



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, March 27, 2026
3:00 p.m. to 5:00 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=me069ac2a9174622e5553c9da21bd5c8c>

If joining using the link above

Webinar number: 2495 853 9508

Webinar password: BCE327

If joining by phone

+1-415-655-0001 US Toll

Access code: 2495 853 9508

Passcode: 223327

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, March 24, 2026. 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

Discussion and action may be taken on any agenda item

- 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 December 5, 2025 Committee Meeting Minutes**
- 4. Update on the Board's Licensing Program**
- 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)**
- 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)**
- 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)**

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 individuals with disabilities. A person who has questions about the meeting or needs a disability-related accommodation or modification to participate in the meeting may contact the Board to ask questions or make a disability-related accommodation request at:

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

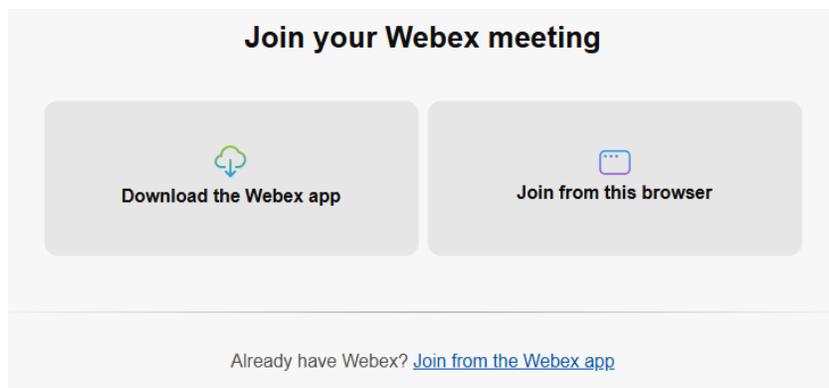
Sacramento, CA 95834

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

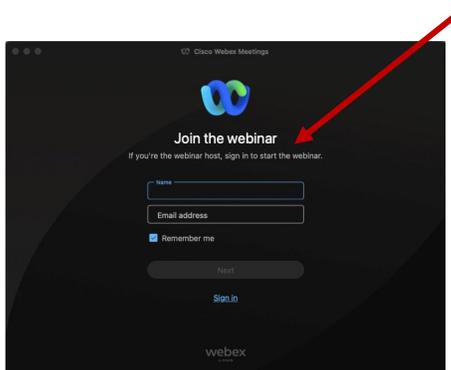
Recommended: Join using the meeting link.

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

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



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



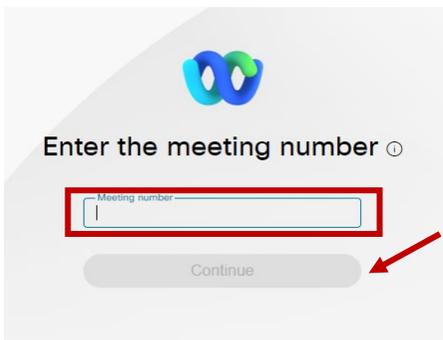
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

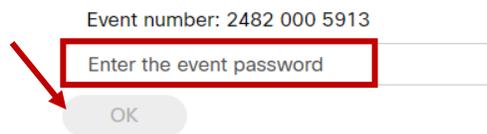
1 Click on “Join a Meeting” at the top of the Webex window.



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



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



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

< Back to List

Meeting Name

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



Join Event

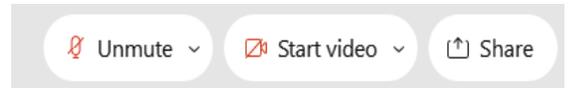
OR

Alternative 2. Connect via Telephone

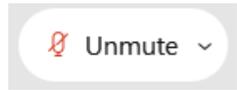


You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

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



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



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

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



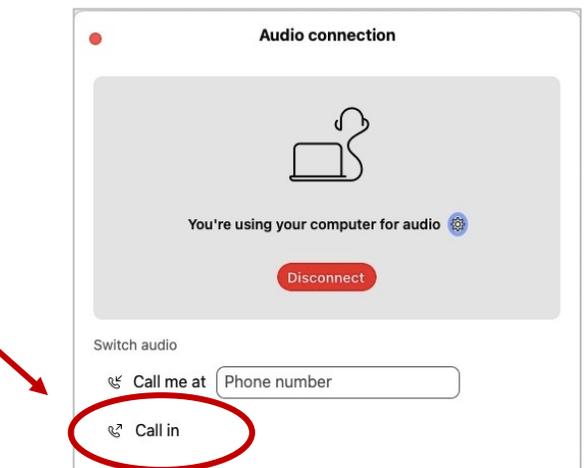
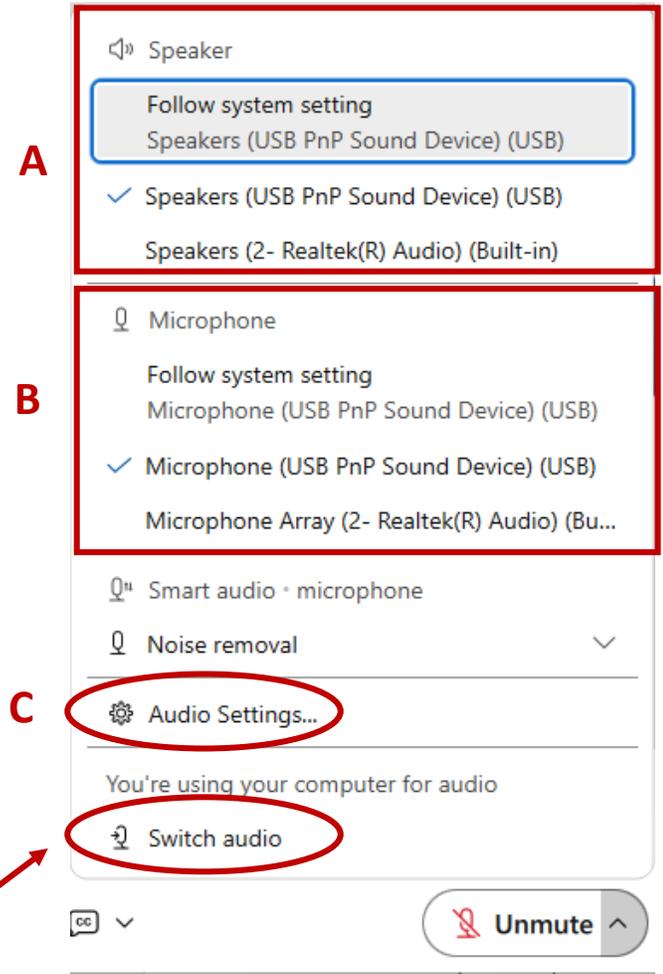
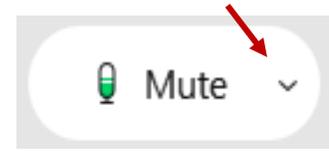
Joined via Telephone (Call-in User)



- 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.
- 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.

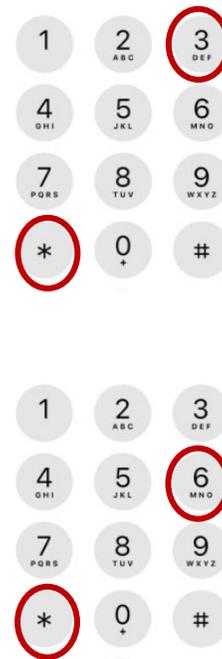


Joined via Telephone (Call-in User)

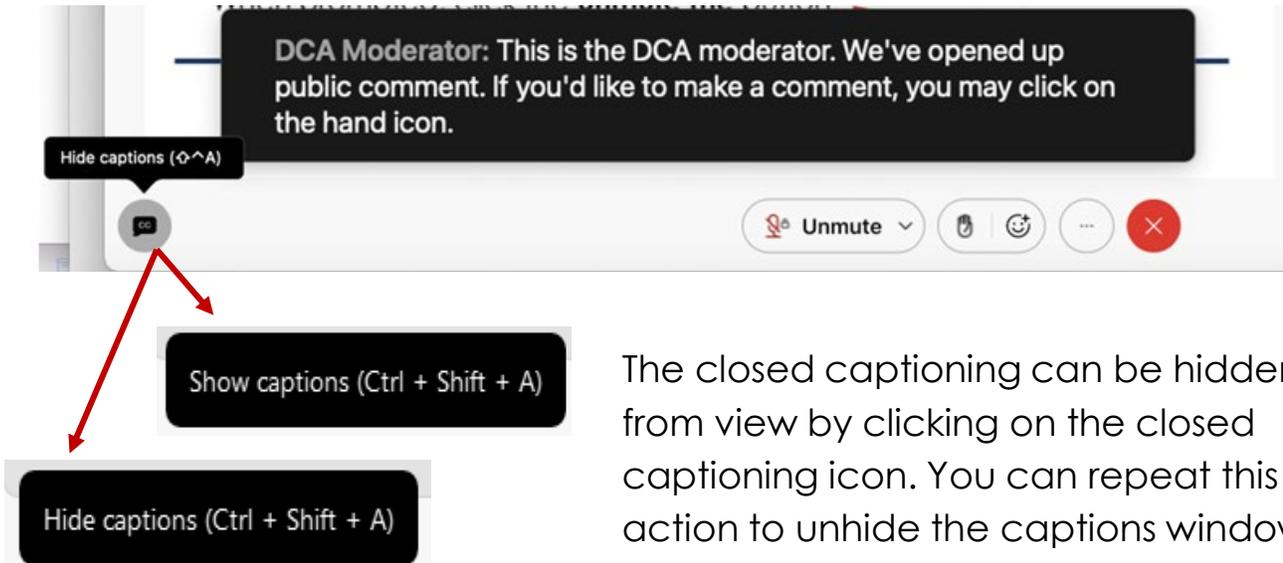


Press *3 to raise or lower your hand.

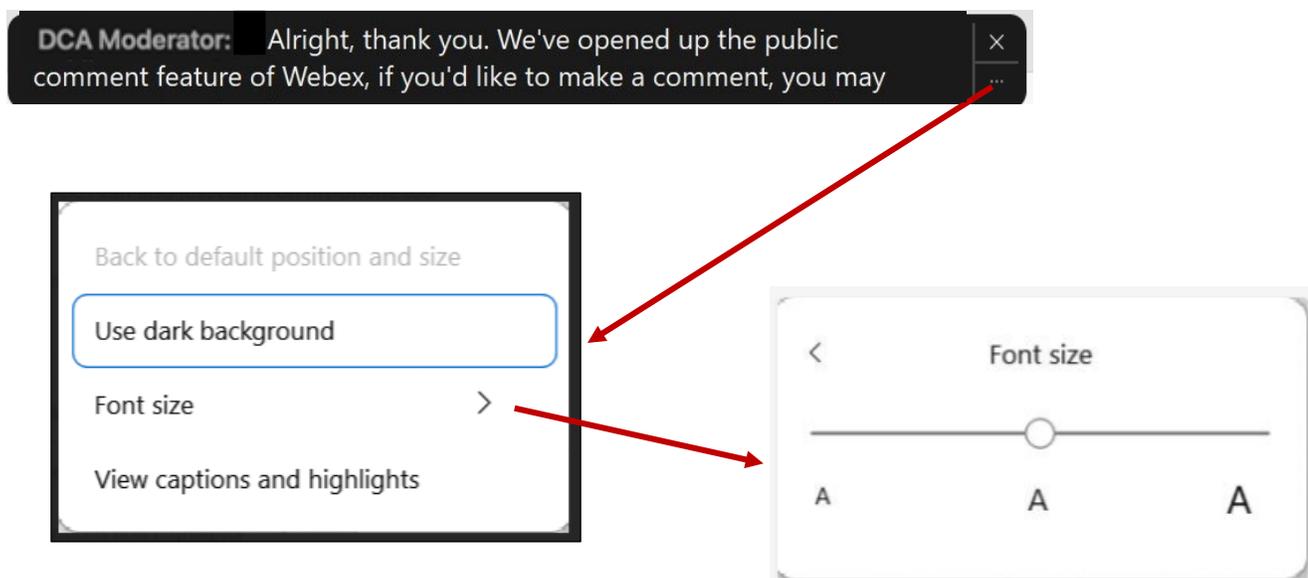
- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

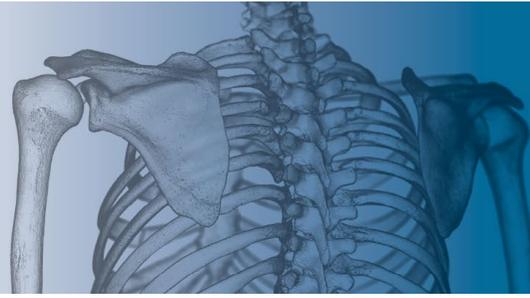


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You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.





Agenda Item 1 March 27, 2026

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



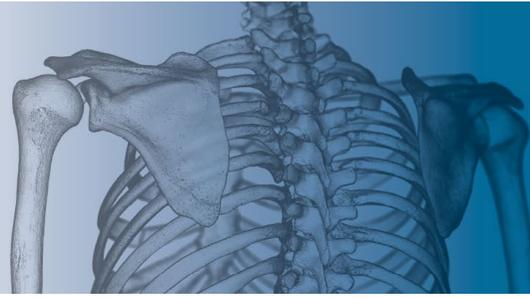
**Agenda Item 2
March 27, 2026**

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 March 27, 2026

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

Purpose of the Item

The Committee will review and possibly approve the draft minutes of the previous meeting held on December 5, 2025.

Action Requested

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

Attachment

- December 5, 2025 Licensing Committee Meeting Minutes (Draft)



**Agenda Item 3
Attachment**

**BOARD OF CHIROPRACTIC EXAMINERS
LICENSING COMMITTEE
MEETING MINUTES**

December 5, 2025

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on December 5, 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 Herrera, Assistant Executive Officer
Jose Salud Diaz, Administration & Licensing Manager
Lynne Reinhardt, Enforcement Manager
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 12:31 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: None.

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

Dr. Daniels noted the Committee asked staff to begin tracking licensee populations in other states. Ms. Walker indicated that staff will work with the Federation of Chiropractic Licensing Boards (FCLB) to gather that data.

Motion: Dr. Daniels moved to approve the minutes of the August 25, 2023, March 8, 2024, January 9, 2025, and June 13, 2025 Committee meetings.

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 and reported that the Licensing Unit has been fully staffed since July 2025. She shared that staff have been focused on training in core operations and functions and learning the various transaction types. She stated that as staff move into 2026, they will be expected to build on that foundational knowledge and further integrate into the project-based work that supports the Committee, Connect system, business process improvements, and monitoring of any licensing-related legislation. She thanked the Licensing Unit staff and acknowledged their hard work in reducing licensing processing times. She informed the Committee that staff plan to continue improving licensing processes by reducing the number of incomplete applications through targeted website content, outreach, and communications.

She announced that the planned upgrade to a newer version of the Connect platform is back on track and DCA's Office of Information Services (OIS) is currently documenting the Board's existing workflows in preparation for the upgrade. She added that OIS will also be assisting staff with redesigning the Board's website. She noted about 300 obsolete items have already been removed from the website, and staff are developing new content for consumers, applicants, and licensees.

Ms. Walker highlighted key legislative deadlines for 2026 and shared that the Office of Administrative Law (OAL) recently approved the Board's Section 100 filing to update the fee amounts specified in the Board's regulations, as well as the Board's proposal to

amend California Code of Regulations (CCR), title 16, section 303 (Filing of Addresses and Contact Information), which will become effective January 1, 2026. She outlined staff's strategy to roll out the new email address and phone number filing requirements as part of the renewal process to help licensees easily comply with the new regulation. She updated the Committee on the other regulatory proposals currently in the concept and production phases and added that she will be tasking Lead Licensing & Continuing Education Analyst Amanda Ah Po with distributing the retired license survey.

Dr. Daniels thanked staff for their work in moving the Board's regulatory packages forward. She also inquired about trends related to doctor of chiropractic (DC) licenses and satellite certificates. Ms. Walker indicated that staff are processing applications faster than in 2024–25, and the number of new satellite certificate applications is outpacing last year. She noted that other transaction volumes are comparable to 2024–25, but further estimation and data are needed based on historical monthly trends. Dr. Daniels agreed.

Ms. Cruz asked whether the Board has any specific demographic information about the licensees currently utilizing Connect. Ms. Walker offered to gather that data and added that it could inform future Connect strategies. She also noted that the Board's upcoming replacement of mailed renewal packages with postcard reminders will likely significantly increase the number of Connect users completing online renewals.

Ms. Cruz also asked whether the incomplete applications are paper submissions or submitted through Connect. Ms. Walker explained that many initial DC applications, including those submitted through Connect, are incomplete due to the timing of how applicants engage with the licensure process. She provided an example of applicants who submit the application before releasing their National Board of Chiropractic Examiners (NBCE) examination scores to the Board or before ensuring their chiropractic program has submitted their transcripts. Dr. Daniels suggested updating the application workflow to prevent submission until those steps are completed. Ms. Walker responded that the application includes sections where applicants attest that those steps have been completed, but due to the Board's fast processing timelines, the outstanding items often do not arrive until after initial review, resulting in incomplete applications. Dr. Daniels then recommended making this information clear to applicants on the Board's website. Ms. Walker concurred and explained that staff are developing updated content and an easy-to-follow checklist.

Dr. Daniels also encouraged staff to engage directly with the chiropractic programs to share that information. Ms. Walker agreed and commented that the California chiropractic programs have done a great job guiding their graduates through the licensure process, and that staff observe more issues with applicants who take a break between completing their program and applying for licensure or who are relocating to California from another state.

Ms. Cruz asked when the Connect updates to support the recent changes to the contact information filing requirements would be implemented. Ms. Walker shared that the changes will be released in early January 2026.

Public Comment: None.

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)

Ms. Walker introduced this agenda item and explained the Committee had previously discussed the issue of licensure reciprocity and concluded that all applicants must meet the Board's curriculum requirements. She presented a conceptual draft of a regulatory proposal clarifying that an applicant seeking licensure through reciprocity must comply with the same requirements as an initial licensure applicant, except that the Board will accept documentary evidence of equivalent successful examination in each subject tested in California at the time the applicant received their initial license in another state, in lieu of the current NBCE examination requirements.

She added that the draft also includes conceptual language outlining the application and eligibility requirements for a temporary chiropractic license. She stated to qualify for this new temporary licensure pathway, an applicant would need to graduate from a Board-approved DC program, pass NBCE Parts I–IV or an equivalent examination, and have been actively licensed and practicing in another state for at least five of the past seven years immediately preceding the application. She noted the fiscal impact would be minimal because the Board already has a temporary DC license type established for military spouses and domestic partners. She also stated that the proposal contains the public notification requirements and practice restrictions previously discussed by the Committee.

Ms. Cruz asked how long an applicant may practice in a temporary status. Dr. Daniels responded that applicants would have up to 12 months to complete the requirements, consistent with the current allowances for military spouses and domestic partners.

Dr. Daniels commented that the proposal reduces barriers to entering practice in California practice while maintaining alignment with the Board's curriculum requirements. She noted the need for the Board to address the possibility that some states may discontinue the NBCE examinations and to develop clear language regarding acceptable equivalents. She also suggested broadening the practice restrictions to include any area in which an applicant is deficient—such as physiotherapy, dermatology, psychology, or pharmacology—in order to provide

consumer notice and prevent temporary licensees from offering advice in areas where they lack required education.

Dr. Daniels also contemplated the five-year practice requirement. She noted that while the requirement must be maintained for preceptors, who must have sufficient experience to teach, it may pose an unnecessary barrier for temporary licensure. Ms. Walker agreed and suggested evaluating the advantages and disadvantages of the requirement. Ms. Cruz concurred. Dr. Daniels added that the five-year requirement does not necessarily ensure safety, as many licensees with over 20 years of practice experience still encounter enforcement issues and recent graduates are often more proficient in their examination skills.

Dr. Daniels further noted that the Board will need to determine how staff can efficiently identify deficiencies in an applicant's educational background, as chiropractic programs are changing their course structures and credit allocations. Ms. Walker explained that under the current process, chiropractic programs provide a certification outlining the number of hours completed in each subject area along with the transcript. She suggested that the Committee consider evaluating the methodology programs use to calculate this information so that the Board can continue relying on these certifications without having to conduct a detailed review of each transcript. Dr. Daniels agreed that performing a high-level assessment of each program's certification method would be beneficial.

Motion: Dr. Daniels moved to recommend that the regulatory proposal to clarify the requirements for doctor of chiropractic licensure by reciprocity and create a new temporary licensure process, incorporating the Committee's discussion on the issue, be presented to the Board for consideration and discussion at the January 16, 2026 meeting.

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 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)

Ms. Walker recalled the Committee's prior discussions regarding the filing of places of practice with the Board, updating the DC license template to provide consumers with notice that licensees are regulated by the Board, and pursuing fee authority through

sunset review to establish a new facility permit. She presented a conceptual regulatory proposal intended to clarify the requirements for obtaining and renewing a satellite certificate and to provide notice to consumers that licensees are regulated by the Board in all practice settings.

Dr. Daniels noted the use of “short term” in the proposed language is vague and may require clarification. Ms. Walker agreed. Dr. Daniels recommended strengthening the requirement to display license information so that patients never need to ask for it. She emphasized that the purpose of the regulation is patient safety and that licensees must ensure patients can easily and readily access their licensure information. She also suggested replacing the word “conspicuous” with a more explicit term. Ms. Cruz concurred.

Ms. Knight stated that the Board of Behavioral Sciences (BBS) and Board of Psychology recently implemented temporary practice allowances and suggested that the Committee review those models. Mr. Vong added that a regulation does not meet OAL’s clarity standard if it can be interpreted in multiple ways.

Public Comment: None.

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)

Ms. Walker presented a conceptual regulatory proposal to establish standards for the practice of chiropractic via virtual care, specify the requirements for obtaining the patient’s verbal or written consent for virtual care, and require licensees to take reasonable measures to secure data transmission and immediately notify patients of any breach or unauthorized disclosure. She noted that the proposal also clarifies the expectation that licensees must maintain the same standard of care when providing virtual care as they do during in-person care. She added that the draft language also addresses a portion of the Committee’s prior discussion regarding the use of artificial intelligence (AI) in chiropractic practice.

Dr. Daniels expressed appreciation for the clarity of the terms virtual care and telehealth in the draft. She asked how the language would apply to California licensees providing care to patients located in other states. Ms. Knight explained that licensees must consult the chiropractic board in the patient’s state to ensure compliance with that state’s requirements for reciprocity or temporary practice. Dr. Daniels noted that California licensees may have patients who move to another state and require a telehealth consultation. She added that many licensees use mobile applications to monitor or assess patients, which could create enforcement challenges if they are expected to check the laws of every state in which a patient may reside or visit. Dr. Daniels asked whether the Board could establish clear guidance for licensees

providing telehealth to patients outside California. Ms. Walker responded that interstate telehealth generally falls outside of the Board's jurisdiction, but it would be a useful topic to discuss with other chiropractic boards, potentially through FCLB. Dr. Daniels emphasized the importance of making that guidance accessible on the Board's website to help educate licensees.

Dr. Daniels then referenced the draft requirement that licensees determine whether virtual care is clinically appropriate, and asked whether the Board intends to require documentation or a specific declaration in the treatment record. Ms. Walker replied that the requirement is intended to be reflected naturally in the documentation of the visit based on the history, assessment, diagnosis, and treatment. Dr. Daniels suggested requiring a simple statement confirming that this determination was made to avoid creating a vague standard. She also noted that licensees may not be able to comply in emergency situations and suggested adding an exception for those circumstances. She further asked whether the disclosures and consent must occur prior to each visit or only during the initial examination. Ms. Walker clarified that the intent is for the disclosures and consent to occur during the initial visit. She added that staff will prepare a checklist to accompany the regulation to support licensee implementation and compliance. Ms. Cruz noted that although it is substantial upfront documentation, it aligns with what a patient would reasonably expect when opting into telehealth with a new practitioner, and she also supported adding an emergency exception.

Ms. Knight shared that BBS has similar requirements and resources that the Committee may wish to consider, including documenting verbal or written consent before delivering services and confirming the patient's physical location at each session.

Dr. Daniels emphasized the importance of ensuring the language can be efficiently operationalized. She asked whether informed consent for telehealth or AI differs from informed consent in person. Ms. Walker explained that informed consent operates in layers—licensees must comply with CCR, title 16, section 319.1, and if they also practice via telehealth or use AI, they must additionally obtain the patient's informed consent specific to that modality or technology.

Dr. Daniels noted the need to separate informed consent for AI from consent for virtual care, as patients may agree to virtual care but not to the use of AI. Ms. Walker agreed and stated staff will separate the regulations. Ms. Cruz concurred and added that the consent requirement should make it clear to patients that a tool is being used, how it is being used, and how the patient will experience it. She observed that some practitioners tell patients they are recording a visit without explaining how the recording will be used, such as for documentation purposes, or whether the information will be shared in any form of communication.

Public Comment: None.

8. Future Agenda Items

Dr. Daniels noted the need to develop a separate regulation addressing the use of AI and to evaluate the assessment methods of the Board's curriculum requirements used by chiropractic programs.

Ms. Cruz and Ms. Knight emphasized the value of reviewing how other healing arts boards are operationalizing similar issues, including AI, temporary practice allowances, and telehealth. Dr. Daniels suggested that the Physical Therapy Board of California (PTB) may offer a useful comparison due to similarities in hands-on practice combined with telehealth capabilities. Ms. Walker agreed and stated she will contact PTB to learn more about their current efforts in those areas.

Public Comment: None.

9. Adjournment

Dr. Daniels adjourned the meeting at 2:07 p.m.



**Agenda Item 4
March 27, 2026**

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 March 23, 2026 Memo to Committee Members Regarding Licensing Program Activities and Statistics



MEMORANDUM

Agenda Item 4 Attachment

DATE	March 23, 2026
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, March 27, 2026 – Licensing Committee (Teleconference)
- Thursday, April 16, 2026 and Friday, April 17, 2026 – Board (Sacramento)
- Tuesday, June 30, 2026 – Licensing Committee (Teleconference)
- Thursday, July 23, 2026 – Board (Teleconference)
- Friday, October 2, 2026 – Licensing Committee (Teleconference)
- Thursday, October 15, 2026 and Friday, October 16, 2026 – Board (Southern California)
- Friday, December 4, 2026 – Licensing Committee (Teleconference)

Business Modernization: Implementation of the Connect System and Website Redesign

Staff continues to work with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) on business modernization projects, including enhancements to the Connect system and a full redesign of BCE's website.

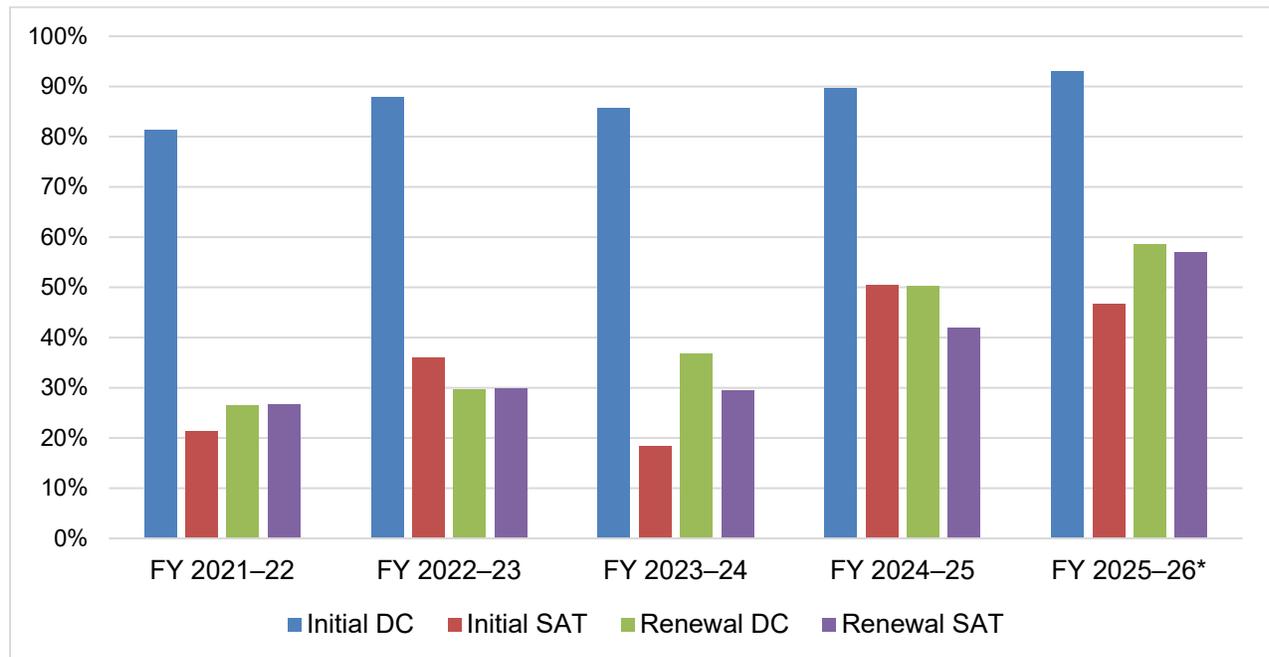
OIS is completing documentation of BCE's existing workflows and data mapping in the Connect system in preparation for a planned upgrade to a newer version of the platform that will provide additional out-of-the-box functionality. OIS anticipates initiating this upgrade with the vendor soon, with an estimated six-month completion timeline.

Staff is also developing enhancements to the enforcement workflows within Connect. These improvements are planned to be deployed through phased software releases throughout 2026.

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 summer 2026.

In addition, BCE will transition from mailing printed renewal applications to sending postcard renewal reminders effective July 1, 2026. The postcards will prompt licensees to renew online through Connect. To support this transition, staff is developing a targeted outreach campaign for licensees who have not yet created a Connect account. These communications will inform them of the upcoming changes and encourage them to sign up for Connect prior to the July 2026 renewal process update.

Connect System Utilization Rate by Application Type



Application	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26*
Initial DC	81.3%	87.8%	85.7%	89.6%	93.0%
Initial SAT	21.3%	36.0%	18.4%	50.5%	46.7%
Renewal DC	26.5%	29.7%	36.8%	50.3%	58.6%
Renewal SAT	26.7%	29.9%	29.5%	41.9%	57.0%

*As of March 23, 2026

Legislation

[Assembly Bill \(AB\) 1979 \(Bonta\)](#) Health care services: artificial intelligence. This bill would, among other things, prohibit a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence for any activity requiring the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. This bill has been referred to the Assembly Health Committee.

[AB 2775 \(Committee on Business and Professions\)](#) State Board of Chiropractic Examiners: chiropractic corporations. This is the Board's sunset bill, and it has been referred to the Assembly Business and Professions Committee.

[Senate Bill \(SB\) 1269 \(Ochoa Bogh\)](#) Chiropractors: animal chiropractic practitioners. This bill would establish a scheme for a licensed chiropractor to be registered by the Board as an animal chiropractic practitioner and would prohibit a chiropractor from practicing animal chiropractic without being registered as an animal chiropractic practitioner unless they are under the direct supervision of a licensed veterinarian. The bill would establish requirements for registration as an animal chiropractic practitioner, including holding a certification from one of specified credentialing organizations or a credentialing organization specified by the Board. The bill would establish requirements for practicing animal chiropractic and registering an animal chiropractic premises with the Board. The bill would require the Board, by regulation, to establish fees for registering an animal chiropractic premises. The bill would require an animal chiropractic practitioner to comply with the 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. The bill would 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.

[SB 1355 \(Smallwood-Cuevas\)](#) Healing arts: chiropractic corporations: application. This is a spot bill related to the Board, and it has been referred to the Senate Business, Professions and Economic Development Committee.

Legislative Calendar

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

- 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

Licensing Program Statistics

Initial Applications

Application Type	FY 2023–24	FY 2024–25	FY 2025–26*
Doctor of Chiropractic Licenses	363	375	273
Average DC Processing Time	48 days	36 days	27 days
Temporary DC Licenses	0	1	1
Average TDC Processing Time	N/A	25 days	4 days
Satellite Certificates	1,809	2,107	2,085
Average SAT Processing Time	14 days	10 days	3 days
Corporation Certificates	118	117	106
Average COR Processing Time	32 days	32 days	31 days

*As of March 23, 2026

Renewal Applications

Application Type	FY 2023–24	FY 2024–25	FY 2025–26*
Doctor of Chiropractic Licenses	11,514	11,627	8,408
Average DC Processing Time	8 days	6 days	5 days
Satellite Certificates	3,613	3,955	3,456
Average SAT Processing Time	8 days	7 days	5 days
Corporation Certificates	1,304	1,308	963
Average COR Processing Time	9 days	9 days	4 days

*As of March 23, 2026

License Population: Years of Licensure as Doctor of Chiropractic

Years of Licensure*	Active	Active %	Inactive	Inactive %	Total	Total %
<1 Year	380	3.4%	0	0.0%	380	3.2%
1–4.99 Years	1,213	10.9%	20	2.6%	1,233	10.3%
5–9.99 Years	1,064	9.5%	36	4.6%	1,100	9.2%
10–19.99 Years	1,897	17.0%	124	16.0%	2,021	17.0%
20–29.99 Years	2,816	25.3%	224	28.8%	3,040	25.5%
30–39.99 Years	2,264	20.3%	214	27.5%	2,478	20.8%
40–49.99 Years	1,383	12.4%	148	19.1%	1,531	12.8%
50+ Years	128	1.2%	11	1.4%	139	1.2%
Total	11,145	100.0%	777	100.0%	11,922	100.0%

*As of March 23, 2026

Outreach

The Board is scheduled to present ethics and tips for avoiding common violations to licensees and students attending the California Chiropractic Association’s annual Legislative Day on April 14, 2026, in Sacramento.

Proposed Regulations Affecting Licensing Program

Initial Filing Phase

- 1. Practice of Chiropractic Prohibited with Inactive License (add California Code of Regulations [CCR], Title 16, section 310.3):** This proposal will clarify the 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 rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on February 6, 2026. The public comment period ends on March 23, 2026.

- 2. Repeal of Mental Illness Regulation (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 through 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 rulemaking was published in the OAL Notice Register and released for a 45-day public comment period on February 20, 2026. The public comment period ends on April 6, 2026.

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 [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 spring 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 spring 2026.

- 5. Satellite Office Certificates and Notice to Consumers of Licensure (add CCR, Title 16, section 303.1, and amend section 308):** This proposal will 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. The Board approved the proposed regulatory text at its January 16, 2026, meeting. This package is anticipated to be submitted to OAL for publication in the Notice Register and a 45-day public comment period in summer 2026.

Concept Phase

- 6. Doctor of Chiropractic Licensure by Reciprocity (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. This proposal will be discussed by the Board at its April 16, 2026, meeting.
- 7. New Temporary Licensure Pathway with Public Notification and Practice Limitations (add CCR, Title 16, section 321.2):** This proposal will establish a new temporary licensure process with a public notification requirement and practice limitations for an applicant who has graduated with a Doctor of Chiropractic degree from a Board-approved program and has taken and passed the National Board of Chiropractic Examiners Parts I, II, III, and IV examinations or equivalent, but does not meet all of the licensure eligibility requirements. The Committee will discuss this proposal at its March 27, 2026, meeting.
- 8. Standards of Practice for Virtual Care (add CCR, Title 16, section 318.2):** This proposal will specify the standards of practice for the delivery of chiropractic services through virtual care. The Committee will discuss this proposal at its March 27, 2026, meeting.
- 9. Standards of Practice for Use of Artificial Intelligence (AI) in Chiropractic Practice (add CCR, Title 16, section 318.3):** This proposal will clarify the responsibilities and standards for a licensee's integration and use of AI technology in chiropractic practice. The Committee will discuss this proposal at its March 27, 2026, 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.

Strategic Plan Development

Development efforts for the Board's 2027–2030 Strategic Plan are currently underway with DCA's SOLID Planning Solutions. SOLID recently completed its environmental scan and analysis, which included input from internal and external stakeholder surveys, interviews with Board members and leadership, and a review of the results from these activities.

SOLID is scheduled to facilitate a strategic planning session with the Board during its April 16–17, 2026, meeting. Following this session, SOLID will prepare a draft of the new strategic plan for the Board's consideration at its July 23, 2026, meeting.

Sunset Review

The Board's [2026 Sunset Review Report](#) was submitted to the Assembly Business and Professions Committee and Senate Business, Professions and Economic Development Committee on January 5, 2026.

On March 10, 2026, Board Chair Laurence Adams, D.C. and Executive Officer Kristin Walker testified on behalf of the Board before the Committees during the joint sunset review oversight hearing. The Board was asked questions regarding its legislative proposal to allow the Board to consider any prior discipline against an applicant involving sexual misconduct, regardless of the age of the action, factors contributing to the Board's declining licensee population, and the Board's plan for addressing its fund condition.

The Board must prepare written responses to the current issues identified in the [hearing background paper](#) by April 9, 2026. These responses must be reviewed and approved by the Board prior to submission.



**Agenda Item 5
March 27, 2026**

**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)**

Purpose of the Item

The Committee will discuss a proposal to establish a new temporary licensure pathway for applicants who have obtained a Doctor of Chiropractic (DC) degree from a Board-approved program and passed the National Board of Chiropractic Examiners (NBCE) Parts I, II, III, and IV examinations, but have not yet satisfied all of the licensure eligibility requirements specified in California Code of Regulations (CCR), title 16, section 321. The proposed pathway includes a public notification requirement and practice limitations to ensure consumer protection.

Action Requested

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

Background

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

Reciprocity was identified as a priority during the Board's 2022 sunset review and in the Board's 2022–2026 Strategic Plan, which includes an objective to review reciprocity requirements to minimize barriers to licensure in California. Although the Board has an existing method of interstate licensure through reciprocity specified in CCR, title 16, section 323, the current processes and requirements for initial licensure and reciprocity are nearly identical, except that reciprocity allows for licensure under prior formats of the national examination.

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

- Completion of at least 60 prechiropractic college credits

New Temporary Licensure Pathway

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- 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.

The Committee has previously discussed the importance of maintaining California's high standards for chiropractic care while supporting workforce mobility. Rather than revising the reciprocity pathway, the Committee determined that establishing a new temporary licensure option with public notification and practice limitations would more effectively allow qualified applicants to begin practice while completing any remaining licensure requirements.

At its December 5, 2025 meeting, the Committee reviewed a conceptual proposal for this new temporary licensure pathway and considered whether it should be limited to applicants with at least five years of licensure and active practice, or whether it should be available to all graduates of Board-approved programs.

During the January 16, 2026 meeting, the Board discussed the proposal and supported moving forward with a temporary licensure pathway that is open to all applicants with a DC degree from a Board-approved program and NBCE Parts I–IV, not just those who have previously been licensed.

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

Attachment

- Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 321.2 (Temporary Licensure for Applicants with Educational or Examination Deficiencies) [Conceptual Draft]

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Temporary Licensure for Applicants with Educational or Examination
Deficiencies

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Add Section 321.2 to Article 3 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 321.2. Temporary Licensure for Applicants with Educational or Examination Deficiencies.

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

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

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

(10) “Physical disability” has the same meaning as specified in Government Code section 12926, subdivision (m).

(11) “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.

(12) “Supervision” means a supervising licensee takes full responsibility for, and provides oversight and control of, the advice, examination, diagnosis, service, or treatment provided by the holder of a temporary license.

(b) Application and Eligibility Requirements for a Temporary Doctor of Chiropractic License. An applicant seeking licensure 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; and

(B) Taken and passed the NBCE Parts I, II, III, and IV examinations or equivalent successful examination as specified in Section 323.

(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;

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

(ix) A color, U.S. passport-style photograph of the applicant taken within sixty (60) calendar days preceding the date of submission of the application; and

(x) Whether the applicant has previously applied to the Board for licensure.

(B) Documentary evidence that the applicant meets the minimum educational and examination requirements of subsection (b)(1).

(C) Documentation identifying the applicant's current deficiencies in meeting the standard licensure eligibility requirements of Section 321.

(D) The applicant shall disclose whether the applicant has ever held another professional license in another state, district, or territory of the United States or in another country. If the applicant answers affirmatively, the applicant shall provide all of the following information with the application:

(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.

(E) 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.

(F) 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.

(G) 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) Pay a nonrefundable application fee of \$ _____.

(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 (b)(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 (b)(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.

(c) Issuance of Temporary Doctor of Chiropractic License. Upon meeting the requirements specified in subsection (b) 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 only one temporary license shall be issued to the applicant, and no additional temporary licenses shall be issued to the applicant after the expiration of the initial temporary license;

(2) That the temporary license is nonrenewable;

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

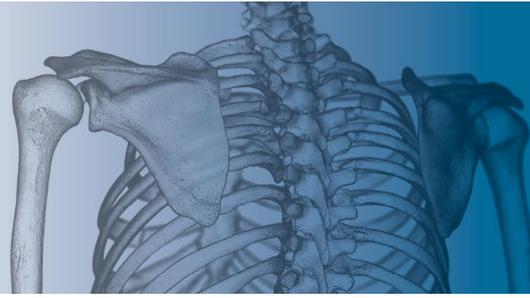
(4) That the temporary license holder is subject to the practice limitation requirements of subsection (d) and the public notification requirements of subsection (e); and

(5) 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.

(d) Practice Limitations. The holder of a temporary license issued pursuant to this section shall be prohibited from providing any advice, examination, diagnosis, service, or treatment to a patient in any subject area for which the licensee is deficient in the Board's educational and/or examination requirements, unless they are providing that advice, examination, diagnosis, service, or treatment under the supervision of an actively licensed doctor of chiropractic.

(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, 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, a summary and description of the applicable practice limitations on their temporary license, and the name and doctor of chiropractic license number of any supervising doctor of chiropractic, if applicable. 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.

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 1006.5, Business and Professions Code.



Agenda Item 6 March 27, 2026

Review, Discussion, and Possible Recommendation on 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

Standards of Practice for Virtual Care

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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.

At its December 5, 2025, meeting, the Committee discussed a conceptual regulatory proposal to specify the standards of practice for virtual care. The 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.
- Clarify that licensees are responsible for exercising the same standard of care when providing chiropractic services via virtual care as is required for traditional, in-person care.

At this meeting, the Committee will be asked to continue the discussion on the standards of practice for virtual care and provide input and direction to staff.

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

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

(3) "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.

(4) "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 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 an initial patient visit via telehealth, a licensee shall:

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

(i) The licensee's competency to provide chiropractic services via telehealth, including their own knowledge, skills, and abilities related to remote care delivery, the technology being used, and how telehealth 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 telehealth.

(B) Inform the patient of the use of telehealth, provide the disclosures specified in subsection (c)(1)(C), and obtain the patient's verbal or written consent for the use of telehealth 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 telehealth, including:

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

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

(iii) Any data storage practices or policies specific to telehealth platforms or systems;

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

(v) Insurance coverage implications or limitations related to telehealth services; and

(vi) Any other reasonably foreseeable issues that may affect the quality or effectiveness of chiropractic services delivered via telehealth 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) The requirements of subsection (c)(1) shall not apply to an unplanned telehealth encounter initiated in response to an actual or reasonably suspected emergency situation affecting the patient's health or wellbeing, when delaying care to complete the disclosures and consent requirements would pose a safety risk to the patient.

(3) A licensee shall verbally obtain from the patient or their representative, and document in the patient's chiropractic record, the address of the patient's present location at the beginning of each telehealth visit.

(4) A licensee shall establish and maintain a protocol for identifying and appropriately responding to patient emergencies or urgent conditions that arise during a telehealth encounter or are identified through the monitoring of a patient's health data. The protocol shall include procedures for referring the patient to in-person care or emergency medical services, as clinically indicated.

(5) A licensee shall document all chiropractic services provided through virtual care in the patient's chiropractic records in accordance with the same standards applicable to in-person services.

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

(7) Prior to providing virtual care through any means other than telehealth, including, but not limited to, remote monitoring technologies, wearable devices, mobile applications, or remote sensors, a licensee shall inform the patient verbally or in writing of all of the following:

(A) The proper setup, use, and operation of any device, application, or digital tool used to support the patient's care;

(B) Whether the licensee will actively monitor, review, or respond to the patient's health data, including any limitations on the frequency, timing, or conditions under which such data will be reviewed;

(C) The circumstances under which the patient should seek in-person evaluation, urgent care, or emergency medical services, particularly when the virtual care modality cannot support real-time assessment or immediate clinical intervention; and

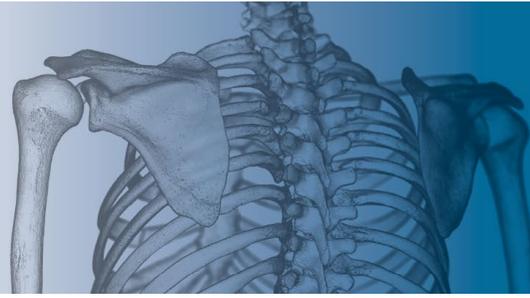
(D) Any risks, limitations, or conditions specific to the use of the device or digital technology, including potential technical failures, data transmission issues, or loss of connectivity that may delay or prevent timely clinical review.

(8) A licensee shall take reasonable steps to ensure the secure transmission of electronic data by using virtual care 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.

(9) 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 7
March 27, 2026**

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)

Purpose of the Item

The Committee will discuss a proposal to clarify the standards for the use of artificial intelligence (AI) and generative AI (GenAI) technologies in chiropractic practice.

Action Requested

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

Background

The development and adoption of AI systems and technologies have rapidly expanded worldwide, and AI is increasingly being used in healthcare settings to support clinical decision making, enhance diagnostic precision, personalize treatment plans, predict patient outcomes, improve access to care, remotely monitor patients' health through software and wearable devices, and handle routine administrative tasks such as patient scheduling, documentation, and billing. Current challenges with the use of AI in healthcare include patient privacy concerns, issues with data quality and interpretability, hallucinations and reliability concerns, and biases embedded within algorithms that could potentially exacerbate existing healthcare disparities.

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

“A physician has the duty to maintain the requisite skill and knowledge to provide safe and effective health care. As AI is continually utilized and integrated into existing healthcare infrastructures, it is imperative that physicians remain attuned to developments in AI and strive to understand the benefits and risks it poses. Underappreciation of the ability of AI to improve healthcare delivery may restrict a physician from practicing to the top of their license and may result in a physician not taking full advantage of the tools that can improve patient outcomes. At the same

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time, overreliance on AI can lead to real harms in independent clinical thinking and critical decision making such as misdiagnosis, medical errors, dependence, and skill degradation. This risk of harm increases in situations of algorithmic bias or where misinformation is present.”

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

1. **Transparency and Disclosure:** Licensees should be required to maintain transparency about the use of AI in healthcare. State medical boards should develop clear guidelines for licensees about the disclosure of AI usage to patients that contribute to patient and physician understanding but do not create unnecessary administrative burden.
2. **Responsible Use and Accountability:** AI tools should be designed in a manner which would provide state medical boards the ability to audit and understand them, in order to appropriately assess whether a physician who relied upon a tool’s output has deviated from standard of care. FSMB should support state medical boards in interpretation of responsible and accountable use of AI by clinicians.
3. **Equity and Access:** Efforts should be made to ensure equitable access to the benefits of AI for all patients.
4. **Privacy and Data Security:** Licensees should generally be informed about how patient data will be used and be prepared to convey this to patients. FSMB should support state medical boards in developing clear patient information materials about patient rights with respect to acceptable use of their data and the role of regulators in this space, both at the state and federal levels.
5. **Oversight and Regulation:** State medical boards must retain the authority to discipline physicians for the inappropriate application of AI tools in the delivery of care. This includes considering issues of accountability, particularly as AI systems become more autonomous.

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

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GenAI to communicate patient clinical information except when the communication is read and reviewed by a licensed or certified human healthcare provider.

Further, [AB 489 \(Bonta, Chapter 615, Statutes of 2025\)](#) became effective January 1, 2026, and makes provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a healthcare profession, as defined, enforceable against the entity who develops or deploys AI or GenAI technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. AB 489 also prohibits the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI are being provided by a natural person with the appropriate healthcare license or certificate.

During the June 13, 2025 and December 5, 2025 meetings, the Committee engaged in policy discussions regarding the use of AI in 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 318.3 relating to standards for the use of AI in chiropractic practice. This proposal would:

- Clarify that licensees remain fully responsible for all clinical decisions, including those informed by AI or GenAI outputs.
- Establish competency requirements ensuring licensees possess sufficient AI literacy to safely integrate and use AI in practice.
- Require reasonable steps to prevent disparate or discriminatory clinical outcomes associated with algorithmic or research bias.
- Ensure patient privacy through data security requirements and explicit authorization for any use of patient information in AI model training.
- Specify that licensees must document when AI or GenAI informs clinical decision making and ensure the accuracy of any AI-generated clinical documentation.
- Require informed consent when AI is significantly involved in clinical care or when patient data will be processed by an external AI system.
- Prohibit fraudulent or deceptive uses of AI.

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

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Attachment

- Proposed Regulatory Language to Add California Code of Regulations, Title 16, Section 318.3 (Standards for Use of AI in Chiropractic Practice) [Conceptual Draft]

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS

PROPOSED REGULATORY LANGUAGE
Standards for the Use of Artificial Intelligence (AI) in Chiropractic Practice

Legend: Added text is indicated with an underline.

Add Section 318.3 to Article 2 of Division 4 of Title 16 of the California Code of Regulations to read as follows:

§ 318.3. Standards for Use of AI in Chiropractic Practice.

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

(1) “Artificial intelligence” or “AI” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “AI literacy” means the knowledge and skills necessary to safely integrate AI tools into practice, including understanding an AI system’s intended use, limitations, and potential risks such as algorithmic bias, inaccurate or hallucinated outputs, and ethical and data privacy considerations.

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

(4) “Generative artificial intelligence” or “GenAI” means an artificial intelligence system that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system’s training data.

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

(b) Standards for Use of AI. A licensee may use AI and GenAI technologies in chiropractic practice, subject to the following conditions:

(1) A licensee shall not rely on AI or GenAI as a substitute for independent clinical judgment, and AI shall not make autonomous clinical decisions. The licensee is fully responsible for all clinical decisions and for any AI-generated outputs relied upon in patient care.

(2) Before deploying AI or GenAI in a practice setting, a licensee shall take reasonable steps to ensure the secure transmission and storage 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. The licensee shall immediately notify each patient of any known data breach or unauthorized disclosure of the patient's personal health information. In addition, the licensee shall verify whether patients' personal health information will be stored, transmitted, or used to train any model, and shall obtain from each patient an explicit, separate authorization before allowing such information to be used for that purpose.

(3) Prior to using AI or GenAI for clinical support, a licensee shall possess sufficient AI literacy to safely integrate and use AI or GenAI in practice. A licensee shall not use any AI or GenAI tool without a demonstrable understanding of the tool's function, including its intended use, whether it is static or continuously learning, its limitations, and the potential for bias, inaccurate outputs, or disparate outcomes among patient populations. A licensee shall evaluate whether the use of AI or GenAI is clinically appropriate based on the patient's presentation and the nature of the tool.

(4) A licensee shall take reasonable steps to ensure that the use of AI or GenAI does not contribute to disparate or discriminatory clinical outcomes related to age, gender, race, disability, or other characteristics, including by recognizing and mitigating the effects of algorithmic or research bias.

(5) A licensee shall document in the patient's chiropractic records when AI or GenAI is used to inform clinical decision making, including the purpose of the tool, the output relied upon, and a brief description of the licensee's verification of the output and independent clinical rationale.

(6) A licensee shall review and validate all AI-generated or GenAI-generated clinical documentation, including, but not limited to, examination and treatment records, billing codes, and imaging interpretations.

(7) A licensee shall not use AI or GenAI to fabricate clinical findings, documentation, diagnoses, or treatment plans, or to otherwise violate, or avoid detection of violations of, the Chiropractic Initiative Act and Board regulations.

(c) Informed Consent for Use of AI. In addition to the requirements of Section 319.1, a licensee shall inform the patient, verbally or in writing, and obtain the patient's or their representative's consent when:

(1) AI or GenAI is significantly involved in the patient's evaluation, diagnosis, treatment plan, or other aspects of clinical care;

(2) AI or GenAI is used to record, transcribe, or store audio or video from a patient encounter; or

(3) Patient data will be transmitted to or processed by an external AI or GenAI system for purposes of analyzing, interpreting, summarizing, or generating clinical information based on the patient's identifiable health data.

(d) Patient's Right to Decline. A patient or their representative shall have the right to request that a clinical evaluation or treatment be conducted without the assistance of AI or GenAI tools, where reasonable alternatives exist.

(e) 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).



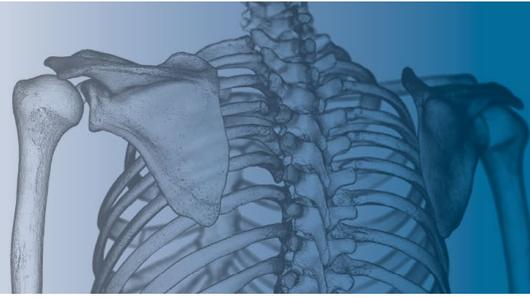
**Agenda Item 8
March 27, 2026**

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
March 27, 2026

Adjournment

Time: _____