



## **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:**

**Tuesday, June 30, 2026  
12:30 p.m. to 2:30 p.m.**  
(or until completion of business)

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

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

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

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

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m524a5f7bc62fffce6cc7b19328c88bf1>

### **If joining using the link above**

Webinar number: 2482 583 7183

Webinar password: BCE630

### **If joining by phone**

+1-415-655-0001 US Toll

Access code: 2482 583 7183

Passcode: 223630

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](mailto:XXXXXX@mailinator.com).

**Note:** Members of the public may also submit written comments to the Committee on any agenda item by Thursday, June 25, 2026. Written comments should be directed to [chiro.info@dca.ca.gov](mailto: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 March 27, 2026 Committee Meeting Minutes**
- 4. Update on the Board's Licensing Program**
- 5. Review, Discussion, and Possible Recommendation on Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)**
- 6. 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)**

## 7. Future Agenda Items

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

## 8. Adjournment

This agenda can be found on the Board's website at [www.chiro.ca.gov](http://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:** Jose Diaz

**Telephone:** (916) 263-5355

**Email:** [chiro.info@dca.ca.gov](mailto:chiro.info@dca.ca.gov)

**Telecommunications Relay Service:** Dial 711

**Mailing Address:**

Board of Chiropractic Examiners

1625 N. Market Blvd., Suite N-327

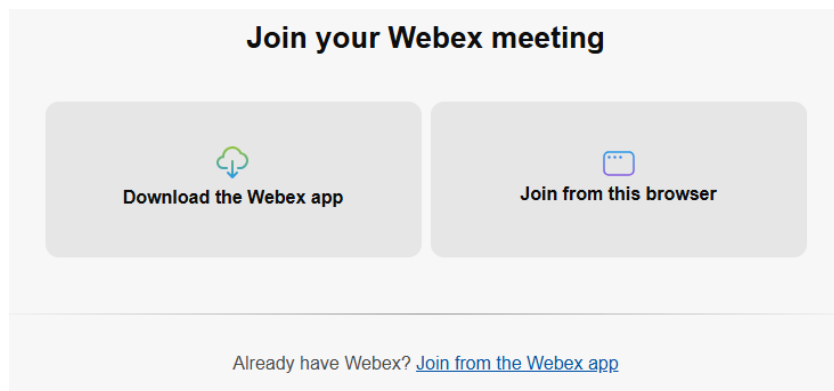
Sacramento, CA 95834

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

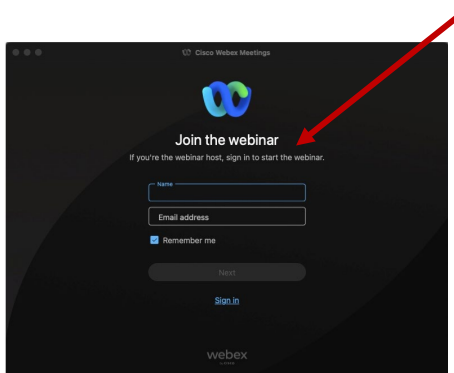
## Recommended: Join using the meeting link.

- 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.



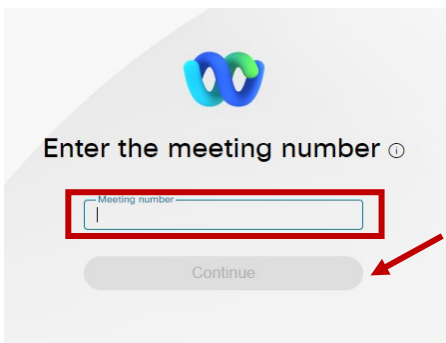
\*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

## Alternative 1. Join from Webex.com

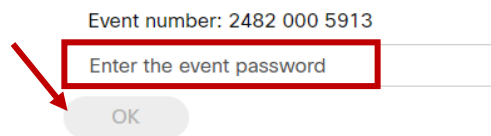
1 Click on “Join a Meeting” at the top of the Webex window.



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.”

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### Meeting Name

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



Join Event

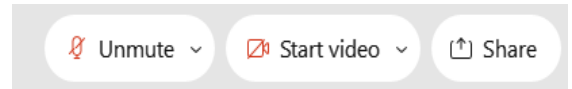
OR

## 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.



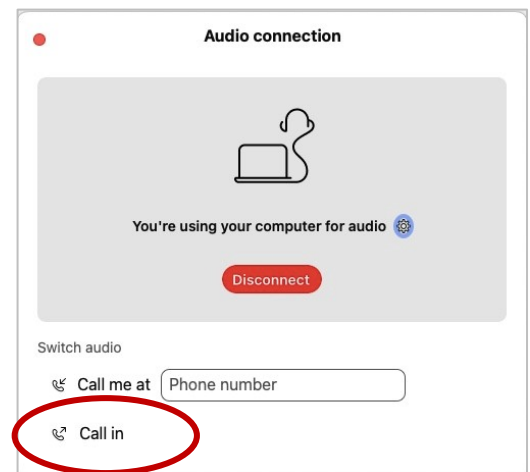
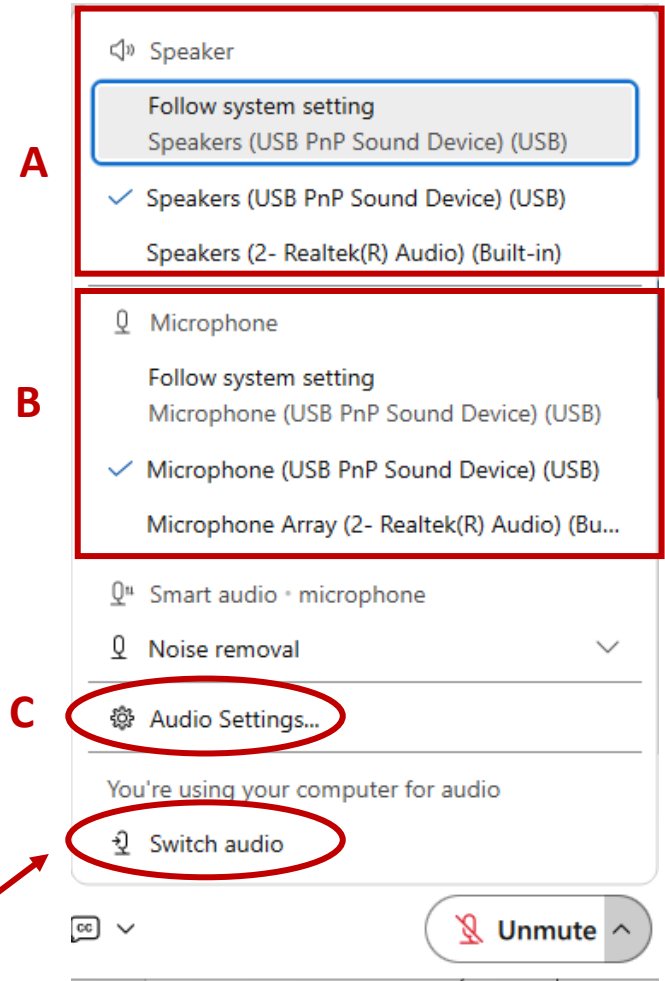
### Joined via Telephone (Call-in User)



- 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)

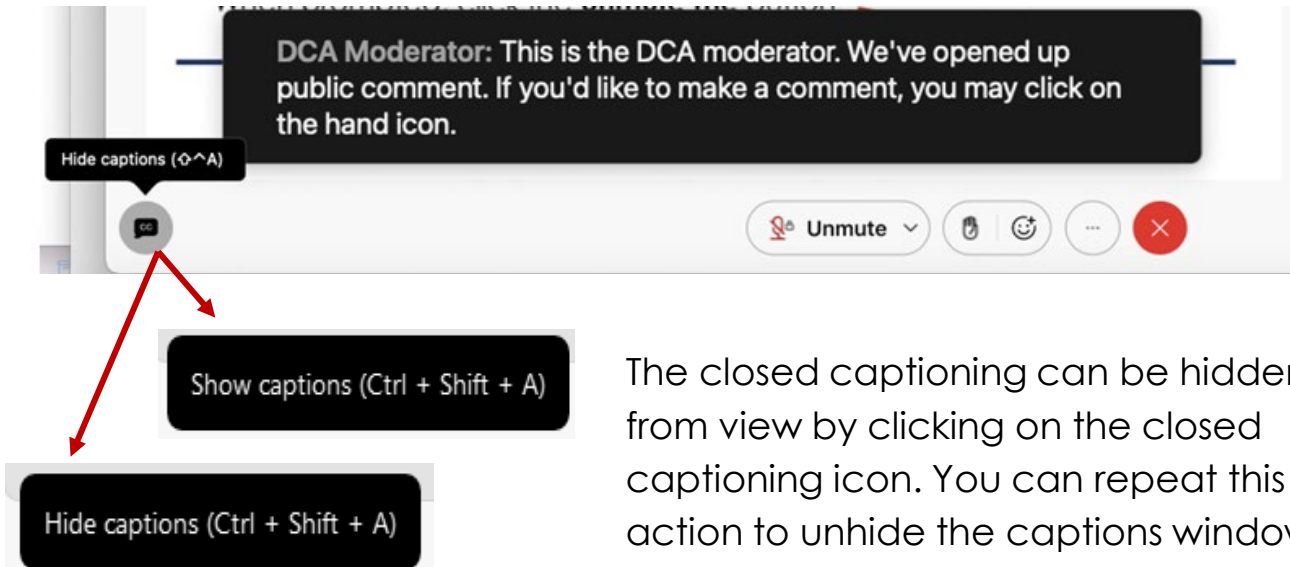


Press \*3 to raise or lower your hand.

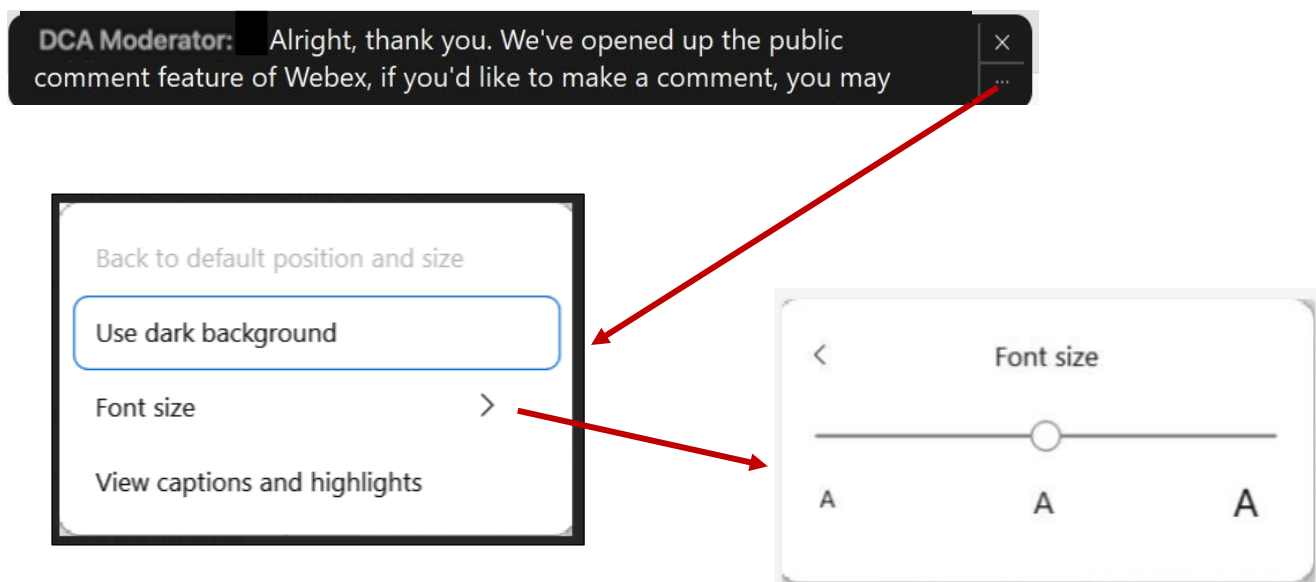
- When you are asked to unmute yourself, press \*6.
- When you are finished speaking, press \*6 to mute yourself again.



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



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





## Agenda Item 1 June 30, 2026

### **Call to Order / Roll Call / Establishment of a Quorum**

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#### **Purpose of the Item**

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

#### **Committee Members**

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



**Agenda Item 2  
June 30, 2026**

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## **Public Comment for Items Not on the Agenda**

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### **Purpose of the Item**

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

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



## **Agenda Item 3 June 30, 2026**

### **Review and Possible Approval of March 27, 2026 Committee Meeting Minutes**

#### **Purpose of the Item**

The Committee will review and possibly approve the draft minutes of the previous meeting held on March 27, 2026.

#### **Action Requested**

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

#### **Attachment**

- March 27, 2026 Licensing Committee Meeting Minutes (Draft)



**Agenda Item 3  
Attachment**

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

**March 27, 2026**

The Licensing Committee (Committee) of the Board of Chiropractic Examiners (Board) met via teleconference/Webex Events on March 27, 2026, in accordance with the provisions of Government Code section 11123.5. Board staff were present at the primary physical meeting location listed below and all Committee members participated virtually from remote locations.

Primary Physical Meeting Location

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

**Committee Members Present**

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

**Staff Present**

Kristin Walker, Executive Officer  
Tammi Herrera, Assistant Executive Officer  
Jose Salud Diaz, Administration & Licensing Manager  
Lynne Reinhardt, Enforcement Manager  
Amanda Ah Po, Lead Licensing & Continuing Education Analyst  
Becky Lyke, Lead Enforcement Analyst  
Sabina Knight, Board Counsel, Attorney III, Department of Consumer Affairs (DCA)  
Steven Vong, Regulatory Counsel, Attorney III, DCA

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

Dr. Daniels called the meeting to order at 3:00 p.m. Ms. Cruz called the roll. All members were present, and a quorum was established.

**2. Public Comment for Items Not on the Agenda**

**Public Comment:** None.

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

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

**Second: Ms. Cruz seconded the motion.**

**Public Comment:** None.

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

**Motion: Carried.**

### **4. Update on Board's Licensing Program**

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

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

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

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

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

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

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

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

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

**Public Comment:** None.

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

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

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

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

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

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

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

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

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

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

**Public Comment:** None.

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

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

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

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

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

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

**Public Comment:** None.

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

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

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

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

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

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

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

**Public Comment:** None.

## **8. Future Agenda Items**

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

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

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

**Public Comment:** None.

## **9. Adjournment**

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



**Agenda Item 4  
June 30, 2026**

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## **Update on Board's Licensing Program**

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### **Purpose of the Item**

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

### **Action Requested**

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

### **Attachment**

- Executive Officer's June 17, 2026 Memo to Committee Members Regarding Licensing Program Activities and Statistics



# MEMORANDUM

## Agenda Item 4 Attachment

<b>DATE</b>	June 17, 2026
<b>TO</b>	Members of the Board of Chiropractic Examiners' Licensing Committee
<b>FROM</b>	Kristin Walker, Executive Officer
<b>SUBJECT</b>	<b>Update on Board's Licensing Program</b>

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:

- 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 partner with the Department of Consumer Affairs (DCA) Office of Information Services (OIS) on business modernization efforts, including enhancements to the Connect system and a comprehensive 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 potential upgrade to a newer version of the platform that offers additional out-of-the-box functionality. The vendor will be providing a detailed timeline, mitigation plan, and cost estimate to inform BCE's decision on whether to move forward with the upgrade.

On April 23, 2026, BCE deployed several system enhancements in Connect, including email and text message license renewal reminders, improvements to system-generated correspondence, bulk download functionality, and case-to-profile linking and secure messaging.

## Update on Licensing Program

June 17, 2026

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Staff is currently collaborating with OIS and the vendor to transition its manual, paper-based continuing education (CE) processes to the Connect platform. This includes developing a CE provider dashboard, enabling CE provider status renewals and updates to contact information, designing a CE course application workflow, adding and managing course dates and locations, implementing primary source verification of CE attendance records, and automatically syncing attendance records with licensee accounts. This transition is expected to be completed by fall 2026.

Staff is also 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 in summer 2026.

Additionally, beginning with licenses and certificates expiring July 31, 2026, BCE transitioned from mailing printed renewal applications to issuing postcard renewal reminders directing licensees to renew online. To support this change, staff developed a targeted outreach campaign encouraging licensees who have not yet created a Connect account to sign up.

### **Chiropractic Program Accreditation Updates**

The WASC Senior College and University Commission (WSCUC) placed Life Chiropractic College West (LCCW) on probation following its February 13, 2026, meeting. The action, effective February 27, 2026, was based on findings from an October 2025 special visit and subsequent institutional submissions indicating noncompliance with components of WSCUC Standards 1 through 4. Identified deficiencies relate to governance and conflict-of-interest concerns, limited faculty engagement and lack of systematic program review processes, unclear long-term financial planning and ongoing deficits, and insufficient use of data to support institutional decision-making.

WSCUC has directed LCCW to submit a progress report by July 1, 2026, provide a teach-out plan by October 1, 2026, and participate in another special visit in fall 2026. Required corrective actions focus on developing sustainable financial plans, strengthening board governance and compliance practices, establishing a strategic plan informed by stakeholder input and tied to budget and enrollment forecasts, and implementing and assessing the effectiveness of a systematic program review process across academic and non-academic units.

Additionally, the Council on Chiropractic Education (CCE) is conducting a 60-day comment period through June 30, 2026, on [proposed revisions](#) to the CCE Accreditation Standards that would remove language related to diversity, equity, and inclusion (DEI), add the academic calendar to the list of chiropractic program policies and procedures that must promote integrity and transparency, and specify that the minimum of 1,000 instructional hours in a patient-care setting must involve patient

engagement under appropriate supervision where hands-on practice and real-time clinical decision-making are central components. Additionally, the changes would require chiropractic programs to provide student support services that meet the needs of students enrolled in distance education courses; publish information on their tuition and fees, including application fees and their refund policy; and inform applicants of workforce demands for the profession and potential return on the educational investment.

## Legislation

**[Assembly Bill \(AB\) 1775 \(Ward\) Veterans](#)**. This bill would, among other things, require DCA boards to expedite, and authorize them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant served as an active duty member of the U.S. Armed Forces and received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025. This bill has been referred to the Senate Military and Veterans Affairs Committee.

**[AB 1979 \(Bonta\) Health care services: artificial intelligence](#)**. This bill would, among other things, require a health facility, clinic, physician's office, or office or a group practice to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system. 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 apply to the use of automated decision systems 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 Senate Health Committee.

**[AB 2775 \(Committee on Business and Professions\) Chiropractic Act](#)**. This is the Board's sunset bill, and would extend the Board's sunset review date by four years; require the Board to distribute a copy of its licensee directory electronically to each licensee and distribute a copy of the directory to a licensee by mail, if requested; require the Board to set penalty fees for the delinquent renewal of a satellite certificate, certificate of registration of a chiropractic corporation, or continuing education provider status; authorize the Board to establish by regulation a system for the issuance of a chiropractic facility permit; authorize the Board to automatically revoke a license to practice chiropractic under specified circumstances, including if the licensee is convicted in any court of a sex offense, and to automatically suspend a license following conviction of a serious felony, as defined; and create an exception to the seven-year limitation on denying a license based on formal discipline for conduct that would have constituted an act of sexual abuse, misconduct, or relations with a patient, as specified,

if committed in this state by a licensed chiropractor. Additionally, the bill would state the intent of the Legislature to work with stakeholders to examine licensed chiropractors holding specialized certification who provide chiropractic care to animal patients and evaluate opportunities to expand access to qualified animal chiropractic care while ensuring appropriate consumer and animal protections are in place. This bill has been referred to the Senate Business, Professions and Economic Development Committee.

**Senate Bill 1391 (Wahab) Department of Consumer Affairs: retired category licenses.** This bill would require a DCA board that offers a retired category of licensure to disclose that information on its internet website. This bill has been referred to the Assembly Business and Professions Committee.

### Legislative Calendar

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

- July 2, 2026: Last day for policy committees to meet and report bills
- July 3, 2026, to 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	355
Average DC Processing Time	48 days	36 days	28 days
Temporary DC Licenses	0	1	1
Average TDC Processing Time	N/A	25 days	4 days
Satellite Certificates	1,809	2,107	2,713
Average SAT Processing Time	14 days	10 days	5 days
Corporation Certificates	118	117	149
Average COR Processing Time	32 days	32 days	32 days

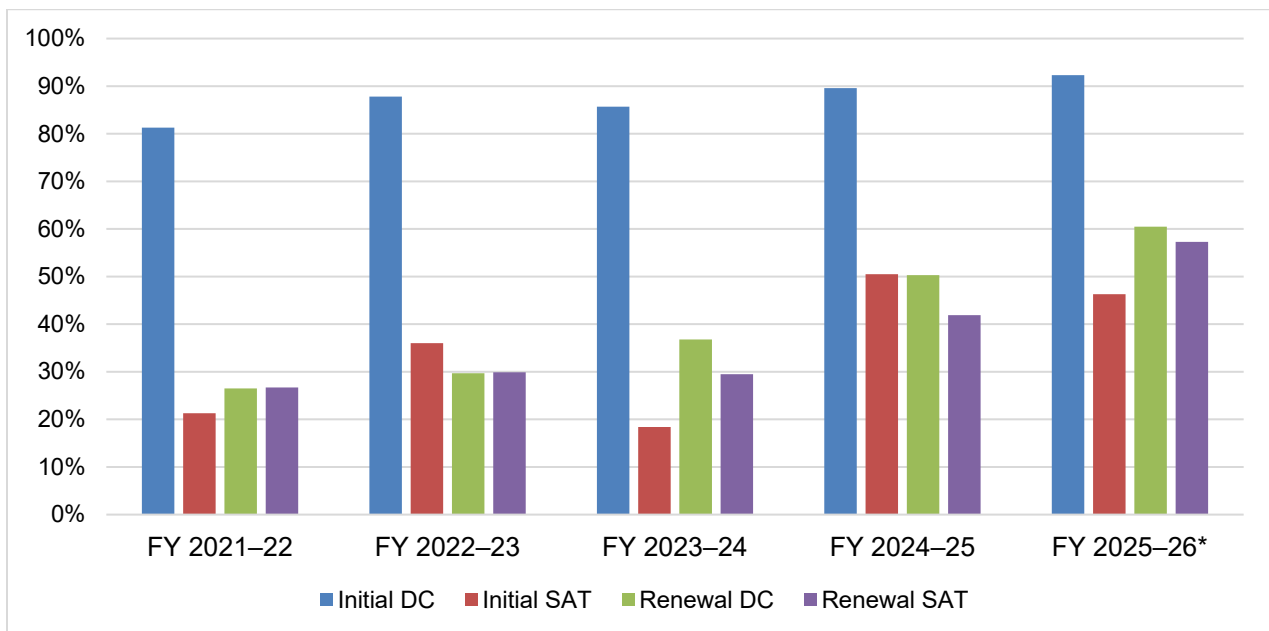
\*As of June 17, 2026

Renewal Applications

Application Type	FY 2023–24	FY 2024–25	FY 2025–26*
<b>Doctor of Chiropractic Licenses</b>	11,514	11,627	11,224
<b>Average DC Processing Time</b>	8 days	6 days	4 days
<b>Satellite Certificates</b>	3,613	3,955	4,668
<b>Average SAT Processing Time</b>	8 days	7 days	4 days
<b>Corporation Certificates</b>	1,304	1,308	1,310
<b>Average COR Processing Time</b>	9 days	9 days	5 days

\*As of June 17, 2026

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%	92.3%
Initial SAT	21.3%	36.0%	18.4%	50.5%	46.3%
Renewal DC	26.5%	29.7%	36.8%	50.3%	60.5%
Renewal SAT	26.7%	29.9%	29.5%	41.9%	57.3%

\*As of June 17, 2026

License Population: Years of Licensure as Doctor of Chiropractic

Years of Licensure*	Active	Active %	Inactive	Inactive %	Total	Total %
<1 Year	102	0.9%	1	0.1%	103	0.9%
1–4.99 Years	1,387	12.4%	12	1.6%	1,399	11.7%
5–9.99 Years	1,079	9.7%	39	5.1%	1,118	9.4%
10–19.99 Years	1,866	16.8%	121	15.9%	1,987	16.7%
20–29.99 Years	2,776	24.9%	208	27.3%	2,984	25.1%
30–39.99 Years	2,312	20.8%	207	27.2%	2,519	21.2%
40–49.99 Years	1,474	13.2%	162	21.2%	1,636	13.7%
50+ Years	143	1.3%	12	1.6%	155	1.3%
<b>Total</b>	<b>11,139</b>	<b>100.0%</b>	<b>762</b>	<b>100.0%</b>	<b>11,901</b>	<b>100.0%</b>

\*As of June 17, 2026

**Proposed Regulations Affecting Licensing Program**

Final 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 Office of Administrative Law (OAL) Notice Register and released for a 45-day public comment period on February 6, 2026. The public comment period ended on March 23, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 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 ended on April 6, 2026, and no comments were received. The final regulatory package was submitted to OAL for review on May 20, 2026.

Initial Filing Phase

(None)

Production Phase

- 3. Approval of Doctor of Chiropractic Degree Programs, Educational Requirements, and Application and Examination Process for Doctor of Chiropractic Licensure, Including Temporary and Expedited Licensure and Fee Waiver for Military Spouses and Domestic Partners and Expedited Licensure for Veterans, Applicants Enrolled in U.S. Department of Defense SkillBridge Program, Refugees, Asylees, and Special Immigrant Visa Holders (amend CCR, Title 16, sections 320, 321, 330–331.16, and 340–349):** This proposal will amend the regulations regarding Board approval of chiropractic programs, including the minimum curriculum and clinical experience requirements. This proposal will also clarify the application and examination process for initial licensure as a doctor of chiropractic, including the qualifying circumstances for expedited review of a license application. Additionally, this proposal will implement [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 summer 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 summer 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 is planned to be presented to the Board at its July 23, 2026, meeting.
- 7. 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 June 30, 2026, meeting.
- 8. 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 June 30, 2026, meeting.
- 9. 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 Board is seeking fee authority to establish this new temporary licensure pathway through the sunset review process.
- 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 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 also facilitated a strategic planning session with the Board during its April 16, 2026, meeting. After this session, SOLID drafted a new strategic plan that will be presented to the Board for consideration during its July 23, 2026, meeting.



## Agenda Item 5 June 30, 2026

### **Review, Discussion, and Possible Recommendation on Regulatory Proposal to Establish Minimum Standards of Practice for Virtual Care (add California Code of Regulations [CCR], Title 16, section 318.2)**

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#### **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, provide input and policy direction to staff, and consider making a recommendation to the Board.

#### **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**

**June 30, 2026**

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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 the December 5, 2025, and March 27, 2026, meetings, 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, and the nature of the services to be provided.
- 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 discuss the proposal, provide input and direction to staff, and consider making a recommendation to the Board.

## **Standards of Practice for Virtual Care**

**June 30, 2026**

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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]
3. Virtual Care Compliance Checklist for Licensees (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**

<b>Legend:</b> Added text is indicated with an <u>underline</u> .
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**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, or a valid temporary 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 use 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, or a valid temporary doctor of chiropractic license, issued by the Board.

(c) Standard of Care. A licensee may provide chiropractic services through virtual care to a patient who is physically located in California, subject to the conditions of this section. 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, and shall comply with all other provisions of the

Chiropractic Initiative Act, the Board's regulations, and all other applicable provisions of law.

(d) Requirements for Initial Telehealth Visit. Before conducting an initial patient visit via telehealth, a licensee shall:

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

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

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

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

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

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

(3) Obtain the patient's or their representative's verbal or written consent for the use of telehealth as an acceptable mode of delivering chiropractic services after providing the disclosures specified in subsection (d)(4). 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.

(4) Disclose to the patient or their representative any considerations specific to the delivery and receipt of chiropractic services via telehealth, including:

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

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

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

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

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

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

(e) Emergency Exception to Initial Telehealth Visit Requirements. The requirements of subsection (d) 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. If a telehealth encounter is provided pursuant to this subsection, the licensee shall, within seven calendar days following the encounter, provide the patient or their representative with

(1) A written summary of the patient visit, including any post-visit instructions; and

(2) A written copy of the disclosures specified in subsection (d)(4).

(f) Documentation Requirements. 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. In addition to the requirements of Section 318, a licensee shall:

(1) 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; and

(2) Document in the patient's chiropractic record any material technical difficulties or interruptions occurring during a telehealth encounter that impact clinical assessment or service delivery.

(g) Disclosure Requirements for Virtual Care Other Than Telehealth. 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 or their representative verbally or in writing of all of the following:

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

(2) 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;

(3) 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

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

(h) Protocol for Patient Emergencies or Urgent Conditions. A licensee shall establish and maintain a protocol for identifying and appropriately responding to patient emergencies or urgent conditions that may arise during a telehealth encounter or may be 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.

(i) Data Security and Breach Notification. A licensee shall take reasonable steps to ensure the secure transmission of electronic data by using virtual care technology that meets recognized industry standards for encryption and data protection and complies with applicable federal and state privacy laws. A licensee shall immediately notify each patient in writing of any known data breach or unauthorized disclosure of the patient's personal health information.

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

Note: Authority cited: Sections 4 and 10 of the 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 of the 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.

**Virtual Care Compliance Checklist for Licensees**

**1. Before Providing Any Virtual Care**

- ✓ You must hold an active California chiropractic license
- ✓ You must follow the same standard of care as in-person care
- ✓ You must comply with all Board laws and regulations

**2. Initial Telehealth Visit – Requirements You Must Complete Before the First Visit**

**A. Identify Yourself**

- ✓ Give the patient your full name and license number
- ✓ Provide a copy of your license or direct the patient to your online license profile

**B. Decide Whether Telehealth Is Clinically Appropriate**

Review all of the following:

- ✓ Your competency with telehealth and the technology you are using
- ✓ The patient's condition, symptoms, and clinical presentation
- ✓ Your ability to properly evaluate and treat the patient virtually
- ✓ The benefits, risks, and limitations of providing care virtually

**C. Obtain the Patient's Telehealth Consent**

- ✓ Provide all disclosures listed below
- ✓ Get verbal or written consent to telehealth
- ✓ Document consent in the patient's record:
  - Verbal: date, what you disclosed, and confirmation consent was given
  - Written: keep a signed and dated copy in the record

**D. Required Disclosures Before Telehealth**

You must explain:

- ✓ Risks, limitations, benefits, and alternatives to telehealth
- ✓ Confidentiality, privacy, and data security risks
- ✓ How the platform stores or handles data
- ✓ Possible technology failures or interruptions

- ✓ Insurance coverage limits or requirements
- ✓ Any other foreseeable issues affecting quality compared to in-person care

### **3. Emergency Telehealth Encounters**

If an emergency telehealth visit occurs **without prior disclosures or consent**:

- ✓ Provide immediate care to protect patient safety.

Within **7 days**, you must send the patient:

- ✓ A written summary of the encounter and post-visit instructions
- ✓ A written copy of the required telehealth disclosures

### **4. Documentation Requirements for Telehealth Visits**

For **every telehealth visit**, you must:

- ✓ Document the services provided
- ✓ Obtain and record the patient's physical address at the start of each visit
- ✓ Document any major technical problems that affected assessment or treatment
- ✓ Follow all standard recordkeeping rules in 16 CCR § 318

### **5. When Using Virtual Care Tools Other Than Telehealth**

Examples: wearable devices, mobile apps, remote sensors, remote monitoring

Before using these tools, you must tell the patient:

- ✓ How to set up and use the device/tool
- ✓ Whether you will review the data—and how often or under what conditions
- ✓ When the patient must seek in-person, urgent, or emergency care
- ✓ Risks or limitations of the technology (malfunctions, transmission issues, loss of connectivity)

### **6. Emergency or Urgent Conditions Protocol**

You must have a written or established protocol that explains:

- ✓ How emergencies or urgent conditions will be identified during virtual care
- ✓ What steps you will take if an emergency is detected
- ✓ When and how you will direct the patient to in-person care or emergency services

## **7. Data Security and Breach Notification**

- ✓ Use technology that meets industry standards for encryption and data protection
- ✓ Follow all state and federal privacy laws
- ✓ Immediately notify the patient in writing if their health information is breached or disclosed without authorization

## **8. Consequences for Noncompliance**

Failure to comply with 16 CCR § 318.2 is unprofessional conduct and may result in action against your license.

DRAFT



**Agenda Item 6  
June 30, 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)**

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**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, provide input and policy direction to staff, and consider making a recommendation to the Board.

**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

## Standards for Use of AI in Chiropractic Practice

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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.

At the March 27, 2026, meeting, the Committee discussed a conceptual regulatory proposal to add California Code of Regulations, title 16, section 318.3, relating to the standards for the use of AI in chiropractic practice, that would:

- Clarify that licensees must remain fully responsible for all clinical decisions, including those informed by AI or GenAI outputs.
- Establish competency requirements to ensure licensees possess sufficient AI literacy to safely integrate and use AI in practice.
- Require 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 involved in clinical care or when patient data will be processed by an AI system.
- Prohibit fraudulent or deceptive uses of AI.

During the discussion, the Committee emphasized the need to strengthen patient protections by requiring written informed consent for the use of AI, including plain

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language disclosures of the risks, limitations, and use of the patient's data, and ensuring patients have the right to decline or withdraw consent at any time. The Committee also noted the importance of adding explicit assurances that clinical care will not be affected by a patient's decision regarding AI, incorporating protections against discrimination or coercion, and clarifying the availability of non-AI alternatives or appropriate referrals. Further, the Committee highlighted the need to articulate that AI is not required unless and until it becomes part of generally accepted professional practice.

At this meeting, the Committee will be asked to discuss the proposal, provide input and direction to staff, and consider making a recommendation to the Board.

### **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, or a valid temporary 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 the licensee’s independent clinical judgment, and AI or GenAI 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) Prior to deploying AI or GenAI in a practice setting, a licensee shall take reasonable steps to ensure the secure transmission, storage, and handling of electronic data by using technology that meets recognized industry standards for encryption and data protection and complies with applicable federal and state privacy laws. A licensee shall immediately notify each patient in writing of any known data breach or unauthorized disclosure of the patient's personal health information.

(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 and shall evaluate whether the use of AI or GenAI is clinically appropriate based on the patient's presentation. A licensee shall not use any AI or GenAI tool without a demonstrable understanding of its function and intended use, whether it is static or continuously learning, its limitations, and its potential for biased, inaccurate, or disparate outputs.

(4) A licensee shall take reasonable steps to ensure that the licensee's use of AI or GenAI does not contribute to disparate or discriminatory clinical decisions or outcomes based on a patient's age, gender, race, disability, or other characteristics, including by recognizing and mitigating the effects of algorithmic or research bias in AI-generated outputs.

(5) A licensee shall document in the patient's chiropractic records when AI or GenAI is used to inform clinical decision making, including:

(A) The name or description of the tool used;

(B) The purpose of its use;

(C) Each AI or GenAI output relied upon or rejected; and

(D) 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 or Board regulations.

(c) Informed Consent for Use of AI. A licensee shall obtain written informed consent from the patient or their representative prior to the initial use of AI or GenAI in the patient's care, including when:

(1) AI or GenAI is involved in evaluation, diagnosis, treatment planning, or any other aspect 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 AI or GenAI system for analysis, interpretation, summarization, or generation of clinical information.

(d) Required Disclosures for Informed Consent. The informed consent required by subsection (c) shall include a clear, written explanation, in plain language, of all of the following:

(1) The role of AI or GenAI in the patient's care;

(2) The potential risks and limitations of AI or GenAI, including risks related to data privacy, security, accuracy, and potential bias;

(3) Whether patient data will be stored, shared, or used for secondary purposes such as research or training, and with whom such data may be shared;

(4) Whether patient data will be identifiable or de-identified;

(5) A description of alternative, non-AI methods of evaluation and treatment available to the patient; and

(6) A statement that the patient or their representative may withdraw consent at any time, including during an examination or treatment, and that licensee will immediately discontinue the use of AI or GenAI upon the patient's or their representative's withdrawal of consent.

(e) Patient's Rights Regarding AI. A patient or their representative shall have the following rights related to the use of AI or GenAI in chiropractic care:

(1) A patient or their representative may decline or withdraw consent for the use of AI or GenAI at any time, including during an examination or treatment.

(2) A licensee shall not subject a patient or their representative to discrimination, coercion, judgment, retaliation, or any other penalty for declining or withdrawing consent for the use of AI or GenAI.

(3) A licensee shall not allow the quality, availability, or timeliness of clinical care to be adversely affected by a patient's or their representative's decision regarding the use of AI or GenAI.

(4) A licensee shall provide alternative, non-AI methods of evaluation and treatment when such methods are available, and, if such alternatives are not available in the licensee's practice, the licensee shall provide a written referral to another licensee who can provide them.

(5) If a patient or their representative withdraws consent for the use of AI or GenAI, the licensee shall immediately discontinue the use of AI or GenAI in the patient's care and inform the patient or their representative of any implications for previously collected data.

(f) Use of AI Not Required. The following provisions apply to AI and GenAI technologies in relation to the professional standard of care:

(1) Nothing in this section shall be construed to require a licensee to use AI or GenAI technologies in chiropractic practice, unless such use has become part of the applicable standard of care as determined by generally accepted professional practice standards, including the licensee's practice setting, available resources, and access to technology.

(2) A licensee's decision not to use AI or GenAI technologies shall not, in and of itself, constitute unprofessional conduct or a deviation from the standard of care.

(3) As technologies evolve, the determination of the standard of care shall be based on widespread professional acceptance, demonstrated clinical benefit, and feasibility of adoption within comparable practice settings.

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

Note: Authority cited: Sections 4 and 10 of the 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 of the 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 7**  
**June 30, 2026**

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## **Future Agenda Items**

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### **Purpose of the Item**

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

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



**Agenda Item 8  
June 30, 2026**

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## **Adjournment**

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**Time:** \_\_\_\_\_