated that she would need to look into that question further, but the bill was improved to narrow the circumstances that would qualify for the confidential handling of name and gender change requests. Dr. Daniels asked about the information that would be provided to the public on the license search system. Ms. Knight replied that DCA would provide guidance to the boards and bureaus on implementation if the bill passes.

Ms. Walker highlighted the Licensing Program statistics for fiscal year 2022–23 and noted a slight increase in the volume of initial DC licenses, a significant increase in the volume of new satellite location applications, and a steady decline in the volume of DC license renewals.

She also explained there has been a high adoption rate of the Connect system for initial license applications and there is a need to focus on increasing licensee adoption of the system from its current rate of about 30 percent to a goal of 80 percent. She noted one challenge is the need for support of the Connect system on mobile devices and tablets. She added that staff is working with the vendor to enhance the PDF application submission process and workflow for low volume, miscellaneous application types and DCA staff is testing the implementation of full cashiering functionality in the Connect system.

Dr. Daniels suggested sending an email notification to licensees and working with the associations to make licensees aware of the Connect system and online renewal process. She also asked if the number of DC licenses issued increased from 332 to 370 from fiscal year 2021–22 to 2022–23 due to the timing of graduations from chiropractic programs. Ms. Walker responded affirmatively. Ms. Cruz noted the number of new satellite certificates increased significantly after initially contracting during the pandemic.

Public Comment: Mr. Luouxmout asked when the next significant update will occur for the chiropractic curriculum regulations.

Ms. Walker reiterated that the updated chiropractic program and curriculum regulations are pending the release of CCE's updated accreditation standards and the Board's OA in 2024.

4. Review, Discussion, and Possible Recommendation Regarding Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (amend California Code of Regulations [CCR], Title 16, section 308 and add CCR, Title 16, section 308.1)

Ms. Lauziere introduced this agenda item and explained in May 2016, the Board approved regulatory text that would have required each licensee to display their license or satellite certificate in the entry or waiting area of their practice at all times while treating, examining, or evaluating patients at that location. She added licensees practicing in a mobile setting would have been required to carry a pocket license and make it available for verification. She also stated licensees would have been required to provide notice to patients that they are licensed and regulated by the Board by posting a visible notice, obtaining the patient's signature on a written statement, or including the notice on letterhead, discharge instructions, or other documents given to a patient.

She further explained the Committee has been discussing how a place of practice is not currently defined in the Board's regulations, the filing requirements do not address temporary practice settings, and licensees are only required to file an address with the Board, not the name of their practice, which makes it difficult for the Board and the public to access information regarding chiropractic practices. She presented the following proposed definition of a "place of practice":

"A 'place of practice' means any location where a licensee practices chiropractic or holds a proprietary interest related to the practice of chiropractic or any right to participate in the management, supervision, or control thereof."

Ms. Lauziere asked the Committee to discuss the implementation of a facility permit for fixed places of practice and modern methods to notify the public of licensure at all practice settings, such as through the use of a QR code that links to the licensee or facility profile on the DCA Search license information system.

Dr. Daniels and Ms. Cruz suggested revising the proposed definition of a place of practice to incorporate and emphasize the act of performing chiropractic in any setting rather than focusing on the location.

Dr. Daniels expressed her support for making it easier for corporations and practices to file their license information with the Board and asked how the proposed facility permit would work. Ms. Walker explained the intent of the proposal would be for each practice to identify a licensee who is in charge of the facility and will maintain the permit registration and notify the Board of any changes in licensees at the facility. She added the Board would need to establish a reasonable deadline for notifying the Board of any changes to the permit, such as 10 or 30 days, and staff would enter the changes in the Board's database. She noted the DCA Search license information system automatically updates in real time, so if a notice with a QR code was posted at the facility, the permit information would always be up to date.

Dr. Daniels asked about the feasibility of adding a QR code to the Board's licenses and permits. Ms. Walker stated staff is exploring the idea of QR codes and paperless licenses with DCA's Office of Information Services.

Dr. Daniels referenced the 2016 text and shared her concern with the proposed requirement to make the pocket license available for inspection upon request in mobile settings. She stated the public may not know about a pocket license or may be too uncomfortable or embarrassed to ask to inspect it. She commented that the QR code should be prominently displayed so the public can easily access the information without asking. Ms. Cruz agreed.

Dr. Daniels added that the proposed notice to consumers in the 2016 text seems redundant to the license posting requirement and asked Ms. Walker for the history of that proposal. Ms. Walker explained the CPEI originally started as legislation in 2010 to enhance DCA enforcement programs, and one of the CPEI proposals was to provide notice to consumers that licensees are regulated by various DCA boards. She stated the Board could combine the posting and notice requirements by simply adding a notice to consumers to the license along with a QR code. Dr. Daniels and Ms. Cruz agreed.

Dr. Daniels stated there is no need for a mobile permit because the licensee is still practicing under their DC license, but suggested the Board gather their types of practice settings and connect them to their address of record.

Public Comment: Marissa Palmer, D.C. requested a category separating a licensee's mailing address from the practice address because that change would be very helpful.

5. Review, Discussion, and Possible Recommendation Regarding Requirements and Limitations for Inactive Licenses (Business and Professions Code sections 700–704 and CCR, Title 16, sections 370 and 371)

Ms. Pitto presented this agenda item and explained at the February 24, 2023 meeting, the Committee discussed how the phrase “not actively engaged in the practice” within Business and Professions Code (BPC) section 700 is vague and the potential need to establish regulations to clarify the prohibition against engaging in “any activity for which an active license is required” as used in BPC section 702.

Dr. Daniels shared that the Board does not have a clear definition of “inactive” so some inactive licensees may be performing activities that actually require an active license. She noted performing an examination with a diagnostic interpretation, making recommendations for imaging, monitoring a patient's progress, and manipulation of soft tissue are examples of activities that require an active license. She also expressed her concerns with allowing an inactive licensee to reactivate their license after completing just one year of CE.

Ms. Walker explained BPC section 704, subdivision (b) specifies that inactive licensees may return to active status after completing one year of CE, but the Board could present those concerns to the Legislature as part of the next sunset review.

Dr. Daniels suggested developing a regulation that clearly defines what an inactive licensee can and cannot do, and also updating the DCA Search license profile to make it clear to the public that an inactive licensee cannot engage in the practice of chiropractic.

Public Comment: None.

6. Review, Discussion, and Possible Recommendation Regarding the Practice of Chiropractic via Telehealth

Ms. Lauziere introduced this agenda item and shared that during the last meeting on May 12, 2023, the Committee expressed interest in discussing the practice of chiropractic via telehealth. She explained telehealth was last considered by the Board in 2021 when developing the previous sunset review report, and at that time, the Board noted telehealth was expanding in health professions, including chiropractic, and its use was accelerated by the pandemic. She noted that while the hands-on aspects of chiropractic care cannot be provided via telehealth, it can be used for consultations, follow-up visits, patient education, and health and wellness coaching. She added the Board has not adopted any regulations specifically related to telehealth, but licensees must comply with the provisions of BPC section 2290.5 when providing telehealth services and they are subject to the same standards of practice as when they provide in-person care.

Ms. Lauziere explained the Acupuncture Board is currently developing a regulation to establish standards for practicing acupuncture via telehealth, including a requirement to consider whether the delivery of acupuncture services via telehealth is appropriate based on the patient's diagnosis, symptoms, and medical history and the nature of the services to be provided. She added the Board of Occupational Therapy and the Board of Behavioral Sciences also adopted standards of practice for telehealth, the Texas Board of Chiropractic Examiners established requirements similar to the provisions of BPC section 2290.5, and the Florida Legislature enacted a registration requirement for out-of-state practitioners to perform telehealth services for patients in Florida.

Dr. Daniels shared that she gathered information on telehealth documentation requirements and, in addition to informed consent, providers should document the location of all parties, the start and end time of the visit, chief complaint, consent, visual observations (skin tone, color, breathing, etc.), height, and weight. She explained the Board's regulation should not be overly prescriptive, but should consider concerns for public health and safety. Ms. Cruz added concerns of privacy and information security should also be addressed.

Ms. Cruz and Dr. Daniels commented that the Acupuncture Board's proposed regulation is thorough and similar to the requirements for practicing chiropractic via telehealth. Ms. Walker added the language also specifies that licensees must consider whether telehealth is appropriate for the visit and ensure that they are competent to deliver their services via telehealth, which establishes a standard of care for telehealth.

Dr. Daniels referenced the standards of practice for telehealth in the Florida law and suggested incorporating the phrase "lawfully provide services in that jurisdiction" in the Board's proposal. Ms. Cruz asked if there are billing codes in place for telehealth. Dr. Daniels responded affirmatively.

Public Comment: None.

7. Public Comment for Items Not on the Agenda

Public Comment: Dr. Palmer asked the Committee to consider discussing adding regulations for the Board to regulate certified and trained animal chiropractors in the state. Mr. Luouxmont requested an edit to CCR, title 16, section 331.12.2 to allow for a partial point toward clinic requirements when a student intern performs an evaluation with measurements and data but finds no presence of subluxation and no need for a chiropractic adjustment.

8. Future Agenda Items

Ms. Cruz requested a discussion regarding stakeholder communications and updates for the Government and Public Affairs Committee. Dr. Daniels requested a future discussion on the scope of practice and animal chiropractic.

Public Comment: None.

9. Adjournment

Dr. Daniels adjourned the meeting at 1:06 p.m.



**Agenda Item 3
Attachment 2**

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
March 8, 2024**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on March 8, 2024, in accordance with the provisions of Government Code section 11123.5. Board staff were present at the primary physical meeting location listed below and all Committee members participated virtually from remote locations.

Primary Physical Meeting Location
Department of Consumer Affairs
Monterey Room
1625 N. Market Blvd., Suite N-322
Sacramento, CA 95834

Committee Members Present

Pamela Daniels, D.C., Chair
Janette N.V. Cruz

Staff Present

Kristin Walker, Executive Officer
Tammi Pitto, Assistant Executive Officer
Dixie Van Allen, Licensing & Administration Manager
Amanda Ah Po, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

1. Call to Order / Roll Call / Establishment of a Quorum

Dr. Daniels called the meeting to order at 12:01 p.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Review and Possible Approval of August 25, 2023 Committee Meeting Minutes

This agenda item was tabled for a future meeting.

3. Update on Board's Licensing Program

Ms. Pitto announced that the next Board meeting has been scheduled for May 23–24, 2024, via Webex. She updated the Committee on the Board's business modernization

project and implementation of the Connect system and shared the PDF application submittal and workflow processes were updated through a recent software release on February 29, 2024. She indicated the updates allow users to view the status of their application submissions from their user dashboard.

She explained two bills that may affect the Board's Licensing Program were recently introduced: Assembly Bill (AB) 2862 (Gipson) would require boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States; and Senate Bill (SB) 1067 (Smallwood-Cuevas) would require each healing arts board to develop a process to expedite the licensure process by giving priority review status to the application of an applicant who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population.

She added the Board has nine proposed regulations that affect the Licensing program—two are in the production phase and seven are in the concept development phase. She also shared that staff has been working with a new liaison from DCA's Office of Public Affairs (OPA) to create graphics and develop new content for the Board's social media accounts.

Ms. Cruz referenced the Board's 2022–2026 Strategic Plan Objective 1.2 to establish a robust, effective Licensing Committee to identify issues and increase efficiency, and suggested staff consider further defining the task descriptions within the action plan for the objective to better reflect the progress that has been made in this area. Ms. Walker agreed and shared that the remaining action items for that objective are to present the remaining regulatory proposals to the Committee for consideration and fill an analyst position to serve as the Committee's staff liaison.

Dr. Daniels thanked staff for their work on the Connect software release and asked if licensees are using the functionality and storing their continuing education (CE) records in the system. Ms. Walker offered to gather the utilization rate and report back to the Committee. She added licensees were initially required to upload proof of their CE during the renewal process in Connect, but that requirement was later removed because it was impeding licensee use of the online renewal process. She explained the current CE record storage functionality on the user dashboard is intended to be a convenient, but optional, tool for licensees, while staff proceeds with developing additional functionality to allow for primary source verification of CE records directly from the Board-approved CE providers and to have those records automatically sync with licensees' user dashboards.

Dr. Daniels asked about the status of notifying licensees of their ability to renew online. Ms. Walker stated staff discussed creating a targeted campaign to encourage online renewal with the Board's representative from OPA. Ms. Cruz asked about the prioritization of content for the Board's website and social media accounts. Ms. Walker indicated staff is developing evergreen content such as reminders to check the license,

create a Connect account, and renew online. She added that well over 80 percent of new applicants are applying for their license online, so the Board needs to further encourage existing licensees to utilize Connect, such as by potentially phasing out the mailed renewal applications with a postcard or other reminder notice to renew online. Dr. Daniels noted the need to maintain a backup method of renewal for licensees who do not have internet access. Ms. Walker stated the Board will also continue to maintain a PDF renewal application that can be downloaded from the Board's website, and staff can fax or mail the form to a licensee who does not have internet access.

Dr. Daniels asked if there is any estimated fiscal impact with the implementation of AB 2862 (Gipson) or SB 1067 (Smallwood-Cuevas). Ms. Pitto indicated staff does not anticipate a fiscal impact from either bill.

Dr. Daniels asked why the regulatory proposal to implement SB 1434 (Roth, Chapter 623, Statutes of 2022) is still pending in the production phase. Ms. Walker replied the extended timeframe is due to a capacity issue at the staff level. She noted staff is working to catch up on the volume of regulatory proposals that have been approved by the Board and need to be noticed with the Office of Administrative Law and released for a public comment period.

Dr. Daniels asked if the regulatory proposal regarding temporary licensure for military spouses and domestic partners relates to the issue of reciprocity. Ms. Walker explained the Board must provide temporary licenses to qualified military spouses and domestic partners, but they must still meet all of the Board's requirements before they can obtain a permanent license. She added there is also a new federal license portability law that authorizes military members and their spouses who are licensed in another state to practice without obtaining a license when they relocate due to military orders.

Dr. Daniels noted a downward trend in the number of licenses issued and renewed through fiscal year 2023–24. Ms. Walker concurred and explained the Board's license population has been slowly decreasing over time.

Public Comment: None.

4. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Requirements for Filing Places of Practice with the Board and Notifying the Public of Licensure at Practice Locations and in Mobile Settings (add California Code of Regulations [CCR], Title 16, section 303.1 and amend CCR, Title 16, section 308)

Ms. Walker introduced this agenda item and stated there was a pending Consumer Protection Enforcement Initiative (CPEI) proposal to implement a requirement for a mandatory notice to consumers at all practice locations. She noted the Committee engaged in a robust discussion about modernizing the consumer notice requirement at the August 25, 2023 meeting and eliminating potential redundancies from the original CPEI proposal.

She presented staff's proposal to potentially phase out the use of satellite certificates and replace them with facility-level permits for physical practice locations that provide more information about a practice to the public and to the Board such as the name of the practice, a designated doctor in charge, and a list of all licensees practicing at the facility. She added the permits could be transferrable between licensees, but not to different addresses, and explained how the permits would be reflected in the Board's database and the DCA Search public license information website.

Dr. Daniels commented that a significant amount of regulatory language will need to be developed to specify and clarify the requirements for the proposed permits. Ms. Cruz asked if all permits would be linked to the licensee's profile if they work at multiple locations. Ms. Walker responded affirmatively. Dr. Daniels noted the need to ensure there are no delays in transferring licensees from different practice settings, so patients are able to locate the licensee who treated them when reviewing the permit information.

Ms. Walker also requested the Committee's input on proposed regulations for displaying license information in mobile and temporary practice settings and whether licensees should be required to provide any type of electronic notice or post-care instructions. Dr. Daniels commented that the license and QR code should be displayed in a manner that allows the patient to access the information without having to ask. Ms. Cruz agreed.

Ms. Walker indicated staff will develop a conceptual proposal and draft regulatory text for the Committee's review at a future meeting.

Public Comment: None.

Dr. Daniels asked staff to also gather stakeholder suggestions and feedback on the proposal.

5. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Specify the Prohibited Activities for Inactive Licenses (add CCR, Title 16, section 310.3)

Ms. Pitto presented a conceptual draft of language to add CCR, title 16, section 310.3 to specify the activities that cannot be performed by the holder of an inactive license and requested the Committee's input.

Ms. Cruz expressed her support for the proposal. Dr. Daniels concurred and suggested further review of the use of the phrase "independently conducting" to ensure there are no unintended loopholes associated with that language. She also opined that licensees should be required to complete more than 24 hours of CE to reactivate their license from inactive status. Ms. Walker noted the Board cannot change that requirement because it is in the statute, and suggested the Board could consider raising that concern during the next sunset review. Dr. Daniels explained 24 hours of CE is insufficient to protect the public because it does not provide sufficient training to bring a

licensee back up to speed on their technical and psychomotor skills, documentation requirements, and other regulations.

Motion: Dr. Daniels moved to recommend that the regulatory proposal to add California Code of Regulations, title 16, section 310.3 be presented to the Board for consideration.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

6. Review, Discussion, and Possible Recommendation Regarding Proposal to Update the Regulations for Board Approval of Doctor of Chiropractic Degree Programs (amend CCR, Title 16, sections 330–331.16)

Ms. Walker explained the Committee has been developing regulatory language to amend the Board's requirements for doctor of chiropractic degree programs, and the Council on Chiropractic Education (CCE) recently completed a three-year process to update their accreditation standards beginning in January 2025. She noted staff compared the Board's requirements for approving chiropractic programs to the CCE accreditation standards and identified potential methods to eliminate redundant requirements and simplify the application process for Board approval by reviewing the program's CCE self-study and inspection reports rather than requiring the program to draft a separate report for the Board's review. She also suggested the Board consider obtaining primary source documentation directly from CCE rather than requesting it from the program.

Dr. Daniels expressed her support for simplifying the requirements for the chiropractic programs but noted the potential staff workload with obtaining the documentation from CCE. She emphasized the Board's goal of streamlining the curriculum requirements for chiropractic programs but noted the constraints due to the schedule of curriculum found in Section 5 of the Chiropractic Initiative Act of California (Act). Ms. Walker concurred and explained with Section 5 of the Act, the Board can interpret and make it more specific through regulations, but the Board cannot disregard the schedule of educational requirements or implement a regulation that conflicts with that section. Dr. Daniels also shared that a new chiropractic program at the University of Pittsburgh requires eight terms.

Ms. Walker identified additional redundancies in the Board's regulations regarding ensuring the chiropractic program has the proper institutional accreditation because CCE is already verifying institutional accreditation as one of the requirements for program accreditation. She also recommended keeping the language in CCR, title 16,

section 331.14 that provides the Board with authority to disapprove any program if, in the opinion of the Board, the quality of instruction is not sufficiently high to meet the objective of the Act or the Board's regulations.

Dr. Daniels suggested aligning the Board's regulations with CCE's language for sanctions and noncompliance actions. Ms. Cruz noted the Board may need to specify a minimum timeframe for the retention of records.

Public Comment: Ana Facchinato, D.C., Dean of the Los Angeles College of Chiropractic (LACC), thanked the Committee and staff for their work on the chiropractic program regulations and stated the changes are a step in the right direction to help the chiropractic colleges.

Dr. Daniels encouraged staff to complete the regulatory language for the chiropractic programs and curriculum requirements and suggested establishing a working group meeting to develop that language.

7. Public Comment for Items Not on the Agenda

Public Comment: None.

8. Future Agenda Items

Dr. Daniels requested future agenda items to discuss reciprocity, temporary licensure for military spouses and domestic partners, and CE requirements and competency assessments for the reactivation of an inactive or cancelled license.

Public Comment: None.

9. Adjournment

Dr. Daniels adjourned the meeting at 1:41 p.m.

**Agenda Item 3
Attachment 3**

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
January 9, 2025**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on January 9, 2025, in accordance with the provisions of Government Code section 11123.5. Board staff were present at the primary physical meeting location listed below and all Committee members participated virtually from remote locations.

Primary Physical Meeting Location
Department of Consumer Affairs
Monterey Room
1625 N. Market Blvd., Suite N-322
Sacramento, CA 95834

Committee Members Present

Pamela Daniels, D.C., Chair
Janette N.V. Cruz

Staff Present

Kristin Walker, Executive Officer
Tammi Pitto, Assistant Executive Officer
Dixie Van Allen, Licensing & Administration Manager
Amanda Ah Po, Enforcement Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)
Steven Vong, Regulatory Counsel, Attorney III, DCA

1. Call to Order

Dr. Daniels called the meeting to order at 3:11 p.m.

2. Public Comment for Items Not on the Agenda

Public Comment: None.

**3. Review and Possible Approval of August 25, 2023 and March 8, 2024
Committee Meeting Minutes**

This agenda item was tabled for a future meeting.

4. Update on Board's Licensing Program

Ms. Walker provided an update on the Board's Licensing Program and noted staff has been tracking the accrediting actions by the Council on Chiropractic Education (CCE), including the chiropractic programs at Keiser University College of Chiropractic Medicine and Life University that were placed on probation by CCE for noncompliance with CCE standards.

She shared that Governor Newsom will release his proposed 2025–26 budget on January 10, 2025, and February 21, 2025, is the last day for new bills to be introduced in the 2025–26 legislative session. She added DCA's Office of Professional Examination Services (OPES) is reviewing and validating the National Board of Chiropractic Examiners (NBCE) Parts I–IV and Physiotherapy examinations to coincide with NBCE's 2025 practice analysis, and OPES' report is expected to be released by fall 2025.

Ms. Walker explained the Board has continued to experience a steady decrease in its license population over the past decade, and staff is working with DCA's Office of Information Services to develop comprehensive statistical reports and analyze the Board's licensing and enforcement program metrics. She also summarized the pending regulatory proposals that relate to the Board's Licensing Program.

Dr. Daniels asked if staff had reviewed the recent occupational analysis (OA) that OPES released and if there were any specific highlights or changes. Ms. Walker responded affirmatively and commented that the description of practice and content areas identified in the OA align with the Board's proposed changes to the mandatory continuing education (CE) categories.

Dr. Daniels requested that staff begin tracking the license populations in other states, beginning with the largest, and comparing those trends to the Board's license population. She also asked about the percentage decline in the Board's license population. Ms. Walker indicated the Board is losing approximately 100 to 150 licensees per year.

Public Comment: Ron Oberstein, D.C. commented that over 58 percent of California doctors of chiropractic (DC) have been licensed for at least 20 years. He suggested further statistical analysis because the license population could deteriorate quickly through attrition.

Returned to Agenda Item 1. Roll Call / Establishment of a Quorum

Ms. Cruz joined the meeting at 3:34 p.m. and called the roll. All members were now present, and a quorum was established.

5. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Update the Requirements for Board Approval of Doctor of Chiropractic Degree Programs (amend and renumber, as necessary, California Code of Regulations [CCR], Title 16, sections 330, 331.1, 331.2, 331.5, 331.12.1, 331.12.2, 331.14, and 331.15 and repeal sections 331.3, 331.4, 331.6, 331.7, 331.8, 331.9, 331.10, 331.11, 331.13, and 331.16)

Ms. Walker presented a conceptual draft of proposed changes to the Board's regulations for chiropractic programs. She explained the intent of the proposal is to repeal the overly prescriptive regulations that are redundant to CCE accreditation standards, clarify the Board approval process, update the curriculum requirements, and establish new minimum requirements for preceptorship programs.

Dr. Daniels commented the draft concept is great, but she had a few concerns with the definitions of main campus, branch campus, and additional location because they may inadvertently restrict chiropractic programs from using or renting space in other facilities for clinical education. She also expressed her support for the preceptorship requirements, but reiterated the need to ensure the Board is providing enough flexibility for clinicals to be performed in different settings. She also suggested including NBCE pass rates in CCR, title 16, section 331.2, and additional work on the definition of a clinical encounter based on recent input and questions received from educators.

Ms. Cruz acknowledged the level of comprehensive edits made to the proposal based on prior Committee discussions.

Public Comment: Craig Little, D.C., EdD thanked the Committee for their work on this issue. He stated there are no quantitative hour requirements in the statute and he is concerned the hour requirements identified in the proposed regulations could hinder the profession in the future. He commented the CCE standards allow for competency-based education that is not linked to the total hour requirement, and suggested the Committee consider listing the percentages, not hour requirements.

Dr. Oberstein also thanked the Committee for their work on the proposal and encouraged the Committee to be as broadly specific as possible in the regulatory language to provide flexibility to chiropractic programs as education changes. He also requested that the proposed time limit for postgraduate preceptorships in the draft text be increased from six months to one year.

Ms. Walker explained the draft proposal provides a pathway for competency-based education, but federal requirements for competency-based education require institutions to demonstrate the equivalency in clock hours or credit hours.

6. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Clarify the Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (amend CCR, Title 16, sections 320, 321, and 340–349)

Ms. Pitto introduced a conceptual draft of a regulatory proposal to clarify the application and examination requirements for obtaining a DC license, including temporary and expedited licensure, and to introduce a new prelicensure competency requirement that requires an applicant to have either passed the NBCE Part IV examination or been actively practicing in another state within the four years preceding the application.

Dr. Daniels noted the existing forms are being repealed and asked if staff is creating new forms. Ms. Walker responded affirmatively and explained the Board and other DCA programs have been placing the requirements for the forms in the regulation text, rather than incorporating the forms by reference, because it provides more clarity in the requirements and allows for minor, non-substantive changes to the forms, such as address or style changes, without having to make those revisions through the Office of Administrative Law.

Dr. Daniels noted the cost of the NBCE Part IV examination is \$1,585 and asked if NBCE offers payment programs to assist with the costs of the examination. Ms. Walker indicated she is unaware of any financial assistance available through NBCE, but noted the new prelicensure competency requirement would only affect a very small number of applicants.

Dr. Daniels referenced the requirement for applicants to disclose if they have ever held another professional license and asked how the Board uses that information.

Ms. Walker explained Business and Professions Code section 480 allows the Board to deny an application for a license if the applicant has been disciplined within the preceding seven years, so the purpose is to gather the applicant's professional license information to enable Board staff to verify the license status and prior discipline, if any, when reviewing the applicant's background.

Dr. Daniels suggested using the term "chiropractic program" rather than "chiropractic college" throughout the text for consistency and adding the term "provost" to the language referencing the chiropractic program dean or president. She also asked if the Board has any limit on the number of times an applicant can retake an examination after failure. Ms. Walker indicated there is no limit on the number of retakes for the California Chiropractic Law Examination (CCLE), but an applicant must wait 30 days between attempts and only has one year to pass the examination before their application is deemed abandoned and they must reapply and reestablish eligibility to take the examination.

Public Comment: None.

7. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Clarify the Process for Renewing Doctor of Chiropractic Licenses and Update the Requirements for Restoration of Doctor of Chiropractic Licenses in Forfeiture or Cancelled Status (amend CCR, Title 16, sections 370 and 371)

Ms. Ah Po presented the draft regulatory proposal to clarify the renewal process for DC licenses and update the requirements for the restoration of a forfeited or cancelled license. She explained the proposal would change the timeframe for cancellation of an expired license from three to four years after expiration and require a licensee to complete Board-approved CE to restore a license in forfeiture status. She added the proposal would also update the process for restoration of a cancelled license by requiring a licensee to complete 96 hours of Board-approved CE, demonstrate competency through either active practice in another state while the license was expired or by passing the NBCE SPEC examination within six months preceding their restoration application, and pass the CCLE. She shared the purpose of these additional requirements is to ensure licensees are competent and safe to resume active practice in California upon license restoration.

Dr. Daniels noted the NBCE SPEC examination is a written examination to test clinical knowledge and understanding, but unlike the Part IV examination, it does not address the practical competency and psychomotor skills to perform an examination and adjustment.

Ms. Cruz commented that the proposed changes provide clarity to staff when processing the different types of renewal and restoration applications. She also noted the change in disclosure of conviction information. Ms. Walker indicated the current requirement to disclose any violation of law is confusing to licensees, so it was narrowed to any felony and misdemeanor convictions within the reportable license renewal or restoration period. Ms. Cruz also suggested adding the term “electronic payment” to the accepted payment methods.

Motion: Dr. Daniels moved to recommend that the Board consider the regulatory proposal to amend CCR, title 16, sections 370 and 371, with an edit to section 371, subdivision (g)(3)(B) to replace the NBCE SPEC examination with the NBCE Part IV examination.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

Vote: 2-0 (Dr. Daniels-AYE and Ms. Cruz-AYE).

Motion: Carried.

8. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Establish a Retired Status for Doctor of Chiropractic Licenses (add CCR, Title 16, section 328)

This agenda item was tabled for a future meeting.

9. Schedule 2025 Committee Meetings

The Committee scheduled a working group meeting on March 7, 2025, and public meetings via Webex on June 13, 2025, September 5, 2025, and December 5, 2025.

Public Comment: None.

10. Future Agenda Items

Dr. Daniels asked staff to prioritize the completion of the chiropractic curriculum regulations due to their impact on chiropractic programs and the profession. She also requested future discussions on the proposed telehealth regulation, reciprocity, and goals for the Board's next sunset review.

Public Comment: None.

11. Adjournment

Dr. Daniels adjourned the meeting at 5:00 p.m.



Agenda Item 4
June 13, 2025

Update on Board's Licensing Program

Purpose of the Item

The Executive Officer and Board staff will provide the Committee with an update on the Board's Licensing Program activities and statistics.

Action Requested

This agenda item is informational only and provided as a status update to the Committee. No action is required or requested at this time.

Attachment

- Executive Officer's June 6, 2025 Memo to Committee Members Regarding Licensing Program Activities and Statistics

MEMORANDUM

Agenda Item 4 Attachment

DATE	June 6, 2025
TO	Members of the Board of Chiropractic Examiners' Licensing Committee
FROM	Kristin Walker, Executive Officer
SUBJECT	Update on Board's Licensing Program

This report provides an overview of recent Board of Chiropractic Examiners' (BCE) Licensing Program activities and statistics.

BCE Board and Licensing Committee Meetings

The following meetings have been scheduled:

- June 13, 2025 – Licensing Committee (Teleconference)
- August 1, 2025 – Board (Teleconference)
- September 5, 2025 – Licensing Committee (Teleconference)
- October 9–10, 2025 – Board (Southern California)
- December 5, 2025 – Licensing Committee (Teleconference)

Business Modernization Project and Implementation of the Connect System

BCE continues to collaborate with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) to modernize its business processes and enhance the functionality and user experience within its application, licensing, and enforcement system known as Connect. BCE's planned upgrade to the latest version of the Connect software has been temporarily placed on hold due to limited vendor resources. Staff is currently testing cashiering and paper application workflows in the system and developing continuing education and electronic licensing functionality.

Council on Chiropractic Education (CCE) Accreditation Actions

CCE took the following accreditation actions during its January 10–11, 2025, annual meeting:

1. Continued Accreditation: CCE continued the accreditation of Northeast College of Health Sciences – Doctor of Chiropractic Program in Seneca Falls, New York, after reviewing the self-study, update report, site team report, and the program's response, and determining the program meets all standards for accreditation.

2. Initial Accreditation: CCE awarded initial accreditation to Campbellsville University – School of Chiropractic in Campbellsville, Kentucky, after reviewing the program's progress report and determining the program meets all standards for accreditation.
3. Interim Site Visit: CCE continued the accreditation of University of Western States – College of Chiropractic in Portland, Oregon, after reviewing the materials related to the interim site visit and determining the program meets the standards for accreditation in program effectiveness, student achievement, assessment of learning outcomes and curricular effectiveness, and distance/correspondence education.
4. Program Characteristics Report (PCR): CCE continued the accreditation of University of Bridgeport – School of Chiropractic in Bridgeport, Connecticut, after reviewing all materials related to the PCR and determining the program meets the standards for accreditation in licensing exam success rate, program completion rate thresholds and publication, planning, finances, and research and scholarship.
5. Progress Report: CCE continued the accreditation and probation of Keiser University College of Chiropractic Medicine in West Palm Beach, Florida, after reviewing all materials related to the PCR and progress report. CCE determined the program meets the standards for accreditation for its program completion rate, planning, finances, and research and scholarship. However, the program's four-year weighted average licensing exam success rate of 66.4 percent remains below the threshold of 80 percent, as required by CCE Policy 56. The next step is for the program to submit a progress report addressing this area of noncompliance by December 1, 2025. CCE will review the progress report at its meeting in January 2026.
6. Progress Report: CCE continued the accreditation of Life Chiropractic College West in Hayward, California. CCE noted the program's current four-year weighted average licensing exam success rate of 80 percent meets the Policy 56 threshold, but existing trends indicate a reasonable risk the success rate may fall below the threshold. CCE will require the program to provide an updated, detailed analysis of its licensing exam success rate and an update on any additional action plans to address the performance trend as part of the program's 2025 self-study report for review by CCE at its July 2026 meeting.
7. Progress Report: CCE continued the accreditation of Sherman College of Chiropractic in Spartanburg, South Carolina, and removed the sanction of warning after reviewing the progress report and determining the program meets the standards of accreditation regarding the assessment of learning outcomes.

Examination Development and Validation

DCA's Office of Professional Examination Services (OPES) completed the [2024 Occupational Analysis of the Chiropractic Profession](#) (OA) in August 2024. The results of this OA provide a description of practice for the chiropractic profession that can be used to review the national chiropractic examination developed by NBCE and to provide a basis for constructing a valid and legally defensible California Chiropractic Law Examination (CCLE). The description of practice is structured into four content areas: patient intake history; examination and assessment; treatment and case management; and laws and ethics. Throughout fiscal year 2024–25, OPES has been conducting workshops with subject matter experts to review, reclassify, and write items and set the passing score for the September 2025 CCLE based on the new OA examination outline.

Additionally, OPES conducted a comprehensive review of the National Board of Chiropractic Examiners (NBCE) Parts I, II, III, IV, and Physiotherapy examinations and linkage study to ensure the procedures used to support the validity and defensibility of the NBCE examinations meet professional and technical standards and to identify any areas of California chiropractic practice that are not measured by the NBCE examinations. OPES plans to release the final report in July 2025.

OPES is scheduled to provide the Board with a presentation and overview of the national examination review and state examination development processes during the August 1, 2025 Board meeting.

Government Reorganization Plan

On April 4, 2025, Governor Newsom transmitted a [government reorganization plan](#) to the Little Hoover Commission to split the Business, Consumer Services and Housing Agency (BCSH) into two agencies: the California Housing and Homeless Agency (CHHA) focused on housing, homelessness, and civil rights functions; and the Business and Consumer Services Agency (BCSA) focused on consumer protection and business regulation.

Under the reorganization plan, DCA would be placed under the new BCSA along with the Department of Alcoholic Beverage Control, Alcoholic Beverage Control Appeals Board, Department of Cannabis Control, Department of Financial Protection and Innovation, California Horse Racing Board, and Department of Real Estate.

On June 2, 2025, the Little Hoover Commission released its [full report](#) recommending the Legislature allow the reorganization plan to take effect. The Legislature has until July 4, 2025, to consider the proposal.

Legislation Affecting Licensing Program

Below are upcoming important dates and deadlines on the 2025 legislative calendar:

- June 6, 2025: Last day for each house to pass bills introduced in that house
- June 15, 2025: Budget bill must be passed by midnight
- July 18, 2025: Last day for policy committees to hear and report bills
- July 19, 2025 through August 17, 2025: Summer recess
- August 29, 2025: Last day for fiscal committees to hear and report bills to the Floor
- September 5, 2025: Last day to amend on the Floor
- September 12, 2025: Last day for each house to pass bills
- October 12, 2025: Last day for Governor to sign or veto bills
- January 1, 2026: Statutes take effect

[Assembly Bill \(AB\) 260 \(Aguiar-Curry\)](#) Sexual and reproductive health care. This bill would, among other things, prohibit a healing arts board from denying an application for licensure, suspending or revoking a license, or otherwise imposing discipline upon a licensee or health care practitioner solely because they were convicted or disciplined in another state solely for an activity related to brand name or generic mifepristone or any drug used for medical abortion that, if performed in this state, would not be grounds for denial, suspension, revocation, or other discipline. This bill passed the Assembly and has been referred to the Senate Health Committee.

[AB 485 \(Ortega\)](#) Labor Commissioner: unsatisfied judgments: nonpayment of wages. This bill would require state agencies, including DCA boards and bureaus, to deny a new license or permit, or the renewal of an existing license or permit, for employers that have outstanding wage theft judgments and have not obtained a surety bond or reached an accord with the affected employee to satisfy the judgment. This bill would also require the Labor Commissioner to notify the applicable state agency. This bill passed the Assembly and is pending assignment to a Senate policy committee.

[AB 742 \(Elhawary\)](#) Department of Consumer Affairs: licensing: applicants who are descendants of slaves. This bill would require DCA boards to prioritize applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is established, as specified. The bill would make those provisions operative when the certification process is established and would repeal those provisions four years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier. This bill would only become operative if **[Senate Bill \(SB\) 518 \(Weber Pierson\)](#)** is enacted establishing the Bureau for Descendants of American Slavery. This bill passed the Assembly and is pending assignment to a Senate policy committee.

SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions. This bill would, among other things, authorize the Department of Real Estate (DRE) and boards under the jurisdiction of DCA to waive the application of certain provisions of the licensure requirements for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would also require all applicants and licensees under the DRE or DCA boards to provide the board or department with an email address. This bill passed the Senate and is in the Assembly.

SB 687 (Ochoa Bogh) Chiropractors: animal chiropractic practitioners. This bill would prohibit a chiropractor who is not under the supervision of a veterinarian from practicing animal chiropractic, as defined, without being registered as an animal chiropractic practitioner by the Board and satisfying certain requirements, including holding a current, valid certification from the American Veterinary Chiropractic Association (AVCA) or International Veterinary Chiropractic Association (IVCA), or any other credentialing organization the Board specifies through regulation. The bill would specify that the Board shall establish requirements for registration and conditions and requirements for practicing animal chiropractic. The bill would also require an animal chiropractic practitioner to comply with regulations of the Board applicable to chiropractors, would authorize the Board to adopt regulations necessary to implement the bill's provisions, and would require the Board, if adopting specified regulations, to consult with the Veterinary Medical Board, including regulations regarding standards of medicine or care for an animal. This bill would also make an animal chiropractic practitioner exempt from the Veterinary Medicine Practice Act. This two-year bill is dead for 2025.

SB 861 (Committee on Business, Professions and Economic Development) Consumer affairs. This omnibus bill includes, among other things, the Board's proposal to add the Board to the list of DCA programs with explicit statutory authority to obtain and receive criminal history information from the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). By adding the Board to this list of programs, this bill would also allow the Board to request, and authorize the Board to receive, certified records of arrests and convictions, certified records of probation, and other related documentation needed to complete an applicant or licensee investigation from a local or state agency under [Business and Professions Code \(BPC\) section 144.5](#). This bill passed the Senate and has been referred to the Assembly Business and Professions Committee.

Licensing Program Statistics

Initial Applications

Application Type	FY 2022–23	FY 2023–24	FY 2024–25*
Doctor of Chiropractic Licenses	370	363	350
Average DC Processing Time	44 days	48 days	36 days
Temporary DC Licenses	N/A	0	1
Average TDC Processing Time	N/A	N/A	25 days
Satellite Certificates	1,637	1,809	1,891
Average SAT Processing Time	13 days	14 days	10 days
Corporation Certificates	113	118	104
Average COR Processing Time	37 days	32 days	34 days

*As of June 6, 2025

Renewal Applications

Application Type	FY 2022–23	FY 2023–24	FY 2024–25*
Doctor of Chiropractic Licenses	11,703	11,514	10,880
Average DC Processing Time	10 days	8 days	7 days
Satellite Certificates	3,152	3,613	3,672
Average SAT Processing Time	9 days	8 days	7 days
Corporation Certificates	1,213	1,304	1,241
Average COR Processing Time	9 days	9 days	10 days

*As of June 6, 2025

License Population: Years of Licensure as Doctor of Chiropractic

Years of Licensure*	Active	Active %	Inactive	Inactive %	Total	Total %
<1 Year	391	3.51%	0	0.00%	391	3.27%
1–4.99 Years	1,179	10.58%	21	2.57%	1,200	10.03%
5–9.99 Years	1,003	9.00%	44	5.38%	1,047	8.75%
10–19.99 Years	1,971	17.68%	144	17.60%	2,115	17.68%
20–29.99 Years	2,884	25.88%	233	28.48%	3,117	26.05%
30–39.99 Years	2,323	20.84%	226	27.63%	2,549	21.30%
40–49.99 Years	1,301	11.67%	139	16.99%	1,440	12.04%

Years of Licensure*	Active	Active %	Inactive	Inactive %	Total	Total %
50+ Years	94	0.84%	11	1.35%	105	0.88%
Total	11,146	100.00%	818	100.00%	11,964	100.00%

*As of June 6, 2025

NBCE Updates

On April 18, 2025, NBCE released its [Practice Analysis of Chiropractic 2025](#). This report provides an overview and summary of the chiropractic profession in the United States and is used to help determine the content of NBCE's licensure examinations.

NBCE also shared [additional information](#) and an [overview of upcoming changes](#) to the Part IV practical examination. Beginning in 2026, all Part IV examination administrations will take place at a purpose-built, centralized assessment center on the NBCE campus in Greeley, Colorado. All encounters will be video-recorded and two identical testing bays will allow the examination to run three days per week and 48 weeks per year, replacing the current semiannual model. In addition, the examination format will shift from 25 brief stations to eight patient-encounter stations. Seven of these stations will move from history through examination to a treatment decision, followed by a written patient note in place of the current multiple-choice post-encounter station. The eighth station will require demonstration of multiple chiropractic technique setups.

Personnel Updates

Amanda Ah Po was selected for the Lead Licensing & Continuing Education Analyst position. Ms. Ah Po previously held the positions of Continuing Education Analyst and Enforcement Analyst at BCE. Her first day in this new role was June 2, 2025.

Shelley Anderson was selected for the Licensing Technician position, and her first day at BCE will be June 16, 2025.

BCE has also made a conditional offer for the Administration & Licensing Manager position and expects to fill the position by July 2025.

Proposed Regulations Affecting Licensing Program

Final Filing Phase

- 1. Filing of Addresses and Contact Information (Amend California Code of Regulations [CCR], Title 16, Section 303):** This proposal will implement the requirement from [SB 1434 \(Roth, Chapter 623, Statutes of 2022\)](#) for the Board to include licensees' telephone numbers and email addresses in the Board's directory and clarify the requirement for filing of a public "address of record." The Board approved the proposed regulatory text at its April 20, 2023 meeting. This

rulemaking was published in the Office of Administrative Law (OAL) Notice Register and released for a 45-day public comment period on February 14, 2025. The public comment period ended on April 1, 2025, and no comments were received. Staff is preparing the final regulatory package for submission to OAL.

Initial Filing Phase

(None)

Production Phase

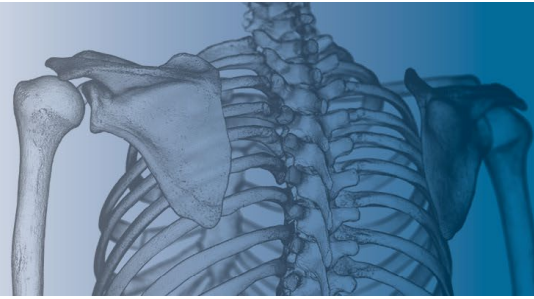
2. **Licensing and Regulatory Fees (Section 100 Changes Without Regulatory Effect: Amend CCR, Title 16, Sections 310.1, 317.1, 321, 323, 360, 362, 363, 367.5, 367.10, 370, and 371):** This action under CCR, title 1, section 100 will update the licensing and regulatory fee amounts within the Board's regulations and forms for consistency with the fee amounts codified in BPC section 1006.5. This package is anticipated to be submitted to OAL in summer 2025.
3. **Prohibited Activities by Inactive Licensees (Add CCR, Title 16, Section 310.3):** This proposal will identify the specific activities that cannot be performed by the holder of an inactive doctor of chiropractic license. The Board approved the proposed regulatory text at its October 24, 2024 meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2025.
4. **Repeal Mental Illness Regulation (Obsolete) [Repeal CCR, Title 16, Section 315]:** This proposal will repeal a regulation that allows the Board to order a license holder to be examined by one or more physicians specializing in psychiatry when reasonable cause exists that the licensee is mentally ill to the extent that it may affect their ability to practice. This regulation is unnecessary because the Board already has broader statutory authority under [BPC sections 820–828](#) to order a physical or mental examination of a licensee whenever it appears the licensee may be unable to practice safely due to mental illness or physical illness affecting competency. The Board approved the proposed regulatory text at its October 24, 2024 meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2025.
5. **Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (Amend CCR, Title 16, Sections 320, 321, and 340–349):** This proposal will clarify the application and examination process for initial licensure as a doctor of chiropractic, including the

qualifying circumstances for expedited review of a license application. Additionally, this proposal will implement [AB 107 \(Salas, Chapter 693, Statutes of 2021\)](#), which provides for the temporary licensure of military spouses, and [AB 883 \(Mathis, Chapter 348, Statutes of 2023\)](#), which requires the Board to expedite the initial licensure process for applicants who are active-duty members of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program. The Board approved the proposed regulatory text at its April 17, 2025 meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in fall 2025.

Concept Phase

- 6. Approval of Doctor of Chiropractic Degree Programs and Educational Requirements (Amend or Repeal CCR, Title 16, Sections 330–331.16):** This proposal will amend the regulations regarding approval of chiropractic programs to align with the accrediting body, the Council on Chiropractic Education, and eliminate any unduly prescriptive content that could be restrictive to the evolving nature of higher education. This proposal will also update the minimum curriculum and clinical experience requirements for Board-approved chiropractic programs. This proposal is planned to be presented to the Board for review and approval at its August 1, 2025 meeting.
- 7. Renewal and Restoration of Doctor of Chiropractic Licenses, Including Basic Life Support Certification for Active Licensees (Amend CCR, Title 16, Sections 370 and 371 and Add CCR, Title 16, Section 371.1):** This proposal will clarify the processes for renewal and restoration of doctor of chiropractic licenses, extend the timeframe for cancellation of a license from three to four years, and update the continuing education and competency requirements that must be met prior to the restoration of a cancelled license. Additionally, this proposal will mandate the maintenance of basic life support provider or advisor certification, including cardiopulmonary resuscitation (CPR), for all licensees as a condition of licensure in active status. This proposal is planned to be presented to the Board for review and approval at its August 1, 2025 meeting.
- 8. Retired License Status and Fee (Add CCR, Title 16, Section 328):** This proposal would establish a new retired status for doctor of chiropractic licenses and implement an application fee to cover the reasonable regulatory cost of issuing a retired license in accordance with [BPC section 464](#). Staff is working with the Licensing Committee to assess licensees' potential interest in a new retired license status and the estimated fiscal impact on the Board.
- 9. Chiropractic Practice Locations and Display of License (Add CCR, Title 16, Section 303.1 and Amend CCR, Title 16, Section 308):** This Consumer Protection Enforcement Initiative (CPEI) proposal will update the requirements for filing practice locations with the Board and displaying a license/certificate and notice

to patients at each practice location. Staff is developing this proposal based on the discussion by the Licensing Committee at its March 8, 2024 meeting.



Agenda Item 5
June 13, 2025

Discussion and Possible Recommendation Regarding Potential Pathway to Doctor of Chiropractic Licensure by Reciprocity or Endorsement

Purpose of the Item

The Committee will review and discuss the pathways to licensure as a doctor of chiropractic (DC) in California.

Action Requested

The Committee will be asked to engage in a policy discussion regarding a potential pathway to DC licensure through reciprocity or endorsement.

Background

There are currently four pathways to practice chiropractic in California—temporary licensure, initial licensure, licensure through reciprocity, and practice under the federal Servicemembers Civil Relief Act (SCRA).

Pathway to Practice	Requirements
1. Initial DC License	<ul style="list-style-type: none"> • Graduate from a Board-approved chiropractic college and complete the Board's curriculum requirements • Pass National Board of Chiropractic Examiners (NBCE) Parts I–IV and Physiotherapy examinations • Complete an application for an initial DC license • Verification of Prechiropractic Hours and Chiropractic College Certificate forms • Official DC program transcripts and a photocopy of the diploma • Official transcript of NBCE examination scores • Complete fingerprint background check (Live Scan or hard cards) • Certification/verification of licensure for any other professional licenses held • Pass the California Chiropractic Law Examination

DC Licensure by Reciprocity or Endorsement

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Pathway to Practice	Requirements
2. DC License via Reciprocity	<ul style="list-style-type: none">• Graduate from a Board-approved chiropractic college and complete the curriculum requirements that were required at the time the applicant's license was issued• Complete equivalent successful examination in each of the subjects examined in California in the same year as the applicant was issued a license in the state from which they are applying• Hold a valid and up-to-date license in the state from which they are reciprocating• Five years of chiropractic practice• The state from which the applicant is licensed will reciprocate with California• Complete an application for a DC license through reciprocity• Verification of Prechiropractic Hours and Chiropractic College Certificate forms• Official DC program transcripts and a photocopy of the diploma• Official transcript of NBCE examination scores• Certification/verification of licensure for any other professional licenses held• Certification of Licensure and State Endorsement completed by the state from which they are reciprocating• Pass the California Chiropractic Law Examination
3. Temporary DC License (Spouses or Domestic Partners of Active-Duty Military Only)	<ul style="list-style-type: none">• Complete an application for a temporary DC license• Provide satisfactory evidence that the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active-duty military orders• Verify they possess a current, active, and unrestricted license to practice chiropractic in another state, district, or territory of the United States• Complete and clear a criminal background check• Pass the California Chiropractic Law Examination

DC Licensure by Reciprocity or Endorsement

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Pathway to Practice	Requirements
	<p>Note: The temporary DC license is nonrenewable and expires 12 months after issuance or upon issuance or denial of a standard or expedited DC license, whichever occurs first.</p>
<p>4. Practice With Out-of-State License Under SCRA</p> <p>(Military Servicemembers and Their Spouses or Domestic Partners Only)</p>	<ul style="list-style-type: none">• Hold a professional DC license in good standing in another state, district, or territory of the United States• Relocate to California because of military orders for military service• Use the out-of-state license at some point during the two years immediately preceding relocation to California (i.e., perform at least one activity within the scope and under the authority of the out-of-state license)• Maintain in good standing all other valid and active out-of-state licenses in the same profession or vocation <p>How to Register – Access the federal professional license portability and state registration online portal and provide:</p> <ul style="list-style-type: none">• A copy of the military orders requiring relocation to California• Written or online verification that all active and valid out-of-state licenses within the same profession or vocation are in good standing• For spouses or domestic partners, evidence of current marital or other legal status with a servicemember subject to military orders• California address of record• Attestation that they meet the registration requirements and the information provided is accurate <p>Note: Full California DC licensure must be obtained for individuals who expect to reside in California beyond the temporary approval period and wish to continue practicing.</p>

DC Licensure by Reciprocity or Endorsement

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Section 9 of the Chiropractic Initiative Act states:

“Notwithstanding any provision contained in any other section of this act, the board, upon receipt of the fee specified in Section 5, shall issue a license to any person licensed to practice chiropractic under the laws of another state, provided said state then had the same general requirements as required in this state at the time said license was issued, and provided that such other state in like manner grants reciprocal registration to chiropractic practitioners of this state.

“The applicant shall also provide a certificate from the other state stating that he was licensed by that state, that he has not been convicted of unprofessional conduct, and that there is no charge of unprofessional conduct pending against him.”

The Board’s interpretation of Section 9 of the Act was adopted into regulation through California Code of Regulations (CCR), title 16, section 323, which states:

“The board makes the following interpretation of Section 9 of the Act which states candidates for licensure are considered to have fulfilled the requirement of reciprocity if they provide the documentation required by the board showing the following:

“(a) Graduation from a board approved chiropractic college, and completion of the minimum number of hours and subjects as were required by California law at the time the applicant’s license was issued.

“(b) Equivalent successful examination in each of the subjects examined in California in the same year as the applicant was issued a license in the state from which he is applying.

“(c) They must hold a valid and up-to-date license from the state from which they are reciprocating.

“(d) The state from which they are licensed will reciprocate with California.

“(e) The board reserves the right to require any additional education or examination for reciprocity.

“(f) A nonrefundable application fee of \$25.00.

“(g) A fee, as set forth in Section 5 of the Act, if licensure is granted.

“(h) Five (5) years of chiropractic practice.”

Reciprocity was one of the new issues included in the Board’s 2022 sunset review, and the Board will need to present an update on this issue as part of the Board’s 2026

DC Licensure by Reciprocity or Endorsement

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review. In 2022, the Board was asked to consider whether the requirements for granting license reciprocity to applicants holding active licenses in other states or countries should be revised in order to attract qualified DCs to the state. Additionally, the Board's 2022–2026 Strategic Plan includes Objective 1.3 to review reciprocity requirements to minimize barriers to licensure in California.

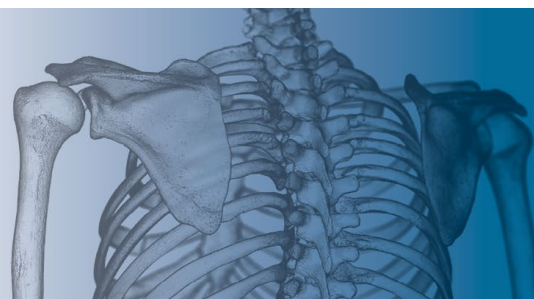
Although the Board has an existing method of interstate licensure through reciprocity specified in CCR, title 16, section 323, the current processes and requirements for initial licensure and reciprocity are nearly identical, except that reciprocity allows for licensure under prior formats of the national examination.

While the DC license requirements and scopes of practice vary from state-to-state, all states currently have at least the following basic requirements for a DC license:

- Completion of at least 60 prechiropractic college credits
- Graduation from an accredited chiropractic program with a DC degree
- Pass NBCE Parts I–IV examinations

Additionally, many states require applicants to pass the NBCE Physiotherapy examination, administer their own state-specific jurisprudence examination, and conduct criminal background checks.

At this meeting, the Committee will be asked to discuss whether the Board should consider amending CCR, title 16, section 323 to streamline the requirements for licensure via reciprocity and to accept another state's endorsement of minimum competency requirements (i.e., pre-professional education, graduation from an accredited program with a DC degree, and passing scores on the NBCE Parts I–IV and Physiotherapy examinations) in lieu of primary source verification from the chiropractic program and NBCE.



**Agenda Item 6
June 13, 2025**

Discussion and Possible Recommendation Regarding the Use of Artificial Intelligence (AI) and Other Emerging Technologies Within Chiropractic Education and Practice

Purpose of the Item

The Committee will review and discuss the increasing use of artificial intelligence (AI) and other technologies in healthcare education and clinical practice, including chiropractic.

Action Requested

The Committee will be asked to engage in an initial policy discussion regarding the use of AI in chiropractic education and practice.

Background

The development and adoption of AI systems and technologies have rapidly expanded worldwide, and AI is increasingly being used in everyday life, particularly in business, education, and healthcare settings.

Within education, AI can enhance student learning through data-driven analytics, individualized and instantaneous feedback, personalized content and learning plans, simulated and virtual reality, and broader access to resources such as text-to-speech, visual and speech recognition, and language translation tools. However, there are also concerns with AI undermining academic integrity as it can be used to cheat on assignments and examinations and as a substitute for students' creative and critical thinking skills.

AI is also widely used in healthcare settings to support clinical decision making, enhance diagnostic precision, personalize treatment plans, predict patient outcomes, improve access to care through telehealth, remotely monitor patients' health through software and wearable devices, and handle routine administrative tasks such as patient scheduling, clinical documentation, and billing. According to a [survey](#) released by the American Medical Association in February 2025, 66 percent of physicians reported they use some form of AI in their practice and significantly more physicians are using AI for visit documentation, discharge summaries and care plans, and medical research and standard of care summaries than in 2023.

Current challenges with the use of AI in healthcare include patient privacy concerns, issues with data quality and interpretability, hallucinations and reliability concerns, and biases embedded within algorithms that could potentially exacerbate existing healthcare disparities. Unfortunately, AI can also be used unethically by healthcare practitioners to commit fraud and mislead consumers. For example, AI could be prompted to: generate a diagnosis that exaggerates a patient's condition and suggest an extensive, unnecessary treatment plan; create fabricated chart notes and reports; analyze patient data and automatically generate highly personalized messages or recommendations for additional services, supplements, or treatments, even when not clinically indicated; or simulate a false "second opinion" on a patient case that simply generates confirmation of the initial diagnosis or treatment plan.

Recognizing the need to aid physicians and state medical boards in navigating the responsible and ethical incorporation of AI, in April 2024, the Federation of State Medical Boards (FSMB) adopted a report recommending best practices for state medical boards in governing the use of AI in clinical care. In the report, FSMB noted:

"A physician has the duty to maintain the requisite skill and knowledge to provide safe and effective health care. As AI is continually utilized and integrated into existing healthcare infrastructures, it is imperative that physicians remain attuned to developments in AI and strive to understand the benefits and risks it poses. Underappreciation of the ability of AI to improve healthcare delivery may restrict a physician from practicing to the top of their license and may result in a physician not taking full advantage of the tools that can improve patient outcomes. At the same time, overreliance on AI can lead to real harms in independent clinical thinking and critical decision making such as misdiagnosis, medical errors, dependence, and skill degradation. This risk of harm increases in situations of algorithmic bias or where misinformation is present."

Recommendations offered by FSMB to state medical boards in the report include:

1. **Transparency and Disclosure:** Licensees should be required to maintain transparency about the use of AI in healthcare. State medical boards should develop clear guidelines for licensees about the disclosure of AI usage to patients that contribute to patient and physician understanding but do not create unnecessary administrative burden.
2. **Responsible Use and Accountability:** AI tools should be designed in a manner which would provide state medical boards the ability to audit and understand them, in order to appropriately assess whether a physician who relied upon a tool's output has deviated from standard of care. FSMB should support state medical boards in interpretation of responsible and accountable use of AI by clinicians.

3. Equity and Access: Efforts should be made to ensure equitable access to the benefits of AI for all patients.
4. Privacy and Data Security: Licensees should generally be informed about how patient data will be used and be prepared to convey this to patients. FSMB should support state medical boards in developing clear patient information materials about patient rights with respect to acceptable use of their data and the role of regulators in this space, both at the state and federal levels.
5. Oversight and Regulation: State medical boards must retain the authority to discipline physicians for the inappropriate application of AI tools in the delivery of care. This includes considering issues of accountability, particularly as AI systems become more autonomous.

Governor Newsom and the Legislature have also been actively developing guardrails for the deployment and use of AI in California, including in healthcare. [Senate Bill 1120 \(Becker, Chapter 879, Statutes of 2024\)](#) became effective January 1, 2025, and establishes requirements for health plans and insurers applicable to their use of AI for utilization review and utilization management decisions, including that the use of AI, algorithm, or other software must be based upon a patient's medical or other clinical history and individual clinical circumstances as presented by the requesting provider and not supplant healthcare provider decision making. [Assembly Bill \(AB\) 3030 \(Calderon, Chapter 848, Statutes of 2024\)](#) also became effective January 1, 2025, and requires a health facility, clinic, or physician's office to notify their patients when using generative AI (GenAI) to communicate patient clinical information except when the communication is read and reviewed by a licensed or certified human healthcare provider.

Further, [AB 489 \(Bonta, 2025\)](#), currently in the Senate, would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a healthcare profession, as defined, enforceable against an entity who develops or deploys AI or GenAI technology. The bill would also prohibit the use by AI or GenAI of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI are being provided by a natural person with the appropriate healthcare license or certificate.

In January 2025, California Attorney General Rob Bonta issued [two legal advisories](#) advising consumers and entities about their rights and obligations under the state's consumer protection, civil rights, competition, and data privacy laws, and providing guidance specific to healthcare entities about their obligations under state law.

However, [H.R.1 – 119th Congress \(2025-26\)](#), currently pending in the U.S. Senate, as drafted, would enact a 10-year moratorium preventing states from enforcing any law or regulation that limits, restricts, or otherwise regulates AI models, AI systems, or

automated decision systems entered into interstate commerce, with some exceptions. H.R.1 would also require the implementation of AI tools by January 1, 2027, to identify and reduce improper payments made under Medicare Parts A and B.

At this meeting, the Committee is asked to discuss the use of AI in chiropractic education and practice.

External Resources

1. [Legal Advisory on the Application of Existing California Laws to Artificial Intelligence](#), California Department of Justice, Office of the Attorney General, January 2025
2. [Legal Advisory on the Application of Existing California Law to Artificial Intelligence in Healthcare](#), California Department of Justice, Office of the Attorney General, January 2025
3. [Navigating the Responsible and Ethical Incorporation of Artificial Intelligence into Clinical Practice](#), Federation of State Medical Boards, April 2024



Agenda Item 7 June 13, 2025

Future Agenda Items

Purpose of the Item

At this time, members of the Committee and the public may submit proposed agenda items for a future Committee meeting.

The Committee may not discuss or take action on any proposed matter except to decide whether to place the matter on the agenda of a future meeting. [Government Code Section 11125.]



Agenda Item 8
June 13, 2025

Adjournment

Time: _____