BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES

March 27, 2026

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on March 27, 2026, 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 Herrera, Assistant Executive Officer
Jose Salud Diaz, Administration & Licensing Manager
Lynne Reinhardt, Enforcement Manager
Amanda Ah Po, Lead Licensing & Continuing Education Analyst
Becky Lyke, Lead 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 3:00 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: None.

3. Review and Possible Approval of December 5, 2025, Committee Meeting Minutes

Motion: Dr. Daniels moved to approve the minutes of the December 5, 2025, Committee meeting.

Second: Ms. Cruz seconded the motion.

Public Comment: None.

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

Motion: Carried.

4. Update on Board's Licensing Program

Ms. Walker provided an update on the Board's Licensing Program. She reported that DCA's Office of Information Services (OIS) completed its review of the Board's Connect system and began working with the vendor to assess which custom-built functions are standard system features in the upgraded version of the platform. She stated that additional details will be provided at the April 16, 2026, Board meeting.

She shared that the Board's website redesign, originally expected in March 2026, is now anticipated in the summer. She explained that updated licensing and practice-related content, such as renewal processes, application requirements, and general business guidance, will be posted soon.

Ms. Walker confirmed that beginning July 1, 2026, the Board will discontinue mailed renewal applications and transition to postcard reminders directing licensees to renew online through Connect. She explained that a targeted outreach campaign will begin in April 2026 for licensees who have not yet created Connect accounts and noted Connect will send automated email reminders beginning 60 days prior to expiration and text message reminders beginning 15 days prior to expiration. She stated approximately 93 percent of initial doctor of chiropractic (DC) license applicants now use Connect and reported increasing adoption among existing licensees.

Dr. Daniels asked about outreach to chiropractic programs and professional associations to encourage student and licensee adoption of Connect. Ms. Walker stated that outreach will begin when updated Connect instructions are posted on the Board's website and confirmed that staff will work with continuing education (CE) providers, professional associations, and chiropractic programs to support the transition.

Ms. Cruz asked whether delays in finalizing the chiropractic curriculum regulation package may impact chiropractic programs preparing for the fall academic term. Ms. Walker explained that staff informed programs of the Board's direction on the issue

and stated that the obsolete regulatory language will not be heavily enforced while the updated regulations are pending. She added that staff will request an immediate effective date when the final package is filed with the Office of Administrative Law (OAL). Dr. Daniels emphasized the importance of moving the curriculum package forward due to its implications for licensee preparation and educational standards. She expressed concern about missing the summer window for public comment. Ms. Walker confirmed that the curriculum package remains one of staff's highest priorities.

Ms. Walker provided legislative updates and reported that Assembly Bill (AB) 2775 (Committee on Business and Professions), the Board's sunset bill, is scheduled for a hearing on April 21, 2026. She added that Senate Bill 1269 (Ochoa Bogh) regarding animal chiropractic includes limits on care duration and new registration requirements for practitioners and premises. She noted that staff identified a need to add a practitioner registration fee to the bill.

She reported that Licensing Program staff continue to reduce processing times across all application types and highlighted ongoing workforce sustainability concerns, noting that 27 percent of licensees are 60 years of age or older and nearly 20 percent expect to retire within five years. She recommended that the Board include an objective related to workforce development in the next strategic plan.

Ms. Walker stated the Board did not receive any public comments on the inactive license regulation package, and the final package is expected to be filed with OAL in April 2026. She added that the regulatory package to repeal the obsolete mental illness regulation is open for public comment through April 6, 2026.

Public Comment: None.

5. Review, Discussion, and Possible Recommendation on Regulatory Proposal to Establish a New Temporary Licensure Pathway with Public Notification and Practice Limitations (add California Code of Regulations [CCR], Title 16, section 321.2)

Ms. Walker introduced the revised conceptual framework for a new temporary licensure pathway. She explained that the Committee originally explored licensure reciprocity but determined that a temporary license, modeled after the process used for military spouses and domestic partners, would more effectively balance California's specific requirements with applicants' existing experience.

She stated that the Board agreed at its January 16, 2026, meeting to establish the pathway without a practice requirement, and she noted that prior references to "practice restrictions" were updated to "practice limitations" to avoid unintended enforcement implications. She added that the term "temporary license" should be retained to avoid increased IT development costs. She also explained that staff is preparing a fiscal

analysis for a potential application fee and will request statutory authority through sunset review.

Dr. Daniels asked where the physiotherapy requirement appears in the proposed regulatory language and requested clarification on how applicants coming from programs that do not offer the 120 required physiotherapy hours would satisfy California's requirement. She emphasized that California stakeholders expect incoming DCs to demonstrate competency in physiotherapy modalities and asked what pathway the Board intends to make available to applicants who lack the required coursework or examination.

Ms. Walker responded that based on the current draft, an applicant who has not completed the physiotherapy examination or required educational hours may still qualify for the temporary license. She explained that such applicants would be subject to a practice limitation prohibiting them from performing physiotherapy services unless directly supervised by another licensee. She stated this approach protects consumers while allowing applicants to begin practicing in California.

Ms. Cruz asked whether the 12-month term of the temporary license provides sufficient flexibility for applicants who need to complete coursework tied to academic calendars. Dr. Daniels expressed concern that a strict 12-month limit may not accommodate program availability and recommended establishing a grace period to prevent practice interruptions. She noted that many out-of-state chiropractic programs do not offer the full physiotherapy curriculum needed to satisfy California's requirements.

Dr. Daniels recommended that the supervision language specify direct, onsite supervision to ensure adequate oversight and competency development. She asked whether the seven-year limitation in Business and Professions Code (BPC) section 480 will be addressed during sunset review. Ms. Walker confirmed that the Board requested authority to look beyond seven years for formal discipline involving sexual misconduct and the Legislature responded positively to the proposal.

Dr. Daniels suggested that the Committee consider, in the future, a competency-based "test out" mechanism that evaluates hands-on clinical skills rather than relying solely on knowledge.

Mr. Vong noted that any extension criteria must be explicit to satisfy OAL's regulation clarity standards, and Ms. Knight shared that other DCA healing arts boards, including the Board of Behavioral Sciences and the Board of Psychology, have temporary practice allowances that may serve as models for the Committee to consider.

Public Comment: None.

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

Ms. Walker presented the revised draft regulation establishing minimum standards for virtual care. She explained that staff initially attempted to combine the virtual care and artificial intelligence (AI) requirements, but due to the complexity, the AI provisions were separated into another regulation. She clarified that virtual care represents a broad category of digital technologies, while telehealth refers specifically to care delivered through telecommunications platforms.

Ms. Walker outlined updates to the draft language. She stated that the CCR, title 16, section 318.2, subsection (c)(1) requirements apply only before the initial patient visit and emphasized the need to distinguish initial visit expectations from those that apply to subsequent visits. She explained that new language in subsection (c)(2) addresses unplanned emergency telehealth encounters by allowing licensees to provide necessary care when delays due to disclosure or consent requirements would pose a risk to patient safety. She added that subsection (c)(7) now requires licensees to provide instructions for device use, clarify whether data is actively or passively monitored, identify when in-person care is needed, and outline risks and limitations.

Dr. Daniels emphasized the need for clear, plain language so licensees can easily understand when each requirement applies. She expressed concern about allowing verbal informed consent during an initial virtual encounter and stated that written consent, similar to in-office procedures, provides clear documentation and reduces the potential for misunderstandings.

Ms. Knight recommended referencing BPC section 2290.5 to ensure consistency with statutory requirements governing informed consent for telehealth and suggested reviewing telehealth regulations adopted by other boards. Ms. Walker noted that the Board's proposal was modeled after language developed by the Acupuncture Board. She added that the regulation must allow for verbal or written consent because the statute requires acceptance of both.

Dr. Daniels requested adding a follow-up requirement for emergency telehealth encounters, recommending a brief written, or where necessary, verbal, summary within 14 days to ensure patients receive appropriate post-visit instructions. Ms. Walker agreed.

Public Comment: None.

7. Review, Discussion, and Possible Recommendation on Regulatory Proposal to Clarify Standards for the Use of Artificial Intelligence (AI) in Chiropractic Practice (add CCR, Title 16, section 318.3)

Ms. Walker introduced the draft regulation establishing standards for the use of AI in chiropractic practice. She noted that AB 1979 (Bonta), a bill concerning AI in healthcare, needs to be monitored to ensure consistency and non-duplication between statute and regulation.

Ms. Walker stated the draft regulation defines AI, generative AI, and AI literacy using terminology consistent with recent statutory language. She explained that the draft requires licensees to understand the AI tools they use, prohibits AI from making autonomous clinical decisions, and requires licensees to review and validate any AI-generated documentation or recommendations. She added that the draft prohibits fabricating clinical findings, diagnoses, or treatment plans using AI and includes initial informed consent language. She confirmed the draft also preserves a patient's right to decline AI involvement when reasonable alternatives exist. She also noted that AI may complicate the Board's investigations by making fraudulent documentation harder to detect and suggested this issue may warrant inclusion in the Board's strategic plan.

Ms. Cruz asked whether the draft sufficiently addresses licensee responsibilities for safeguarding patient data transmitted through or accessed by external AI systems, particularly distinctions between open and closed models. She also requested clarification regarding alignment with HIPAA requirements. Ms. Walker explained that the draft currently includes broad secure transmission and storage requirements and stated that staff will conduct a gap analysis to determine whether more specificity is needed.

Dr. Daniels noted the overlap between AI-related data issues and human subject research standards and emphasized the patient's right to decline at any point during treatment. She recommended creating a standalone, AI-specific informed consent process addressing risks, limitations, alternatives, procedural requirements, implications of withdrawing of consent, and assurances that patients will not experience adverse treatment consequences if they decline AI involvement. She added that AI is increasingly being integrated into diagnostic tools across healthcare and cautioned that future standards of care may require the Board to protect providers who lack access to AI technologies.

Dr. Daniels suggested requiring documentation of licensees' reasoning when accepting or rejecting AI-generated recommendations and emphasized that patients must be informed when AI tools contribute to clinical decision making. She added that many patients are unaware that AI is incorporated into documentation tools and stated that improved transparency is necessary.

Ms. Walker acknowledged the Committee's recommendations and confirmed that staff will expand the draft to incorporate the separate informed consent for AI and additional safeguards. She stated that staff will also consult with chiropractic programs to understand current educational approaches to AI and coordinate with other DCA boards addressing similar issues.

Public Comment: None.

8. Future Agenda Items

Dr. Daniels requested future agenda items addressing AI competency and virtual care ethics as potential CE topics. She asked for updates on the animal chiropractic bill and implementation planning. She also requested the status of the facility permit regulations.

Ms. Walker reported that the Board is seeking statutory authority for a facility permit fee through sunset review and stated that early feedback has been positive. She recommended beginning discussions in the summer on the regulatory structure so the Board can move promptly when authorization is granted. Dr. Daniels emphasized the importance of developing clear, plain language practice guidance for licensees after the proposed regulations are finalized.

Dr. Daniels requested a review of the chiropractic programs' methodologies for calculating instructional hours and subject area totals. She noted that many programs have shifted from horizontal (course-based) to vertical (integrated) curricula, which may diminish core content areas such as pathology. She stressed the importance of monitoring these changes and their impact on student preparation.

Public Comment: None.

9. Adjournment

Dr. Daniels adjourned the meeting at 4:33 p.m.