



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, December 5, 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=m9ba72809731bfe41e8b324bbc977e38b>

If joining using the link above

Webinar number: 2486 832 3477

Webinar password: BCE125

If joining by phone

+1-415-655-0001 US Toll

Access code: 2486 832 3477

Passcode: 223125

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, December 2, 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
 - D. June 13, 2025 Committee Meeting
4. **Update on Board's Licensing Program**
5. **Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Clarify the Requirements for Doctor of Chiropractic Licensure by Reciprocity and Create a New Temporary Licensure Process for Applicants Who Hold an Active, Unrestricted License in Another State (amend California Code of Regulations [CCR], Title 16, section 323)**
6. **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 CCR, Title 16, section 303.1 and amend section 308)**

7. Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2)

8. 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.]

9. 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 and Committee 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 persons with disabilities. A person who has questions or needs a disability-related accommodation or modification to participate in the meeting may submit a request to the Committee. Please submit the request at least five (5) business days before the meeting to ensure availability of the requested accommodation.

Contact Person: Amanda Ah Po

Telephone: (916) 263-5355

Email: chiro.info@dca.ca.gov

Telecommunications Relay Service: Dial 711

Mailing Address:

Board of Chiropractic Examiners

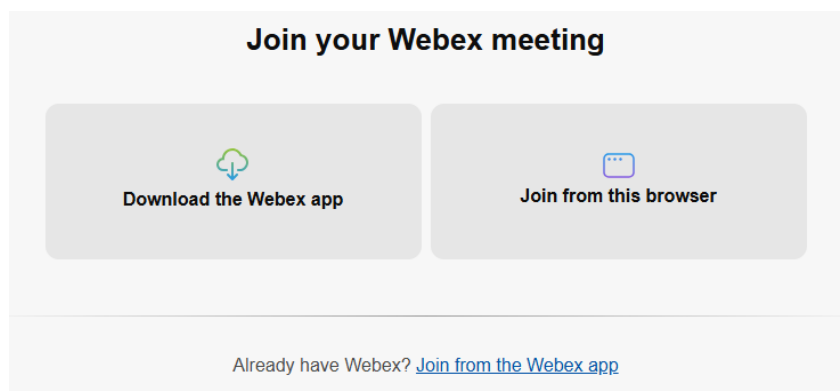
1625 N. Market Blvd., Suite N-327

Sacramento, CA 95834

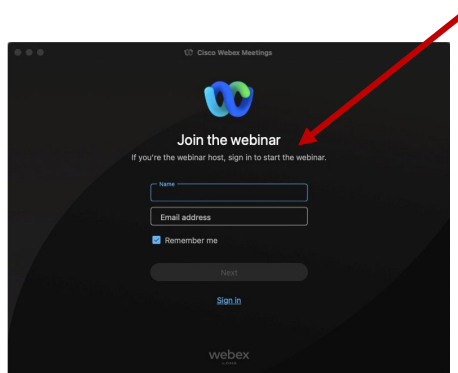
Recommended: Join using the meeting link.

- 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.



- 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.

A screenshot of the 'Enter the meeting number' form. It features the Webex logo at the top, followed by the text 'Enter the meeting number'. Below this is a text input field with a red rectangular box around it. At the bottom is a 'Continue' button with a red arrow pointing to it.

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

A screenshot of the 'Enter the event password' form. It shows the text 'Event number: 2482 000 5913' above a text input field labeled 'Enter the event password', which has a red rectangular box around it. Below the field is an 'OK' button with a red arrow pointing to it.

- 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

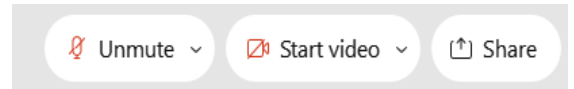
OR

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. Only panelists will be offered starting their video camera.

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)



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

If you cannot hear or be heard

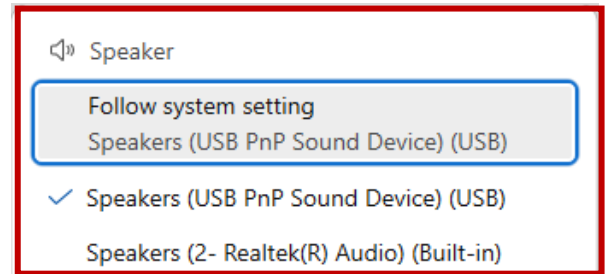
1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



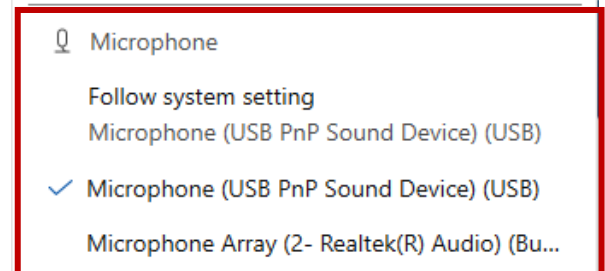
2 From the drop-down menu, select different:

- A. Speaker options if **you can't hear** participants.
- B. Microphone options if **participants can't hear you**.
- C. Audio settings will offer testing of your devices, and let you choose a different device.

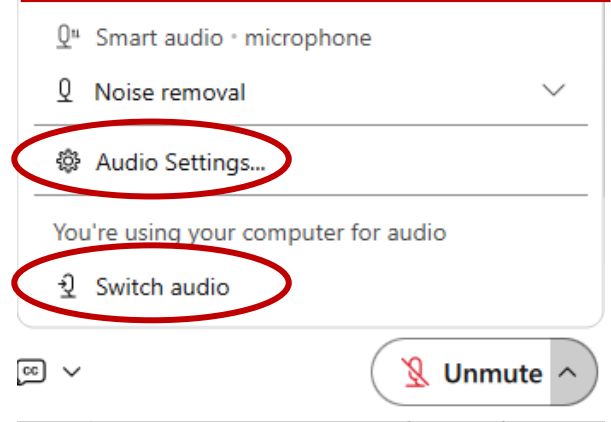
A



B

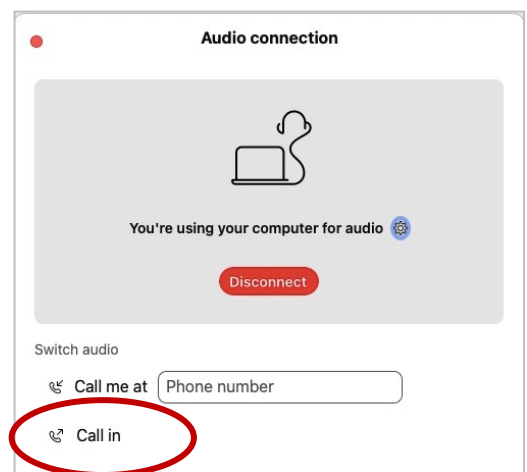


C



3 To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:

- Click on "Switch audio".
- Select "Call in", which will show the phone number to call and the meeting login information.



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.



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.

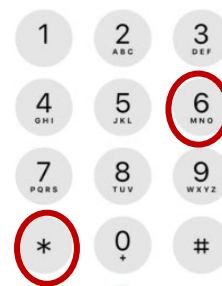
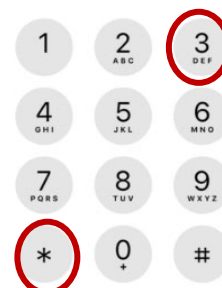


Joined via Telephone (Call-in User)

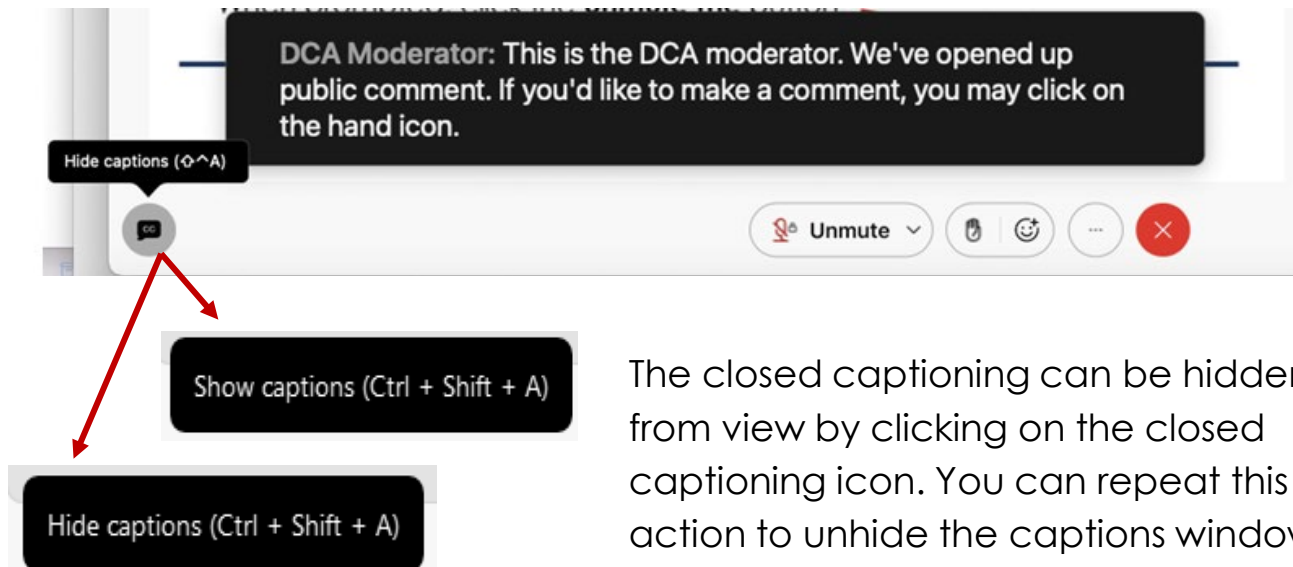


Press *3 to raise or lower your hand.

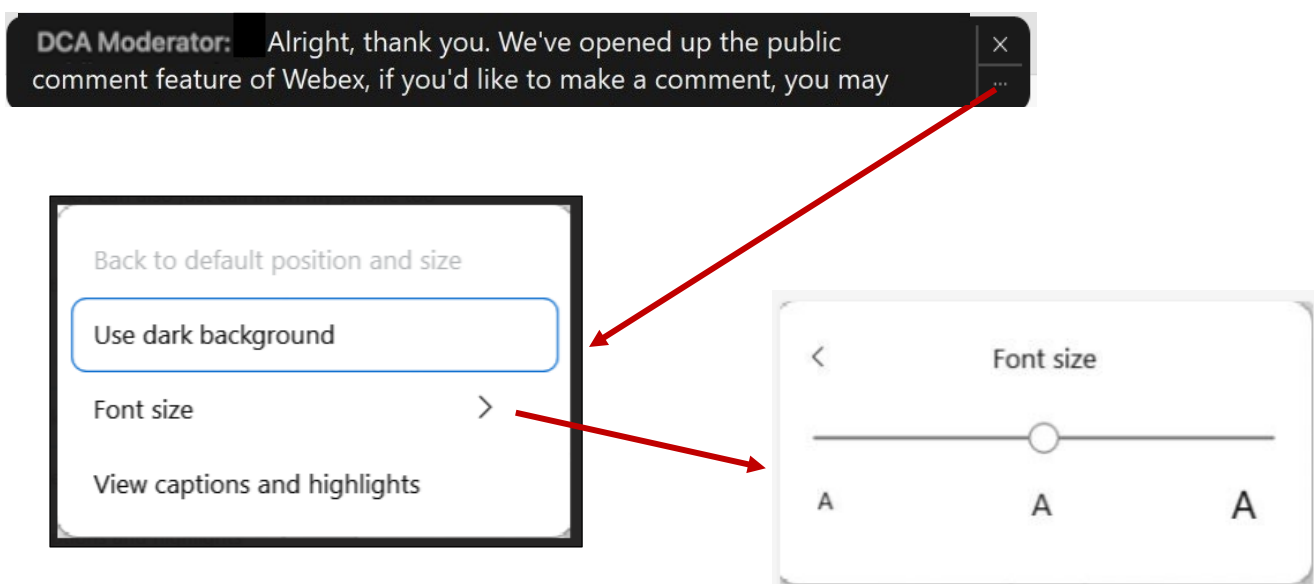
- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.



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
December 5, 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 December 5, 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 December 5, 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
- D. June 13, 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)
- 4. June 13, 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 Luouxmont 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. Luouxmont 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. Luouxmout 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
El Dorado Room
1625 N. Market Blvd., Suite N-220
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 3
Attachment 4**

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES
June 13, 2025**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on June 13, 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
El Dorado Room
1625 N. Market Blvd., Suite N-220
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
Lynne Reinhardt, Enforcement Manager
Amanda Ah Po, Lead Licensing & Continuing Education Analyst
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)

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

Dr. Daniels called the meeting to order at 12:31 p.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

2. Public Comment for Items Not on the Agenda

Public Comment: Brian Ota, D.C. requested that the Committee resume its discussion on establishing a new type of licensure that would provide large organizations with the flexibility to have licensees work at different locations on short notice.

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

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 announced that Amanda Ah Po is serving as the Lead Licensing & Continuing Education Analyst and Shelly Anderson and Jose Diaz were selected for the roles of Licensing Technician and Administration and Licensing Manager, respectively.

She informed the Committee that Campbellsville University in Kentucky received initial accreditation from the Council on Chiropractic Education (CCE) and staff will contact them to provide information about the Board's approval process. She acknowledged Keiser University's College of Chiropractic Medicine remains on probation due to noncompliance with CCE standards. She stated staff plans to engage with them further about obtaining final Board approval of their chiropractic program after their probation status is resolved.

Ms. Walker highlighted the ongoing work on examination development and validation by DCA's Office of Professional Examination Services (OPES). She stated OPES will present the findings of the occupational analysis (OA) and National Board of Chiropractic Examiners (NBCE) Parts I–IV and Physiotherapy examination validation reports at the Board's August 1, 2025 meeting, and will provide an overview of the process for developing the Board's California Chiropractic Law Examination (CCLE).

She stated there is minimal legislative activity affecting the Board's Licensing Program. She identified the most significant bill as Senate Bill (SB) 687 (Ochoa Bogh) relating to animal chiropractic, which will be revisited in 2026. She indicated the other bills have minor effects, such as expediting certain applicants. She also reported improvements in processing times for issuing new chiropractic licenses and satellite office certificates and noted the Board issued the first temporary chiropractic license to a military spouse.

Ms. Walker provided an update on the Board's business modernization efforts and emphasized that Connect now has a 90 percent adoption rate for new licensees and a 50 percent adoption rate for license renewals, which is up from 30 percent a year ago. She stated staff will soon have access to new AI technology, including Microsoft Copilot, to enhance business processes.

She updated the Committee on the pending licensing regulations and noted the proposed text for chiropractic program curriculum requirements, license renewal and

restoration requirements, and basic life support certification will be presented to the Board on August 1, 2025.

Dr. Daniels asked if Assembly Bill (AB) 742 (Elhawary) would cause a financial impact if passed. Ms. Walker explained the bill would require minor costs to update the initial licensure process regulations and applications. Dr. Daniels suggested that the Board request an exemption from the bill because the Board does not have any backlogs in its Licensing Program.

Dr. Daniels asked if the proposed regulations are progressing as expected, noting that the goal for the regulation package concerning prohibited activities by inactive licensees was to move to the next stage, submission to the Office of Administrative Law, this summer. Ms. Walker explained there are many regulation packages that need to be completed this year so the Board can focus on future issues related to sunset review. Dr. Daniels asked if progress has been made on conducting a survey about retired licenses. Ms. Walker stated she would work with staff to begin the survey.

Dr. Daniels asked whether the increase in Connect adoption among licensees was prompted by a notification or advertisement. Ms. Walker responded that the license renewal packets now encourage licensees to renew online, and staff is currently developing a broader outreach campaign to further promote the use of Connect.

Ms. Cruz noted the upgrade to the new version of Connect was placed on hold due to vendor resources. She asked if there were any concerns or risks with the current version of Connect no longer being supported. Ms. Walker confirmed the Board is still supported on the current version of the Connect system. She stated the next version offers better functionality for scenarios like corporation licenses and facility-level operations, where one certificate type links to multiple users, and also provides more control over updating form fields, allowing the DCA's IT resources to make changes without vendor assistance.

Ms. Cruz inquired about user adoption of the Connect system. Ms. Walker explained that new applicants have been early adopters of the system with over 90 percent using it, thanks in part to chiropractic programs promoting it to their students.

Ms. Cruz expressed concern that centralizing the NBCE Part IV practical exam to one location in Greeley, Colorado, might limit accessibility for candidates, noting that Californians previously had access to testing sites in Hayward and Whittier. Ms. Walker responded that she had discussed the issue with Board Chair Laurence Adams, D.C., and they are exploring how other states are responding, as some are considering alternative approaches to improve accessibility. Dr. Daniels added that some states are even considering discontinuing the use of NBCE due to this change, which could have implications for the discussion on reciprocity later in the meeting.

Public Comment: None.

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

Ms. Ah Po introduced the topic of clarifying the pathway to licensure by reciprocity to attract more licensees and remove licensure barriers by defining reciprocity. She stated currently reciprocity requires the same documentation as the initial license application, with few exemptions. She asked the Committee to consider accepting another state's endorsement instead of primary source verification and whether years of practice can offset deficiencies in requirements like subject areas and clinic hours.

Dr. Daniels emphasized the importance of streamlining reciprocity to attract new licensees while maintaining California's standards for public safety. She highlighted key differences among states in areas such as clinic hours, NBCE examinations, curriculum requirements, and scope of practice. Dr. Daniels suggested modifying the CCLE to ensure applicants fully understand California's scope of practice. She expressed concern about the potential impact if other states drop the NBCE examination requirements. She also referenced the Veterans Administration system's licensure reciprocity model and the expansion of virtual care as examples worth considering.

Ms. Walker suggested the Committee decide whether to address redundancies in the current licensure process, such as exploring a streamlined process that would allow applicants to provide a license certification from another state chiropractic licensing board in lieu of documentation from their chiropractic program, or to simply clarify the existing regulation to reduce confusion, noting that the current process does not constitute true reciprocity.

Dr. Daniels acknowledged that although all chiropractic programs are CCE-accredited, curricular standards vary by state, so the Board must clearly define the minimum requirements to protect California residents. Ms. Cruz agreed. Dr. Daniels also raised concerns about potential legal liability if there are errors in the information provided through state endorsements.

Ms. Walker explained under an endorsement model, the Board would accept another state's certification that an applicant has passed the NBCE examinations and graduated from an approved chiropractic program, and staff would verify the applicant's license status and criminal history. Ms. Knight noted that verifying pending investigations or unprofessional conduct in other states can be challenging due to differences in definitions and processes. Dr. Daniels added that California requires coursework not mandated by CCE, including physiotherapy and dermatology, and stressed the importance of maintaining the Board's standards while improving the efficiency of the licensure process.

Dr. Daniels proposed issuing a temporary license to applicants while they work toward meeting California's licensure requirements within a defined timeframe. Ms. Walker

expressed concern about the challenge of justifying temporary practice for individuals who may ultimately not meet the full requirements for licensure. Ms. Knight noted the Board of Behavioral Sciences recently implemented a one-year temporary practice allowance, modeled after the Board of Psychology, though it is more applicable to telehealth.

Dr. Daniels suggested including a public notification requirement for temporary license holders. Ms. Walker stated that staff would develop a conceptual proposal modeled after the temporary license framework for military spouses. Dr. Daniels requested that staff also consider alternatives in the event that other states replace the NBCE Part IV examination with their own equivalent. Ms. Walker informed the Committee that if states begin developing examinations, the Board would need to determine whether to accept them in lieu of the NBCE Part IV, which could result in significant costs for DCA's OPES to validate them.

Public Comment: None.

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

Ms. Walker introduced the topic of AI use in chiropractic practice and education. She noted AI is rapidly expanding in all sectors, including chiropractic, government, education, practice, and regulation. Ms. Walker acknowledged the opportunities AI can provide, such as enhancing diagnosis, streamlining administrative tasks, and improving practice efficiency, but cautioned that it also poses risks related to unethical use. She recommended the Committee discuss how to ensure accountability for AI tools and practices, including supervision and responsibility requirements.

Dr. Daniels raised questions about the ethical and regulatory frameworks surrounding AI, particularly regarding responsibility for AI-generated outputs. She emphasized the importance of ensuring that practitioners are competent in using AI and aware of its potential biases. Dr. Daniels noted that AI algorithms must be culturally competent to avoid biased outcomes and health disparities. She also pointed out that AI integration may redefine the standard of care, potentially disadvantaging practitioners who do not use such tools. She stressed the need for clarity on whether AI is simply a tool or if it establishes a new standard of care. She also highlighted the importance of policy development focused on the doctor-patient relationship, informed consent, confidentiality, and privacy.

Ms. Cruz agreed and emphasized the need for AI systems to be auditable, with clear accountability for maintaining those standards. She noted the importance of understanding whether AI tools are based on static knowledge or continuously learning and agreed that the knowledge base must be culturally informed to prevent harm.

Ms. Cruz cautioned that while AI can offer significant benefits when used responsibly, it also has the potential to cause harm if not properly managed. She underscored the importance of maintaining high standards for data privacy and raised concerns about AI tools potentially leading to different treatment based on factors such as financial status. She conveyed that ongoing oversight by the healthcare community is essential to ensure AI tools are used safely and appropriately.

Dr. Daniels reiterated that the focus should be on regulations that address accountability, informed consent, and ethical considerations, without specifying which AI tools may or may not be used. She stated that practitioners should be held responsible for the use of AI in their practice, and that the discussion should center on the doctor–patient interaction. Ms. Walker agreed, adding that, similar to telehealth regulations, the emphasis should be on ensuring informed consent and appropriate use of technology. She suggested that integrating AI considerations into existing regulations—such as unprofessional conduct, informed consent, and record keeping—may be more effective than creating a new regulation. Dr. Daniels asked staff to explore both the possibility of creating a standalone regulation for AI and integrating AI-related provisions into existing regulations.

Ms. Walker informed the Committee that a federal bill is under consideration that would impose a 10-year moratorium on state-level AI regulation and if passed, the Board may be limited to issuing guidance rather than regulations. Dr. Daniels asked how such a moratorium would affect the Board’s ability to monitor licensee conduct. Ms. Walker responded that staff is monitoring the bill and will conduct a full legal analysis if it is enacted. She added that the Board should not encounter issues if it focuses on licensee conduct, but complications could arise if the regulations attempt to impose requirements on AI software developers.

Public Comment: None.

7. Future Agenda Items

Dr. Daniels asked to continue the discussions on virtual care and filing places of practice.

Public Comment: None.

8. Adjournment

Dr. Daniels adjourned the meeting at 2:04 p.m.



Agenda Item 4
December 5, 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 December 2, 2025 Memo to Committee Members Regarding Licensing Program Activities and Statistics

MEMORANDUM

Agenda Item 4 Attachment

DATE	December 2, 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:

- Friday, December 5, 2025 – Licensing Committee (Teleconference)
- Tuesday, December 9, 2025 – Board (Teleconference)
- Friday, January 16, 2026 – Board (Teleconference)
- Thursday, April 16, 2026 and Friday, April 17, 2026 – Board (Northern California)
- Thursday, July 23, 2026 – Board (Teleconference)
- Thursday, October 15, 2026 and Friday, October 16, 2026 – Board (Teleconference)

Business Modernization: Implementation of the Connect System and Website Redesign

Staff is collaborating with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) on business modernization projects to implement the Connect system for BCE's application, licensing, and enforcement workflows and to redesign BCE's website.

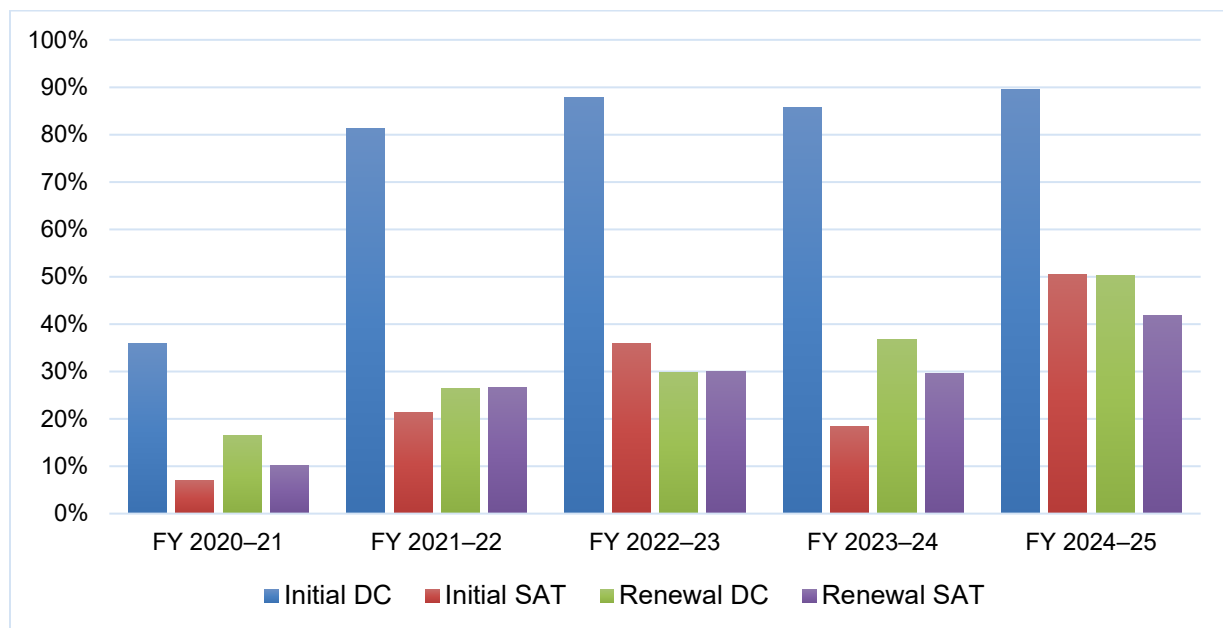
OIS is completing documentation of BCE's existing workflow and data mapping in the Connect system in preparation for a planned upgrade to another version of the platform that provides additional out-of-the-box functionality. OIS plans to initiate this upgrade effort with the vendor in late 2025, with a six-month estimated timeline for completion.

BCE is also developing continuing education (CE) functionality in the system, beginning with a public CE course search web page similar to the existing [course search](#) maintained by the Acupuncture Board, followed by the CE course application workflow

and the CE provider dashboard. This additional functionality is planned to be implemented through phased software releases in 2026.

Additionally, staff is working with OIS to redesign BCE's website and update the content in preparation for migrating to the latest version of the [state web template](#). The web content is being updated and released on a flow basis, and the full website redesign is anticipated to be completed by March 2026.

Connect System Utilization Rate by Application Type



Application	FY 2020–21	FY 2021–22	FY 2022–23	FY 2023–24	FY 2024–25
Initial DC	36.0%	81.3%	87.8%	85.7%	89.6%
Initial SAT	6.9%	21.3%	36.0%	18.4%	50.5%
Renewal DC	16.4%	26.5%	29.7%	36.8%	50.3%
Renewal SAT	10.1%	26.7%	29.9%	29.5%	41.9%

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 conducted 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 released their final report in June 2025.

OPES also provided 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. On June 2, 2025, the Little Hoover Commission released its [full report](#) recommending the Legislature allow the reorganization plan to take effect. The plan went into effect on July 5, 2025.

Under the reorganization plan, as of July 1, 2026, DCA will 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.

Legislation Affecting Licensing Program

Below are important dates and deadlines on the 2026 legislative calendar:

- January 10, 2026: Budget must be submitted by the Governor
- January 16, 2026: Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house in 2025
- January 23, 2026: Last day for any committee to hear and report to the Floor bills introduced in that house in 2025
- January 31, 2026: Last day for each house to pass bills introduced in that house in 2025
- February 20, 2026: Last day for bills to be introduced

- March 26, 2026 – April 5, 2026: Spring Recess
- April 24, 2026: Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house
- May 1, 2026: Last day for policy committees to hear and report to the Floor non-fiscal bills introduced in their house
- May 15, 2026: Last day for fiscal committees to hear and report to the Floor bills introduced in their house
- May 29, 2026: Last day for each house to pass bills introduced in that house
- June 15, 2026: Budget bill must be passed by midnight
- July 2, 2026: Last day for policy committees to meet and report bills
- July 3, 2026 – August 2, 2026: Summer Recess
- August 14, 2026: Last day for fiscal committees to meet and report bills to the Floor
- August 21, 2026: Last day to amend on the Floor
- August 31, 2026: Last day for each house to pass bills
- September 30, 2026: Last day for Governor to sign or veto bills
- January 1, 2027: Statutes take effect

Senate Bill (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 bill has been referred to the Senate Business, Professions and Economic Development Committee.

Licensing Program Statistics

Initial Applications

Application Type	FY 2023–24	FY 2024–25	FY 2025–26*
Doctor of Chiropractic Licenses	363	375	157
Average DC Processing Time	48 days	36 days	28 days
Temporary DC Licenses	0	1	1
Average TDC Processing Time	N/A	25 days	4 days
Satellite Certificates	1,809	2,107	1,058
Average SAT Processing Time	14 days	10 days	3 days
Corporation Certificates	118	117	53
Average COR Processing Time	32 days	32 days	33 days

*As of December 2, 2025

Renewal Applications

Application Type	FY 2023–24	FY 2024–25	FY 2025–26*
Doctor of Chiropractic Licenses	11,514	11,627	4,904
Average DC Processing Time	8 days	6 days	4 days
Satellite Certificates	3,613	3,955	2,067
Average SAT Processing Time	8 days	7 days	4 days
Corporation Certificates	1,304	1,308	502
Average COR Processing Time	9 days	9 days	5 days

*As of December 2, 2025

Proposed Regulations Affecting Licensing Program

Complete

- Align Fee Amounts with Fixed Fee Schedule in Statute (Section 100 Changes Without Regulatory Effect: amend California Code of Regulations [CCR], Title 16, sections 310.1, 317.1, 323, 360, 367.5, 367.10, and 370):** This action under CCR, title 1, section 100 made non-substantive amendments to the fee amounts specified in these sections due to required changes in the Board's fixed fee schedule enacted by [SB 1434 \(Roth, Chapter 623, Statutes of 2022\)](#). This action also made minor, non-substantive grammatical revisions and updated the authority and reference citations of these regulations. This rulemaking was filed with

the Office of Administrative Law (OAL) on October 15, 2025. OAL approved the changes on December 1, 2025.

2. **Filing of Addresses and Contact Information (amend CCR, Title 16, section 303):** This proposal implements 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 clarifies 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 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. The final regulatory package was submitted to OAL on September 2, 2025. This regulation was approved by OAL on October 14, 2025, and becomes effective January 1, 2026.

Final Filing Phase

(None)

Initial Filing Phase

(None)

Production Phase

3. **Approval of Doctor of Chiropractic Degree Programs, Educational Requirements, and 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, 330–331.16, and 340–349):** This proposal will amend the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements. This proposal will also 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 [Assembly Bill \(AB\) 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 and August 1, 2025 meetings. This package is anticipated to be submitted to OAL for

publication in the Notice Register and a 45-day public comment period in early 2026.

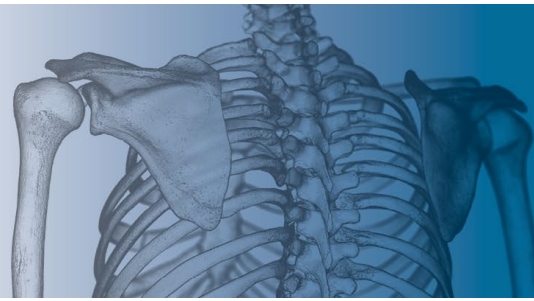
4. **Renewal and Restoration of Doctor of Chiropractic Licenses, Including Basic Life Support Certification for Active Licensees (amend CCR, Title 16, sections 370 and 371 and add section 371.1):** This proposal will clarify the processes for renewal and restoration of doctor of chiropractic licenses, 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. The Board approved the proposed regulatory text at its August 1, 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 early 2026.
5. **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 early 2026.
6. **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 [Business and Professions Code \(BPC\) 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 early 2026.

Concept Phase

7. **Doctor of Chiropractic Licensure by Reciprocity, Including New Temporary Licensure Process for Applicants Who Hold an Active, Unrestricted License in Another State (amend CCR, Title 16, section 323):** This proposal will clarify the requirements for out-of-state doctors of chiropractic to obtain a chiropractic license in California and establish a new temporary licensure process and public notification requirement for applicants who hold an active, unrestricted license in

another state. The Committee will discuss this proposal at its December 5, 2025 meeting.

8. **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. The Committee will discuss this proposal at its December 5, 2025 meeting.
9. **Minimum Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2):** This proposal will specify the minimum standards of practice for providing chiropractic services through virtual care to patients physically located in California. The Committee will discuss this proposal at its December 5, 2025 meeting.
10. **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.



**Agenda Item 5
December 5, 2025**

Review, Discussion, and Possible Recommendation Regarding Regulatory Proposal to Clarify the Requirements for Doctor of Chiropractic Licensure by Reciprocity and Create a New Temporary Licensure Process for Applicants Who Hold an Active, Unrestricted License in Another State (amend California Code of Regulations [CCR], Title 16, section 323)

Purpose of the Item

The Committee will discuss a proposal to clarify the requirements for doctor of chiropractic licensure by reciprocity and create a new temporary licensure process for applicants who hold an active, unrestricted license in another state.

Action Requested

The Committee will be asked to discuss the proposal and provide input and policy direction to staff.

Background

There are currently four pathways to practice chiropractic in California—temporary licensure for active-duty military spouses and domestic partners, initial doctor of chiropractic (DC) licensure, licensure through reciprocity, and practice under the federal Servicemembers Civil Relief Act (SCRA).

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 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 California Code of Regulations (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.

Reciprocity and Temporary Licensure

December 5, 2025

Page 2

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

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

During the June 13, 2025 Licensing Committee meeting, the Committee discussed the need to simplify the process for licensure through reciprocity and clarify the existing regulation while still ensuring all applicants for licensure meet California's educational requirements and understand the scope of practice and California law.

The Committee also proposed establishing a new temporary licensure process for applicants who have been actively practicing chiropractic in another state for at least five years without any disciplinary or substantially related criminal history, but have not yet met all of California's educational requirements to qualify for a permanent license. This proposal is similar to the existing temporary licensure process for active-duty military spouses and domestic partners, except that it would also include a public notification requirement and practice limitations if the applicant has not yet completed the physiotherapy education and examination requirements.

Based on the Committee's discussion, staff prepared a conceptual regulatory proposal to amend CCR, title 16, section 323 to clarify the process for licensure via reciprocity and to create a new temporary licensure process for applicants who hold an active, unrestricted license in another state.

At this meeting, the Committee will be asked to discuss the proposal and provide input and direction to staff.

Attachment

- Proposed Regulatory Language to Amend California Code of Regulations, Title 16, Section 323 (Reciprocity and Temporary Licensure of Qualified Applicants Licensed in Another State) [Conceptual Draft]

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Reciprocity and Temporary Licensure of Qualified Applicants Licensed in
Another State

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Amend Section 323 of Article 3 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 323. Reciprocity, Interpretation of Section 9 of the Act and Temporary Licensure of Qualified Applicants Licensed in Another State.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

- (1) "Act" means the Chiropractic Initiative Act of California.
- (2) "Board" means the California State Board of Chiropractic Examiners.
- (3) "California Chiropractic Law Examination" or "CCLE" means the Board's supplemental examination in California law and ethics.
- (4) "Disciplinary proceeding" means any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.
- (5) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprobated, censured, reprimanded, restricted, limited, conditioned, or any other restriction or action taken against a license.
- (6) "Doctor of chiropractic license" has the same meaning as "License to practice chiropractic" specified in Section 7 of the Act.
- (7) "Good standing" means that the applicant has not been disciplined, is not the subject of an unresolved complaint or review procedure, and is not the subject of any unresolved disciplinary proceeding.
- (8) "License" means a license, permit, or comparable authority to practice chiropractic in another state, district, or territory of the United States.

(9) "Medical condition" has the same meaning as specified in Government Code section 12926, subdivision (i).

(10) "Mental disability" has the same meaning as specified in Government Code section 12926, subdivision (i).

(11) "NBCE" means the National Board of Chiropractic Examiners, a national administrator of chiropractic licensure examinations.

(12) "Original licensing jurisdiction" means the entity that issued a license to the applicant authorizing the applicant to practice within the same scope for which the applicant seeks a temporary license from the Board.

(13) "Physical disability" has the same meaning as specified in Government Code section 12926, subdivision (m).

(14) "Proof of successful completion of the CCLE" means a copy of an applicant's report or notice issued by the Board's contracted examination administrator that indicates the applicant passed the examination.

~~(b) Requirements for Licensure Through Reciprocity. The Board makes the following interpretation of An applicant seeking licensure through reciprocity in accordance with Section 9 of the Act which states candidates for licensure are considered to have fulfilled the requirement of reciprocity shall comply with the requirements of Section 321 for the issuance of a doctor of chiropractic license except that the NBCE examination requirements shall be waived if they the applicant provides the documentation required by documentary evidence to the Board from another chiropractic licensing jurisdiction 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 to practice chiropractic in the state jurisdiction from which they are 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.~~

(c) Application and Eligibility Requirements for a Temporary Doctor of Chiropractic License. An applicant seeking licensure through reciprocity who does not meet all of the licensure eligibility requirements of Section 321 may apply for a temporary doctor of chiropractic license. To be eligible for the issuance of a temporary doctor of chiropractic license, an applicant shall:

(1) Meet the following minimum requirements:

(A) Graduated with a Doctor of Chiropractic degree from a Board-approved chiropractic program;

(B) Taken and passed the NBCE Parts I, II, III, and IV examinations or equivalent successful examination as specified in subsection (b); and

(C) Been actively licensed and practiced chiropractic in another state, district, or territory of the United States for at least five of the past seven years immediately preceding the submission of the application.

(2) Submit a completed application for a temporary doctor of chiropractic license that includes all of the following information from the applicant:

(A) The applicant's identifying and contact information:

(i) Applicant's full legal name (first name, middle name, last name, and suffix, if any);

(ii) Other name(s) the applicant has used or been known by;

(iii) Applicant's address of record, which may be a post office box or other alternate address;

(iv) Applicant's alternate physical address if the applicant's address of record is a post office box or other private mailbox service;

(v) Applicant's email address, if any;

(vi) Applicant's telephone number, if any;

(vii) Applicant's social security number or individual taxpayer identification number; and

(viii) Applicant's birth date (month, day, and year).

(B) The applicant shall disclose whether the applicant holds a current, active, and unrestricted license to practice chiropractic in another state, district, or territory of the United States and provide written verification from the applicant's original

licensing jurisdiction that the applicant's license is in good standing under that jurisdiction. The verification shall include all of the following:

(i) The full legal name of the applicant and any other name(s) the applicant has used or been known by;

(ii) The license type and number issued to the applicant by the original licensing jurisdiction, and the relevant law(s) and regulation(s) under which the license was issued;

(iii) The name and location of the licensing agency or entity;

(iv) The issuance and expiration date of the license; and

(v) Information showing that the applicant's license is currently in good standing and meets the eligibility requirements of subsection (c)(1).

(C) The applicant shall disclose the following information for each chiropractic or other professional license they have ever held in another jurisdiction:

(i) The name and location of the licensing agency/entity;

(ii) The license type and license number issued to the applicant by the licensing agency/entity;

(iii) The issuance and expiration date of the license; and

(iv) The current status of the license.

(D) Excluding actions based upon the applicant's criminal conviction history, the applicant shall disclose whether they have been disciplined by a licensing entity in another jurisdiction within the preceding seven (7) years of the date of the application or are currently the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(E) The applicant shall submit a full set of fingerprints for the purposes of the Board conducting a criminal history information record check through the California Department of Justice and the Federal Bureau of Investigation in accordance with Section 321.1.

(F) The applicant shall sign a statement attesting to the fact that the applicant meets all of the requirements for the temporary license, and that the information submitted in the application is accurate, to the best of the applicant's knowledge.

(3) (f) A Pay the nonrefundable application fee of \$283.

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

~~(h) Five (5) years of chiropractic practice.~~

(4) Successfully complete and furnish to the Board proof of successful completion of the California Chiropractic Law Examination (CCLE).

(A) To take the CCLE, each applicant shall submit a completed application for approval to test to the Board containing all of the following:

(i) The information required by subsection (c)(2);

(ii) A disclosure regarding whether the applicant is requesting a reasonable accommodation pursuant to Government Code section 12944, subdivision (b). If the applicant answers in the affirmative, the applicant shall provide medical substantiation consisting of a written document with the name, license number, telephone number, date, and signature of a health care provider confirming the existence of the applicant's medical condition, mental disability, or physical disability and the need for the reasonable accommodation; and

(iii) A certification, under penalty of perjury of the laws of the State of California, signed and dated by the applicant that the information on the application is true and correct.

(B) After receipt of a completed application for approval to test, and upon the Board's determination that the applicant has met the minimum requirements of subsection (c)(1), the Board shall send a written and dated notice of approval to test to the applicant and examination administrator. The notice shall also contain the web address, email address, telephone number, and mailing address for the applicant to contact the examination administrator to schedule the examination.

(C) Upon written notice of approval to test from the Board, an applicant is responsible for contacting the examination administrator to schedule a test date and examination site location and for paying the examination administrator's nonrefundable fees to take the examination.

(D) The notice of approval to test shall be valid for twelve (12) months from the date of the notice. If the applicant fails to successfully complete the examination prior to the expiration of approval to test, the applicant may reapply for approval to test in accordance with this subsection.

(d) Issuance of Temporary Doctor of Chiropractic License. Upon meeting the requirements specified in subsection (c) and if no grounds for denial exist pursuant to Business and Professions Code section 480, the Board shall issue to the applicant a

temporary license to practice chiropractic and provide written notice by email or U.S. mail to the applicant's email address or address of record of the following:

(1) That the temporary license is nonrenewable;

(2) That the license expires twelve (12) months after issuance or upon issuance or denial of a standard doctor of chiropractic license, whichever occurs first;

(3) That the temporary license holder is subject to the public notification requirements of subsection (e), and, if applicable, the practice restriction requirements of subsection (f); and

(4) That the holder of a temporary license issued pursuant to this section desiring to continue their licensure or to practice in California after the expiration of their temporary license shall apply for and obtain a standard doctor of chiropractic license in accordance with Section 321.

(e) Public Notification Requirements. The holder of a temporary license shall provide written notice to each current and prospective patient that the licensee is practicing under a temporary license issued by the Board prior to the patient's initial visit or consultation. The notice shall include the licensee's full name, temporary doctor of chiropractic license number, and a summary or description of the remaining educational and/or examination requirements they must complete to be eligible for the issuance of a standard doctor of chiropractic license. The licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the notice that has been signed and dated by the patient or their representative.

(f) Practice Restrictions. If the holder of a temporary license issued pursuant to this section has not completed a minimum of 120 hours of physiotherapy coursework and successfully passed the NBCE Physiotherapy examination, they shall be restricted from providing physiotherapy services and treatments to patients unless they are performing those services or treatments under the general supervision of an actively licensed doctor of chiropractic.

NOTE: Authority cited: Sections 4 and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4, 9, and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, pp. xc-xci, § 9, and p. xci, § 10, as amended by Stats. 1971, ch. 1755, p. 3787, § 8, and Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Section 1006.5, Business and Professions Code.



**Agenda Item 6
December 5, 2025**

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 CCR, Title 16, section 303.1 and amend section 308)

Purpose of the Item

The Committee will discuss a 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.

Action Requested

The Committee will be asked to discuss the proposal and provide input and policy direction to staff.

Background

At the May 19, 2016 Board meeting, as part of a planned comprehensive Consumer Protection Enforcement Initiative (CPEI) regulatory package, the Board approved proposed language to amend CCR, title 16, section 308 and add CCR, title 16, section 308.1. This regulatory text would have required each licensee to prominently display their license in the entry area or waiting area of their principal place of business and prominently display a satellite certificate in the entry area or waiting area of the office for which it was issued at all times while treating, examining, or evaluating patients at that location. The regulations would also have exempted a licensee who is practicing in a mobile setting, such as at a health fair, a sporting event, or a patient's home, from obtaining and displaying a satellite certificate and instead, require the licensee to carry a pocket license and make it available for inspection to a representative of the Board or any member of the public immediately upon request.

The regulatory text would also have implemented a mandatory requirement for licensees to provide notice to each patient that they are licensed and regulated by the Board, including the Board's telephone number and web address, through one of the following methods:

1. Prominently posting a notice in an area visible to patients on the premises where the licensee provides the licensed services;

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2. Including the notice in a written statement signed and dated by the patient or their representative and retained in the patient's file; or
3. Including the notice in a statement on letterhead, discharge instructions, or other documents given to a patient or their representative.

During the October 3, 2022 meeting, the Committee discussed the Board's existing requirements for filing practice addresses and displaying licenses or satellite certificates at places of practice and compared those requirements to other Department of Consumer Affairs (DCA) healing arts boards. The Committee discussed how a "place of practice" is not currently defined in the Board's regulations and the filing requirements do not address temporary practice settings such as locum tenens arrangements, sporting events or fairs, mobile practices, house calls, and consultations at other facilities. Another challenge is that unless they have established a chiropractic corporation, licensees are only required to file their practice address with the Board, not the name of their practice, which makes it difficult for the Board and the public to readily access information regarding chiropractic practices.

The Committee engaged in a detailed policy discussion regarding the filing of places of practice with the Board and the potential for modernizing the licensure notification and posting requirements at practice locations during its August 25, 2023 meeting. The Committee provided input to staff on a definition for a place of practice, the different practice settings to include in the definition, and the feasibility of implementing a facility permit for fixed places of practice that contains the name and physical location of the practice along with the name and license number of each owner, employee, and independent contractor associated with the facility to replace the existing satellite certificate requirement. The Committee also discussed more effective methods to notify the public of licensure at all practice settings such as through the use of a posted notice that contains the license or facility permit information, a statement indicating the licensee or facility is regulated by the Board, and a QR code that provides a direct link to the licensee's or facility's public profile page on DCA Search.

During the March 8, 2024 meeting, the Committee continued the policy discussion and provided direction to staff regarding the regulatory proposal and the updated license with a QR code that links to the DCA Search public profile.

Based on the Committee's discussion regarding the consumer notification requirements, staff prepared a conceptual regulatory proposal to clarify the requirements for obtaining and renewing a satellite office certificate and for notifying consumers that doctors of chiropractic are licensed and regulated by the Board by posting or displaying a valid license or satellite office certificate at each place of practice.

Additionally, as part of the Board's 2026 sunset review, the Board will pursue statutory fee authority to implement the facility-level permits previously discussed by the Committee.

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At this meeting, the Committee will be asked to discuss the conceptual regulatory proposal and provide input and direction to staff.

Attachment

- Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 303.1 (Issuance and Renewal of Satellite Certificates) and Amend Section 308 (Notice to Consumers of Licensure by the Board) [Conceptual Draft]

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Satellite Office Certificates and Notice to Consumers of Licensure

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Add Section 303.1 to, and Amend Section 308 of, Article 1 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 303.1. Issuance and Renewal of Satellite Office Certificates.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Chiropractic facility" has the meaning specified in Section 308, subsection (a)(2).

(2) "Licensee" means the holder of a current and active doctor of chiropractic license issued by the Board.

(3) "Place of practice" has the meaning specified in Section 308, subsection (a)(5).

(4) "Satellite office" means a chiropractic facility used by a licensee as a place of practice that is not listed as the licensee's address of record pursuant to Section 303.

(b) Each licensee shall file with the Board the physical address of every chiropractic facility used as a place of practice, either as their address of record pursuant to Section 303 or by obtaining a satellite office certificate.

(c) Application and Eligibility for Issuance of New Satellite Office Certificate. To be eligible for the issuance of a satellite office certificate, a licensee shall:

(1) Submit a completed application for the issuance of a new satellite office certificate that includes all of the following information from the licensee:

(A) Full legal name (first name, middle name, last name, and, if any, suffix);

(B) Doctor of chiropractic license number issued by the Board and license expiration date;

(C) Physical address of the satellite office;

(D) A statement attesting that the licensee owns or has legal authorization or permission to use the satellite office provided on the application to perform chiropractic services; and

(E) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

(2) Pay the satellite office certificate application fee of \$69.

(d) Renewal of Satellite Office Certificate. A satellite office certificate shall expire annually on the last day of the licensee's birth month. To renew an active or expired satellite office certificate, a licensee shall:

(1) Submit a completed application for the renewal of a satellite office certificate that includes all of the following information from the licensee:

(A) Full legal name (first name, middle name, last name, and, if any, suffix):

(B) Doctor of chiropractic license number issued by the Board and license expiration date;

(C) Satellite office certificate number issued by the Board and certificate expiration date;

(D) Physical address of the satellite office;

(E) A statement attesting that the licensee owns or has legal authorization or permission to use the satellite office provided on the application to perform chiropractic services; and

(F) A statement signed and dated by the licensee under penalty of perjury under the laws of the State of California that all statements made in the application are true and correct.

(2) Pay the satellite office certificate renewal fee of \$50.

(e) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Section 27, Business and Professions Code.

§ 308. Display of License Notice to Consumers of Licensure by the Board.

~~(a) Each person holding a license shall display a current active license in a conspicuous place in the licensee's principal office or primary place of practice.~~

~~(b) Any licensed Doctor of Chiropractic with more than one place of practice shall obtain from the Board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.~~

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) "Board" means the California State Board of Chiropractic Examiners.

(2) "Chiropractic facility" means any fixed office or facility used by a licensee as a primary or regularly established place of practice, including any satellite office.

(3) "Licensee" means the holder of a current and active doctor of chiropractic license issued by the Board.

(4) "Mobile practice" means the provision of chiropractic services at locations other than a chiropractic facility using a movable or transportable delivery model. Mobile practice includes, but is not limited to, services performed at a patient's location or from a vehicle or portable unit.

(5) "Place of practice" means any setting where a licensee offers or provides chiropractic services.

(6) "Temporary practice" means the provision of chiropractic services at a location that is not the licensee's primary or regularly established place of practice and is used on a short-term basis or for a specific event. Temporary practice includes, but is not limited to, health fairs, sporting events, conventions, pop-up or outreach clinics, or locum tenens substitutions.

(b) Notice to Consumers. Each licensee engaging in the practice of chiropractic shall provide notice to each current or prospective patient at each place of practice that the licensee is licensed and regulated by the Board.

(c) Chiropractic Facilities. A licensed Doctor of Chiropractic must display in a licensee who is practicing in a chiropractic facility shall comply with the consumer notification requirement of subsection (b) by posting their valid doctor of chiropractic license or satellite certificate in the entry or waiting area or other conspicuous location accessible to public view on the premises of the facility place a current active Satellite Office Certificate at the office for which it was issued.

(d) Mobile or Temporary Practices. A licensee who is practicing in a mobile or temporary practice setting shall comply with the consumer notification requirement of subsection (b) through one of the following methods prior to an initial patient visit or consultation:

(1) Displaying at least one of the following in a conspicuous location accessible to any current or prospective patients:

(A) The licensee's valid doctor of chiropractic license; or

(B) The licensee's valid pocket license; or

(C) The licensee's full name, doctor of chiropractic license number, and a link or quick-response (QR) code to the licensee's profile on the Board's online license information system; or

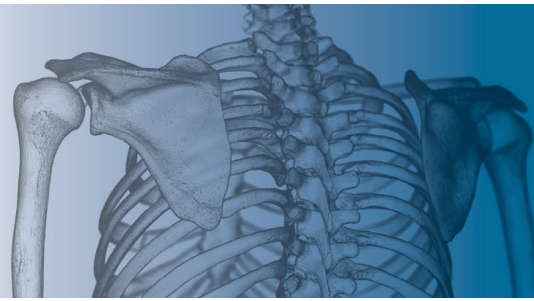
(2) Providing a verbal or written notice to the patient of the fact that the licensee is licensed and regulated by the Board. The notice shall contain the licensee's full name, doctor of chiropractic license number, and instructions for accessing the licensee's profile on the Board's online license information system. If the notice is verbal, the licensee shall document in the patient's chiropractic records the date and a summary of the notice provided. If the notice is written, the licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the notice that has been signed and dated by the patient or their representative.

(e) No licensed Doctor of Chiropractic person shall display any chiropractic license, certificate or registration, which ~~that~~ is not currently active and valid.

(f) Violations. Failure to comply with the requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections ~~1000-4(b)~~, ~~Business and Professions Code 4 and 10~~, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3).

Reference: Sections ~~1000-5, 1000-7 and 1000-12~~ ~~4 and 10~~, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Section 138, Business and Professions Code.



**Agenda Item 7
December 5, 2025**

**Review, Discussion, and Possible Recommendation Regarding Regulatory
Proposal to Establish Minimum Standards of Practice for Virtual Care (add CCR,
Title 16, section 318.2)**

Purpose of the Item

The Committee will discuss a proposal to establish minimum standards of practice for the delivery of chiropractic services through virtual care.

Action Requested

The Committee will be asked to discuss the proposal and provide input and policy direction to staff.

Background

Business and Professions Code (BPC) section 686 requires a licensed health practitioner providing services via telehealth to comply with the requirements of BPC section 2290.5, the practice act relating to their profession, and the regulations adopted by their licensing board pursuant to that practice act.

BPC section 2290.5, subdivision (a)(6) defines telehealth as follows:

“ ‘Telehealth’ means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.”

BPC section 2290.5 requires health care providers to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health before the delivery of health care via telehealth. Providers must also document the patient’s consent.

In addition, this statute provides that all laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to

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telehealth interactions and all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to the health provider's license shall apply while providing telehealth services.

During the August 25, 2023 Licensing Committee meeting, the Committee reviewed proposed and approved laws and regulations by the California Acupuncture Board, the California Board of Occupational Therapy, the California Board of Behavioral Sciences, the Texas Board of Chiropractic Examiners, and the Florida Department of Public Health regarding the delivery of health care services via telehealth. The Committee also discussed the consumer protection benefits of establishing minimum standards for the delivery of chiropractic services via telehealth and directed staff to develop a regulatory proposal for the Committee's review.

Additionally, during the June 13, 2025 meeting, the Committee engaged in an initial policy discussion regarding the use of AI in healthcare education and clinical practice. The Committee noted the need for licensee education in AI literacy as they integrate more tools into their practices, particularly their understanding and recognition of potential biases and inaccuracies when using AI and their responsibility for the outputs.

Based on these discussions, staff prepared a conceptual regulatory proposal to add California Code of Regulations, title 16, section 318.2 relating to standards of practice for virtual care. This proposal would:

- Broadly define “virtual care” as the comprehensive integration of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination, and specify that telehealth is a subset of virtual care.
- Clarify that any person practicing chiropractic through virtual care with a patient who is physically located in California must be actively licensed by the Board.
- Establish standards of practice for virtual care, including requiring licensees to determine that the delivery of chiropractic services via virtual care is clinically appropriate after evaluating their own competency and ability, the patient's clinical presentation, the nature of the services to be provided, and the patient's preference for receiving virtual care.
- Specify the requirements for obtaining the patient's verbal or written consent for the use of virtual care as an acceptable mode of delivering chiropractic services.
- Require licensees to take reasonable steps to ensure the secure transmission of electronic data and immediately notify each patient of any known data breach or unauthorized disclosure of their personal health information.

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- Clarify that licensees are responsible for exercising the same standard of care when providing chiropractic services via virtual care as is required for in-person care and for the appropriate use of any AI technologies in their practices.

At this meeting, the Committee will be asked to discuss the proposal and provide input and direction to staff.

Attachments

1. Business and Professions Code Sections 686 and 2290.5
2. Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 318.2 (Standards of Practice for Virtual Care) [Conceptual Draft]

Business and Professions Code Sections 686 and 2290.5

**Division 2. Healing Arts
Chapter 1. General Provisions**

§ 686. A health care practitioner licensed under Division 2 (commencing with Section 500) providing services via telehealth shall be subject to the requirements and definitions set forth in Section 2290.5, to the practice act relating to his or her licensed profession, and to the regulations adopted by a board pursuant to that practice act.

(Added by Stats. 2012, Ch. 782, Sec. 1. (AB 1733) Effective January 1, 2013.)

**Division 2. Healing Arts
Chapter 5. Medicine**

§ 2290.5. (a) For purposes of this division, the following definitions apply:

- (1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.
- (2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.
- (3) "Health care provider" means any of the following:
 - (A) A person who is licensed under this division.
 - (B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.
 - (C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.
 - (D) An associate clinical social worker functioning pursuant to Section 4996.23.2.
 - (E) An associate professional clinical counselor or clinical counselor trainee functioning pursuant to Section 4999.46.3.
- (4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section does not alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient’s rights to the patient’s medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, “telehealth” shall include “telemedicine” as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(Amended by Stats. 2022, Ch. 520, Sec. 1. (AB 1759) Effective January 1, 2023.)

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Standards of Practice for Virtual Care

Legend: Added text is indicated with an <u>underline</u> .

Add Section 318.2 to Article 2 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 318.2. Standards of Practice for Virtual Care.

(a) Definitions. For the purposes of this section, the following definitions shall apply:

(1) “Artificial intelligence” or “AI” has the same meaning as specified in Government Code section 11549.64, subdivision (a).

(2) “Board” means the California State Board of Chiropractic Examiners.

(3) “Generative artificial intelligence” or “GenAI” has the same meaning as specified in Government Code section 11549.64, subdivision (b).

(4) “Licensee” means the holder of a current and active doctor of chiropractic license issued by the Board.

(5) “Telehealth” has the same meaning as specified in Business and Professions Code section 2290.5, subdivision (a)(6). Telehealth is a subset of virtual care focused on the delivery of clinical and administrative health care services through telecommunications technology.

(6) “Virtual care” means the comprehensive integration of digital technology to enable and support the delivery of personalized clinical and administrative health care services, patient education, and care coordination. Virtual care includes, but is not limited to, telehealth services, the application of artificial intelligence and generative artificial intelligence, the use of data from wearable devices, mobile applications, and remote sensors and other digital tools to support patient monitoring, engagement, education, and self-management.

(b) License Requirement. Any person engaging in the practice of chiropractic through virtual care with a patient who is physically located in California must have a current and active doctor of chiropractic license issued by the Board.

(c) Standards of Practice. A licensee may provide chiropractic services through virtual care to a patient who is physically located in California, subject to the following conditions:

(1) Prior to initiating chiropractic services via virtual care, a licensee shall:

(A) Determine that the delivery of chiropractic services via virtual care is clinically appropriate after evaluating all of the following factors:

(i) The licensee's competency to provide chiropractic services via virtual care, including their own knowledge, skills, and abilities related to remote care delivery, the technology being used, and how virtual care may differ from in-person services;

(ii) The patient's clinical presentation, including their history, symptoms, and complaints, and the complexity of the diagnosis or condition;

(iii) The licensee's ability to conduct an appropriate evaluation, formulate a diagnosis or clinical impression, and develop or update a treatment or care plan through virtual means;

(iv) The nature of the chiropractic services to be provided, including the anticipated benefits, risks, and limitations associated with virtual delivery; and

(v) The patient's preference for receiving chiropractic services via virtual care.

(B) Inform the patient of the use of virtual care, provide the disclosures specified in subsection (c)(1)(C), and obtain the patient's verbal or written consent for the use of virtual care as an acceptable mode of delivering chiropractic services. The consent shall be obtained only after the required disclosures have been provided to the patient. If the consent is verbal, the licensee shall document in the patient's chiropractic records the date, a summary or description of the disclosures provided, and confirmation that the verbal consent was obtained from the patient or their representative. If the consent is written, the licensee shall retain in the patient's chiropractic records an acknowledgement of receipt of the disclosures that has been signed and dated by the patient or their representative.

(C) Disclose to the patient any considerations specific to the delivery and receipt of chiropractic services via virtual care, including:

(i) The potential risks, limitations, benefits, and available alternatives to receiving chiropractic services through virtual care;

(ii) The use of any AI or GenAI technologies, if applicable, including the nature of their use, whether they are static or continuously learning, the

potential for bias or disparate outcomes from AI systems, the licensee's responsibility for any AI-generated outputs;

(iii) The potential risks to patient confidentiality, data privacy, and information security;

(iv) Any data storage practices or policies specific to virtual care platforms or systems;

(v) The possibility of service disruptions or interruptions due to technological failures;

(vi) Insurance coverage implications or limitations related to virtual care services; and

(vii) Any other reasonably foreseeable issues that may affect the quality or effectiveness of chiropractic services delivered via virtual care compared to those delivered in person.

(D) Provide the patient with the licensee's full name and license number by either providing access to a copy of their license or directing the patient to the licensee's profile on the Board's online license information system.

(2) A licensee shall verbally obtain from the patient or their representative and document the patient's full name and address of the patient's present location at the beginning of each virtual care visit.

(3) A licensee shall establish and maintain a protocol for identifying and appropriately responding to patient emergencies or urgent conditions during a virtual care encounter. The protocol shall include procedures for referring the patient to in-person care or emergency medical services as clinically indicated.

(4) A licensee shall document all chiropractic services provided via virtual care in the patient's chiropractic records in accordance with the same standard as required for in-person services.

(5) A licensee shall exercise the same professional standard of care when providing chiropractic services via virtual care as is required for in-person care or any other mode of service delivery.

(6) A licensee shall take reasonable steps to ensure the secure transmission of electronic data by using technology that complies with recognized industry standards for encryption and data protection, in accordance with applicable federal and state privacy laws. A licensee shall immediately notify each patient of any known data breach or unauthorized disclosure of their personal health information.

(7) A licensee shall be responsible for the appropriate integration and use of any AI and GenAI technologies in their practice. This includes demonstrating technological proficiency, applying cultural competence in AI-assisted decision making, and recognizing that the use of AI does not reduce the licensee's obligation to exercise independent clinical judgment or to ensure the safety of clinical care.

(8) A licensee shall comply with all other provisions of the Chiropractic Initiative Act, the Board's regulations, and all other applicable provisions of law when offering or providing chiropractic services through virtual care.

(c) Violations. Failure to comply with the standards of practice and requirements of this section constitutes unprofessional conduct.

Note: Authority cited: Sections 4 and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3). Reference: Sections 4 and 10, Chiropractic Initiative Act of California (Initiative Measure, Stats. 1923, p. lxxxix, § 4, and p. xci, § 10, as amended by Stats. 1978, ch. 307, p. 636, § 1, and p. 640, § 3) and Sections 686 and 2290.5, Business and Professions Code.



Agenda Item 8 December 5, 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 9
December 5, 2025

Adjournment

Time: _____